

Incarceration and Health

Massachusetts League of Community Health Centers

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Suffolk University Law School

*Brad Brockmann, JD, Executive Director
Center for Prisoner Health and Human Rights*



Welcome to America, home to
5% of the world's people &
25% of the world's prisoners.

Let's build a better America together. NAACP.org/smartandsafe

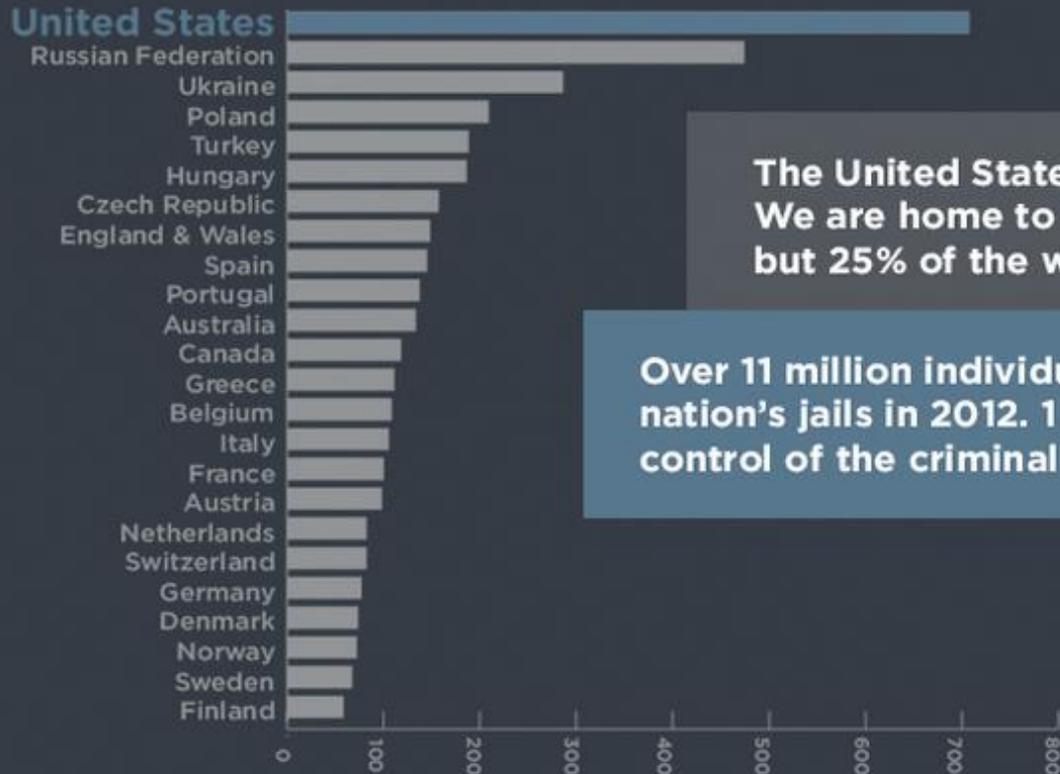


Overview

- Scope of U.S. epidemic of incarceration
- How did we get here?
 - De/Reinstitutionalization
 - War on Drugs
 - Health Policy for Low-Income Individuals
- Who do we incarcerate? Key markers of criminal justice involved individuals:
 - Poverty/Education
 - Health
 - Race

- Recognize role of Correctional Institutions as Largest Health Care Clinics for Low-Income Individuals in the State
- Reentry and the Collateral Consequences of Incarceration
- Moving Forward: Hope from the Right?

