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**Madeleine Braksick:** You’re listening to “Voices in Equity,” the official podcast of the Samuel DuBois Cook Center on Social Equity at Duke University. The Cook Center is named after Samuel DuBois Cook, the first tenured Black professor at Duke University who exemplified the pursuit of social justice and equality. With research focuses including social mobility, education, health, wealth, and policy, the Cook Center aims to develop a deep understanding of the causes and consequences of inequality, and develop remedies for these disparities and their adverse effects. The aim of this podcast is to expand upon the work of the Cook Center through continuing crucial conversations that further our research and programming.

On our first podcast series, we’re focusing on The Pandemic Divide: How COVID Increased Inequality in America. It’s a collaborative book from faculty - many here at Duke - who are committed to shining a light on inequities and truly making a difference. Today we’re focused on Chapter 4, COVID-19, Race, and Mass Incarceration, written by our guest today, Arvind Krishnamurthy. It’s such a fascinating and eye-opening chapter and subject. In the chapter, Arvind sets the scene at a prison in Marion County Ohio that had a massive COVID outbreak, and it turns out that this is not uncommon

**Arvind Krishnamurthy:** Actually, many of the largest outbreaks of COVID-19 that are traced to a single location took place in detention facilities. And also this isn't something that is just true of COVID-19 and 2020, that it goes back historically. This is something that maybe if we were paying close attention to history, or if people in charge were sort of following what the lessons that history provided us that even in 1918, with the influenza pandemic, there was similarly very, very large outbreaks in prisons. And so there was really good reason from the beginning of the pandemic to understand that there was a high chance and high probability that individuals who were incarcerated or in residing in detention facilities had a really high likelihood or an increased likelihood of contracting a highly infectious disease like COVID-19. And that's something that should be factored in when we think about public health.

**Madeleine Braksick:** Thank you. I've really appreciated how you provided that historical context. So what initially motivated you to write this chapter? Were there any observations? Did you kind of foresee this happening?

**Arvind Krishnamurthy:** So most of my research is not necessarily in the public health space. I sort of use quantitative approaches to study how criminal legal institutions reinforce or accelerate racial and spatial inequality in my work. And a lot of that is thinking through the relationship between these institutions and political power and the way they're organized such that you can directly trace the democratic s and ability of members of race class subjugated communities to generate real democratic accountability, through the way our criminal legal institutions reinforce these existing hierarchies in society or amplify them. And so as part of that, obviously, that made me think a lot about COVID-19 when it was happening. Because while that is a very explicitly medical or public health issue, there are many ways in which a lot of scholars in who studied these into the same institutions I do, often focus on the way that they accelerate inequalities in health and in socio-economic outcomes. So things like educational attainment, income, mental health, stress, and physical health barriers, and the way that the spells of incarceration affect people and in their community, so that that was one part of it, where I immediately thought about the way that this pandemic could really strike directly to the hearts of many of these inequalities. But the other was thinking through how space matters, which is also I think, important in a lot of my work. And one thing that's inherent to the pandemic was that it really required people to have abilities that fall directly on race and class lines, like the ability to not be able to work from home or to socially distance. And immediately it was clear to me as someone who studies these institutions, and as spend time talking to people who are part of these institutions that those things were not going to be possible in detention facilities. And so that's a really substantial challenge then, and many scholars who are even more deeply within these intellectual traditions, were pointing this out from the beginning of the pandemic. So it was something I had my own, I knew was going to be a real challenge for society. And I at first was actually pretty optimistic, I think, because I thought this is kind of a moment of crisis where it's easy to imagine political elites being primarily concerned with reducing the spread of COVID-19 more than anything else. And so in that push, there would be mass scale de-carceration and de-policing. And in some ways, I thought that might generate really optimistic long term outcomes where when you de-carcerate at really high rate or de-police and reduce the inflow of individuals into detention facilities, you might imagine that longer term. People would see societies still are functioning fine even as we've reduced the scope of the carceral state. But it's not clear that that's exactly what happened or those reductions were as substantial as they should have been. But from the beginning, I knew that this was going to be a challenge and that people were thinking a lot about how we could use criminal legal policies to better improve public health outcomes for society. And I thought, I was optimistic at first. And so that's even part of why I dove into this kind of analysis.

