



**Neglected and at Risk:
The Healthcare Crisis for Diabetics in California Correctional Facilities**
Aidan Free



Abstract

20% of inmates with persistent medical problems are not examined by medical personnel in state prisons.¹ This paper examines the systemic failure of the California prison system to provide adequate healthcare for inmates with “Type 1 Diabetes,” who are already vulnerable. It argues that this neglect stems from a broader pattern of institutional disregard, economic exploitation, and understaffing. Drawing on recent research, including UCSF Amend’s California Prison Healthcare Quality Assessment and Oversight, public health data, and case studies, it calls for enforceable federal guidelines and transitional healthcare programs that ensure the well-being and rights of incarcerated individuals.

Keywords: diabetes, injustice, imprisonment, incarceration, healthcare, criminal justice, mistreatment, death, ethics, punishment, retribution, deterrence, rehabilitation, incapacitation, health equity

¹ Andrew P. Wilper et al., “The Health and Health Care of US Prisoners: Results of a Nationwide Survey,” *American Journal of Public Health* 99, no. 4 (April 2009): 666–72, <https://doi.org/10.2105/AJPH.2008.144279>.

Introduction: Ethical & Health Crisis

In September 2024, an inmate with “Type 1 Diabetes” named Keith Bach died in the San Diego County Jail, officially ruled as a homicide by neglect. Jail staff ignored his insulin pump's alarms for over 24 hours, despite extensive medical records and repeated requests for insulin.² Bach's case isn't just a tragedy, but a recurring theme of systemic failure. In California and across the United States, diabetic inmates are denied basic yet life-saving treatment due to systemic negligence, insufficient staffing, and poor infrastructure.³ This paper investigates how the California justice system continues to allow such preventable deaths and argues that they represent not only a public health crisis but also a moral failure. It calls for structural reform, improved medical oversight, and state-level policies to uphold the basic rights of incarcerated diabetics.

Diabetes on the Global, National, and State levels

Diabetes and other noncommunicable diseases (that cannot be transmitted between people, such as cancers) are responsible for 71% of deaths worldwide.⁴ Approximately 589 million people live with diabetes worldwide.⁵ The different types of diabetes include “Type 1, Type 2,” Prediabetes, and Gestational Diabetes. All types of diabetes can lead to high blood sugar, which damages blood vessels and vital organs. Additionally, a glucose (sugar) buildup in your blood can force your body into ketoacidosis, where the body produces excessive amounts of acidic ketones to break down fat for energy, potentially causing coma or death if untreated.^{6 7}

The most prominent forms of diabetes are “Type 1” and “Type 2”. “Type 2 Diabetes” affects 90% of people living with diabetes and can be managed without taking insulin or other medications and improved through lifestyle changes. With “Type 2,” the body is unable to produce sufficient insulin, or cells become resistant to the insulin. Insulin, a hormone produced by the pancreas, helps regulate blood sugar by allowing glucose from carbohydrates to enter the body's cells for energy. It plays an indirect role in functions such as regulating mood and energy levels by helping maintain stable blood glucose levels. Age, family history, ethnicity, obesity, or being overweight can all contribute to the onset of “Type 2.” While “Type 2” cannot be

² Kelly Davis and Jeff McDonald, “In Unusual Rebuke of San Diego County Sheriff, Coroner Rules Diabetic Man's Jail Death a Homicide by Neglect,” *Los Angeles Times*, September 20, 2024. <https://www.latimes.com/california/story/2024-09-20/in-unusual-rebuke-of-sheriff-medical-examiner-rules-diabetic-mans-jail-death-a-homicide-by-neglect>

³ While I am referring to diabetes in general, type one diabetes may be less properly treated as it relies on more constant monitoring compared to other types of diabetes.

⁴ WHO, “Noncommunicable Diseases.” World Health Organization, September 16, 2023, <https://www.who.int/news-room/fact-sheets/detail/noncommunicable-diseases>.