Scope of US Epidemic of Incarceration

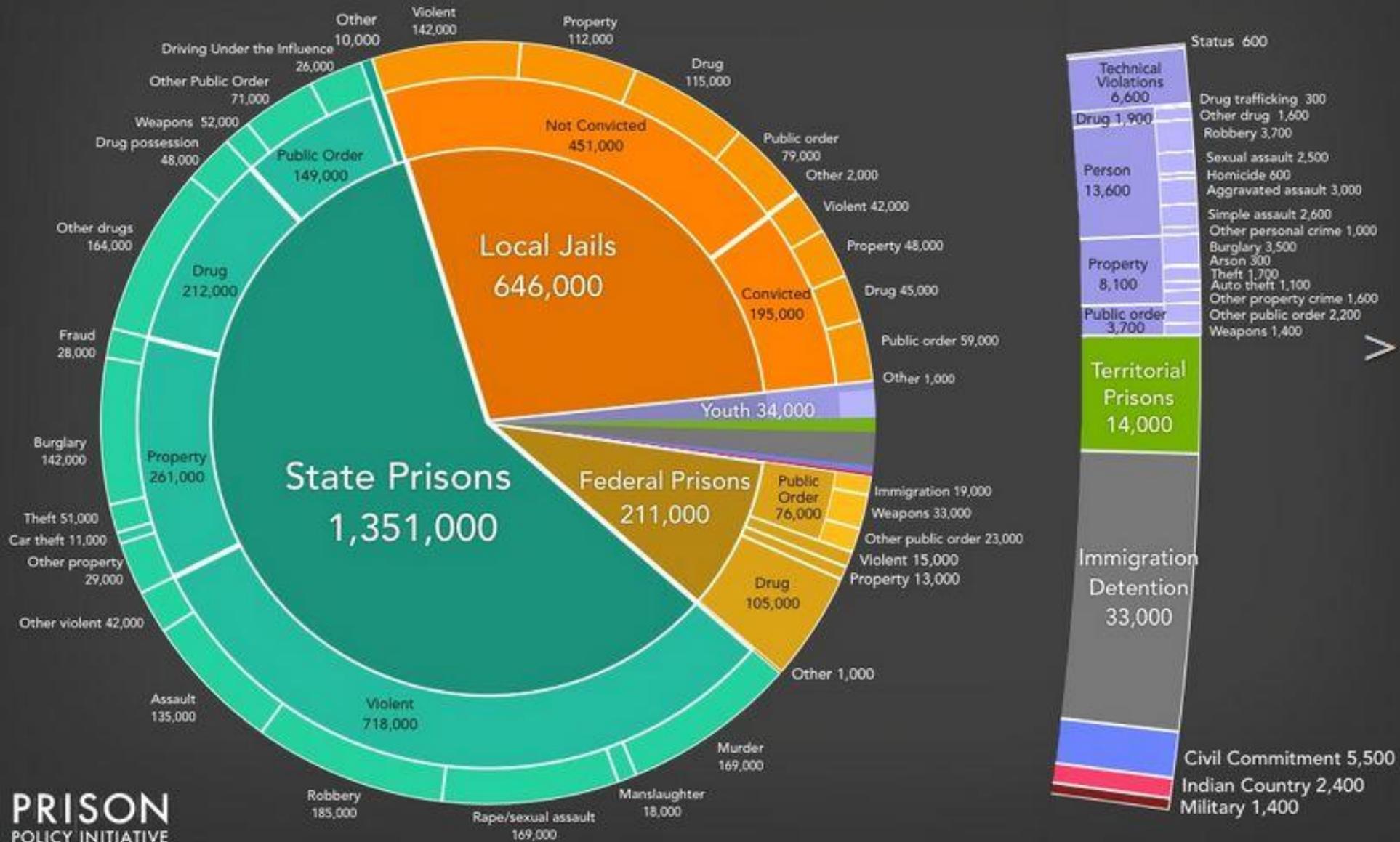


The United States is the world's leader in incarceration. We are home to five percent of the world's population, but 25% of the world's prisoners.

Over 11 million individuals passed through the nation's jails in 2012. 1 in 31 residents is under the control of the criminal justice system.

How many people are locked up in the United States?

The United States locks up more people, per capita, than any other nation. But grappling with why requires us to first consider the many types of correctional facilities and the reasons that 2.3 million people are confined there.



How Did We Get Here?

De/Reinstitutionalization

- Community Mental Health Act of 1963
- Medicaid incentive to deinstitutionalize (1965)
- Omnibus Budget Reconciliation Act (1981)

War on Drugs/Tough on Crime

- Anti-Drug Abuse Act of 1986
 - Mandatory minimum sentencing (5/10 years, without parole)
- Violent Crime Control and Law Enforcement Act of 1994
 - 9 billion dollars in funding for new prisons
 - Elimination of Pell grants for incarcerated people
 - Three Strikes Laws

National Public Health Policy for Low Income Individuals (Medicaid)

- Categorical Benefit (Children, Pregnant Mothers, Disabled)

Who do we incarcerate?



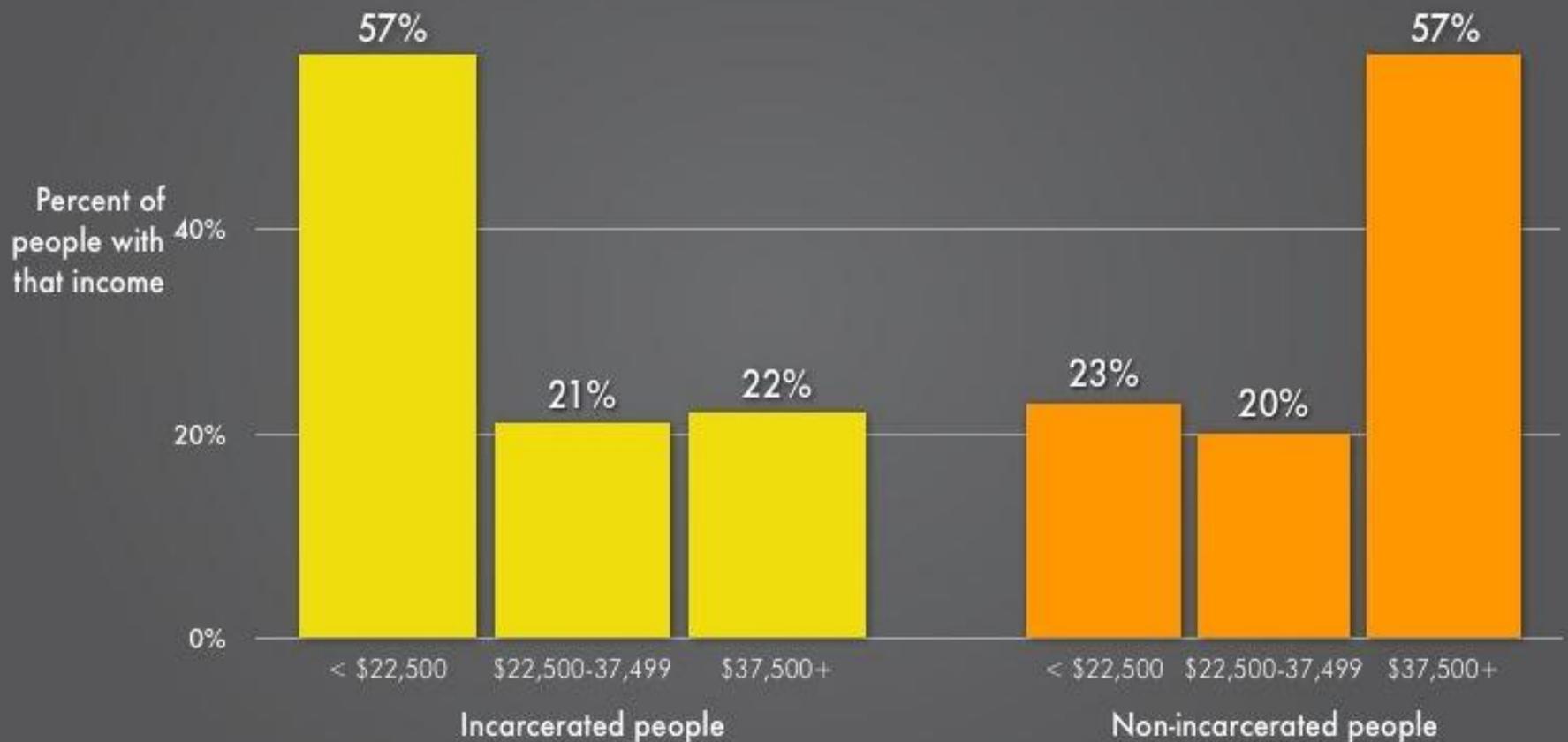
Prisoners and others involved in the criminal justice system are overwhelmingly poor, disproportionately non-white, and in overall poor health.