**Madeleine Braksick:** Absolutely. And I think you kind of speak to that decrease in the prison population and kind of what the outcome of that was. But first, I kind of want to talk about your initial approach in the chapter because you had to write this kind of in the midst of the pandemic, new rules and new numbers and new data was coming out every single day. How did you go about studying the ties among COVID-19 race and mass incarceration? I know, you talk a lot about the Marshall Project, and kind of your different data resources here. But what was it like to study something while we were still very much in it?

**Arvind Krishnamurthy:** I'd say the first thing is just, I don't know, emotionally, it was when everybody's stuck at home, and you're wanting to do something, but maybe the modal social scientist is like, it's not like I'm like a doctor or medical practitioner, nurse, like a first responder. But I do knew that the tools I had were not completely useless, I guess, or pointless in this context. So I wanted to know I want just to study something about that I felt could impact or influence. Public policy, or at the very least provide some maybe guiding lesson to people moving forward. So in that way, I kind of touched on earlier, it did feel a little optimistic to be able to study this kind of question that I saw real policy impact and sort of subsequent ability to change public policy with or at least have people understand the impact of these practices. And then with that, because many other people were, they felt the urgency to study these kinds of questions. I think there are a lot of people finding ways to contribute to this real moral and social and political challenge that was facing everyone. And so that also made it to data sources, like you touched on were pretty available. So now, I think there's like some words of caution which maybe we can get into more lately. But in building the chapter, I gathered sort of three main sets of data and merge them to create sort of a single dataset. But those were these prison population counts from each individual state prison facilities that came from the Marshall Project, who has done really good work, both foiling and gathering records from individual facilities to build out this. This dataset which told us over time, how many people were incarcerated in individual prison facilities, then I got jail incarceration counts from a team of researchers at NYU that has created a Jail Data Initiative. They're part of the public safety lab there and where they've been scraping jail rosters or intake websites and use that to build a time series that gives us a lot of information about the number of individuals in individual jails over time. And then I gathered data on COVID rates and COVID positivity rates in these facilities from a team of researchers at UCLA Law School, which was the COVID behind bars project. And part of the reason why that project was so important, especially all of these data gathering enterprises are really amazing and took 100s or 1000s of hours to build. But the UCLA one to me is one I want to highlight because it reflects a general problem within research on criminal legal institutions. That's trying to provide important descriptive information or use maybe quantitative analysis, which is in part because of a lack of accountability for many of these institutions. There's really, really bad record keeping that's made publicly available. So many of these prisons or jails are not reporting their COVID-19 counts at least publicly. There are certainly some legal requirements that might have compelled them to report information to the government, but it's unclear how strictly or at what level that was enforced. And certainly, there wasn't a substantial amount of facilities where you could just find their information regularly. And so it required a team of researchers to be tracking this down and centralizing it and getting this information. There's a similar story that's true with, for example of police violence data. The police departments seldom, if at all report very basic information like how many individuals they have shot or killed in a given year. And it's researchers like myself who studied these questions, you rely on crowd-source data or researcher generated data, because the government records are so poor. So together, I threw all those data sources. I was able to do my analysis, but that were the individual places where I got this information.

**Madeleine Braksick:** I want to touch on that kind of difficulty to get data, especially as it pertains to policing and carceral facilities, because we had at the conference, Dr. Lauren Brinkley, Rubinstein and two of her affiliates kind of talked about the COVID Prison Project, which sounds similar, kind of to the UCLA study. And now she's just joined us at Duke, but it was kind of running that out of Chapel Hill. But they were kind of making the same points, that when it comes to finding accurate, truthful data, as it pertains to carceral facilities, it is difficult to find. Because when it comes to reporting, deaths, or illnesses or conditions of incarcerated people, states may potentially break the law. The data collection seems to be very messy, which would make a project like this even more difficult.