⁵ International Diabetes Federation, “Diabetes Facts and Figures,” International Diabetes Federation, <https://idf.org/about-diabetes/diabetes-facts-figures/>.

⁶ “Types of Diabetes,” *UVA Health*, <https://uvahealth.com/services/diabetes-care/types>.

⁷ “Diabetic Ketoacidosis: What It Is and How to Prevent It,” *Am Fam Physician*, May 1, 2005, 71, no. 9: 1721-22, <https://www.aafp.org/pubs/afp/issues/2005/0501/p1721.html>.

cured, it is possible to prevent the disease or enter remission and return to regular blood glucose levels.^{8 9}

On the other hand, “Type 1 Diabetes” is an autoimmune disorder that affects 8% of people with diabetes, and the cause is unknown, although family history can increase the risk. The disease is serious, as there is no cure, and no person has achieved complete remission without dependence on further medications. It is a chronic disorder that affects the pancreas, limiting the amount of insulin it produces or hindering its insulin production altogether. One of the main struggles for people with “Type 1 Diabetes” is balancing the amount of insulin in their body with the amount of carbohydrates, in order to maintain a stable blood sugar level. However, if the person gives too much or too little insulin, they can experience hypoglycemia (low blood sugar) or hyperglycemia (high blood sugar). After extended periods of hypo- or hyperglycemia, people with “Type 1 Diabetes” can experience serious side effects, such as shakiness, sweating, headache, nausea, uneven heartbeat, fatigue, irritability, problems concentrating, dizziness, and lightheadedness. Severe cases may trigger a loss of consciousness or seizures, abdominal pain, nausea and vomiting, shortness of breath, and confusion.¹⁰

People who do not have access to the proper treatment or medication, such as a means of checking blood sugar or giving insulin, are more susceptible to the dangerous side effects of diabetes. Part of the problem is the high cost of insulin and modern glucose sensors, as well as a lack of public education about “Type 1 Diabetes” (often getting overshadowed by the more common “Type 2”), which leads to the proliferation of these side effects.¹¹ Life for those with medical conditions is inherently more challenging, as they must navigate all the usual aspects of life while also managing the complexities of their health issues. The failures of the justice system are compounded for inmates with chronic health conditions, who face unique medical challenges that are often neglected behind bars, especially for diabetic prisoners. For individuals with diabetes, constant monitoring and adjusting of blood sugar, insulin levels, and carbohydrate absorption is crucial for maintaining health and well-being. Prisoners often go days or even hours without being treated for diabetes, which can lead to devastating long-term health effects such as organ damage, vision loss, nerve deterioration, coma, or even death, particularly in cases of prolonged hyperglycemia or diabetic ketoacidosis.

Healthcare on the National and State Level

While diabetes management is inherently difficult, it is exacerbated by the enforced legal and policy decisions that determine whether and how prisoners can receive healthcare. The U.S. Healthcare system relies on a mix of for-profit and non-profit, public and private providers and insurers, with no universal healthcare, and around 8.6% of the population is uninsured (as

⁸ “Differences between Type 1 and Type 2 Diabetes,” *Diabetes UK*, accessed September 16, 2025, <https://www.diabetes.org.uk/diabetes-the-basics/differences-between-type-1-and-type-2-diabetes>.

⁹ “Can Type 2 Diabetes Be Reversed?,” *Joslin Diabetes Center*, March 9, 2020, <https://joslin.org/news-stories/all-news-stories/education/2020/03/can-type-2-diabetes-be-reversed>.

¹⁰ Mayo Clinic, “Hypoglycemia - Symptoms and Causes.” Mayo Clinic, November 18, 2023.

<https://www.mayoclinic.org/diseases-conditions/hypoglycemia/symptoms-causes/syc-20373685>.