Low Income Individuals

	Incarcerated people (prior to incarceration)		Non-incarcerated people	
	Men	Women	Men	Women
All	\$19,650	\$13,890	\$41,250	\$23,745
Black	\$17,625	\$12,735	\$31,245	\$24,255
Hispanic	\$19,740	\$11,820	\$30,000	\$15,000
White	\$21,975	\$15,480	\$47,505	\$26,130

Figure 1. Median annual incomes for incarcerated people prior to incarceration and non-incarcerated people ages 27-42, in 2014 dollars, by race/ethnicity and gender.

Distribution of annual incomes for incarcerated men prior to incarceration and non-incarcerated men, ages 27-42



Source: Compiled by the Prison Policy Initiative from the Bureau of Justice Statistics Survey of Inmates in State Correctional Facilities, 2004 and the American Community Survey Integrated Public Use Microdata Series, 2004 and then adjusted for inflation to 2014 dollars. See methodology at <http://www.prisonpolicy.org/reports/income.html>.

PRISON
POLICY INITIATIVE

Poorly educated



Educational attainment for correctional populations and the general population

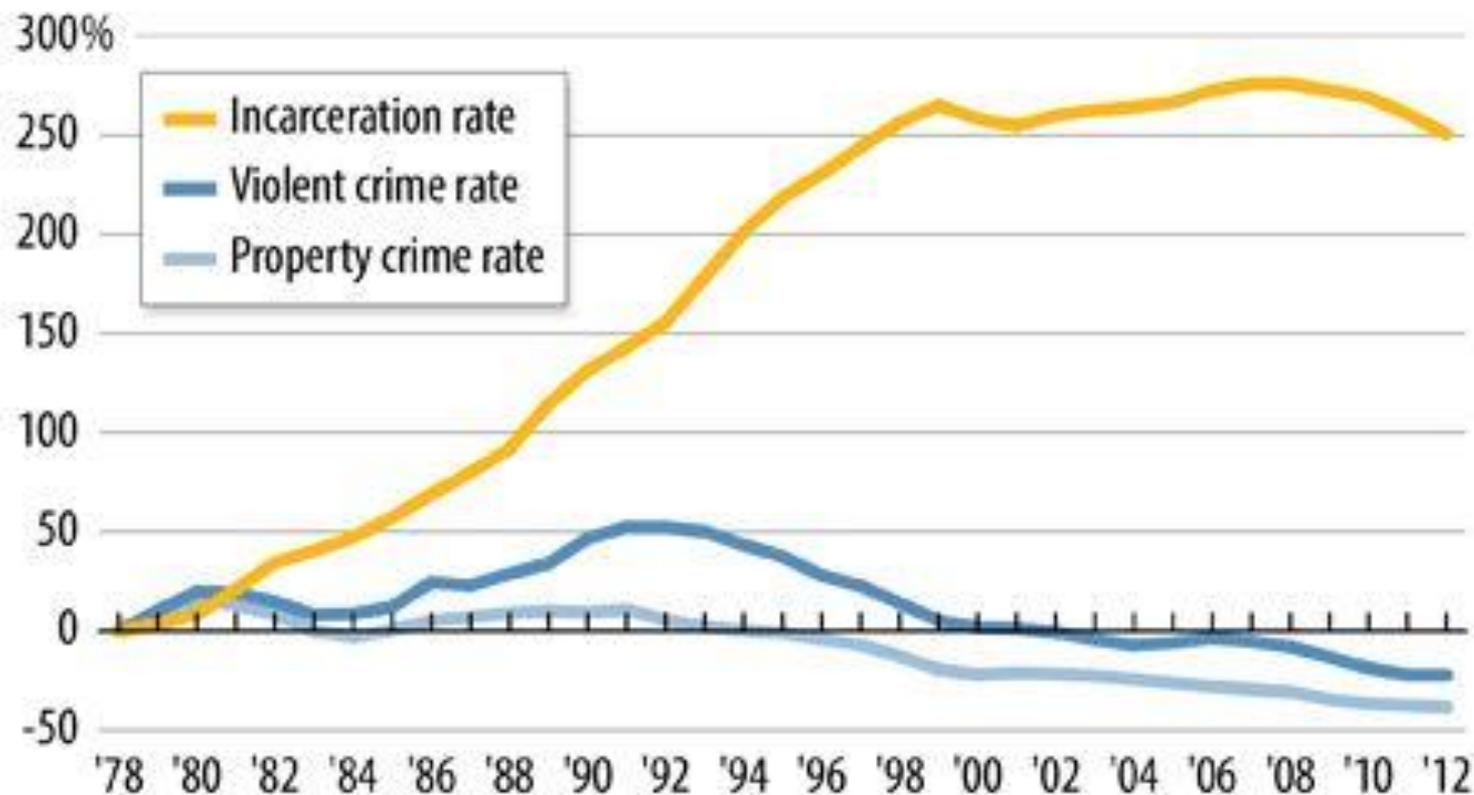
Educational attainment	Total incarcerated	Prison inmates		Local jail inmates	Probationers	General population
		State	Federal			
Some high school or less	41.3%	39.7%	26.5%	46.5%	30.6%	18.4%
GED	23.4	28.5	22.7	14.1	11.0	...
High school diploma	22.6	20.5	27.0	25.9	34.8	33.2
Postsecondary	12.7	11.4	23.9	13.5	23.6	48.4

