2013-01-01

Life and Health Outside Prison

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Dedication

This thesis is dedicated to all the fractured lives and families that have been affected by mass incarceration where criminality exceeds humanity. *Tu eres mi otro yo*.

LIFE AND HEALTH OUTSIDE PRISON

By

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THESIS

Presented to the Faculty of the Graduate School of

The University of Texas at El Paso

in Partial Fulfillment

of the Requirements

for the Degree of

MASTER OF ARTS

Department of Sociology and Anthropology

THE UNIVERSITY OF TEXAS AT EL PASO

May 2013

Acknowledgements

This work would not have been possible without the support and guidance of my thesis advisor and mentor, Dr. Guillermina "Gina" Nunez-Mchiri. Since I first walked into her Introduction to Cultural Anthropology course years ago as a freshman, she has made a lasting impression on me, inspiring me to observe the human experience with an open mind and to not be afraid of the challenges that await us. *Si se puede.*

This study is part of a larger project on race, health, and corrections that I intend to make my dissertation at the Ph.D. level. I am indebted to the entire faculty and staff of the Department of Anthropology and Sociology at the University of Texas at El Paso for supporting me in my pursuit to attend graduate school, where I am privileged with the opportunity to explore the matters that mean most to me. This is a dream come true. My writing began to flourish under the guidance of Dr. Aurolyn Luykx whose profound knowledge assisted me in conveying my messages with precision and clarity. To Dr. Jennifer Eno Louden I give thanks for lending her knowledge and expertise to my project to make it the best it can be. I would also like to thank Dr. Sara Grineski for her high standards of excellence and for offering me guidance when I needed it most, and to Dr. Maria Cristina Morales for always keeping her doors open and offering sound advice and support to help me excel in my work. These last two years have been positively transformative, and no words could adequately express my gratitude to you all.

Lastly, I must also acknowledge my family and friends who helped me accomplish my goals and dreams. For many women who become pregnant at a relatively young age such as myself, our goals and ambitions sometimes fade with the coming of motherhood. Don't let others discourage you from flourishing or accomplishing your goals! To my

daughter Amelia Caroline Young, *mi querida* and inspiration to do great things, your laughter brightens every day of my life. To Marcos Uriel Herrera for helping me weather the storms and accompanying me during those long hours studying, studying and studying. I love and cherish you both.

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Chapter 1: Introduction to the Study

1.1 Life After Incarceration

This thesis captures the lived experiences of formerly incarcerated Latino males who have re-entered society. By conducting ethnographic interviews, engaging in participant observation, and creating life charts as a means to map participants' important life events and occurrences, this study incorporates the theoretical framework of phenomenology to explore the subjective understandings of health and incarceration amongst the participants chosen for this study (Schutz, 1967). Having been exposed to the U.S. penal system during an era of mass incarceration and colorblind racism, these participants' stocks of knowledge are meaningful. Their experiences offer insight into how incarceration is perceived to have affected their life, health, and well-being. This micro-level analysis contributes to the fields of sociology, criminology, and public health by exploring the effects of incarceration on the participants' long-term health trajectory, building off literatures on race and ethnicity, health, and U.S. corrections.

Previously incarcerated individuals occupy the lower end of social stratification in the United States. The lower stratum is one largely defined by class. This segment of the population faces great difficulty in achieving social mobility for various reasons. Depending on the conviction, formerly incarcerated individuals can be barred from numerous social services, especially in the case of drug charges, and can face great difficulty in finding meaningful employment. These individuals, defined largely by criminality, endure the stereotypes and stigmas imposed upon them by mainstream society, often prohibiting them from social service programs, assistance, and employment. These stigmas and stereotypes of criminality frequently impose stressful conditions upon persons released from prison via systemic discrimination. Conditions in prison as well as the social conditions on the outside can affect the health and well

being of formerly incarcerated individuals. Incarceration is not just a status; it is a process and a rite of passage. Incarceration itself transitions the individual from one social condition to another upon release, positioning the individual into a state of second-class citizenry.