**Arvind Krishnamurthy:** And I know, it doesn't sound like maybe the kind of thing that people would think reflects our values. But as someone who is spending a lot of my time working with these datasets, it is a reflection of priorities in our society. Like, with what I study, I'm a political scientist. My work is less about things like voting, but you'll never find that to be the case that we don't know how many people voted in it in a given election or what the election returns are? I mean, of course, there might be some candidate try and challenge that. But these are basic pieces of information that we all know and have. And, of course, we wouldn't want that information to not be available because it's important. I mean, even you can find the stock price for any publicly traded company in half a second, because these are things that we think are important. And there are a lot of institutional structures that ensure that this information has to get out there. And it has to be accurate, because it's important enough for the public. But we don't do that with a lot of information about people who are on the margins of society or interacting with the part of the state that has the most explicit power behind it, which is the carceral state. And so that's where I think it's a real problem, because if we want to understand exactly how being incarcerated or having contact with the police, or in this case, how COVID-19 might make its way through detention facilities, we need to have accurate and well-kept records. And the fact we don't, I think is really a reflection that by and large, it's many people who would compel compliance with these sort of reporting requirements. Don't view it as a priority, or it's not sufficiently well funded to ensure that this is going to be the kind of information we can rely on. And it goes like it's just a rampid problem within information about different actions of different individual actors within the carceral state. Their police departments, where you can't find out how many crimes they've solved, which is why would seems like the most basic information. So how can you evaluate how good of a job these institutions are doing if you don't have the basic information?

**Madeleine Braksick:** Absolutely. And I don't want to oversimplify it. But I think one of the things that the COVID Prison Project people were talking about was just like the importance of advocacy, and just a general need to amplify the voices of marginalized populations. And to your point especially those who are in carceral facilities and in the carceral state, because everyone deserves a voice and in terms of studying these things, remedying them, we need accurate data and we need accurate reflections on kind of where to go from here.

**Arvind Krishnamurthy:** I couldn't agree more.

**Madeleine Braksick:** So one thing you said earlier was that space matters. We talked about our space and society but also when it comes to COVID-19, space matters physically in terms of social distancing, and the capacity or the ability to maintain that space and reduce the spread of the virus, which you kind of read about as not being as possible in carceral facilities. So going back to your study, what specific factors especially contributed to carceral facilities being a nesting ground for such a wild spread of the virus? And could you also just speak to the different types of carceral facilities? Because I think you studied on two subtypes.

**Arvind Krishnamurthy:** I'll take that last question first, because it's important to remember. There are differences in the carceral, or detention facilities that exists. So, the two main ones I focus on in my study are our prisons and jails. But we can also think about juvenile detention facilities and immigration detention facilities, which are different both in the populations they serve and jurisdictionally how they're governed. But prisons are state run. So they're operated at the state governmental level. There are some federal prisons, but a very small number, but these state prisons are house people almost exclusively post-conviction. So these are individuals who have already gone through the criminal legal process and have been either due to a plea agreement or a finding that of guilt in their trial, or some verdict that required incarceration, they're then placed into a prison facility. And then of course, there are different security levels, but these are generally for longer term spells or of detention. And then there are jails which are primarily run at the county or municipal level. And one of the explicit duties for example of sheriff's is to operate in county jails. These jails, again, not exclusively, but primarily or frequently, house individuals prior to their trial. So this is what we might call pretrial detention. And so pretrial detention involves individuals who might have a bail hearing, where either a magistrate or a judge will decide on the conditions of their release, or if there are no conditions, and they're not allowed to be released, or if they're allowed to be released without any restrictions prior to them being tried. So this is after someone might be arrested, and then a trial date might be set for a month later. And in the interim period, that's where many individuals end up being housed in jails. And so these are individuals who are all in the case of pretrial detention legally innocent that our justice system ensures that you are innocent until you're proven guilty. And so that that burden lies on the state to prove you guilty. And before your trial has happened, you are not guilty you have you are legally innocent, and many of the people who are housed in jails will even be found not guilty when they go to go to court. And so it's important to remember that these individuals who are being housed in these jails are people who haven't even gone through the criminal legal process and seen it to its completion. So in that sentence, a really important population because the nature of the detention is more temporarily limited. So because it's going to usually be for shorter term spells, then often these jails have less resources or institutionalized settings to provide things that people might need in longer term care, like good access to doctors or therapists and mental professionals. But there are a lot of commonalities across both them, one of them being that they're ill prepared to deal with a pandemic that spreads very quickly. And we can just sort of think through many of the public policies that were requested or important suggestions to mitigate the spread of COVID 19. And when you when you identify those policies, and how they would be implemented in a prison or jail, it's really not possible. So one simple thing is social distancing, keep six feet apart and spend time to yourself. Don't try to be in publicly crowded are very densely packed areas if because of the way COVID-19 might spread. And that's really not possible in jails and prisons which often operate at 100% or above 100% capacity, and that involves multiple people sharing the same cell. So living very, very closely together, there isn't necessarily space for individuals to go and for example, like eat meals or spend time outside of their individual private residence or detention area, without being in close contact with other individuals. And importantly, the entire structure of a jail or prison is meant to maximize the surveillance of correctional officers and individuals who are in charge of these facilities. So they don't want people to be widely spread apart, it's going to make it more difficult for them to be able to effectively view and surveil the behavior of the individuals who are detained. So that's really not possible. Then other Set Key suggestions are things like, like personal protective equipment. So wear masks, and as a pandemic evolved, things like use N95 masks, the personal protective equipment was very seldom available in in these facilities even further, there are these interesting political, economic ways in which it's not to the benefit of a politicians to be directing a substantial amount of resources to a population that is not given many opportunities to have a political voice. They're explicitly disenfranchised in almost every state while they're incarcerated. And it's not as if people were really spent spending large amounts of time trying to understand or hear from incarcerated people. That of course, there are definitely reporters who were taking that time, but it meant that it was an easy place for politicians to direct fewer resources. And that there are even circumstances where people were saying, why are you giving this PP that the state is trying to dole out to incarcerated individuals, because of the sort of norms of deservingness about who should get this equipment? I think those are sort of two primary reasons. But then it's also important to think about some of these like ancillary factors that affect spread like, so the underlying health of an individual. So prisons are among our largest health care and mental health providers in the United States. And so there are disproportionate rates of underlying medical conditions and comorbidities that might increase the likelihood that COVID is a serious illness where it can be contracted. And so that's also going to affect how the disease spreads. And then you also have circumstances where individuals are not residing in well ventilated or aerated spaces, so that also will sort of increase the spread of the disease. And so together, it creates a situation where you have a really high likelihood that a disease will spread within the facility and many public policy approaches to mitigate it spread are not really functionally possible or prioritize, to create safe conditions.