... Not available.

Bureau of Justice Statistics, 2003

Incarceration Rose Even After Crime Fell, Relative to 1978

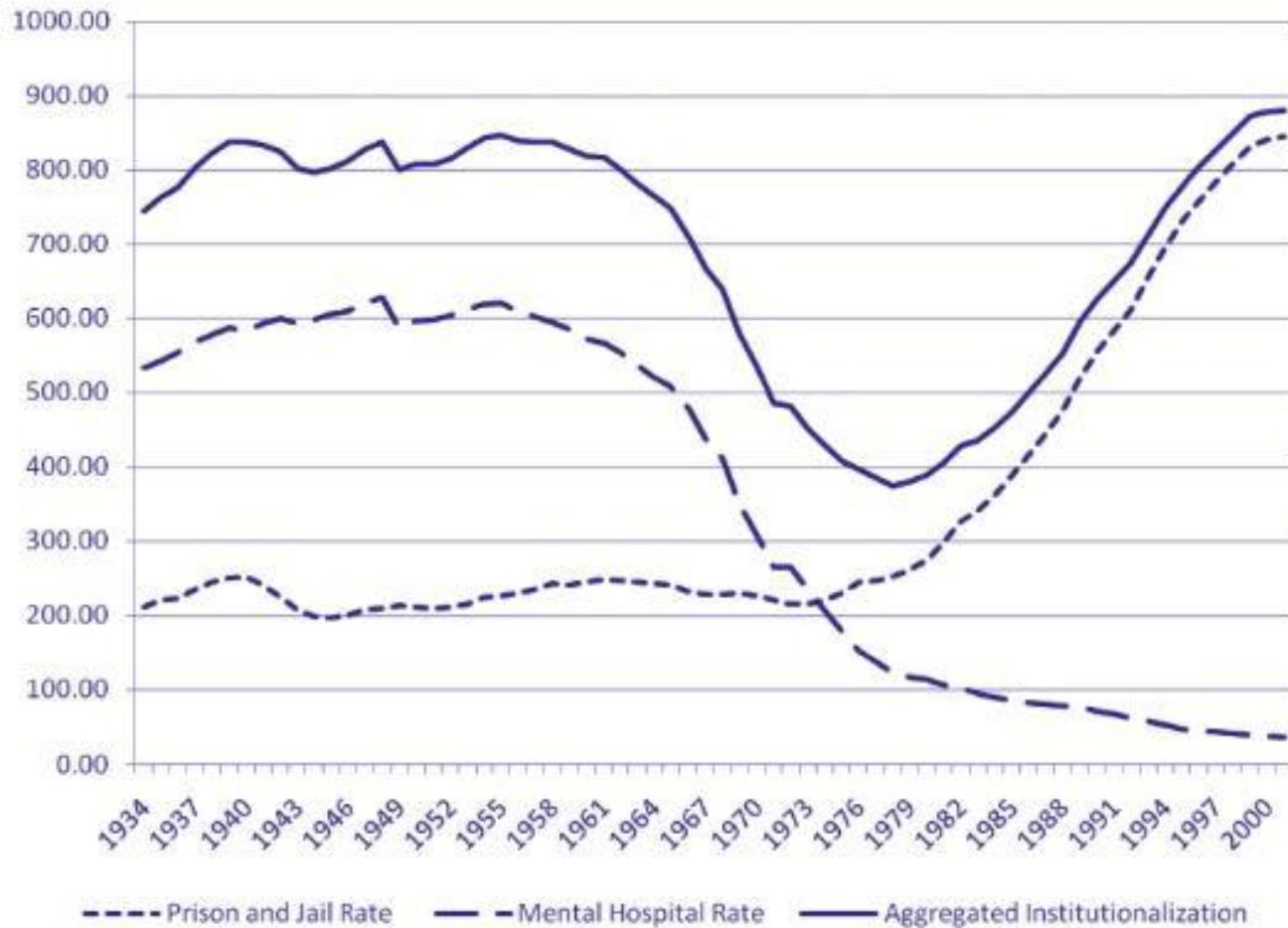
Percent change in crime and incarceration



Source: U.S. Department of Justice, Bureau of Justice Statistics and FBI, Uniform Crime Reports

Center on Budget and Policy Priorities | cbpp.org

Figure 1: State Asylum and Incarcerated Populations, 1934–2001



Rates of institutionalization, including jails, in the United States (per 100,000 adults), 1934–2001.

