Lemon et. al. correctly note that estimating the number of Americans who are or have ever been incarcerated is difficult, even for the Bureau of Justice Statistics, the agency tasked with collecting data on all U.S. justice systems. In our manuscript’s introduction, we write that more than 20 million Americans are or have been incarcerated as a conservative estimate to provide readers with context for our primary finding, that the NIH has a critical opportunity to expand research investigating the relationship between criminal justice involvement and health. The assertion that between 9 and 70 million Americans have experienced incarceration supports our contention that many millions of Americans would benefit from increased research aimed at the intersection of criminal justice and health.

In April, the New York Times reported that 1.5 million black men age 25 – 54 are missing from urban centers nationwide right now - some due to early death, most to incarceration – and described dire health-related implications for those left behind. As we and others have shown, most national surveys do not include incarcerated individuals, resulting in a misrepresentation of U.S. political, economic, social, and health conditions in general and among African Americans in particular. Because incarcerated individuals are literally not counted, they are invisible to many social institutions, lawmakers, and nearly all health sciences research. As a result, the health effects of incarceration on prisoners’ families and communities – and on prisoners’ post-release health - are significantly understudied. Even if we knew the exact number of Americans who are or have been incarcerated, that number would still grossly underestimate the overall health effects associated with our nation’s epidemic of incarceration.

Lemon et. al. are correct: our nation should systematically enumerate how many Americans are or have been incarcerated as a basic matter of public and health policy. Meanwhile, criminal justice reform is gaining momentum nationwide and is increasingly bipartisan, as evidenced by this year’s Bipartisan Summit on Criminal Justice Reform. Such reform would reduce mass incarceration, ensure access to community-standard healthcare for prisoners, provide meaningful rehabilitation, and address soaring system-wide costs. Health is at the core of each of these issues, yet voices from the healthcare community are largely absent from the conversation surrounding criminal justice reform in America. It is time for leadership
from healthcare researchers to ensure that evidence-based healthcare solutions play a central role in ongoing criminal justice reform, and federal funding for such research is needed to make that vision a reality.


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