¹¹ I hoped to focus on just type one diabetics, but a lack of information and the grouping of the different diseases under the “diabetes” umbrella term made it much harder to conduct research on type one specifically.

of 2021).¹² Medicare, Medicaid, and similar programs serve as safety nets and are funded by the federal government, using taxpayer money, to support older citizens, people with disabilities, veterans, and low-income people with services related to maintaining their health and well-being. Aside from the Veterans Health Administration and the Indian Health Service, the government does not directly provide healthcare services. The following diagram from the International Society for Pharmacoeconomics and Outcomes Research depicts how healthcare services are funded in the United States.

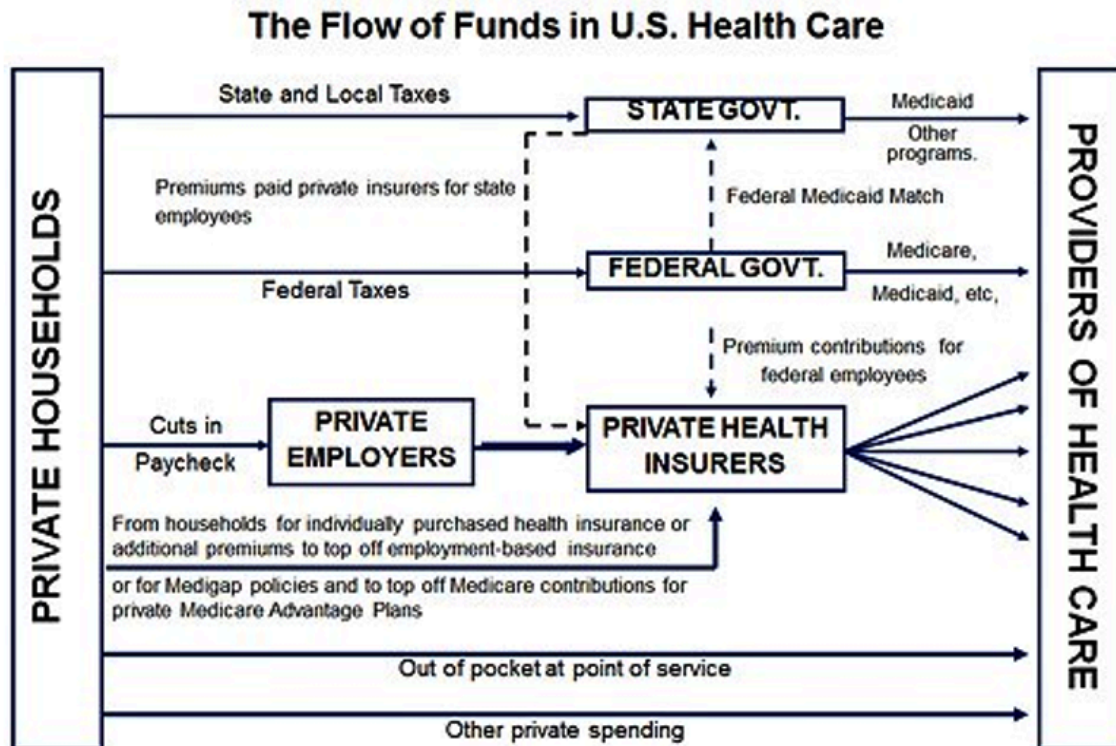


Figure 1. A flowchart of the movement of funds in the U.S. Health Care apparatus.¹³

When an inmate is sent to jail or prison, there are significant changes to the inmate's eligibility to receive healthcare. Inmate healthcare is still funded by taxpayers, but it is allocated from the corrections department's budget. Correctional agencies must request government funding for their budgets, including healthcare, and often have the flexibility to divert money from healthcare toward other departments, such as building new wings or paying higher salaries.

¹² Amy E. Cha and Robin A. Cohen, "Demographic Variation in Health Insurance Coverage: United States, 2021," *National Health Statistics Report*, no. 177 (Centers for Disease Control and Prevention, U.S. Department of Health and Human Services, Nov. 3, 2022), <https://dx.doi.org/10.15620/cdc:121554/>.