1.2 Why Latinos?

There is insufficient criminal justice longitudinal data either on Latinos or for any other recently defined racial/ethnic minority groups. This study focuses on Latinos due to the fact that the Latino experience of incarceration has been largely left out of major studies and findings researching a variety of topics regarding how persons and communities are affected by the U.S. penal system. Latinos/as defy the traditional binary white-black racial paradigm that dominates the racial rhetoric in the United States. Latinos/as can fall into a variety of racial groups, and up until just recently, Latinos/as have been classified according to how they are perceived by criminal justice personnel. Darker-skinned Latinos were more than likely marked as Black, and light-skinned Latinos could have possibly been marked as white, or Latinos/as could have been classified as Native American. It was really up to the discretion of the staff. Because of this far more is known of the African American experience than of Latinos in the criminal justice system.

1.3. Organization of the Thesis. Chapter 2 begins by identifying the principle elements of mass incarceration in the United States. Incarceration in the United States is a vast and multifaceted enterprise. A portion of this thesis is dedicated to describing incarceration at the national level, the state level, and the local setting of El Paso, TX, where those who participated in this study currently reside.

It is difficult to talk about prisons and the criminal justice system in the United States without talking about race. Using Bonilla-Silva's (2010) notion of colorblind racism, Chapter 2

looks at the current racial climate both within the United Sates and within U.S. prisons. This section provides a brief overview of the history of racialized social control and the criminal justice system, while also offering other criminological theories that seek to explain the racial gap in crime data. Most participants in this study spent their sentences in Texas prisons; therefore a more detailed historical context of the Texas prison system and its connections to slavery to provide an adequate historical context.

Chapter 3 covers literature on health and correctional populations by first identifying the impact of exposure to incarceration on health and the contributions of the penal system to racial disparities in health (Massoglia, 2008). Other topics addressed include the criminalization of substance abuse and mental illness, the prison environment as further perpetuating health inequalities amongst correctional populations, infectious and communicable diseases prominent in prison, the long-term health consequences of incarceration, and the lack of continuity of care post-release and issues of access to affordable medical care and treatment.

By looking at the intersections of race, health, and U.S. corrections, this thesis explores a more holistic perspective in understanding the extent to which incarceration and prison culture affect the lives, families, and communities of those either in the culture or in close proximity. The remainder of Chapter 3 lays out the research methodology of the work.

Chapter 4 contains the findings of this study, which indicate that incarceration has prominent implications for participants' health. Factors contributing to barriers between inmates receiving adequate health care in prison includes poor prison environments, poor relationships between the medical staff and inmates, as well as poor health care in prisons for situations deemed non life threatening. These types of environments can also exacerbate health conditions maintained by inmates prior to incarceration. Participants who were incarcerated due to their

addictions to illegal substances highlight the consequences of the criminalization of substance abuse as it pertained to the participant's health.

Effects on the long-term health trajectory of previously incarcerated individuals were prominent amongst older participants, all of whom had developed a chronic illness while incarcerated. Younger participants lacked adequate access to affordable health care that hindered their ability to engage in preventative care or to treat seemingly routine health ailments such as poor vision and dental care. This chapter ends by addressing the topic of fatherhood and family formation amongst the participants that was often strained or nonexistent.

Though prison health care has improved over the last century, it can still be made better and more accessible. In 2009, the inmate mortality rate nationwide was 181 per 100,000, while Texas' inmate mortality rate was 308 per 100,000. The state with the highest inmate mortality rate as of 2009 was New Mexico at 602 per 100,000. According to the Bureau of Justice statistics, an inmate is far more likely to die due to some kind of health illnesses such as heart disease, cancer, or liver disease as opposed to dying of suicide, homicide, or accidental causes (U.S. Bureau of Justice Statistics, National Institute of Justice (NIJ), 2011).

Chapter 2: Review of Research and Related Literature

2.1 Mass Incarceration at the National Level

The legal definition of incarceration is to be confined in a correctional facility such as a detention center, jail, or prison. Incarceration should first be viewed as a process. There is no specified period of time an individual must be incarcerated in order to have a history of incarceration. This study will look at individuals having spent a minimum of one-year period of incarceration.

Epidemiologist Ernest Drucker (2011) defines *mass incarceration* as resulting "from policies that support the large scale use of imprisonment on a sustained basis for political or social purpose that have little to do with law enforcement" (41). Mass incarceration in the United States is also known as mass imprisonment, hyperincarceration, the carceral state, or the prison boom. Michelle Alexander (2012) defines mass incarceration as a relatively new system of "racialized control that purports to be colorblind and like Jim Crow and slavery, it operates as a tightly networked system of laws, policies, customs, and institutions that when operated collectively ensure the subordinate status of a group defined largely by race" (p.13). The case of mass incarceration within the U.S. is unique in that it is the first instance where mass incarceration exists within a democratic society (Drucker, 2011). United States prisons are unmatched by those of any other nation in terms of operational complexity, magnitude, and profit.

