

A Growing Problem

How mass incarceration—imprisoning more and more Americans—affects the public health of entire ethnic communities

May 21, 2013 By Shanita Ealey

One of the greatest challenges facing the United States is the increasing rate of “mass incarceration” and the resulting socio-economic and health implications. In general, the term references a rate of imprisonment so high that it affects entire communities rather than just the individual offender. This is why researchers believe there’s a relationship between mass incarceration and public health.

For example, look at the health risks faced by women in relationships with incarcerated men. Often these women, who may have children fathered by men in prison, suffer a “very significant and substantial decline in happiness,” says Christopher Wildeman, PhD, an assistant professor of sociology at Yale University. In addition, he says, there is about a 25 percent increase in the probability they will develop depression. Of particular importance for African-American women, Wildeman notes, is that having a family member in prison also increases the likelihood they will suffer from obesity and experience heart attack or stroke.

Mercedes Smith, an outreach specialist at Women on the Rise Telling HerStory (WORTH), a consultant group that challenges policy and perceptions concerning incarcerated women, is a former inmate. She echoes Wildeman’s claims. “One of the things that we say as formerly incarcerated people is that when we get incarcerated, our families get incarcerated too,” Smith says. What’s more, when relatives are incarcerated, the entire families might also experience health issues such as stress, anxiety, high blood pressure and loss of appetite.

Wildeman found that infants with an incarcerated parent were 50 percent more likely to die within their first year of life. And he links mass incarceration to children developing mental disorders and behavioral problems.

A key reason for the onslaught of health issues is simply related to costs. Caring for a family member who is in prison can become expensive and stressful, especially if that person provided a primary source of income for loved ones at home. But not only does a household lose needed income, but others at home also face the additional burden of paying attorneys’ fees and the expenses associated with keeping in contact with and supporting the inmate while he or she is in prison.

Health care for prisoners spawns its own set of challenges. Once you are incarcerated, you become a ward of the state, which means that state institutions must provide your medical care, Smith says. But the quality of care that inmates receive is often subpar. And when inmates are released, they face a variety of additional health issues. For example, as a result of the 2010 Affordable Care Act, former inmates became eligible for Medicaid. But problems emerge when income requirements for this federal insurance for poor people conflict with individuals working and making more money than Medicaid guidelines allows. "I started working immediately as soon as I came home and they actually said that I made too much money," Smith says. "They were looking at my gross [income], but...if they looked at how much I made after they took out taxes then I would have qualified for Medicaid."

Smith adds that if former inmates don't qualify for Medicaid then they're more likely to avoid going to the doctor when they get sick. "Do I go to the doctor because my ankle is swelling up or because I have pains in my chest?" Smith says giving an example.

In order to qualify for Medicaid, an individual cannot earn a salary exceeding \$750 each month. But when former inmates get jobs that pay more than this, the ACA has a provision to address the problem. Those with jobs who aren't eligible for Medicaid because they make too much money could still qualify for federal tax credits to purchase health insurance through the new state exchanges. States had until February 15 of this year to confirm and submit their plans for health insurance exchanges, but insurance coverage won't kick in until January 1, 2014.

How Mass Incarceration Intersects with Gender, Race and Class

According to the Global Commission on Drugs, criminal justice policies resulting in mandatory sentencing and lengthy prison sanctions for low-level drug use are the driving force behind the disproportionate mass incarceration of poor black and Latino men. In 2010, according to the Population Reference Bureau, black men were imprisoned at a rate of 3,074 per 100,000 residents and Latinos at 1,258 per 100,000 residents. These numbers are significantly higher than imprisonment rates for white men: 459 per 100,000 residents.

"I'm not 100 percent sure how we should think about [mass incarceration], but I feel that the range of ways that we think about imprisonment has to expand given the incredible rates of incarceration for African Americans," Wildeman suggests. "We can't just write it off as something that is done to preserve public safety."

Indeed, Wildeman believes mass imprisonment of adult African-American and Latino men also promotes health disparities among women and children in these communities. "You do see effects that show mass incarceration isn't only preserving inequality, it exacerbates inequality in a lot of contexts."

Reducing the health risks associated with mass incarceration requires efforts from both the government and community members. This means developing new models of policing, expanding the social safety net and creating broad reinvestment programs in disadvantaged communities

that can help reduce the health consequences of mass incarceration, Wildeman suggests.

Smith thinks community involvement is the way to reduce health risks. Recently, WORTH hosted a forum called “From Punishment to Wellness: A Public Health Approach to the War on Drugs.” At the event, advocates discussed treatment, public safety, trauma and harm reduction. “We want the public to be safe. We know how society feels about formerly incarcerated people coming home,” Smith says. “We want the community to be involved helping people who are transitioning back into society be successful.”

For more information about the forum, contact Mercedes Smith at mercedesb.smith@gmail.com.

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