**Madeleine Braksick:** It seems like the lack of resources and the lack of kind of applicability of these policies in those facilities kind of created a perfect storm. And I know you've talked about that kind of throughout the chapter. So how was the jail population affected by COVID-19? What exactly played out there?

**Arvind Krishnamurthy:** So there's sort of two things that you can think about happening, which I show in this chapter. So what I kind of do is I look at both how the number of people in jails and prisons changed after COVID-19 spread across country and became a pandemic. And then I also look at what happened to individuals residing in these facilities. So what's the likelihood that you can track COVID and have negative outcomes as a result of that contraction in these detention facilities relative to the rest of the population? So I look at both those things in jails and prisons. So with populations, the jail population is an interesting case because we did see a reduction in jail populations following COVID-19 onset and there's kind of maybe two main reasons for that, like one is that a number of states issued executive orders or speed up the processing of individuals cases to try and just for public health reasons primarily reduce the number of people being detained. And so there were places that that made those explicit choices. So that's one reason you see the jail population fall is these policy choices to reduce the number of people who are currently incarcerated by releasing a number of them. And that often would amount to things like deciding to release people a few weeks early maybe if their trial date was in a couple of weeks or something like that. So this definitely happened more in prisons and jails. And then the other reason is so important to remember, jails are a little different than prisons because of the cycling that that takes place, because jails are a more temporary population. It's mostly pretrial detention. So jails are kind of reflecting the inflows that are often the result of police activity. So if police are more heavily policing, there's going to be more people being put in jail because police are going to be on the streets making more arrests, especially more arrests for lower level offenses that result from proactive behavior rather than things like calls for service. But during COVID-19 they were really explicit orders issued to a number of police departments, and internally within Police Department structures to essentially deeply so don't be on the streets having a ton of contact, because obviously that carries some risk for officers and for the public that these police departments serve. And also there were fewer people just traveling being living their life during this time. So there's fewer interactions possible for officers. And so with that there's a decrease of this inflow because jails are different than prisons in that prisons, people are going to be there for a while. But jails, there's people constantly churning. I mean, there's training in prison, but there's really high levels with training jails. And as people are cycling out because they're having their trials, or they're being released with these orders, there are fewer people coming in to **“replace or keep”** the population size the same because of these de-policing orders. So that did lead to a real decrease in the number of people who were incarcerated in jails, over the course of COVID-19. But that decrease was large at first, but then we did see it return not all the way to pre pandemic levels, but to close to those levels that 70%, 80% of the original population. So you do see this decrease for the first six, seven months, and then an increase back up to the population levels closer towards the population levels, we had pre pandemic level. And if I continued that time series now, my guests it would be at very similar, if not the same levels prior to the pandemic.