There is no clear consensus among social scientists as to how mass incarceration has come to operate as it does. This thesis will look briefly at the surrounding political environment such as the War on Drugs and the U.S. immigration detention boom, as well as the prison system's connection to slavery.

2.1.1 Operational complexity

While most European countries operate their criminal justice systems in a centralized manner, the criminal justice system in the United States operates as a decentralized system. As a result, the federal government is not the sole operator of corrections operating within the country. Instead the U.S. constitution cedes primary responsibility for criminal law to the states. The states then execute a decentralized system of their own whereby there are more than three thousand county jail systems and more than seventeen thousand law enforcement agencies in villages, towns, cities, and counties. Australia is the only other country with a decentralized system that similarly cedes criminal law responsibility to its states, however it differs from the United States in that Australia has only six states, and carceral systems are centralized at the state level.

Furthermore, the United States is number one in terms of number of people officially incarcerated. Akers et al. (2013) helps shape the prevalence of prison facilities in the United States:

> The Census of State and Federal Correctional Facilities 2005 (Stephan, 2008) identified 1,821 prison facilities. The federal government has become one of the primary prison operators in the nation, with 102 facilities housing 145,780 prisoners. In 2005, the combined state prison systems operated 1, 719 facilities housing 1, 284,428 prisoners (p.175-177).

The sheer scope of the U.S. prison system complicates the ability of many researchers to make generalizations about the incarceration experience.

2.1.2 Magnitude

The United States is currently the world's leading jailer. According to 2008 statistics, the U.S. incarcerates its citizens at a rate of 756 per 100,000. This is more than seven times the rate of European Union countries and greater than Russia (620 per 100,000) or South Africa (320 per

100,000) (International Centre for Prison Studies, 2008). Tsai and Scommegna (2012) indicate that as of 2010 there were an estimated 1.6 million prisoners in the United States, with an incarceration rate of 500 prisoners per 100,000 residents. Men make up 90% of the inmate population with an imprisonment rate 14 times higher than that of women. However, women are one of the fastest growing inmate populations within the Unites States. Blacks and Latinos have significantly higher incarceration rates than Whites. "In 2010, black men were incarcerated at a rate of 3,074 per 100,000 residents; Latinos were incarcerated at 1,258 per 100,000 and white men were incarcerated at 459 per 100,000" (Tsai and Scommegna, 2012, p.1).

In any given year, approximately 8.5 million individuals may experience a jail incarceration; this is generally the first stop in the incarceration experience. Most of these individuals will not be detained for very long, however. From the 8.5 million jail incarcerations, about 750,000 individuals will enter prison (Akers, Potter, Hill, 2013, p. 187). While this number may seem relatively low (11.3 percent of total number of people who experience jail) the cumulative effect of these types of annual numbers continues to increase the size of the previously incarcerated community. Jails differ from prisons in that jails confine persons in lawful detention, mostly filled by persons awaiting trial. Prison on the other hand is a place where persons convicted of a felony are housed for the duration of their sentences.

2.1.3 Industry

Prison is big business. According to Perkinson (2010) "Imprisonment in the United States has achieved unprecedented scale. Combining law enforcement, courts, and prisons, the U.S. criminal justice system consumes $212 billion a year and employs 2.4 million people, more than Wal-Mart and McDonald's combined, the nation's two largest private employers" (2). The prison-industrial-complex has woven itself into the economic fabric of United States.

Much of the unprecedented growth of the U.S. prison population has coincided with the privatization of large sectors of the penal industry. While state governments and the federal government are the primary prison operators, private prisons exist at almost all levels of U.S. corrections (Akers et al., 2013, p. 177) including immigration detention facilities, state and federal prisons, and even juvenile detention facilities. Many different companies have vested economic interests in prison expansion (Selman, 2010). National corporations such as GEO Group, Inc. and Corrections Corporation of America (CCA) spend millions of dollars yearly to lobby state and federal politicians for harsher and more punitive laws. State legislatures can directly impact corporate profitability, and it is in the corporations' economic interest to lobby for the criminal justice system to increase policing in accordance with a tough law system. These tougher and more punitive laws include mandatory minimums, harsh sentencing guidelines, and a strict adherence to probation and parolee regulations that often lead to new arrests even if the absence of new crimes. People fill prison beds, and full prison beds equal profit. (Selman et al, 2010).