The nation's three largest psychiatric facilities are the New York, Los Angeles and Chicago jails. More than half of the incarcerated population has a mental health problem.

Condition	Percent of inmates in			Percent of U.S. Population
	State Prisons	Federal Prisons	Local Jails	
Symptoms of mental-health disorders	49.2%	39.8%	60.5%	10.6%
Major depressive disorder	23.5%	16.0%	29.7%	7.9%
Mania disorder	43.2%	35.1%	54.5%	1.8%
Psychotic disorder	15.4%	10.2%	23.9%	3.1%

US has 22 psychiatric beds/100,000 (2014) vs. OECD avg. of 71/100,000. Only Italy, Chile, Turkey, & Mexico have fewer. Compare Germany: 127/100,000; Switzerland: 91/100,000; France: 87/100,000.

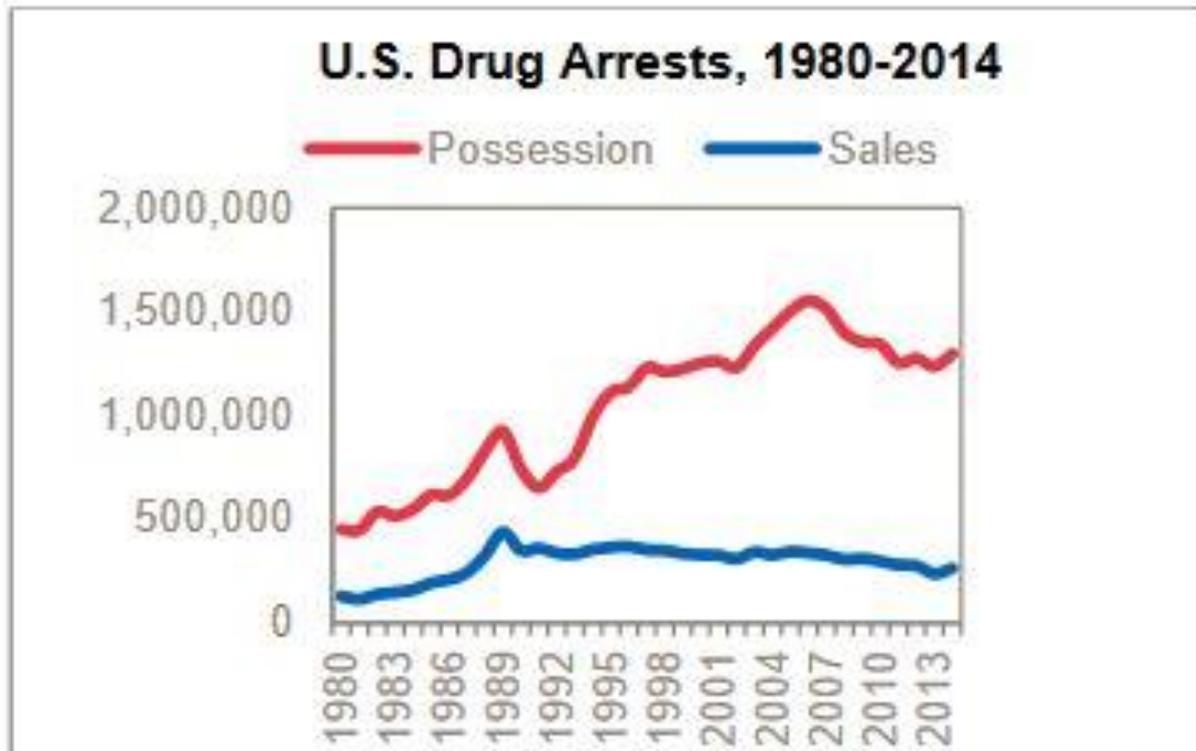
Almost half (47%) of psychiatric beds are forensic (most are in correctional facilities). States average 11.7 *community* psychiatric beds/100,000.

2009 to 2012 states cut \$4.35 billion in public mental health spending.

The vast majority of inmates (60-90%) abuse or are addicted to drugs and/or alcohol. Over 1/3 are addicted. For many low-income, uninsured individuals, the only treatment option in their community is in the local jail.

Condition	State Prisons	Percent of inmates in Federal Prisons	Local Jails	Percent of U.S. Population
Any drug dependence or abuse	53.4%	45.5%	53.5%	2.0%
Dependence (only or with abuse)	36.1%	28.7%	35.8%	0.6%
Abuse only	17.3%	16.8%	17.7%	1.4%

Opioid epidemic: In RI in August 2016, almost 29% of inmates had taken either prescribed or non-prescribed opiates in the past year (methadone, suboxone, and legally or illegally procured prescription medications).

