



At-A-Glance: The Pandemic, Public Health, and a Path Ahead

The Pandemic, Prisons, & Public Health

Studies have estimated that rates of COVID-19 in U.S. prisons are over five times higher than case rates in the general population (Jahn et al., 2020). Unfortunately, these facilities have a history of magnifying diseases, and a great deal of the COVID-19 clusters in the U.S. have occurred within jails, prisons, and detention centers (Jahn et al., 2020). These facilities often have poor sanitation, inadequate healthcare, lack nutritious food, and prevent the ability to social distance (Jahn et al., 2020). Those who are confined are at greater risk for infectious and chronic diseases both while imprisoned and after release (Acker et al., 2018). These conditions can be damaging to long-term physical and mental health (Acker et al., 2018). Ultimately, mass incarceration affects the health of those incarcerated, their families, and the overall health of the nation (Acker et al., 2018). It is an urgent public health matter that requires attention and system reform for state health improvement.

With nearly 2.2 million U.S. adults and youth behind bars, the United States incarcerates more people than any other nation (Acker et al., 2018). Within the U.S., Delaware has the tenth most prisoners per capita (Bouge, 2017). Overcrowded prisons disproportionately impact marginalized groups and have deep roots stemming from discrimination, creating a barrier to achieving health equity (Acker et al., 2018). People of color represent 39 percent of the national population but are 60 percent of the incarcerated population (Acker et al., 2018). People with disabilities are four times as likely as non-disabled people to end up in jail (Acker et al., 2018). These same groups are at a greater risk for contracting COVID-19. If incarcerated, their chances only increase. Mass incarceration is one pathway of how structural racism leads to poor health outcomes and inequities (Knight et al., 2020). It dismantles the social support and community networks necessary for adequate health and well-being in communities (Wildeman & Wang, 2017). Among communities of color, the stress of racial discrimination directly impacts people physiologically and physically, exhibiting how structural racism is a social determinant of health (Paradies, 2016). Racial discrimination causes people to rely on harmful coping behaviors such as smoking or drinking and is associated with mental health issues (Paradies, 2016). These negative influences and exposures combined can expand over time and across generations (Bailey et al., 2017).

Growing up in poverty is a powerful social determinant of health (Francis et al., 2018). This is represented within the incarceration system (Acker, et al., 2018). People who are incarcerated have a pre-incarceration median income 41 percent lower than that of non-incarcerated people (Acker, et al., 2018). Many people stay incarcerated because they don't have the funds to pay for bail or court-imposed fees (Johnson, 2018). In 2018, House Bill 204 was signed into law in Delaware, which focused on bail reform and introduced a risk assessment tool to curb our overreliance on financial conditions of release (House Bill 204, 2018). It assesses the threat to public safety rather than the ability to pay bail, creating tremendous progress for Delaware. Since then, the pandemic has exposed that there is still much more progress to be made.

High rates of jail incarceration combined with the entering and leaving of staff also endanger surrounding communities. The workers often have no mandatory testing, poor personal protective equipment adherence, and frequent movement throughout the building (Jahn et al., 2020). In retaliation to these conditions, many inmates are requesting decarceration and improved conditions. A recent report reveals that nationally there have been at least 106 COVID-19 related rebellions from March 17th to June 15th (Jahn et al., 2020). Prior to the onset of the COVID-19 pandemic, a fatal prison rebellion took place at James T. Vaughn Correctional Center in Delaware in 2017 (Chapman Jr. & Oberly 2017). An independent review of security issues at the prison found overcrowding, understaffing, mismanagement, poor communication, a culture of negativity, and adversarial relationships among prison staff, administrators, and inmates (Chapman Jr. & Oberly 2017). Following the investigation, measures are being taken to respond to the security issues (Wilson, 2020). However, to protect the health of both incarcerated people and their surrounding communities, we must stop the mass flow of people into jails.

