Mass Incarceration Threatens Health Equity in America

Executive Summary
Authors

Julia Acker, University of California, San Francisco
Paula Braveman, University of California, San Francisco
Elaine Arkin, Independent Consultant
Laura Leviton, Robert Wood Johnson Foundation
Jim Parsons, Vera Institute of Justice
George Hobor, Robert Wood Johnson Foundation

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The goal of this summary and the full report is to raise awareness that mass incarceration is a major threat to health equity in our nation. While awareness of detrimental effects of mass incarceration has been growing, its impact on health and health disparities has not received much attention. This report discusses how incarceration and health equity are related, not only for those who experience incarceration, but also for their families, their communities, and the nation as a whole. The full report also reviews promising programs, policies, and justice reform proposals to help end mass incarceration and its devastating health and social consequences in America.
Foreword

This is the executive summary of a longer report, Mass Incarceration Threatens Health Equity in America. Other reports on health equity from the Robert Wood Johnson Foundation include What Is Health Equity? And What Difference Does a Definition Make?, Early Childhood Is Critical for Health Equity, and Wealth Matters for Health Equity. The first report defines health equity (below) and takes a deeper look at what it means and implications for action. These reports aim to assist those working in public health, health care, and other sectors that powerfully shape health—such as law enforcement, courts, education, child development, employment, housing, and community development—to build a world in which everyone has the opportunity to be as healthy as possible.

Health equity means that everyone has a fair and just opportunity to be as healthy as possible. This requires removing obstacles to health such as poverty, discrimination, and their consequences, including powerlessness and lack of access to good jobs with fair pay; quality education and housing; safe environments; and health care. For the purposes of measurement, health equity means reducing and ultimately eliminating disparities in health and its determinants that adversely affect excluded or marginalized groups.

According to this definition, health inequities are produced by inequities in the resources and opportunities available to different groups of people based on their racial/ethnic group; socioeconomic, disability, or LGBTQ status; gender; and other characteristics closely tied to a history of being marginalized or excluded.
Introduction

An estimated 2.2 million American adults are currently serving time in prison or jail,¹,² and more than 45,000 American youth are confined in juvenile detention facilities, adult prisons, and jails.³ The number of people incarcerated in the United States increased every year from 1980 to 2008. Despite subsequent decreases to a two-decade low in 2016, both the number of people incarcerated and the incarceration rate in the United States still exceed those of every other nation in the world, including totalitarian regimes.⁴,⁵ This unacceptable level of incarceration—often referred to as mass incarceration—appears to be the result of policies enacted from the 1970s through the 1990s that imposed tougher penalties for crimes, including more severe sentencing and compulsory incarceration for minor repeat offenses.⁴ The First Step Act, which was enacted on December 21, 2018, will affect those incarcerated in federal prisons—nearly 181,000 people of the 2.2 million people in prison or jail in America—but does not address the primary drivers of mass incarceration in the United States. This punitive approach has been applied since the early 1970s, particularly in relation to the War on Drugs. The continuing War on Drugs has targeted drug users who could benefit more from treatment than punishment; it has been accompanied by the rise of aggressive over-policing of communities of color, which has in turn contributed to dramatic racial inequities in incarceration. The stated rationale behind these practices is that harsher sentencing and tougher responses to crime will strongly deter and thus reduce crime overall. During the nearly three decades of increasing incarceration rates, however, rates of crime have fluctuated and are today similar to those in the 1960s, when the incarcerated population was less than one-seventh of its current size.⁶,⁷
Mass Incarceration Harms the Health of Inmates, Families, Communities, and the Nation

U.S. prisons, jails, and juvenile correctional facilities are unhealthy environments, where inmates are exposed to a wide range of conditions—including substandard meals, violence and sexual abuse, overcrowding, poor sanitation and ventilation, vermin, and solitary confinement— that are detrimental to physical and mental health. When inmates are released, their health can be further compromised by societal stigmatization and denial of opportunities for gainful employment, stable housing, education, and other conditions that promote good health.

Incarceration is associated with adverse health effects that last far beyond the period of confinement. According to the U.S. Department of Justice, one-third of illness-related deaths in state prisons from 2001 to 2004 (the latest years for which this statistic was reported) resulted from conditions not present at the time of admission. Longitudinal studies have documented strong, pervasive links between incarceration and multiple adverse health indicators across the lifespan, even after considering health before incarceration. On average, adult inmates are released from correctional facilities with more chronic medical problems than they had before admission. Examining mortality among New York state adult parolees over 10 years, a 2015 study found that each year spent in prison corresponded with a two-year reduction in life expectancy. In the two weeks following release from prison, the mortality rate of former inmates is approximately 13 times higher than that of the general population, primarily due to drug overdose.