**Madeleine Braksick:** I definitely want to touch on kind of how you're reflecting on those numbers in this study now, since things have changed a little bit since the book was published. So speaking kind of to the subgroups of the prison population, what were the ties between racial inequality and what we were seeing unfold in America's prisons during COVID-19?

**Arvind Krishnamurthy:** This is a good question. And it comes back to what you asked earlier about space. Because obviously, our prisons and jails are highly racialized. In the end, we disproportionately incarcerate racial and ethnic minorities in our jails and prisons. So that in and of itself is going to contribute to racial inequality in the contraction of COVID-19. Because if one population is disproportionately represented in our prisons, in jails, and prisons or in jails are going to create a higher likelihood of contracting COVID-19, then those populations are racial and ethnic minorities are going to have a higher contraction rate than white residents in the United States were less likely to be incarcerated. So that's just a simple sort of mathematical way in which we would increase the likelihood of contracting COVID-19 and cause some racial inequality. But there's also this feedback because prisons and jails are not these bubbles that are self-contained. Throughout the pandemic, people who were continuing to work in these facilities, correctional officers, medical healthcare providers, sheriff's like I mentioned, these individuals are going into these facilities. And for a period of time they did or even community visits, family members or friends could come visit as well though, that sort of got shut down relatively quickly, but people are coming into these facilities. And then they're going back to their community and because the individuals they're interacting with in these facilities are more likely to contract COVID. You working or visiting or spending time there is going to make you have a higher chance of contracting COVID and spreading that to your community. So that's one other way you could see this inequality spread. But then very specifically to the question about race and space here, when individuals are even being in maybe the **“best case scenario”** being released, because governors or mayors are very concerned, or sheriffs are very concerned with, with the public health limits of these facilities, and they say we need to release as many people as we think we can politically defend or plausibly allowed to return to their homes or communities? Well, because of the racial and residential segregation of the United States, individuals are returning primarily to highly racially segregated communities. Of course, not exclusively, but to some large extent, and when we keep in mind that because of the likelihood of contracting COVID, inside these facilities, being much higher. I estimate like four or so times higher, they're likely to come back and there's a higher chance that they're bringing COVID with them back to an already very racially segregated community. So that's going to create this feedback loop where there's even more racial inequality in the spread and reach of COVID-19. So it really makes you understand how you can't think of these facilities as operating in isolation. And you certainly can't think of our communities as not being connected in meaningful ways to these facilities. And that is a real way that COVID-19 can accelerate racial inequality.

**Madeleine Braksick:** Absolutely. And it reminds me of the conversation, I had an earlier episode with Keisha Bentley Edwards, and Paul Robbins, who spoke to the social determinants of health. And like you said, these aren't isolated. Communities aren't isolated spaces. So if a certain Black Americans tend to be in multi-generational homes or segregated communities or already are disproportionately predisposed to pre-existing conditions, these are all things that exist in parallel with what's happening in these facilities. So there's people who are in jails and prisons who already have pre-existing conditions which makes them much more susceptible to COVID-19. And, to your point, and people who are released are returning to these communities that also are disproportionately affected. And you kind of mentioned in approaching this study that you are optimistic, how are you feeling now towards these findings and where we are today?

**Arvind Krishnamurthy:** I'm definitely pessimistic about what I find here. Like I said, I'm not the only person to make this kind of estimation, but what I show is sort of crude rate contraction of COVID-19 state or federal prisons is around 33%.Which is saying that one in three essentially people are contracting COVID behind bars while they're incarcerated in a prison, and that's about four times higher than the general population. In the timeframe, I'm analyzing this data. And that creates a really disheartening figure, because it suggests now we could have reduced the likelihood of contraction for 100s and 1000s of people by allowing them to return to their communities, and especially allowing a much, much larger number of individuals to do that then we did choose too. Even though this was sort of, in some ways, an optimal moment to make this change where society stopped and we were at a single minded focus on public health. And it didn't happen to the extent that I think it needed to. But I do think the sort of the one maybe note for optimism or possibility is that there were places that understood that public health and public policy, especially criminal legal policy, are not the same or should be considered together. So the fact that there were these real decreases in jails and prisons, especially at first suggests that they're in jail prison population suggests that there was some movement that maybe people started to understand the way that we should view public safety and public health as two sides of the same coin, not entirely separate questions. So I think that is optimistic to me, but the spread or extent to which that’s true. I think, is maybe the more pessimistic part of that story?