Once released, formerly incarcerated people face higher mortality rates and limited opportunities for employment, stable housing, education, and other essentials (Acker et al., 2018). Mass incarceration also affects their families. Almost 10 million children have experienced having a parent incarcerated at some point in their lives (Acker, et al., 2018). Parental incarceration increases children's risk of substance abuse and involvement in crime as they age and contributes to future health problems, limiting their opportunities for a healthy life (Acker, et al., 2018). Adverse childhood experiences, or ACEs, are potentially traumatic events in childhood, ages 0 to 17 (Felitti et al., 1998). An ACE score is a count of different forms of abuse, neglect, and other indicators of toxic stress during childhood (Felitti et al., 1998). According to the Adverse Childhood Experiences Study, the more traumatic experiences in your childhood, the higher your ACE score is likely to be and the higher your risk for later health problems (Felitti et al., 1998). Parental incarceration is recognized as an adverse childhood experience and raises a child's ACE score (Felitti et al., 1998). Research has found that children of incarcerated parents are exposed to nearly five times as many other ACEs as their counterparts without incarcerated parents (Turney, 2018). Even more, people with an ACE score of 6 or higher are at risk of their lifespan being shortened by 20 years (Brown et al., 2009). This underscores how incarceration not only dramatically affects the individual, but also their surrounding community and loved ones. While policies that promote mass incarceration may at first seem like they will make communities safer and stronger, they in fact bring considerable public health implications, as these very policies can have a health impact on generations of children to come.

The Delaware State Health Improvement Plan (SHIP) recommends adopting a policy, systems, and environmental (PSE) approach to improving the health of Delawareans (Rattay et al., 2020). "Policy, systems, and environmental (PSE) change is a way of modifying the environment to make the right to health a reality for all community members. PSE changes influence laws, shape physical landscapes, and help to improve institutions to make healthy living easier and to tackle the root causes of health inequities" (Cook County Department of Public Health, 2018). Many conditions that lead to crime, mass incarceration, and involvement in the criminal justice system result from failures across these broader dimensions (O'Neal, et al., 2016). An example of policies that move us in the right direction in terms of incarceration and public health is House Bill (HB) 37. In Delaware, on January 26th, 2021, HB 37 passed the House Corrections Committee after strong support from Delawareans (House Bill 37, 2021). HB 37, the public health emergency credit bill, creates a public health emergency credit that permits an early release from prison during times of crisis (House Bill 37, 2021). For every month served during a public health emergency, a person would receive six months' credit, up to a maximum reduction in sentence of one year (House Bill 37, 2021). This bill aims to reduce the prison population, remove pressure on faculty and create better conditions for the incarcerated to social distance (House Bill 37, 2021).

Beyond policies and legislation, strategies that promote a healthier, safe environment are also a critical part of the PSE approach. In fact, the environmental aspect of PSE has been applied to some communities using environmental design to prevent crime (David-Ferdon et al., 2016). Environmental features like physical design, the number of people in a space, and how it is utilized are all connected to crime rates (David-Ferdon et al., 2016). Crime Prevention Through Environmental Design (CPTED) is an approach that concentrates on improving the design of the built environment to reduce disputes, violence and promote positive behavior (David-Ferdon et al., 2016). This approach decreases gun violence, youth homicide, and violent crime (David-Ferdon et al., 2016). It encourages positive impacts on residents by reducing stress while simultaneously increasing community pride and physical health (David-Ferdon et al., 2016). Examples of this implementation include fixing abandoned buildings or vacant lots, cleaning neighborhood green spaces, and maintaining neighborhood housing (David-Ferdon et al., 2016).

Finally, to create healthy communities from a system-level perspective as part of a PSE approach, scientific literature provides insight into the effectiveness of alternatives to the criminal justice system (Acker, et al., 2018). Alternatives such as mental health and drug treatment, restorative justice, affordable housing, and immigration reform have been shown to lead offenders and their communities to better outcomes (Acker, et al., 2018). There is a common misconception that mass incarceration or punishment reduces violent crime (Stemen, 2017). Using prisons to address poverty and mental illness only creates more problems. People often leave overcrowded and harsh environments more traumatized, mentally ill, and physically battered than they went in (Stemen, 2017). However, depending on prisons as a primary solution removes the opportunity to implement and scale more effective, science-based solutions. Different resolutions that move beyond an after-the-fact criminal justice system response approach and integrate other frameworks and multi-sector approaches are critical if we are truly going to address, prevent, and reduce crime in a way that also does not continue to exacerbate unhealthy and dangerous conditions (O'Neal et al., 2016). Rather than invest in prisons and punishment, investing in the power of public health science and prevention, and building healthy, equitable communities from the start, will not only lead to healthier people but safer communities.



