We never have truly faced ourselves, right? We’ve never, we never have had a public
dialog around the mass atrocities that took place in this country, and I think that legacy
continues until today. And, until we face ourselves, I think that it’s going to be really
hard to undo much of what we’ve done.

[musical interlude]

Hello, and welcome! This is the March 2020 podcast of the American Journal of Public
Health. This podcast is about a supplement of the AJPH published in January 2020 and
dedicated to the public health dimensions of mass incarceration. The supplement covers
many intersections of mass incarceration and public health, but in this podcast I focus on
the rarely discussed and studied consequence of incarceration, its affect on the relatives
of people with a history of incarceration. My interviewees are Lauren Brinkley and
David Cloud, guest editors of the supplement; Lisa Bowleg who was AJPH associate
editor in charge of the supplement; and Martin Lajous who was the principal investigator
of a Mexican study about the health of the relatives of incarcerated people. I am Alfredo
Morabia, Editor-in-Chief of AJPH and we are February 5, 2020.

Let’s first examine with Lisa Bowleg, who is professor at the Department of Psychology
of the George Washington University in Washington, DC, what it means practically to
define mass incarceration as a social, structural driver of health inequity. Hey, good day,
Lisa!

Good afternoon!

Why is mass incarceration a social structural driver of health inequity?
Because it’s a structure in the history of racism in the US. We know the vast inequities in incarceration in the US. You know, black men, six times more likely to be incarcerated than white men and that younger black men like those who are around 18 and 19, 12 times more likely compared to their white counterparts, even though they’re [a] really tiny percent of the population. That just doesn’t make sense, and so there is a structural component that is rooted in systemic racism, and so that’s what I mean. It is really about bringing a critical perspective to the topic of mass incarceration.

And this leads us actually to, how do you study a social structural driver?

That’s a good—you know, it’s a way of thinking and being curious about that data. For example, the Census Bureau and a variety of other federal agencies have just reams and reams of data that, that are structural; and those of us who are trained in these individual levels need to get up to speed very fast about how we assess structure beyond what people tell us about. So, I think also that there is a dire need for multi-disciplinary collaboration. I mean, so there are disciplines that do this far better than, you know, people, many people in, certainly, my discipline, psychology, and some in public health. And so, I think there needs to be a collaboration with people like political scientists and historians and economists so that, to get us out of this sort of individual measurement trap. It’s a multi-level approach—and of course you might imagine, there are a whole host of methodological issues about how do you then combine this data, right? So, if you have structural level data about, oh I don’t know, residential segregation, how then do you combine that with sort of an individual self-report measure that you may have gotten from your participants about discrimination. So, there are a whole host of methodological issues, but there are lots of people, particularly in public health, who are
really doing some really interesting work about multi-level measures and structural measures. I’m thinking about Mark Hatzenbuehler’s work on structural stigma for gay men and he’s looking at, you know, anti-gay or trans laws in policies, and there are ways that people are starting to analyze structural level data with individual level or even community level. And you know, I’m a researcher, obviously, and a federally funded researcher, but I’m often frustrated because part of me knows we don’t need another study. You know, I don’t need a study to, I don’t need to run, you know, multi-variant analyses to tell me what the connection will be about this group of people in this neighborhood, you know, where racism and income inequality is rampant and what their health outcomes are going to be or how that’s related to incarceration. Right? And so it really is—

AM I understand that, yeah.

LB Yeah, I mean we really don’t need, but I do know because I do, I also have training in public policy and I worked in policy for a long time, and one of the things I learned was if it’s not documented for policy makers—you know, peer review journals and stuff like that—there are many ways it’s not real. And so, that’s the role of research many times, to document things that we already know with a hope of changing the status quo.

[musical interlude]

AM Now, with Lauren Brinkley and David Cloud, let’s try to figure out why the current incarceration process in the US is qualified as massive. What is the actual magnitude and how many people are closely affected by it? Lauren Brinkley-Rubinstein is with the Center of Health Equity Research, and she’s an assistant professor in the Department of Social Medicine, both at the University of North Carolina in Chapel Hill. David Cloud is
Give me some numbers about the number of people who are incarcerated?