¹³ Uwe E. Reinhardt, *The Money Flow From Households to Health Care Providers*, (New York: The New York Times, 2011), Figure 1, <https://economix.blogs.nytimes.com/2011/09/30/the-money-flow-from-households-to-health-care-provider-s/>.

Although the majority of inmates qualify for Medicaid for their incarcerated status, Medicaid will not pay for an inmate's medical care in prison or jail.¹⁴

The only protection for inmates in need of medical care is the 8th Amendment's prohibition on cruel and unusual punishment. The 1976 Supreme Court ruling *Estelle v. Gamble* found only that deliberate indifference to a prisoner's serious injury or illness constitutes cruel and unusual punishment, and deliberate indifference must be based in "reckless disregard," a higher standard than negligence.¹⁵ Therefore, to meet this standard, the American healthcare system reluctantly and inefficiently provides substandard, rudimentary treatment for inmates with diabetes. Adding fuel to the flame, it is becoming increasingly popular for some federal facilities to deny access to diabetic prescriptions, such as insulin pumps, by claiming them to be contraband.¹⁶ Life for diabetic patients involves a complex and continuous balancing act between insulin and carbohydrate levels—an act made almost impossible in an environment with delayed or restricted care, poor food options, and minimal autonomy.

Inmates had hoped Medi-Cal, California's Medicaid program, would address their medical concerns because the program covers "medically necessary treatment and services, medicines, DME, and medical supplies."¹⁷ According to the Department of Health Care Services website, "Californians under 26 years of age, or over 50 years of age, are already eligible for full Medi-Cal. If you are between 26 and 49 and want to qualify, you must live in California and meet income and household eligibility requirements."¹⁸ This coverage was recently expanded in early 2024 to offer full coverage to more Californians, and criminal status does not affect eligibility.¹⁹ While Medi-Cal is helpful for inmates upon release, it is not offered while incarcerated, and their medical treatment is instead prescribed at the discretion of the facility. The realities of American criminal punishment more often than not defy even this seemingly benevolent extension of care to those who enter the criminal justice system with pre-existing conditions like diabetes or those who develop medical conditions while in the care of the state. This gap between written policy and actual practice is partly based on the underlying philosophy of the American justice system, which focuses on punishment.

American Criminal Punishment System

¹⁴ "Medicaid and Incarcerated Individuals," *Congress.gov: CRS Report IF11830*, Library of Congress, <https://www.congress.gov/crs-product/IF11830>.

¹⁵ "Medical, Dental, and Mental Health Care," *ACLU National Prison Project*, PDF document, Washington, D.C., https://www.aclu.org/sites/default/files/images/asset_upload_file690_25743.pdf

¹⁶ Christie Thompson, "When Your Insulin Pump Is Contraband," *The Marshall Project*, April 22, 2015, <https://www.themarshallproject.org/2015/04/22/when-your-insulin-pump-is-contraband>.

¹⁷ "Durable Medical Equipment: Medi-Cal, Medicare, and Dual Eligible Individuals," *Disability Rights California*, July 30, 2024, <https://www.disabilityrightsca.org/publications/durable-medical-equipment-medi-cal-medicare-and-dual-eligible-individuals>.

¹⁸ "Medi-Cal Help Center," *California Department of Health Care Services*, <https://www.dhcs.ca.gov/Medi-Cal/Pages/help.aspx>.

¹⁹ "Can My Criminal History Limit My Ability to Get Medi-Cal Benefits?," *Root & Rebound, Roadmap to Reentry*, <https://roadmap.rootandrebound.org/public-benefits/health-care-benefits/medi-cal/can-my-criminal-history-limit-my-ability-to-get-me/>.