Did you know

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Source: Cook County Department of Public Health, 2018

References

- Acker, J., Braveman, P., Arkin, E., Leviton, L., Parsons, J., & Hobor, G. (2020, March 23). Mass incarceration Threatens Health equity in America. Retrieved April 17, 2021, from <https://www.rwjf.org/en/library/research/2019/01/mass-incarceration-threatens-health-equity-in-america.html>
- Adverse childhood experiences (aces). (2020, April 03). Retrieved April 26, 2021, from <https://www.cdc.gov/violenceprevention/aces/index.html>
- An Act To Amend Title 11, H.B. 204, 149th General Assembly, 2018 (DE, 2018) [Bill Detail - Delaware General Assembly](#)
- Bailey, Z., Krieger, N., Agénor, M., Graves, J., Linos, N., & Bassett, M. T. (2017, April 8). Structural racism and health inequities in the USA: Evidence and interventions. Retrieved May 13, 2021, from [https://doi.org/10.1016/S0140-6736\(17\)30569-X](https://doi.org/10.1016/S0140-6736(17)30569-X)
- Bouge, M. (2018, December 04). End mass incarceration to make prisons safer. Retrieved April 17, 2021, from <https://www.aclu-de.org/en/news/end-mass-incarceration-make-prisons-more-safe>
- Brown DW, et al "Adverse childhood experiences and the risk of premature mortality" Am J Prev Med 2009; DOI: 10.1016/j.amepre.2009.06.021.
- Chapman Jr., W. L., & Oberly, III, C. M. (2017). *Final Report: Independent Review of Security Issues at the James T. Vaughn Correctional Center* (Rep.). Retrieved 2020, from <https://governor.delaware.gov/wp-content/uploads/sites/24/2017/08/JTVCC-Independent-Review-Team-FINAL-Report-1.pdf>
- David-Ferdon, C., Vivolo-Kantor, A. M., Dahlberg, L. L., Marshall, K. J., Rainford, N. & Hall, J. E. (2016). A Comprehensive Technical Package for the Prevention of Youth Violence and Associated Risk Behaviors. Atlanta, GA: National Center for Injury Prevention and Control, Centers for Disease Control and Prevention.
- Felitti VJ, Anda RF, Nordenberg D, Williamson DF, Spitz AM, Edwards V, Koss MP, Marks JS. Relationship of childhood abuse and household dysfunction to many of the leading causes of death in adults. The Adverse Childhood Experiences (ACE) Study. Am J Prev Med. 1998 May;14(4):245-58. doi: 10.1016/s0749-3797(98)00017-8. PMID: 9635069.
- Francis, L., DePriest, K., Wilson, M., Gross, D., (September 30, 2018) "Child Poverty, Toxic Stress, and Social Determinants of Health: Screening and Care Coordination " *OJIN: The Online Journal of Issues in Nursing* Vol. 23, No. 3, Manuscript 2.
- House Bill 37. (2021, April 1). House Bill 37. Bill Detail - Delaware General Assembly. <https://legis.delaware.gov/BillDetail/48220>.