DC  I mean, so I think on any given day there’s roughly 2.2 million people incarcerated, but it depends how you slice the pie, right? There’s prison and there’s jail.

AM  What’s the difference?

DC  Prison is basically somewhere you go, you go to court and you’re sentenced to time behind bars so that’s generally where you’re going to go spend the longer period of time, usually longer than a year, so you may also go to prison if you, let’s say you’re on parole, you get out of prison and you have some kind of violation, they may send you back. Jail’s are more transient by nature. That’s usually the vast majority of people who are in jail are there pretrial, meaning they have not been convicted. They’re waiting to see a judge. They’re often held up because they can’t afford to pay their bail. They’re often held up because the court systems are overburdened and there’s lengthy delays. So, jails are kind of a separate piece than prisons, and I think it’s important to look at those things together but also separate.

AM  But, do we know the breakdown between jail and prison?

DC  The number they usually cite, like nationally or, you know, it’s really about admissions rather than individual people. It’s easier to pinpoint how many individuals in any given day are in prison. The jail population, I think, is really more about admissions. I think there’s about 11 million a year, and that’s, yeah. I mean, again, there’s some kind of overlap between those two but…
LBR  I just want to talk a little bit about probation and post-release parole populations too, because, you know, they’re double the number of people who are on community supervision in the communities where they live. And so, the carceral state extends itself into the community where there’s surveillance of people who are also, you know, not technically incarcerated but definitely monitored.

AM  Can we estimate the number of people who are connected in some way to this mass incarceration?

LBR  Research shows us that when an individual goes to prison or jail, it doesn’t just affect them, it affects their children, it affects their partners, it affects their entire communities. And so, that is the really important part of this special issue too, is trying to think about this community and familial impact that incarceration has that I think is really hard to put an exact number on, but it is obviously such an important and massive part of the problem. You know, when we think about community impact, there’s lots of different ways to think about it. We can try to put a number of the massive number of people who have been impacted, but there’s also resources that have been taken out of these communities and also put into the carceral system that have not been put back into these communities; and so, I think [it is] such a multi-factorial effect that is [it] almost impossible to imagine how large it is.

AM  What are those resources? Can you specify?

LBR  Yeah, so if you think about schools, community development, parks, places to be in those communities, jobs in those communities. So, many people are put in jails because of mental health, because of substance use issues, and so we see a massive need in these communities for treatment resources that aren’t there. And, I think that’s a major point to
make as we have come into this movement of de-carceration and there’s a lot of reform efforts going around to try to not have jail be the answer to these issues. But, if we don’t have those resources in the communities, that that creates a major problem wherein if people don’t have those resources, they just cycle back to the jail system. So, we need really comprehensive community resources.

AM So, let me make sure I understand. What you say is that there are a lot of resources that are currently invested in jails and prisons rather than in community infrastructure, health, education, training, et cetera.

LBR Yes.

AM That would facilitate the reintegration, et cetera, that’s a very good point. What’s the magnitude of this mass incarceration? What is it?

DC The term, mass incarceration, just conveys what’s ingrained in the DNA of this country from the founding, from the evolution of slavery, racial oppression, economic struggle. All those things have this continuity, and it’s just, it’s a crisis. I mean, I think it’s something that we, there’s many issues that we have not dealt with as a nation; and as a result, we have this phenomenon of mass incarceration that touches every corner of our society.

[musical interlude]

AM We saw with Lauren and David that mass incarceration implicates the relatives of the people who are incarcerated. Professor Martin Lajous and his team in Mexico have actually studied the cardiovascular health of Mexican women, comparing women who have and women who don’t have an incarcerated relative. Martin Lajous is with the Center for Research in Population Health at the National Institute of Public Health in
Mexico City, or in Spanish, el Centro de Investigación en Salud Poblacional, Instituto Nacional de Salud Pública, Ciudad de México.