Western penological theory and U.S. legal history generally recognize four core justifications for criminal punishment: retribution, deterrence, incapacitation, and rehabilitation.²⁰ Across time, culture, and geography, differences emerge between particular justice systems, whether local, state, or federal, depending on the underlying philosophy of punishment. For instance, some states have more so-called "crimes of moral turpitude,"²¹ for which sentences and punishments tend to support retributive aims, while some cities have taken it upon themselves to keep people out of jail²² or prison²³ and counsel them as a part of probation, where it would be sufficient to protect the public, in line with a rehabilitation model. The underlying philosophy of any particular punishment system will, in some way, determine the length and intensity of imprisonment, and therefore the level of diabetes care required.

California Justice System: Pushing for Rehabilitation

Some states prioritize different justifications, such as rehabilitation, over others, like retribution. Over the past three decades, California has shifted its strict crime policies to one of rehabilitation and reduced incarceration, with only two-thirds of the incarceration rate of 1994.²⁴ Following multiple lawsuits, a federal three-judge panel convened in 2007 and, in 2009, ordered California to reduce prison overcrowding to 137.5% of the system's design capacity. The decision was later upheld by the U.S. Supreme Court, leading California to adopt several reforms to reduce incarceration, including the implementation of financial incentives to send fewer felony offenders to state prisons for probation failures.²⁵

These reforms merely led to a decrease in the prison population. In the 2011 landmark case *Brown v. Plata*, the U.S. Supreme Court held that California's prison medical care system was "broken beyond repair," leading to an inmate dying every 6–7 days due to medical deficiencies, thus violating the Eighth Amendment.²⁶ To address these issues, the passing of the public safety realignment in 2011 transferred "responsibility for incarceration and supervision of many low-level inmates and parolees from the California Department of Corrections and Rehabilitation (CDCR) to the county level," leading to a dramatic decrease in the prison population.²⁷ However, even if most of the population of inmates with diabetes were moved to jails, rather than prisons, a high standard of care would still be paramount because someone with "Type 1 Diabetes" can develop diabetic ketoacidosis within a few hours, which can be fatal

²⁰ "Supreme Court: Retribution Tied to the Original Offense Cannot Factor into Supervised Release Revocation Decisions," *CRS Legal Sidebar* LSB10929 (August 1, 2025), Sidhu, Dave S., Congress.gov.

²¹ Coryn Johnson, "State-by-State Morality Superseding Federal Immigration Law: An Analysis of the 'Crimes Involving Moral Turpitude' Distinction Through the Lens of Post-Dobbs Anti-Abortion Law," *Law & Inequality* 42, no. 2 (2024): 81, <https://doi.org/10.24926/25730037.697>.

²² Sentence under one year

²³ Sentence over one year

²⁴ "Three Decades of Major Criminal Justice Shifts in California," *Public Policy Institute of California Blog*, October 30, 2024, <https://www.ppic.org/blog/three-decades-of-major-criminal-justice-shifts-in-california/>.

²⁵ Magnus Lofstrom and Brandon Martin, "Three Decades of Major Criminal Justice Shifts in California," *Public Policy Institute of California Blog*, October 30, 2024, <https://www.ppic.org/blog/three-decades-of-major-criminal-justice-shifts-in-california/>.

²⁶ *Brown v. Plata*, 563 U.S. 493 (2011).

²⁷ "Alameda County Profile: Fiscal Year 2011-12," *California Board of State and Community Corrections (BSCC)*, https://www.bscc.ca.gov/wp-content/uploads/alameda_county_profile.pdf.

without proper treatment. Therefore, even a so-called rehabilitative justice system in America, if it doesn't prioritize the health and well-being of its inmates at every level, is dangerous for someone with "Type 1 Diabetes."²⁸