- Health risks with an ace score of 0. (2020, December 25). Retrieved April 26, 2021, from <https://stopabusecampaign.org/what-are-adverse-childhood-experiences/take-your-ace-test/ace-score-of-0/#:~:text=People%20with%20an%20ACE%20score%20of%206%20or,you%20to%20an%20increased%20risk%20of%20these%20things>
- Jahn, J., Mitchell, C., & Conner, C. (2020, December 8). Incarceration is a public health crisis, during covid-19 and beyond. Retrieved April 17, 2021, from <http://info.primarycare.hms.harvard.edu/blog/incarceration-covid-19#:~:text=Overcrowding%20in%20jails%2C%20prisons%2C%20and,also%20create%20poor%20health%20outcomes>
- Johnson, C. (2018, July 11). The real solution to Delaware's Dangerous, understaffed prisons: End mass incarceration. Retrieved April 17, 2021, from <https://www.delawareonline.com/story/opinion/contributors/2018/07/11/real-solution-delawares-prison-problems-end-mass-incarceration/774455002/>
- Knight, E., Codes-Johnson, C., Rendon, S., McDonough K., (2020). Structural racism as a fundamental cause of Health inequities in Delaware and beyond: *Delaware Journal of Public Health*, 6(5), 18-25. doi:10.32481/djph.2020.11.007
- O'Neal, M., Kendall-Taylor, N., Volmert, A. (2016, July 5). New narratives: Changing the frame on crime and justice. Retrieved April 17, 2021, from <https://www.frameworksinstitute.org/publication/new-narratives-changing-the-frame-on-crime-and-justice/>
- Paradies, Y. (2016). (Pdf) racism and health - researchgate. Retrieved May 13, 2021, from https://www.researchgate.net/publication/312529441_Racism_and_Health
- Policy, systems, and environmental change, 2018. Action Learning Brief No. 001. Cook County Department of Public Health, MidAmerica Center for Public Health Practice, and Illinois Prevention Research Center, University of Illinois at Chicago. Chicago, IL. November 2018. <https://illinoisprc.org/publications/>
- Rattay, K., Codes-Johnson, C., Luta, L., McGloughlin, K., Landgraf, R., Knight, E., & Duckworth, N. (2020). Delaware State Health Improvement Plan 2020 Annual Report (pp. 1-49, Rep.). Newark, DE: Delaware SHIP. doi:https://img1.wsimg.com/blobby/go/7298608e-3c37-4361-b78a-b30ff51587e/DE%20SHIP%202020%20Annual%20Report_FullReport.pdf
- Stemen, D. (2017). The Prison Paradox: More Incarceration (Rep.). Retrieved 2020, from https://storage.googleapis.com/vera-web-assets/downloads/Publications/for-the-record-prison-paradox-incarceration-not-safer/legacy_downloads/for-the-record-prison-paradox_02.pdf
- Turney, K. (2018). Adverse Childhood Experiences Among Children of Incarcerated Parents [Review]. 89, 218-225. Retrieved April 26, 2021, from <https://doi.org/10.1016/j.childyouth.2018.04.033> (<https://www.sciencedirect.com/science/article/pii/S0190740918300525>)
- Wildeman, C., Dr., & Wang, E. A. (2017, April 8). Mass incarceration, public health, and widening inequality in the USA. Retrieved May 13, 2021, from [https://doi.org/10.1016/S0140-6736\(17\)30259-3](https://doi.org/10.1016/S0140-6736(17)30259-3)

Wilson, X. (2020, May 21). Years after Vaughn riot, state still faces inmate lawsuits claiming abuse, officer impunity. delawareonline.
<https://www.delawareonline.com/story/news/2020/05/21/lawsuits-claim-inmate-beatings-impunity-among-abusers/3084646001/?gnt-cfr=1>.

Winters, M. (2016, June 20). Criminal justice reform can improve public health. Retrieved April 17, 2021, from <https://www.ama-assn.org/delivering-care/population-care/criminal-justice-reform-can-improve-public-health>



Q & A

Delaware SHIP Stakeholder Interview with David Bever, Executive Director, and Kailyn Richards, Policy Coordinator, Delaware Center for Justice

Delaware Center Justice's (DCJ) mission is to listen, amplify and act to seek justice for all Delawareans through advocacy and services.

Q: How long have you been working with the Delaware Center for Justice (DCJ)? What motivated you to be in this position?

David Bever: I started in December of 2019. I learned about DCJ while working with ACLU on several projects that we collaborated on. I started my career on the systems side of the legal system as a probation officer. It did not take very long to learn that the system does not create justice, I will leave it at that. This is why I moved throughout my career more towards the side of advocacy.