So, what are the main reasons for incarceration in Mexico?

DC Well, like the US, Mexico has used incarceration increasingly as a way to control crime, especially drug-related crimes. So, actually currently in Mexico, one in five incarcerated individuals in federal prisons are serving drug-related sentences.

AM Can you give me examples of how it is, how is the daily life of people who have relatives incarcerated in Mexico?

DC So, unfortunately, the prison conditions in Mexico are very challenging. A lot of the times, people who are incarcerated do not have sufficient food or do not have sufficient basic needs covered like having basic hygiene products. A lot of the times, the family members may have to, in addition to the burden that represents having to support financially the family, they also have to support financially the person who is incarcerated and typically will have to go once a week to the prison to bring food, to probably bring money that is necessary to ensure the safety of the family member and to ensure that they can pass on basic products to their family member.

AM And, is the population affected, like you know, in the US it’s mostly people of color—is this, can you find some discrimination of this type in Mexico?

DC Yes, there is certainly a lot of disparities in terms of who are the individuals that are incarcerated. There’s important social disparities and also some ethnic disparities, so in the state of Chiapas, for instance, 50% of incarcerated individuals are indigenous.

AM Can you summarize the main finding of that study?
Once again, this is a cross-sectional study. We did collect data on, between 2013 and 2016, because it’s our people who are asking individuals whether they had ever had an incarcerated family member. We honed in on cardiovascular disease because we had a really robust measure of that outcome.

So, the idea was that this family were heavily stressed and that’s why they could have cardiovascular consequences of being relatives of incarcerated people?

Exactly right. We found that family member incarceration was associated with perceived stress, and we also found that it was associated with cortisol levels which is a robust marker of chronic stress. This is something that has been hypothesized, but we were able to measure it direct. We were also able to see that women with incarcerated family members were more likely to smoke, to be obese, to have diabetes, relative to women who did not report this experience. And, stronger and more interesting results here is that after taking into account different risk factors for cardiovascular disease, women who reported having had a family member, an incarcerated family member, had 41% higher odds of cardio/atherosclerosis relative to women who did not. And also, we were able to conduct a mediation analysis that suggests that the association we found with the family member incarceration and cardiovascular disease was in part mediated by stress and adiposity which is indicator of unhealthy lifestyle.

Can you explain that mass incarceration has this long-lasting effect on the physical health of affected families?

There’s a recognition that incarceration is a highly stressful event for families, specifically for women who carry the burden of caretaking for the individual who is incarcerated but also dealing with the family consequences of having someone
incarcerated. So, mass incarceration we have chronic impact on the families of individuals who are incarcerated through stressful lifestyles and lifestyle choices that are associated [with] stress. That then having an impact on their cardiovascular health.

[musical interlude]

AM Alright, these interviews explain why mass incarceration has become a central preoccupation of entire communities of color in the US. As discussed in my October 2019 podcast, mass incarceration is another manifestation of the failed transition out of slavery in the 19th century which has resulted in using repression and force instead of economic and public health infrastructure to control instead of reinserting the uprooted populations. There are currently 2.2 million people in prisons and 11 million admissions per year in jails. As a result, the children, partners, and parents of millions of people suffer from the absence of their loved ones, the poor treatment they are receiving, and the material and financial burden that incarcerations impose on families. After incarceration, re-integration is difficult, and its stigma lingers. These collateral effects of incarceration translate into chronic stress and chronic diseases such as heart diseases, as illustrated in the Mexican female teacher study. Altogether, mass incarceration is a social problem with structural causes that drive health inequities.

I am grateful to all my interviewees for their time and willingness to share their ideas. I also thank Emily D’Agostino and Michael Costanza for comments and edits on an early version of the podcast. Francis Jacob composed and interpreted the pastiche of a classic folk song about incarcerated people. Francis plays the guitar and yours truly the harmonica parts. This is Alfredo Morabia at AJPH. For more podcasts including podcasts in Chinese, visit us at www.ajph.org or subscribe to it on your usual podcast
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