California's Correctional Healthcare Issue

Correctional facilities commonly are plagued with chronic violence, unsanitary conditions, and poor nutrition, all of which lead to worsened health and quality of life for inmates.²⁹ Despite efforts to lower the prisoner population and maintain an environment that does not violate the 8th amendment's prohibition of "cruel and unusual punishment" and the 14th amendment's Due Process clause, the healthcare system in California jails and prisons remains inadequate. The 2011 *Brown v. Plata* case, upheld by the Supreme Court, highlighted the health compromise of inmates due to overcrowding. However, inadequate care persists even when facilities are not overcrowded and staff are aware of a patient's medical needs. In 2013, a 42-year-old man named Artemio Martinez Resendiz died from complications of untreated or poorly treated diabetes in the Monterey County Jail. The failure was not due to an overcrowded prison preventing access, but rather that the staff ignored obvious signs of metabolic crisis and delayed sending him to the hospital.^{30 31} Like Resendiz, for "Type 1 Diabetics," a short-term jail visit may turn into a death sentence. His death points to a failure of protocols, training, and accountability, not simply an issue of capacity. Amend at UCSF and other audits confirmed that CDCR's healthcare quality control and oversight remain well below community standards, indicating structural deficits even when facilities are under court authority.³²

A major issue hindering inmate health services is the presence of for-profit private companies that cut costs at the expense of patients' care. Resendiz's death occurred under the care of California Forensic Medical Group (CFMG). CFMG, through acquisition by investment firm H.I.G. Capital, became part of Wellpath. Wellpath is a private, major provider of correctional healthcare for local, state, and federal prisons throughout California and nationwide. In 2023, before selling off branches of the company and filing for Chapter 11 Bankruptcy, the company was the largest prison health contractor in the country, providing for approximately 300,000 patients in at least 34 states.³³ Wellpath's predecessor company was named as a defendant in

²⁸ "How Long Can Your Body Survive Without Insulin?," *Healthline/DiabetesMine*, April 11, 2022, <https://www.healthline.com/diabetesmine/ask-dmine-lifespan-sans-insulin#:~:text=For%20people%20with%20E2%80%9Ctraditional%E2%80%9D%20T1D,weaker%20as%20time%20goes%20on.>

²⁹ Sharon Dolovich, "Cruelty, Prison Conditions, and the Eighth Amendment," *New York University Law Review* 84, no. 4 (2009): 881.

³⁰ *Resendiz v. County of Monterey*, No. 14-CV-05495-LHK, 2015 WL ____ (N.D. Cal. Jul. 1, 2015), <https://www.casemine.com/judgement/us/5914f222add7b0493497df29>.

³¹ "Parents Say San Diego County Jailers Killed Their Son," *Courthouse News Service*, October 3, 2018, <https://www.courthousenews.com/parents-say-san-diego-county-jailers-killed-their-son/>.

³² David Sears and Brie A. Williams, *Quality Assessment and Oversight in California State Prisons: Assessing Medical Systems for the CA Prison Health Care Receivership (Amend at UCSF, July 1, 2024)*, <https://www.cchcs.ca.gov/wp-content/uploads/sites/60/CA-Prison-Healthcare-Quality-Assessment-and-Oversight.pdf>.

³³ United States Senators Elizabeth Warren et al., "Letter to Wellpath Regarding Inadequate Health Care in Prisons and Jails," December 18, 2023, PDF document, U.S. Senate, <https://www.warren.senate.gov/imo/media/doc/2023.12.18%20Wellpath%20letter1.pdf>.

roughly 1,400 federal lawsuits preceding their merger.³⁴ Similarly, according to a letter from the U.S. Senate to the company's executives, Wellpath “has been the target of multiple federal investigations and lawsuits, and the company has faced growing public scrutiny.” The letter addresses a list of deficiencies in care outlined by federal investigations, press reports, and personal accounts detailing “Delayed care and denial of care ... Involuntary treatment ... Inadequate staffing ... Negligent care and failure to follow doctors’ treatment plans ... Failure to follow internal company policies ... Inadequate mental health care and inappropriate use of restraints and solitary confinement.”³⁵ Similarly, a November 2013 assessment of the Monterey County Jail in which Resendiz died found the jail medical staff to be 40-70% less than it should be.³⁶

The “delayed care and denial of care” identified in federal investigations of Wellpath is exactly what happened to Resendiz. He was left in his cell vomiting bile, jaundiced, and unable to stand until he was nearly dead before being taken to a hospital. For a diabetic, that kind of neglect is lethal, especially since he relied on jail staff to give him insulin and monitor his condition because the prison provided no other option for him to receive treatment. In a system run by companies that cut costs to maximize profit, those delays are not accidents; they are the result of fewer staff, skipped checks, and waiting until care becomes unavoidable. This creates a reality where only the rare prisoner who gets near-perfect treatment has a real chance to survive.