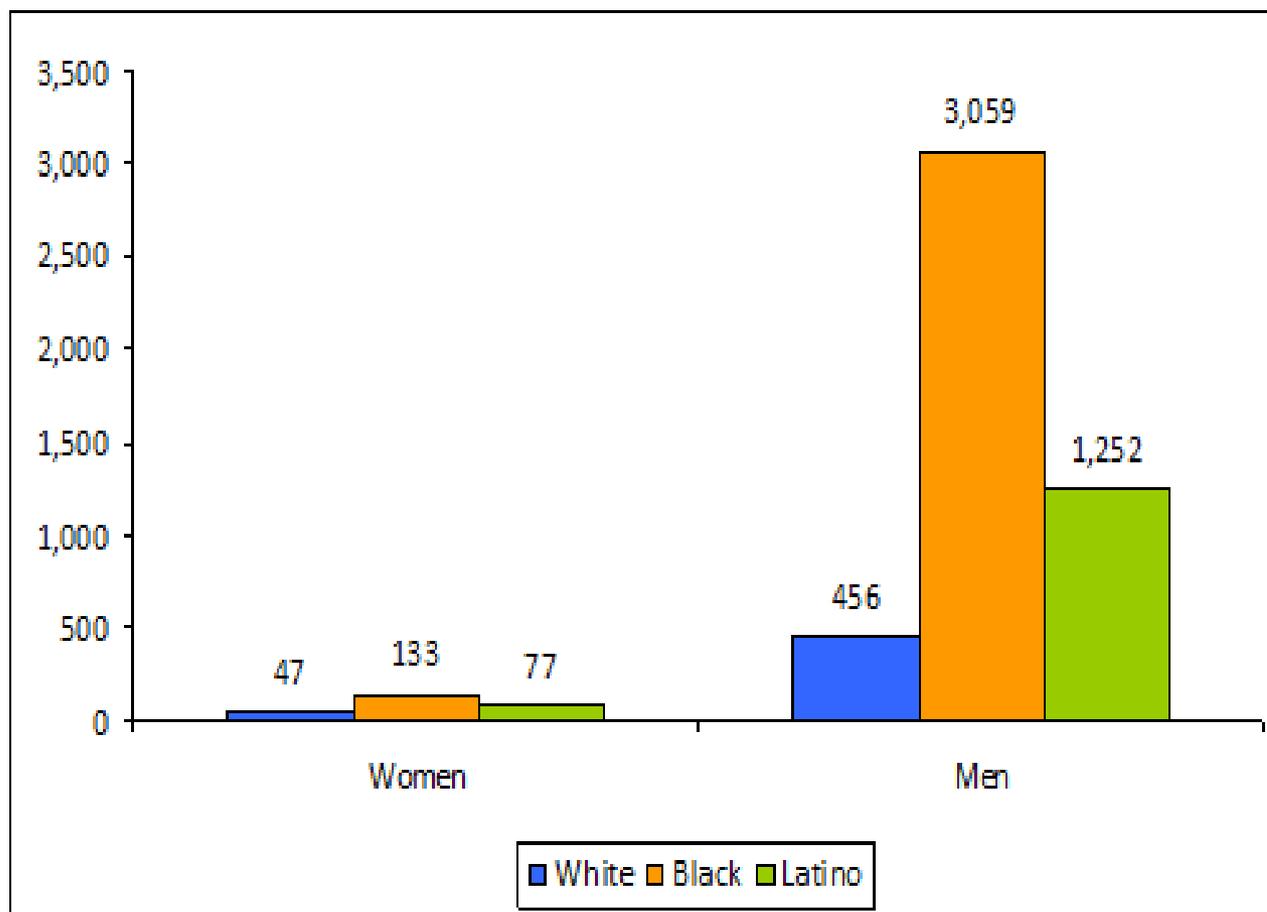


Source: Federal Bureau of Investigation, Uniform Crime Reports. ⁸

In 2014 , there were **1,561,231** drug law arrests. 83% were for **possession only**.