**Madeleine Braksick:** I think, the COVID present project, I was pulling up their deck from the presentation at the conference, and they said, ***“As of October 27, the increased COVID infection rate in carceral facilities is 5.5 times”***. So it's seems like it's even higher than it was when you did your study. And, and it was three times increased mortality. And it's showing this not just among incarcerated people, but also among prison staff. And to your point, I think it is important to take an interdisciplinary approach to all of this. And if anything COVID has certainly opened the doors to doing that, because public health has even more so overlapped with life policy, like you're saying,

**Arvind Krishnamurthy:** I think a couple examples I mentioned in book. But in times of crisis, I don't think society realizes it, but the labor that that individuals who are incarcerated are often to some extent compelled into is essential for the functioning of society. So during this time in New York, for example, in many state prison facilities, incarcerated individuals were the ones creating and packaging PPE and hand sanitizer, even though they didn't even have it in their own facilities. So they're helping keep everyone else safe even if they aren't being protected themselves. So making sure that we understand how connected these detention facilities are to the society around us. I think can hopefully make people understand that this isn't just a group of people or a facility or location that we should just ignore and put to the side because it's helping keep us safe, the work that is happening there. And the public is not keeping the people there safe. And especially the political elites are not keeping these individuals safe. And that needs to change if we want to do an effective job at ensuring there's public safety and public health. And with that, I think I shouldn't be an understanding that this isn't just specific to COVID-19, the health conditions in detention facilities are insufficient constantly. So that's part of why COVID-19 spread so rapidly, but there are other diseases and public health conditions, sanitary conditions that are insufficient, that are constantly affecting individuals who reside in these facilities. So maybe one benefit that I hope could happen from all the great scholars and groups of researchers and journalists, and activists is that, by shining a light on how insufficient that conditions are, it improves on these facilities and makes us understand that there are limits to what people are going to be able to get out of incarceration. We shouldn't think of it as a policy solution to all kinds of problems from public health to public safety.

**Madeleine Braksick:** I think that's a great point. And in reading that image that you painted of these people who are incarcerated, creating the resources that we all needed to be safe, that they themselves that they didn't have access to, that in itself was a snapshot of inequality and it's heavy. And to your point, shining a light on that hopefully triggers some change moving forward.

**Arvind Krishnamurthy:** Hopefully.

**Madeleine Braksick:** Hopefully. So for readers of this chapter in this book, I like to leave with some action items if possible. So what are the key takeaways that you want people to have from this and what can we do and where do we go from here?

**Arvind Krishnamurthy:** I think there's a few action. I mean, when we're speaking we're in the midst of an election. I think one important thing is to understand that voting matters and not just voting on maybe the races that we that get more attention like the Senate or the House or presidency, but these local officials like your sheriffs who are have a really unmitigated an unchecked power over detention facilities, jails, specifically and state legislatures who are writing many of these laws and making decisions about releasing individuals. These are really important elections that you can vote into and get informed on no matter where you live. It help shape the way that your local detention facilities are on and operated. You can create meaning for electoral accountability in that way. I think another action item would be to just try and advocate for those who maybe aren't given the voice to advocate for themselves for a number of institutional or systemic reasons. So there are a lot of prison letter writing campaigns that involve both communication with individuals who are incarcerated, so that they have an opportunity to share their story with you what you can spread to your elected officials to local community, but also writing on behalf of those individuals to your elected officials in your community to ensure there is real accountability and that individuals who are incarcerated are not politically disenfranchised more than they already are. So that kind of surrogacy can be really powerful in generating accountability. And then I think the last thing is exactly what we just spoke about, don't take for granted. The way that a lot of the things that you might experience in society are connected to our political economy of our carceral state. And be conscious of how that's affecting the world around you, and how you should be sure to create meaningful connections and accountability to provide a more just world for people who are incarcerated, because they're doing a lot to make your life better in ways you might not realize.

**Madeleine Braksick:** Absolutely, and I think those are great action items to maintain an awareness to advocate and to amplify the voices of those who otherwise may not be heard. And to go vote, absolutely. Well, thank you so much.

**Arvind Krishnamurthy:** Thank you. It was a great conversation.