

Documenting and Addressing the Health Impacts of Carceral Systems

No other industrialized democracy has a carceral system that is as expansive, punitive, and racialized as that of the United States. More than 2.2 million people in 2018 were incarcerated in jails and prisons, a sixfold increase since the 1970s. Each year more than 600 000 people are released from prisons and more than 11 million cycle through jails, extending the effects of incarceration into households and shaping community health.

Mass incarceration is the result of social, political, and economic forces with deep roots in the aftermaths of slavery, labor exploitation, and racial discrimination. This is evident in the stark racial inequalities that exist in the carceral system. Black people are more likely to be arrested, killed by police, incarcerated, and placed in solitary confinement than their White counterparts. The criminalization of blackness and poverty, as reflected in the failed war on drugs, draconian sentencing laws, centralized power of prosecutors, a school-to-prison pipeline, and gutting of health and social systems, is among the forces underlying the titanic expansion and deep entrenchment of the carceral state. Over the past 40 years, our society has deliberately divested from social and public goods designed to promote health and economic security while pumping resources into police, courts, and correctional systems that punish, impoverish, and dehumanize people and communities.

We conceptualized this special supplement to amplify the growing chorus of scholars, practitioners, and activists who are committed to ending mass incarceration. As an interdisciplinary field, public health has a critical role to play by bringing our range of theoretical and analytic tools to bear on documenting and addressing the health impacts of carceral systems. As conveyed in prior research and the articles in this supplement, mass incarceration has already caused incalculable damage to the health and vitality of our society. As scholars working on these issues in local government, academia, advocacy, and the nonprofit world, we saw a need to further solidify recognition of mass incarceration as a

sociostructural driver of health inequities in our field by devoting an entire supplement to this topic in a premier journal.

This supplement includes original research and essays that portray the myriad pathways through which carceral systems imperil the health of individuals, families, neighborhoods, and the population by compromising social determinants of health. Collectively, it also offers visionary ideas and practical guidance for addressing these harms. We hope it inspires public health scholars, advocates, and practitioners to continue devoting their intellect and energy to the topics covered.

We are thankful to everyone who submitted and contributed to this issue. We are especially fortunate to have powerful pieces written by formerly incarcerated people who are working tirelessly to help those still locked down to find hope and dismantle carceral systems for future generations. In addition, we thank the editors and staff at *AJPH* and the Robert Wood Johnson Foundation for supporting this supplement and ensuring that the articles are available in an open-access format. The aim was to ensure that the content finds its way beyond academic discourse and proves useful to all people fighting for health equity, decarceration, and racial justice.

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5 Years Ago

Mass Incarceration: A Clarion Call for Public Health

People in correctional facilities are among the unhealthiest and most medically underserved in society. Compared with the general population, they have significantly higher rates of infectious and chronic diseases. People with addiction and serious mental illness are gravely overrepresented in the criminal justice system: an estimated 16% of men and 31% of women in jail have a serious psychiatric condition, compared with 5% in the general population and at least 50% experience problems related to drug or alcohol use. Although access to health care within jails and prisons is constitutionally mandated, the quality of health care services in these settings lags far behind the standard of care in the community.

From AJPH, March 2014, p. 389

14 Years Ago

Missing Community Services and the Mass Migration to Prison

The United States is undergoing what has been provocatively described as one of the largest mass migrations in our nation's history. Every year, 630 000 residents will cross the border between the community and the correctional system, and they will make the journey virtually unseen and unheard. Many of these voiceless migrants might have stayed at home if they had only had access to comprehensive primary health care services, including substance use prevention and treatment services. . . . Was it our intention to replace the old mental health system with a prison industrial complex to stimulate economic development? Was it our goal to eliminate services for prisoners reentering our communities to ensure that they would repopulate the prisons when their health care needs were not addressed?

From AJPH, October 2005, p. 1676