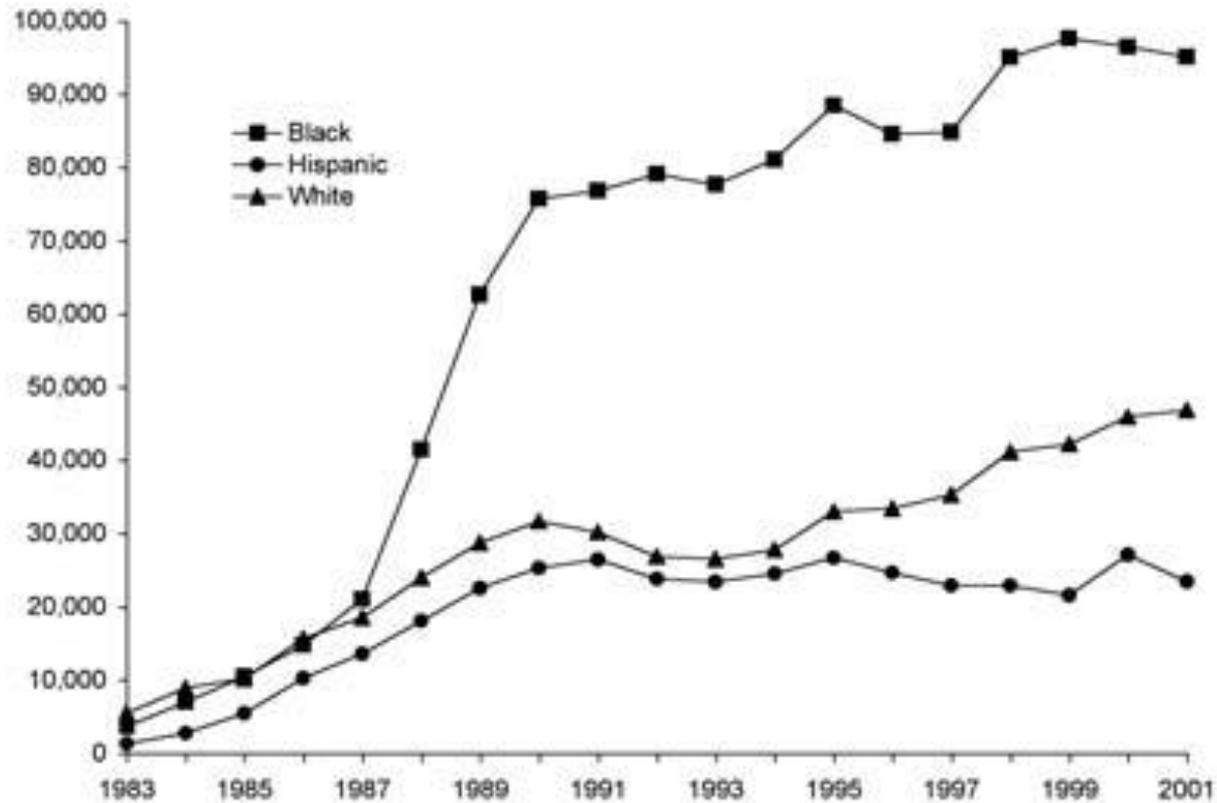
700,933 of these arrests were for marijuana law violations

RATE OF INCARCERATION PER 100,000, BY GENDER AND RACE, 2010

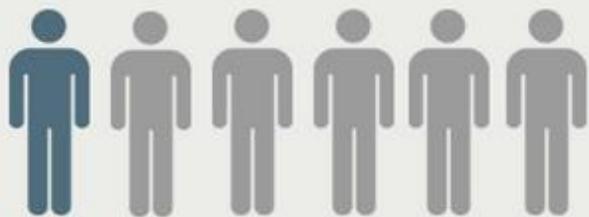


Source: Guerino, P., Harrison, P. M., & Sabol, W. (2011). *Prisoners in 2010*. Washington, DC: Bureau of Justice Statistics.

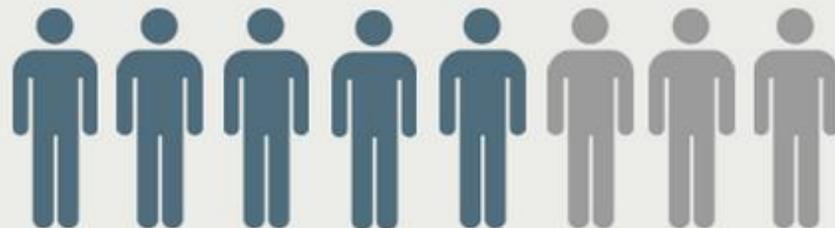
Number of reported admissions to prison for a drug offense, by race/ethnicity.



Iguchi MY, Bell J, Ramchand RN, Fain T. *How criminal system racial disparities may translate into health disparities.* J Health Care Poor Underserved 2005;16(4 Suppl B):48-56.



Ratio of black to white drug users in the United States: **1:5**

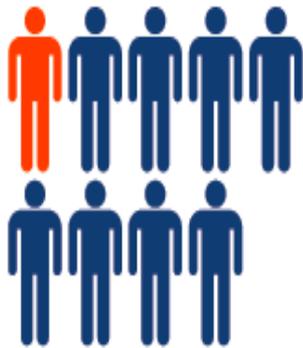


Ratio of black to white people doing time for drug offenses in the United States: **5:3**

Illicit drug use among whites (8.8%) and blacks (9.6%) is very similar. Because whites outnumber blacks in the United States by about 5-to-1, white illicit drug users in the country vastly outnumber black users. Because people tend to buy drugs from people they know in their communities, white drug dealers outnumber black by about 3.5-to-1. Yet blacks are 13 times more likely to be imprisoned for drug charges. While blacks constitute only 15% of all crack cocaine users, for example, they account for more than 85% of those sentenced under mandatory minimums for crack.

