



Centering Health in Designing NYC's New Borough Jails

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Mass incarceration and New York City jails have long been recognized as [contributors to health inequality](#) among communities of color in the city. In particular, the problems stemming from conditions at the Rikers Island Detention Center have led to severe, long-lasting health effects for many incarcerated or formerly incarcerated people—who are disproportionately Black or Hispanic. Shockingly, it also costs \$550,000 per year or \$1,525 per day to incarcerate someone in NYC in the present system. These circumstances have motivated policymakers to propose transformative changes including closing Rikers Island and opening four new, borough-based jails with the aim of providing more humane treatment.

However, these changes provide city leaders with the opportunity to go beyond simply improving conditions. By also centering the health, safety, and needs of incarcerated people, they can better address the pervasive negative impact of mass incarceration on New York's communities of color. By abolishing isolation, boosting on-site medical services, prioritizing individual living spaces, and increasing access to health information, these city jails can cultivate an environment that keeps people healthy, promotes rehabilitation, helps prevent reincarceration, improves public safety, and strengthens communities.

Health Risks in New York City Jails

The crisis of mass incarceration has been well-established to disproportionately harm communities of color, with Black and Hispanic communities having been targeted by discriminatory policies such as stop-and-frisk and broken windows policing. As a result, communities of color are [overrepresented](#) at Rikers—about 82% of those incarcerated are Black or Hispanic.

The impending closure of Rikers Island is an important step towards reducing mass incarceration and racial inequity in New York City. The conditions in the jail, which includes limited access to food and water, noisy and inadequately ventilated facilities, and rotting food, roaches, and human feces throughout the jail, perpetuate ill health, exacerbate mental health issues, and endanger lives. In the past year, 16 people incarcerated on Rikers Island [have died](#), at least six by suicide and three others by overdose. All but one were Black or Hispanic.

These conditions leave lasting effects for the individual and their community long after release, and can contribute to the cycle of mass incarceration, with formerly incarcerated people struggling with health conditions and lacking the support necessary to avoid reincarceration. This ripples out into their communities as well, and can contribute to rising crime rates—research suggests that once a community reaches its “[tipping point](#),” higher rates of imprisonment break down social bonds, remove nurturing parents from their homes, deprive individuals and their families of income, and create deep resentment towards the criminal justice system.

In recent years, activist efforts have encouraged city leaders to address the deep-rooted failures of Rikers Island, which have spurred the commitment to closing the facility, and the planned development of four new, borough-based jails. The hope, however, is that the new jails will not only ameliorate the inhumane conditions at Rikers but create an environment in which incarcerated people are given the resources they need to exit and thrive outside of the carceral system. Thoughtful planning and additional funding for health services are essential prerequisites for ensuring that closing Rikers leads to lasting changes.

Recommendations

City leaders have the opportunity to take steps that can better protect everyone living, working, and visiting city jails, while also decreasing the number of people incarcerated, reducing the costs of our jail, and improving public health and public safety.

Abolish structures of isolation. Solitary confinement has been widely used and shown to be [detrimental to one's wellbeing](#). Immediate psychological consequences may result in anxiety, depression, and hallucinations, and it also increases the risk of premature death after release. It was initially thought to deter people from reoffending, but [recent research](#) has found it to be associated with a greater likelihood for rearrest. These findings support an architectural design for jails that eliminates any space for solitary confinement. Rather, jails should provide spaces of healing, rehabilitation, and learning for those living inside.

Have medical units on site. Accessing healthcare should not be difficult. Medical units are typically located off-site or too far for individuals to access on their own, requiring a guard to escort them. Having medical units nearby housing units is essential to ensuring those incarcerated can see a health professional in a timely manner on their own. Visible health care facilities also promote a culture of health rather than violence.

Expand space for individual units and limit dormitories. Higher rates of infection and mortality inside jails during the COVID-19 pandemic demonstrate the value of individual units. Private space also supports increased autonomy for incarcerated individuals, facilitating their reintegration upon release. Limited dormitory space should remain for people who would benefit from housing with others absent an infectious disease outbreak.

Build on-site personal protective equipment and health information hubs. PPE stations that keep people safe and informed should be constructed in central locations inside jails to serve as a hub for essential information and access to necessary protective and health equipment.

City leaders have an opportunity to make lasting changes that can improve the health of people in jail and better protect public health and public safety. These recommendations can help to rebuild communities of color that have been damaged by decades of discriminatory policies and will protect the health and safety of all New Yorkers.