FXB Center
for Health & Human Rights
at Harvard University

PUBLIC HEALTH HARMS OF PRISON AND JAIL INVESTMENT

Statement from FXB Center for Health and Human Rights at Harvard University

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The United States (U.S.) is the global leader in incarceration (664 per 100,000 people).[1] Even Massachusetts, which has the lowest rate in the country, still incarcerates more people than most other nations globally.[1] It has been well documented that the dramatic increase in the incarcerated population from the early 1980s to mid-2000s was not due to increasing rates of crime, but instead harsh sentencing laws, expansion of cash bail, long-term civil sanctions against formerly incarcerated people, and the militarization of local law enforcement [2-4]. Reductions in crime do not track with rates of incarceration but rather with changing social infrastructure, such as graduation rates, employment and wages, and an overall aging population.[5] Despite these well documented findings, however, expansion of carceral systems is often touted as a necessary response to ensure public safety and to provide "trauma informed" rehabilitative facilities.[6, 7] Though widely spread and often repeated, these arguments are not grounded in data or individual and public health needs.

INCARCERATION AND INDIVIDUAL HEALTH

In October 2021, the American Public Health Association set precedent in the field of public health by formally adopting a statement outlining recommendations and a shared responsibility to support the "**abolition of carceral systems**."[8] Their reasoning for this stemmed from the unequal burden of carceral control among historically marginalized racial and ethnic groups, the heavy burden of chronic physical and mental health conditions among incarcerated people, and the direct role of incarceration and other forms of carceral control on health outcomes. Just some of those negative health outcomes include the following:

- Incarcerated populations have a higher prevalence of chronic and infectious disease compared to the general population.[9]
- Incarcerated people are at least five times more likely to experience SARS-CoV-2 infection and suffer three times higher COVID-19 mortality rates compared to the general population.[10-12]
    - › In Massachusetts, the rate of COVID-19 was more than four times higher among those in state prisons and jails compared to the general population of the state.[12]
- Incarcerated populations have a higher prevalence of mental health conditions compared to the general population.[13]
    - › In Massachusetts prisons, 31% of males and 67% of females had a serious mental illness.[14]
- The experience of confinement among incarcerated people creates a greater burden of infectious and chronic diseases due to conditions such as overcrowding, exposure to violence and solitary confinement, substandard medical care, poor ventilation, limited physical activity, and diets high in salt and processed foods.[8]
- Based on data from New York state collected between 1989 and 2003, each year of time served in prison was associated with a two-year decline in life expectancy upon release.[15]

INCARCERATION AND FINANCIAL IMPACT ON COMMUNITIES

Incarceration is only one of the ways carceral systems impact the lives of people and communities. The U.S. holds over 2.3 million people in confinement, but nearly 10 million arrests occur each year[16]. Furthermore, these numbers do not reflect exposure to the criminal punishment system across the life course, the impact on families, or the unequal burden of carceral control for historically marginalized communities.[17] Incarceration also imparts heavy financial costs for those directly impacted, their families, and their communities.[17, 18] Some of the financial impacts of incarceration on individuals, families, and communities include the following:

- Incarcerated individuals bear the burden of lost wages from employment, reduced earnings after release, and reduced or total exclusion from social security benefits.[19]
- Families are estimated to pay nearly $2.9 billion dollars per year in incarceration related fees such as: visitation, commissary contributions for toiletries, meals, and telephone calls and other needed fees to navigate the carceral state.[20]
    - › These fees are disproportionately shouldered by communities with both limited resources and the highest levels of divestment in their neighborhoods.
- Overspending in our carceral system diverts life-affirming social infrastructure funds and local spending out of neighborhoods into the carceral state.[21]
- Investment in social infrastructure through education, housing, green spaces, and transportation is correlated with reduction in crime rates, risk reduction for various health outcomes, and overall improvements in quality of life.[8]

INNOVATIVE SOLUTIONS

Community investment through community-driven solutions can break long-term cycles of family instability, homelessness, and underemployment, while fostering intergenerational health and wealth building resources. The solutions lie in centering community voices and providing the financial and capacity-building resources to leverage and nurture the strength within these communities. Several examples of carceral system divestment and community investment are:

- Eliminate discrimination in housing, employment, education, licensure, and social services for those with felony offenses.
- Increase access and robustness of education and job training programs (high school, HiSET, college, vocational and technical) and educational/training stipends.
- Divert mental health or crisis response to specialized community-based mental health workers.
- Invest in hyperlocal mental health, medical and dental services with community health workers and patient navigators.
- Invest in community-based substance use treatment with expansion of self-directed dosing.
- Mandate the reactivation of health insurance with legal identification documents provided upon release.
- Expand safe, equitable and dignified housing options for returning community members without substance use or mental health concerns and those with children in foster care or other custodial settings.
- Eliminate loss of housing assistance based on re-incarceration, arrest, or domestic violence.
- Invest in free child care and after-school options led by community-based and community-led organizations.
- Eliminate law enforcement integration in schools, while expanding mental health services.
- Invest in safe and dignified elder care services with specialization in culturally affirmative and complex care needs.
- Divest from police surveillance to community infrastructure (i.e., reliable, safe, and timely public transportation, green spaces, and locally run businesses).
- Expand restorative justice pathways for addressing harm to promote community healing.
- Provide free calls between loved ones and incarcerated people.
- Eliminate punitive technical violations for reincarceration and punitive fines and fees for probation and parole.
- Expand services for those on probation or parole (i.e., job training, housing, transportation, and child care).
- Eliminate cash bail for investment in robust wrap-around services for individuals and families.

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CONCLUSION

The historical record has demonstrated that the U.S. approach to "justice" has caused deep and long-lasting damage to marginalized communities, particularly Black, Indigenous, and Latinx people. Expansion of those systems will only serve to perpetuate further harm and intentionally impede the growth of healthy communities. By collectively shifting our focus from that of punishment to that of community empowerment we can, as a society, engage in courageous change to ensure the health and wellness of all communities.

In Massachusetts, we are supporting An Act Establishing a Jail and Prison Construction Moratorium (H.1905/S.2030) at the State House, which would put a five-year pause on jail and prison design, construction, and expansion. This five-year moratorium will allow us to pause, critically examine our current focus on punishment and collectively reimagine what justice and healing could look like if we reinvested our resources into community-led and community-driven solutions.

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