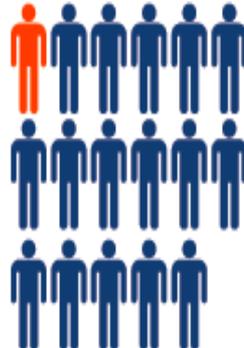
Lifetime Likelihood of Imprisonment

All Men



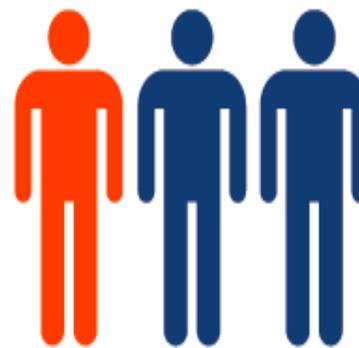
1 in 9

White Men



1 in 17

Black Men



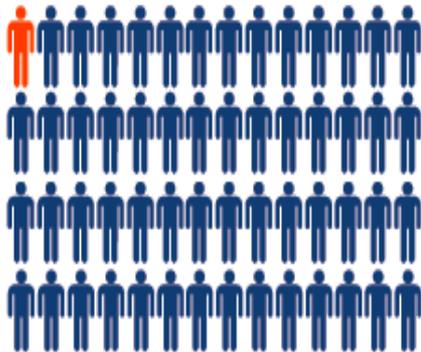
1 in 3

Latino Men



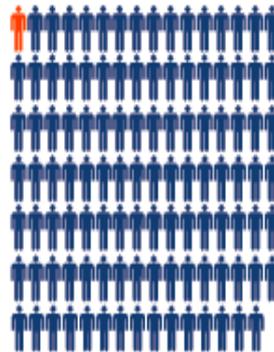
1 in 6

All Women



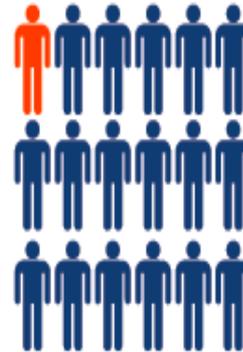
1 in 56

White Women



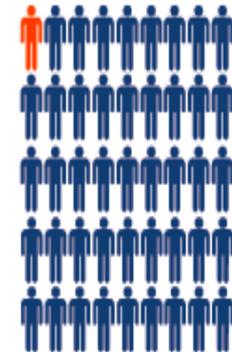
1 in 111

Black Women



1 in 18

Latina Women



1 in 45

Source: Bonczar, T. (2003). *Prevalence of Imprisonment in the U.S. Population, 1974-2001*. Washington, D.C.: Bureau of Justice Statistics.



The prevalence of HIV/AIDS is 4-5 times higher among inmates than in the community.

Hepatitis C is 9-10 times more prevalent in correctional facilities than in the community.

Tuberculosis is up to 17 times more prevalent in prisons and jails than among the general population.

Justice-involved individuals like prisoners also suffer higher rates of hypertension, asthma, arthritis, and cervical cancer compared to the general population.

Inmates also age faster, demonstrating the physical health of individuals 10-15 years older in the community.

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Correctional institutions – jails and prisons – must be recognized – and must recognize themselves – as the largest health care clinics for low income individuals, who present with the most complex set of comorbidities, in their geographical area – if not their state. Closer partnering with community health centers is critical for effective reentry

The Realities of Healthcare in Prison

- Quality of care? (Oversight/Accountability; State v. private):
US Standard: adequate care per *Estelle v Gamble* – but need to follow community standards of care
- Continuity of Care
- Testing/Screening
- Cost



Brown v. Plata

Photographer Unknown

Clinical contact holding cage, Administrative Segregation Unit (ASU), C-Yard, Building 12, Mule Creek State Prison, California. August 1, 2008







**More than 95% of prisoners return to the community,
along with their health issues.
Prisoner health is community health.**

Health Upon Reentry

- High risk time
 - Risk of death/overdose
 - Hospitalization
- Continuity of care
- Stigma
- Competing needs
- Medicaid access

Reentry: Collateral Consequences of Incarceration

- Court costs and fees
- Limitations on public housing
 - 3 year waiting period before returning to PHA after drug-related eviction
 - Law enforcement can supply PHA with criminal background
 - Discretion to deny potential tenants
- Ban or partial ban on SNAP and TANF (felony drug conviction)
- Limitations to employment
- Limitations on federal student aid (if convicted of drug related crime while receiving aid)
- Disruption of families and communities



The Washington Post



Prison reform: A smart way for states to save money and lives

By Newt Gingrich and Pat Nolan

Friday, January 7, 2011

We joined with other conservative leaders last month to announce the Right on Crime Campaign, a national movement urging states to make sensible and proven reforms to our criminal justice system ... Reagan administration attorney general **Ed Meese**... **Grover Norquist** of Americans for Tax Reform and **Richard Viguerie** of ConservativeHQ.com... **We can no longer afford business as usual with prisons. The criminal justice system is broken, and conservatives must lead the way in fixing it.**

The Washington Post



Prison reform: A smart way for states to save money and lives

By Newt Gingrich and Pat Nolan Friday, January 7, 2011

Consider events in Texas, which is known to be tough on crime... they decided against building more prisons and opted to enhance **proven community corrections** approaches such as **drug courts**. The reforms are forecast to save \$2 billion in prison costs over five years. The Lone Star State has already **redirected much of the money saved into community treatment for the mentally ill and low-level drug addicts**. Not only have these reforms **reduced Texas's prison population... .. crime has dropped 10 percent from 2004, the year before the reforms, through 2009... reaching its lowest annual rate since 1973...**



Prison reform: A smart way for states to save money and lives

By Newt Gingrich and Pat Nolan Friday, January 7, 2011

Some people attribute the nation's recent drop in crime to more people being locked up. But the facts show otherwise.

While crime fell in every state over the past seven years, some of those with the largest reductions in crime have also lowered their prison population.

Compare Florida and New York. Over the past seven years, Florida's incarceration rate has increased 16 percent, while New York's decreased 16 percent. Yet the crime rate in New York has fallen twice as much as Florida's. **Put another way, although New York spent less on its prisons, it delivered better public safety.**



Center for Prisoner Health and Human Rights
(www.prisonerhealth.org)

Questions? Contact me at: bbrockmann@lifespan.org