ICPJ VOTE Caucus — Healthy Candidate Healthcare Forum

County & Local Candidate Questions

Candidate: Cynthia Harrison — Ann Arbor City Council, Ward 1

Candidate Introductions

Please share your name, the office you're seeking, and, in one sentence, why you're running.

My name is Cynthia Harrison, and I'm running for re-election to the Ann Arbor City Council, Ward 1. Through my work in housing, reentry, and reducing harm in the legal system, I've seen firsthand how impactful it is when local government truly shows up and serves its people, and I want to continue doing that work.

Question 1: Access to Care

Many people in our community struggle to get the healthcare they need because of cost, transportation, insurance, language access, disability, or fear of interacting with public institutions. Where do you believe local government can make the greatest difference in reducing those barriers?

I think about this question through the lens of trust — because before someone can get care, they have to believe the system is actually there for them, not against them.

That's why I authored the Driving Equality Ordinance. Traffic stops are one of the most common ways people, especially Black and brown residents, end up afraid to drive to a doctor's appointment, a pharmacy, or a mental health visit — because a broken taillight can turn into something that upends their life. When we reduce unnecessary pretextual stops, we're not just talking about policing, we're removing a real barrier between people and the care they need.

I see the same thing every day in my work at the Sheriff's Office leading Innovative Reentry. People coming home from incarceration often have no insurance, no transportation, and a well-earned wariness of public institutions. If local government doesn't meet them where they are — with warm handoffs, not paperwork and waiting rooms — they fall through the cracks, and it becomes a public health crisis, not just a reentry issue.

And housing is healthcare. That's the whole premise behind Rising Hope for Housing — you cannot manage a chronic illness, keep up with medication, or show up for treatment if you don't know where you're sleeping tonight.

So where can local government make the biggest difference? By treating access to care as a trust-building project, not just a service-delivery project — meeting people where they are, removing the institutional fear that keeps them away, and recognizing that housing, transportation, and public safety decisions are healthcare decisions, whether we label them that way or not.

Question 2: Mental Health

Mental health affects schools, housing stability, employment, public safety, and families across our community. Where do you believe local government can make the greatest difference in strengthening mental health in our communities?

Mental health is something I sit with every single day in my work at the Sheriff's Office. Too often, our jail becomes the default mental health provider in this county — not because that's the right place for someone in crisis, but because we haven't built enough off-ramps before people end up there. That has to change, and I believe local government is exactly where that change starts.

One place I've tried to push on this is opioid settlement dollars. I've advocated for expanding how those funds can be used so they cover substance use treatment more broadly — because addiction and mental health are so often intertwined, and people don't experience them as separate, siloed problems the way our funding streams do.

I also come back to housing again and again, because it's foundational. You cannot stabilize your mental health while you're worried about losing your housing, or while you're actually unhoused. That's part of why Rising Hope for Housing matters to me — stable housing is often the precondition for someone being able to engage with mental health care at all, not an afterthought to it.

And through my reentry work, I see firsthand what happens when someone comes home from incarceration with untreated trauma or mental illness and no continuity of care. Local government has to build the connective tissue — between jails, hospitals, housing providers, and community mental health — so people aren't left to navigate a crisis completely alone.

So where can we make the greatest difference? By investing upstream — in housing, in diversion instead of incarceration, in flexible use of the dollars we do have — so that mental health crises are met with care, not with a cell.

Question 3: Health Equity

The people who experience the greatest barriers to healthcare are often the same people who face barriers in other parts of life — including Black residents, immigrants, people living with mental illness, people who are or have been incarcerated, and others who have historically been excluded from decision-making. How should those realities shape the decisions you make if elected?

This question is really about who gets to be in the room when decisions are made — and for too long, the people most affected by inequity have been the least consulted about the solutions.

I lead Ann Arbor's reparations work, and that has taught me that you cannot address health disparities without being honest about their origins. Black residents in this community carry the health effects of decades of exclusion — from housing, from wealth-building, from institutions that were supposed to serve everyone. When the federal government moved to attack Evanston's reparations program, it was a

reminder that this work is fragile and that local leadership matters more than ever. I'm not going to be quiet about that.

Through my reentry work at the Sheriff's Office, I sit every day with people who've been incarcerated and are trying to rebuild their lives. They face barriers to healthcare that most people never think about — no ID, no address, no insurance, and a justified distrust of systems that have failed them before. If elected, I don't just want to make policy for these residents, I want to keep building policy with them, the way I try to do in my reentry work.

That's also why the Driving Equality Ordinance matters to me — immigrant residents and Black residents in this community have real, founded fears about interactions with public institutions, including ones as basic as driving to work or to a doctor's appointment. Reducing that fear is a health equity intervention, even though it doesn't look like one on paper.

So the honest answer is: these realities shape every decision I make, because I don't experience them as abstractions. I see them in the people I work with at the jail, in the residents I represent in Ward 1, and in my own community. My job isn't to speak for people who've been excluded from decision-making — it's to make sure they have power in that room themselves, and to use my seat to keep pulling more chairs up to the table.

Bonus Question: The Role of Local Government

Where do you believe county and local governments have the greatest opportunity to improve the health of our communities?

If there's one thing my work has taught me, it's that health isn't decided in a doctor's office nearly as often as we think. It's decided in whether someone can get pulled over without fear, whether they have a stable address to put on a job application, whether the county jail is treating a mental health crisis as a crime, and whether the people carrying generations of harm have a real seat at the table when we write policy.

So I believe the greatest opportunity for county and local government is to stop treating “health” as one line item in one department, and start recognizing it as the through-line in almost everything we vote on — housing, transportation, policing, reentry, reparations, environmental protections. Every one of those votes is a health vote, whether we call it that or not.

Practically, that means a few things to me:

First, meeting people where the fear is. Whether it's a traffic stop, an ICE encounter, or someone walking into a government building for the first time since incarceration — if people are afraid of us, they can't be well. That's the heart of the Driving Equality Ordinance and my reentry work at the Sheriff's Office.

Second, treating housing as upstream medicine. Rising Hope for Housing exists because I believe you cannot ask someone to manage their health while they're worried about where they'll sleep.

Third, being honest about history. Our reparations work exists because health disparities in this community didn't appear out of nowhere — they were built, policy by policy, and they have to be dismantled the same way.

And fourth, keeping the people closest to the pain closest to the power. The best health policy I've been part of came from listening to people navigating incarceration, housing instability, or fear of institutions — not from a report written about them.

Local government won't fix everything. But we touch people's daily lives more directly than any other layer of government, and that's exactly why we have the greatest opportunity — and the greatest responsibility — to get this right.