The most serious health consequences of incarceration may not manifest until after release. Individuals treated for chronic health conditions while incarcerated often face obstacles to accessing care after leaving the justice system. Among individuals who are incarcerated, future prospects for employment, economic stability, affordable housing, and education are curtailed and in many cases eliminated.

The limits and barriers faced by individuals following incarceration can create cycles of offending and reoffending, in which former inmates too often become career offenders with limited opportunities outside of crime. In three national studies examining recidivism during the 1980s to 2000s, nearly two-thirds of ex-prisoners were rearrested within three years after release.

A household member’s incarceration can have drastic consequences for a family’s health and well-being: An estimated 2.7 million children nationwide are growing up with one or both parents behind bars, while “approximately 10 million children have experienced parental incarceration at some point in their lives.” Parental incarceration increases children’s risk of drug abuse, criminality, and delinquency as they mature and predicts a wide range of health

With approximately 2.2 million American adults and youths behind bars, the United States incarcerates many more persons—both in absolute numbers and as a percentage of the population—than any other nation in the world.
Discrimination and Incarceration Trigger a Vicious Cycle that Threatens Health Equity

The diagram above demonstrates how racism and/or lack of economic opportunity can lead to prejudicial treatment in the justice system, which can trigger a vicious cycle that increases a person’s risks of poor health in many ways. Discriminatory treatment by both the police and courts markedly heightens the likelihood of incarceration among people of color and poor people in all racial groups. Incarceration then leads to worse health through exposure to an array of unhealthy conditions both during incarceration (including overcrowding, violence, and poor sanitation) and after release (including social exclusion and marginalization, as reflected in barriers to employment and therefore earnings). Social exclusion and marginalization in turn lead to greater poverty, powerlessness, and homelessness, further exacerbating the risks of poor health.

This diagram is a simplified representation of a complex process. For example, racism, lack of economic opportunity, and prejudicial treatment by police in themselves can each lead to ill health—indepedent of whether incarceration occurs—such as when a person’s ability to afford decent housing or healthy food is limited, or when use of excessive force by the police results in injury.
problems—including HIV/AIDS, asthma, high cholesterol, migraines, depression, post-traumatic stress disorder (PTSD), and anxiety—during young adulthood.\textsuperscript{22} Within communities, high rates of incarceration disrupt social and family networks, reduce potential economic development, and generate distrust and resentment toward law enforcement, which may ultimately increase neighborhood crime rates.\textsuperscript{7} Each of these factors contributes to wider gaps in incarceration and health between socially advantaged and disadvantaged groups. For the nation as a whole, mass incarceration consumes large portions of government budgets, with local, state, and federal governments spending approximately $180 billion each year on corrections, policing, and criminal court systems.\textsuperscript{23} Mass incarceration also diminishes economic productivity and prosperity and appears to have a negligible impact on crime rates.\textsuperscript{7} It creates cycles of repeat offending and repeat incarceration and contributes to the entrenchment of intergenerational poverty.\textsuperscript{24}

**Marginalized Groups are Disproportionately Incarcerated**

The men and women behind bars in this country are largely among the poorest members of society, with a pre-incarceration median income that is 41 percent lower than that of non-incarcerated people of similar ages.\textsuperscript{25} Many people are incarcerated because they cannot afford bail or court-imposed fees, fines, or restitution that often are mandatory regardless of a defendant’s economic status. In 2015, the median bail set nationwide was $10,000,\textsuperscript{26} and, in felony cases, fines and fees average $2,540 but can increase rapidly due to high statutorily-mandated interest rates when defendants cannot pay their fees at once.\textsuperscript{27}

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People of color are disproportionately represented among those who are incarcerated. While members of racial or ethnic minority groups represent 39 percent of the population nationally,\textsuperscript{28} they make up 60 percent of incarcerated persons.\textsuperscript{29} Black Americans are most affected, representing 33 and 34 percent of the prison and jail population,\textsuperscript{1,2} respectively, but only 13 percent of the population overall.\textsuperscript{28} It is estimated that 1 in 3 black men will experience incarceration during his lifetime.\textsuperscript{29} American Indian persons also are strikingly overrepresented in the justice system, especially in states with large American Indian populations. In 2010, American Indians represented 22 and 29 percent of the incarcerated populations in Montana and North Dakota, respectively, though they only accounted for 6 and 5 percent of the overall population in those states that year.\textsuperscript{30,31} Black, American Indian, and Latino youth, respectively, are 5,\textsuperscript{32} 3,\textsuperscript{33} and 1.65\textsuperscript{34} times as likely as white youth to be incarcerated.

