

Mass Incarceration as a Social-Structural Driver of Health Inequities: A Supplement to *AJPH*

Mass incarceration in the United States is a civil rights, human rights, and public health crisis that is the result of social, political, and economic forces, rooted in enduring legacies of slavery and oppression along lines of race and class. We conceptualized this issue because we believe that the theories, methods, and ethical tenets of public health have a distinct role to play in contributing to a growing movement to end mass incarceration and its multilayered harms on health.

A CALL FOR PAPERS

The call for papers for this special issue was broad and necessarily so. We sought articles to add to our understanding of how exposures to different structures of the criminal legal system (e.g., law enforcement, jail or prison, community supervision) shape the health of people, families, communities, and society. We reached out to people working in both the trenches and halls of academia for pieces focused on policy, politics, and structural-level strategies for advancing decarceration and exposing racism in the criminal legal system. We wanted to learn what different public health actors are doing or should be doing to address health inequities related

to mass incarceration. Explicit in our call for papers was a focus on how mass incarceration exacerbates racial inequities, and, as such, this is a major focus of many articles in this issue. This is not the first special issue in this journal or others devoted to such topics,^{1,2} nor should it be the last.

GUIDANCE FOR PUBLIC HEALTH

Drawing on experiences from training programs, Nowotny et al. (p. S18) emphasize the importance of creating training programs for scholars committed to improving health and addressing racial health inequities among people affected by carceral systems. Neher et al. (p. S52) provide researchers with guidance for conducting research in jails and prisons. Wennerstrom et al. (p. S39) describe a collaborative intervention among researchers, formerly incarcerated advocates, and policymakers focused on advancing systemic and programmatic reforms to combat mass incarceration and health inequities in Louisiana. Finally, Heller and Galea (p. S16) explore the role that schools of public health should play in decarceration.

MULTILEVEL IMPACT

Novel to this special issue is the next set of articles that explicitly describe how involvement in the criminal legal system affects multiple facets and levels (e.g., individual, population) of health. In opinion editorials, Jahn (p. S50) describes the value of social-epidemiological frameworks for studying and addressing mass incarceration's harms on health across ecological levels, and Duarte et al. (p. S43) apply critical race theory and ecosocial theory of disease distribution to examine how policies in the criminal legal system operate to imperil the health of young people of color in their communities, schools, and households. Hayes et al. (p. S21) frame the system of mass incarceration as explicitly undermining the values of reproductive justice, particularly for women of color. Kajeepeta et al. (p. S109) demonstrate a connection between jail incarceration and death in that increases in county jail incarceration rates are associated with

increases in county mortality rates. Next, Sundaresh et al. (p. S116) show that exposures to stop and frisks, arrests, and incarceration are associated with lower degrees of physical, mental, social, spiritual, and overall well-being in a nationally representative cross-section of US residents. Nowotny et al. (p. S130) show relationships between rates of jail and prison incarceration and incidence of chlamydia and gonorrhea at a county level. In opinion editorials, Rosen et al. (p. S37) explore the ethical tensions related to using big data to better understand the health impact of mass incarceration, and Prins and Story (p. S35) "connect the dots" between mass incarceration, health inequity, and climate change.

HEALTH IMPACT OF LAW ENFORCEMENT

An opinion editorial by Duarte et al. (p. S30) summarizes the origins, empirical support, early applications, and future directions for research, policy, and practice stemming from the American Public Health Association's 2018 seminal policy statement that defines law enforcement violence as a public health issue. Bowleg et al.

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(p. S160) found significant indirect effects of incarceration history on symptoms of depression linked to negative encounters and avoidance of police among Black men in Washington, DC. Camplain et al. (p. S85) show that American Indian/Alaskan Natives and Latino/a residents of a Southwestern county are more likely to be jailed, convicted, and incarcerated for drug- and alcohol-related offenses than their White counterparts. Lastly, Fehrenbacher et al. (p. S152) link incarceration, experiences of violence, and injection drug use among female sex workers in Baltimore, MD, bolstering the case for decriminalization of sex work.

ENVIRONMENTAL CONTEXTS

Skarha et al. (p. S41) alert us to extreme temperature in jails and prisons, a mounting and often overlooked crisis. Ahalt et al. (p. S27) reflect on the early impacts of a US–Norway exchange intervention designed to transform the culture and values of correctional workforces. Prost and Williams (p. S25) provide guidance for expanding compassionate release policies to avert a looming aging crisis in bloated state prison systems. Finally, Reiter et al. (p. S56) describe the disproportionately high symptoms of depression, anxiety, and self-harming behavior among those who have spent significant time in solitary confinement.

While criminal legal system involvement itself is a socio-structural determinant of health, it also exerts its effects by interacting with other known determinants. Alumni and educators from the Bard Prison Initiative call for expanding educational

opportunities for currently and formerly incarcerated people (Fullilove et al., p. S33). Gutierrez and Pettit (p. S123) demonstrate that the uninsured rate declined significantly among recently incarcerated men after implementation of the Affordable Care Act. Finally, Purtle et al. (p. S137) examined local public housing policies on admission and eviction of people with criminal legal system exposure.

COLLATERAL HARMS

Carceral systems harm social relationships and family structures. Knittel et al. (p. S100) examined women's incarceration and number of sexual partners. In Mexico, biomarkers of cardiovascular risk and stress show that incarceration “gets under the skin” of family members of incarcerated persons (Connors et al., p. S71). Widdowson and Fisher (p. S145) examined associations between incarceration and utilization of preventive health care services. Farrell and Gottlieb (p. S78) demonstrate that increased health care coverage is associated with increased utilization—making a case for expanded access. Barnert et al. (p. S63) uncovered the barriers to health care among Latino/a youths. Finally, Goshin et al. (p. S93) surveyed drivers of incarceration stigma among nurses providing care to women.

A BOLD SET OF IDEAS AND DATA

In total, this special issue, which also includes 2 book reviews, represents a bold set of ideas and empirical data that underscore the harms of the

criminal legal system. And, while they are comprehensive and push us toward a better understanding of the deep impact on population health, there are still some areas underdeveloped. For instance, missing in this issue are articles focused on cyclical poverty, drug policy, civic engagement, and structural intervention. We hope that this special issue serves as a clarion call that spurs research and action in these areas and beyond to illuminate the harms caused in this era of mass incarceration to individual, family, community, and societal health. **AJPH**

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CONTRIBUTORS

Both authors contributed equally to this editorial.

CONFLICTS OF INTEREST

The authors have nothing to disclose.

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