Kailyn Richards: I started working at DCJ in June 2017 as an office coordinator and communications assistance. I did a lot of administrative work, event planning, and communications. Recently, I became the policy coordinator in August of 2020. I also coordinate Read In, Read Out, a program that allows incarcerated parents to read to their kids. We send the recording in the books to the kids, so they can read along. I get to do a lot at DCJ and move around a bit. What I like about DCJ and what kept me there is, you are constantly learning new things about the system which is not necessarily a good thing. After all, the system is so broken that we have to have ten or eleven redirect systems to help different populations that are impacted by the legal system. With that, there is always something new to learn about and to change through policy or advocacy. This is what I like about it. We do so much!

Q: The COVID-19 pandemic has made American inequality painfully clear. What are some of the effects this pandemic has had on the criminal justice system? Do you think it has brought necessary attention to the conditions of confinement?

Kailyn: I think the pandemic has impacted the criminal justice system in so many different ways. For example, the courts are no longer meeting in person. Many of the in-person processes that we had in place are now virtual and some of those court dates and hearings aren't happening as often.

Another way is just in general when we think about who is the most vulnerable in our country - it is justice-involved individuals because the system is not set up for them to succeed. Employment is the biggest thing = justice-involved people being able to find jobs is vital. We have been hearing a lot about how the pandemic has impacted people in our prisons. It has shed a huge light on the conditions of confinement specifically because one of our representatives introduced a bill that would offer incarcerated people a credit towards their sentence. I admired that the House bill acknowledges that prisons were harsh pre-covid and have now intensified. People cannot see their families, the programming has stopped, and the movement in prisons is a lot different. My program that takes place in prison has been paused since March 2020 because it is an in-person program. I appreciate the DOC for doing what is best for folks, but it made us realize that without these things that COVID has taken away from them, prison is extra cruel and inhuman.

David: Justice-involved people were doing the jobs that were finally deemed essential during this pandemic, but it put them right in harm's way. Working at a grocery store, service industry, or personal care homes puts them at risk because they cannot work from home. On the flip side, many lower-paying jobs that justice-involved folks receive were not able to be done anymore. For example, many restaurants have closed due to the pandemic. This all falls on the backs of justice-involved people.

Q: What would you say to those that oppose HB37?

Kailyn: It's a public health issue not only for the people who are incarcerated but also for the staff. The staff goes in and out of the prisons every day to their homes, the community, and grocery stores. So, the idea that we can keep our prisons at normal capacity during the pandemic without it impacting the outside world is simply not true. The numbers show that as of January 2021, two thousand people who are a part of the DOC have tested positive. This includes incarcerated people, staff members, and contractors, making it a public health issue. I also encourage the opposition to have empathy. These people will be going home eventually, and we want to make sure that we acknowledge that prison can harm their mental health and their ability to re-enter society. The sponsor of the bill has a very touching story about her husband who was incarcerated under pre-Covid conditions and was very overwhelmed when released. We need to do more during this pandemic to ensure that people are getting credit for having to be incarcerated under these conditions. We know that being incarcerated under these conditions can impact their success rate when they get out. Ignoring this does not make any sense. We are shooting ourselves in the foot by doing that.

David: From a programmatic standpoint, DCJ has a strong re-entry program, community reintegration services program (CRSP). CRSP works with folks throughout the re-entry process after they get out. Last year, we started the transitional re-entry services that meet people at the gate and ensure they can get to all the places they need to go within the first 90 days. Additionally, we plan to take this on and help folks transition out if they can get out.

Q: What do you believe is the most impactful way to transition people back into society after incarceration?

David: I think anything that builds on the strengths that people have. When people come out, consider what family resources, social support, or community resources they have. Help people access these things. Good re-entry starts at the front door of the criminal justice system. We charge too many people, we incarcerate too many people, and [these policies] are racist. [Strategies] are important even before that. We need to talk about the opportunity's folks have where they come from. We need to build a better system around the system we have because what we have does not work. I do believe there is good work that we can do with people when they get out to find their strengths and what they need to succeed but the deck is stacked against them.

