

# On Life Support: Public Health in the Age of Mass Incarceration

NOVEMBER 2014

REPORT OVERVIEW

## Announcing: *Justice Reform for Healthy Communities*

Mass incarceration has become one of the major public health challenges of our time. The millions of people who cycle through our nation's courts, jails, and prisons every year experience far higher rates of chronic health problems, infectious diseases, substance use, and serious mental illness than the general population.

*Justice Reform for Healthy Communities* is a year-long initiative of the Vera Institute of Justice that aims to improve the health and well-being of individuals and communities most affected by mass incarceration. Guided by a national advisory board comprised of public health and criminal justice policymakers, practitioners, researchers, and advocates, the initiative advances its mission through public education, coalition building, briefings, and publications.

For more information, contact David Cloud, senior program associate, Substance Use and Mental Health Program, at [dcloud@vera.org](mailto:dcloud@vera.org).

Each year, millions of incarcerated people—who experience chronic health conditions, infectious diseases, substance use, and mental illness at much higher rates than the general population—return home from correctional institutions to communities that are already rife with health disparities, violence, and poverty, among other structural inequities.

For several generations, high rates of incarceration among residents in these communities has further contributed to diminished educational opportunities, fractured family structures, stagnated economic mobility, limited housing options, and restricted access to essential social entitlements.

Several factors in today's policy climate indicate that the political discourse on crime and punishment is swinging away from the punitive, tough-on-crime values that dominated for decades, and that the time is ripe to fundamentally rethink the function of the criminal justice system in ways that can start to address the human toll that mass incarceration has had on communities.

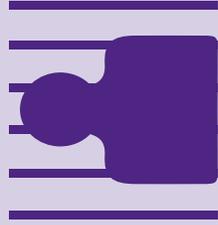
At the same time, the nation's healthcare system is undergoing a historic overhaul due to the passage of the Affordable Care Act (ACA). Many provisions of the ACA provide tools needed to address long-standing health disparities. Among these are:

- > Bolstering community capacity by expanding Medicaid eligibility, expanding coverage and parity for behavioral health treatment, and reducing health disparities.
- > Strengthening front-end alternatives to arrest, prosecution, and incarceration.
- > Bridging health and justice systems by coordinating outreach and care, enrolling people in Medicaid and subsidized health plans across the criminal justice continuum, using Medicaid waivers and innovation funding to extend coverage to new groups, and advancing health information technology.

There is growing interest among health and justice system leaders to work together in the pursuit of health equity, public safety, and social justice. In many states and localities, efforts are already underway.

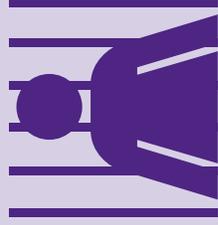
While challenges remain, including regional differences in using the ACA, the combination of political will, public support, and increased access to healthcare funding presents a momentous opportunity to address the impacts of mass incarceration on community health, develop policy and programmatic reforms to undo the damage, and rethink the core values and goals of the American justice system moving forward.

# The Burden of Disease Behind Bars



## HIV/AIDS

is 2 to 7 times more prevalent and an estimated 17 percent of all people with HIV living in the U.S. pass through a correctional facility each year.



## Common STDs

(sexually transmitted diseases), such as chlamydia and gonorrhea, are more prevalent, especially among incarcerated women who have significant histories of sexual trauma and/or engage in sex work.

Hepatitis C occurs at rates 8 to 21 times higher among incarcerated people, and accounts for more deaths in the community than HIV/AIDS.

One third of women admitted into jails who receive a screen for STDs test positive for syphilis.

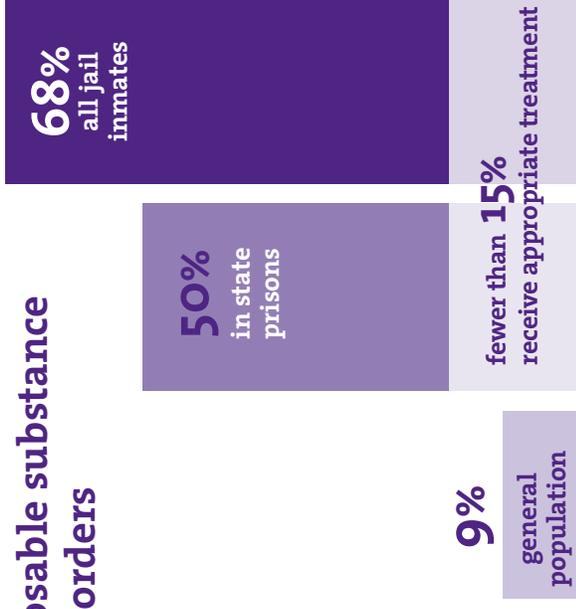
## Graying Behind Bars

People aged 55 years and older are among the fastest growing segments of the incarcerated population. Older adults have higher rates of chronic conditions and mental and physical disabilities.

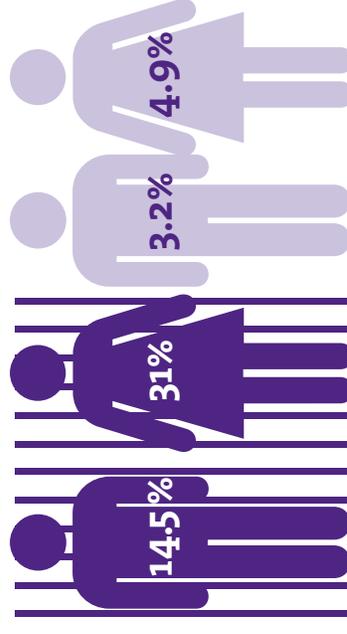


Source: David Cloud, *On Life Support: Public Health in the Age of Mass Incarceration*. New York, NY: Vera Institute of Justice, 2014.

## Diagnosable substance use disorders



## Serious mental illnesses in jails



In state prisons, prevalence of serious mental illness is 2 to 4 times higher than in the community.

## Suicide and Violence

Suicide accounts for one-third of deaths in jails. 15 percent of state prisoners reported violence-related injuries and 22 percent reported accidental injuries.