Cases of wrongful and preventable deaths like Resendiz and Bach’s resulted from systemic neglect, poor medical oversight, and the failure to respond to an obvious medical crisis. Bureaucratically, these issues stem from a lack of oversight and the use of for-profit contractors, which create a structure where accountability is diffused and financial incentives discourage adequate staffing or treatment. Wellpath’s long history of litigation for medical neglect, where it is often accused of cost-cutting at the expense of care, exemplifies the potential compromise of for-profit healthcare providers in correctional facilities. To address these issues, facilities should implement audited tracking systems for medication compliance and physical well-being, with missed medications triggering immediate alerts to supervisors and external monitors. Integrated oversight and independent monitoring through independent medical oversight bodies, regular inspections, and whistleblower protections would ensure that problems aren’t buried. California and its counties could phase out contracts with providers like Wellpath in favor of public or nonprofit models that are accountable to health standards, not profit margins. Similarly, staff who ignore medical distress should be subject to criminal negligence charges, not just civil suits, which would set a precedent and compel future compliance.³⁷

³⁴ IBID

³⁵ IBID

³⁶ “Order Granting Motion to Certify Class and Denying Motion to Strike,” *United States District Court, Northern District of California*, Case No. 5:13-cv-2354-PSG, January 29, 2015, Jesse Hernandez et al. v. County of Monterey et al., <https://www.aclunc.org/sites/default/files/431%20Order%20Granting%20Motion%20for%20Class%20Cert%20and%20Denying%20Mot.%20to%20Strike.pdf>.

³⁷ Future researchers should investigate the efficacy of these propositions.

Conclusion and findings

The inadequate healthcare treatment for diabetics within the California justice system is a pressing issue that demands immediate attention. The system's failure to provide essential medical care, including affordable insulin and regular health monitoring, places inmates' lives at significant risk. Additionally, a means of transition from prison to a civilian healthcare system could be a viable tool in improving the treatment of diabetic inmates. Despite recent efforts to reform healthcare practices within prisons, such as the California Model, the persistence of these issues highlights the need for comprehensive and enforceable standards across all facilities. Ensuring that diabetic inmates receive proper care not only upholds their basic human rights but also contributes to their successful rehabilitation and reintegration into society. Effective healthcare policies and consistent oversight are crucial to prevent unnecessary suffering and deaths among this vulnerable population.

Addendum

As someone living with “Type 1 Diabetes,” I’ve committed myself to using my voice to improve the lives of others facing this condition. I serve as both an advocate and ambassador for several organizations focused on diabetes outreach and research, working to increase public understanding and push for systemic change.

Recently, I attended the Breakthrough T1D Children’s Congress in Washington, D.C., where I connected with fellow youth advocates from across the nation. During the week, I attended the Diabetes Caucus in the Senate and met with the offices of the California Senators and my county’s representative in the House, Salud Carbajal. With the Special Diabetes Program reauthorization approaching and important FDA funding being cut, the advocacy of child delegates is important to portray the day-to-day struggles of living with diabetes and how life-changing a cure would be. Writing letters or speaking with your representatives at every level is a step in the right direction to raise awareness about life with “Type 1 Diabetes,” or any chronic illness, which can inspire change on both social and policy levels.

This work is deeply personal to me. Managing this disease is already a constant burden, and I can only imagine the additional challenges faced by those navigating it within the confines of a correctional facility. That reality reinforces my belief that we must stand up for those who cannot stand up for themselves.

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