Kailyn: In addition to what David said, it is about meeting people where they are and providing basic needs. If someone needs money for groceries or food, we have a program that has a food pantry. It also has hygiene items and offers bus passes, so people can get to and from their probation appointments. As David said, the deck is stacked against them but being able to come up with their first month's rent or security deposit and drive them to their first job interview after they got released are all things our case managers do. They do this to make sure people do not return to crime to meet their basic needs, which is the case for some folks. One thing that we focus on is the behavioral health and mental health of returning citizens. We all feel so much better when we have access to basic items. No one should be worried about where their next meal will come from or how they will get to their appointments.

Q: What are some common misconceptions about incarceration and organizations like DCJ that seek justice?

Kailyn: One common misconception is that people are responsible for putting themselves in that position or the system. When considering social determinants of health, I bet if you look at their lifespan, you will see what specific experiences led them into the justice system. Another misconception surrounds the term 'career criminals', specifically when used for justice-involved youth. I think everyone is capable of changing with the right tools and support in place. Our current criminal justice system is not that, so DCJ has to step in and offer these services at no cost to our clients. A common misconception is that we support criminals and are pro-offenders. We have services for victims of crime and find that they also support the recommendations we support because our goal is to reduce crime. Mass incarceration does the opposite of that. Ignoring the root causes of crime leads to more crime. The victims' community understands that.

David: A big misconception people have is about the use of drugs and the war on drugs. The image people have of the drug user and dealer is so screwed up and does not make sense. This misconception has resulted in generations of Black men getting incarcerated without looking at the real social cost of the drug issue and what needs to be done. Like so many other things, we asked police and policing to be the solutions for these social problems when they needed to be managed in other ways.

Q: What have you seen to be the most effective alternative to incarceration? Do you have any recommendations as to what should be done differently in Delaware?

Kailyn: One thing that we support is restorative justice. It is integrated into just about everything that we do. Specifically, our mediation program run by my colleague, Barbie Fisher, provides an alternative to incarceration and the court. Their approach is to provide an alternative to the court process where it gets a sentence or charge. They instead handle it in their conference room or suite. You bring people together who have had a conflict that could have been solved in court. Maybe the victim person does not want the person who caused harm to them to face jail time or they want payment for the damages. We offer this to landlords, tenants, and others.

David: Outside of Delaware, there has been some conversation of this process being used for violent crimes. The victim comes out of the situation feeling more whole and closer to the pre-crime state. The person who committed the crime has humanized the person they hurt and is not likely to do it again. It is something that works despite our society being wired for harsh punishment against violent crime. There are other ways to handle it that do not necessarily involve a courtroom and still get real results and change.

Kailyn: Also, addressing the reason why people get incarcerated is key. My dream legal system addresses the root causes of why people end up in jail in the first place. Policy reform is a huge alternative. We need to reform the system to ensure that we reduce the number of people we arrest especially from Black and Brown communities because we know better now. Research tells us how problematic policing and practices within the system have led to mass incarceration when in fact, there are more effective alternatives.

Q: Is there anything members of Delaware communities can do to help in this pursuit of a higher quality of justice?

Kailyn: Stay on top of your representatives and senators regarding these criminal justice reform policies. I have seen in some cases where there is a senator who is very beloved by their community but then when you look at their vote record you find out they voted down criminal justice reform bills. It is surprising because you loved them for years but pay attention to their voting record and make sure that they're voting in a way that is going to lead to meaningful criminal justice reform. As far as community members, who may have the ability to hire justice-involved people, give them a chance at employment. Volunteer inside prisons. My program, and many others, are volunteer-run. People can get involved and go inside the prison which I recommend for everyone to do. We get to see how incarcerated people are being housed [and] how they're living. I think that adds another layer to my advocacy because I see how folks are treated there.

Q: Is there anything else you would like to discuss that I may have missed?

Kailyn: I would say [people should] contact their legislators about House Bill 37. Make sure to stay on top of our legislators about police brutality and police reform. Delaware has important bills that will be coming out of the pipeline regarding police reform that can potentially give the public access to police disciplinary records and lead to meaningful civilian oversight that has the power to investigate and subpoena local police agencies.

David: Be aware of the pace of change - it is arbitrary. Our legislators seem to decide that they have to take a while to do this because this is how the system works but in reality, the constituency has the right to say no, that is not fast enough.