Persons with disabilities also represent a large proportion of incarcerated individuals; people with disabilities are 3 and 4 times as likely as non-disabled people to end up in prison and jail, respectively.\textsuperscript{25}
Approximately 60 percent of incarcerated individuals are jailed or imprisoned for a non-violent offense such as theft, drug possession, drug trafficking, or driving under the influence. In 2016, over 74 percent of convicted drug trafficking offenders were black or Latino, although, on average, individuals in these groups use, buy, and sell drugs at similar rates as whites.

**Inequitable Policies and Practices Drive Dramatic Disparities in Incarceration**

Even while crime rates remained stable or declined from the 1970s to the early 2000s, many new prisons and jails were built and anti-crime policies became increasingly severe. These policies have contributed to high rates of incarceration among black Americans in particular, and have created and perpetuated significant public health problems in our nation’s most vulnerable communities.

The policies and practices associated with the rise of mass incarceration include:

- The closing of inpatient facilities to treat mental illness in the 1960s, with underfunding of community treatment programs, including for people needing 24-hour care.

- The War on Drugs and aggressive over-policing in communities of color since 1973.

- The advent and dramatic expansion of private for-profit prisons during the 1980s, which introduced monetary incentives to incarcerate large numbers of people while spending as little as possible.

- A long history of mandatory minimum sentencing laws. For example, a 1986 law imposed minimum sentences for cocaine trafficking, with harsher punishment for crack (used more by blacks) than powder cocaine (used more by whites).

- The 1994 federal three-strikes provision that mandated life sentences for offenders convicted of a violent crime after two or more prior convictions, one of which could be for a non-violent crime such as a drug offense.

- The rise of “zero tolerance” policies in schools, which have produced more youth arrests for non-violent behaviors previously managed by teachers and school administrators. From 2011 to 2012, black students accounted for 31 percent of all in-school arrests but only 16 percent of school enrollment. The phrase “school-to-prison pipeline” was coined to reflect this phenomenon, which condemns many children of color who need supportive psychological services to incarceration and its consequences.
Increasing incarceration of undocumented immigrants. U.S. Immigration and Customs Enforcement (ICE) is the only U.S. law enforcement agency with a minimum statutory quota—currently set to 34,000 daily—on the number of individuals to incarcerate.42

What Can Be Done to End the Vicious Cycle?
Americans deserve a justice system that deters crime, protects public safety, rehabilitates offenders, and treats people fairly. Our current system produces questionable public safety benefits7 while wasting resources23 and destroying lives. It damages the health of the incarcerated, their families, communities, and the nation.4,12,14 It exacerbates and reinforces the devastating effects of racism and limited economic opportunity. There are reasons for optimism, however. A wide and bipartisan consensus has emerged that mass incarceration needs to end.43 Since 2007, at least 33 states have passed laws to reduce incarceration and crime rates simultaneously. Crime has decreased more in the 10 states with the greatest incarceration declines than in the 10 states with the largest increases.4 Some states have reached historically low incarceration rates.44
Durable reform will require strategies at all government levels and wide replication of promising efforts.\textsuperscript{45} Noteworthy strategies to end mass incarceration and its harmful effects on health include efforts to:

- Reduce excessively long sentences and eliminate mandatory minimum sentences.
- Increase investment in alternatives to incarceration, including diversion programs for adults and youths.
- Stop incarcerating people for inability to pay cash bail and court-imposed fines and fees.
- Address discriminatory policing through training and monitoring.
- Eliminate private prisons.
- Increase investment in inmate rehabilitation and community reintegration programs.
- Ensure access to high-quality healthcare, drug treatment, and education, including while confined.
- Address the overuse of solitary confinement.
- Implement policies that show promise for reducing poverty and eliminating racial discrimination.
- Increase investment in programs and services for children with incarcerated parents.

**Mass Incarceration—We Know Enough to Act**

Correctional facilities are largely revolving doors, with high rates of recidivism. This underscores the need to prioritize rehabilitation and post-release economic self-sufficiency, using evidence-based approaches with demonstrated potential for success. We have a choice as a society: We can continue to approach crime and punishment in ways that violate our values and drain immense levels of government resources, or we can redirect our efforts away from mass incarceration—choosing instead to focus on treatment, rehabilitation, and providing equitable opportunities for every American to live a dignified and healthy life free of unjust, inhumane, and unnecessary incarceration.
References


