



**PUBLIC REQUEST TO ADDRESS  
THE BOARD OF SUPERVISORS  
COUNTY OF LOS ANGELES, CALIFORNIA**

MEMBERS OF THE BOARD

HILDA L. SOLIS  
HOLLY J. MITCHELL  
LINDSEY P. HORVATH  
JANICE HAHN  
KATHRYN BARGER

**Correspondence Received**

The following individuals submitted comments on agenda item:				
Agenda #	Relate To	Position	Name	Comments
22.		Favor	E Hendry	Close Men's Central Jail!
			Lauren M Wolchok	Please see attached letter in support of the urgent and complete closure of Men's Central Jail.
			Wendy R Lipin	
		Item Total	3	
Grand Total			3	

April 3, 2025

Los Angeles County Board of Supervisors:

Supervisor Mitchell

Supervisor Solis

Supervisor Horvath

Supervisor Hahn

Supervisor Barger

**Re: In Support of Board Item 22: Report on the Progress of Closing Men's Central Jail**

Dear Los Angeles County Board of Supervisors,

My name is Lauren Wolchok, MD, and I am a resident of Eagle Rock, in the 1st Supervisorial District represented by Supervisor Solis, and a physician and former Los Angeles County employee of the Correctional Health Services Division within the Department of Health Services. From 2016-2021, I worked at Men's Central Jail (MCJ), and **I am writing to explain why I believe that there is an urgent moral imperative to quickly and completely close MCJ, drastically reduce the massive incarcerated population in our county, and avoid the temptation to replace MCJ with a "care campus" or any other modernized facility or version of continued incarceration, as has been suggested by Sheriff Robert Luna.**

MCJ is not a safe place to be – it is not safe for the incarcerated, custody, or other staff who work there. One of the reasons I left was that I feared that in a major earthquake or fire, there is little hope of escape and I worried about not being there for my children. But incarcerated folks have so much more to fear– the jail is run by powerful inmate gangs and cartels that bribe and extort in exchange for some measure of security and protection inside. Deadly drugs, especially fentanyl, are ever-present and overdoses happen regularly. There is no guarantee of timely access to medications and medical visits, so chronic physical and mental health conditions can spiral into life-threatening emergencies. These are just a few of the threats that await people inside. And, of course, the death rate in our jails remains unacceptably high-- 12 already this year, and we're barely four months in.

The vast majority – like more than ninety percent – of my incarcerated patients struggled with severe substance use disorders, homelessness, significant mental illness, or all three, in addition to their acute and chronic medical concerns. Most had been in jail many times before, well-known to me and each other. And, of course, most were people of color. I joked that I had better follow-up rates and retention in care than my colleagues in the community, because my patients would come in and stay for approximately 90-180 days every 3-4 months, so I would see them for quarterly visits like clockwork. It was a revolving door into jail from the streets and right back out again, only to repeat. Nearly all of my patients had grown up with parents who experienced incarceration, substance use, mental illness, and suffered neglect and abuse. Many had aged out of the foster system. At least half of my patients were in jail while awaiting a plea deal or a trial, having been accused but not yet convicted of a crime and too poor to make

bail that would have allowed them to wait at home. And the majority of the crimes they were alleged with: offenses related to drug possession or sale, disorderly public conduct (AKA acting high or drunk in public, or living while homeless), petty theft. I had patients who were stopped for anything – loitering, sleeping, riding a bicycle without a headlight– and remanded back to jail when warrants for their arrest were discovered – for missed parole or probation check-ins, missed court dates, or even unpaid parking tickets. In other words, the vast majority of the alleged crimes were non-violent and many were for actions that, if I had done them, would never have gotten me arrested.

Devastatingly, some of my patients came to see jail as a sort of respite– a place where they could sober up, with a roof over their heads, and regular, if nutritionally inadequate, meals and access to health care, even if medical assessment and treatment took longer than it should. Not that anyone enjoyed being detained in jail or would willingly suffer the complete loss of personal autonomy, but at least, jail was able to meet the most very basic needs of food and shelter that were often just out of reach on the streets. This is a tragic reality: that our great city of Los Angeles, with our progressive politics and abundance of wealth, can be so unsurvivable for the most vulnerable among us that our jails have become the de facto safety net and access point for the most basic of needs: food, shelter, and access to health care.

When we incarcerate people, we fully and sometimes irreparably disrupt lives. For those who have been eking out a life with some degree of stability and structure, incarceration severs ties with family and community, causes job loss, unpaid rent and evictions, interruption in access to medication, and mental health crises. Even a brief stint in jail can have enormous consequences for people and be the catalyst for a quick descent in homelessness, relapse, unemployment, family and child neglect, etc. It can feel impossible to come back from.

That is decidedly not the point of incarceration. The purpose of the criminal justice system is to ensure public safety and security by preventing crime, maintaining order in society, and punishing and rehabilitating those who commit crimes. It is not for jails to attempt to fill the gaping holes in our social safety net systems through incarceration and control. MCJ is full of people who need and are desperate for healing– and incarceration, in any form, is anything but therapeutic. Instead of locking people up, we have got to shift the focus to services that can help meet these needs in the community. Which means we have got to invest in our communities, and not our jails.

**And as a local starting point for this transformation of the justice system, we must urgently and completely close MCJ. Full stop.**

Thank you, Board of Supervisors, for your consideration and action.

Sincerely,

Lauren Wolchok, MD