2.2 Race/Ethnicity and Crime in the Era of Colorblind-racism

It is almost impossible to talk about U.S. prisons and not talk about race. The United States has a history of racialized social control whereby the criminal justice system played a critical role in perpetuating social inequality among ethnic groups. The following section will discuss the current racial climate in the United States and in U.S. prisons.

Within the last few decades, the language of race has changed. This is because race is a constantly changing sociopolitical construct (Walker, 2012). The American Anthropological Association (AAA) Statement on *Race* (1998) indicates that evidence from genetic analyses shows that there is greater variation within "racial" groups than between them. Human beings are

not so genetically different from one another and "the continued sharing of genetic materials has maintained all of humankind as a single species" (para. 1) The AAA goes on to say that "historical research has shown that the idea of 'race' has always carried more meanings than mere physical differences; indeed, physical variations in the human species have no meaning except the social ones that humans put on them," marking race as largely a social construct acted out by social agents.

Mitchell (2012) contends that race remains essential in understanding social reality, and that a "color-blind" post-racial world is both unachievable and undesirable. Bonilla-Silva (2010) acknowledges that, much like other social categories such as class and gender, race is both socially constructed and has a social reality. After these social categories are created, they produce real effects on racialized actors such as "Blacks" or "Whites". Although race as a social construct is regarded as stable, Bonilla-Silva maintains it has a "'changing same' quality at its core" (p.9). Bonilla-Silva argues that racial inequality is "reproduced through New Racism practices that are subtle, institutional, and apparently nonracial" (p. 3). Bonilla-Silva acknowledges that terms of racism are conceived differently between Whites and people of color, "whereas for most Whites racism is [constituted by individual] prejudice, for most people of color racism is systematic or institutionalized" (p. 8). The post-Civil Rights era marks the perception that the United States is largely defined as a post-racial society, whereby the society's racial structure "as the totality of the social relations and practices that reinforce white privilege" *claims* to no longer see race as an essential component in explaining the vast racial and ethnic disparities that exist on almost all economic measures in the United States (p. 9). Bonilla-Silva also uses the term racial ideology to mean "the racially based frameworks used by actors to

explain and justify (dominant race) or challenge (subordinate race or races) the racial status quo" (p. 9).

Some examples of economic measures showing large racial and ethnic disparities are income, wealth, unemployment rates, insurance coverage, and number of households living in poverty. These statistics are important in acknowledging the social consequences of systemic or institutionalized racism. The current economic situation of the United States also deserves some attention. It has been acknowledged that the U.S. is currently experiencing an era of high inequality. There is a profound and growing gap between the very rich and other Americans. Walker (2012) describes wealth disparity in the United States:

> In 1972 the richest 1 percent of all Americans owned 29.1 percent of all the wealth, compared with 70.9 percent by the remaining 99 percent of the population. Thirty-five years later, in 2007, the richest had increased their share to 34.6 percent, and the remaining 99 percent's share had declined to 65.4 percent. Even more revealing, in 2007 the top 1 percent owned 34.6 percent of the wealth, the next 19 percent owned 50.5 percent, and the "bottom" 80 percent (that is, most Americans) owned only 15 percent (p. 103).

In terms of income, 2009 U.S. Census Bureau data reveal wide gaps between racial and ethnic groups. Using median family income as a measurement of economic status, 2009 U.S. Census data indicate that in the United States African American families' median family income was only 63 percent of that of white Americans ($51, 861 for Whites versus $32, 584 for African Americans and $38,039 for Hispanic families). Historical trends put these figures in perspective. African Americans made significant progress relative to Whites in the 1950s and 1960s, but since then, according to the National Research Council, "the economic status of Blacks relative to Whites has, on average, stagnated or deteriorated" (as cited in Jaynes & Williams, 1989, p.100). Regarding unemployment, a large racial and ethnic gap has existed for decades. As of February 2013, the unemployment rate for Whites was 6.8 percent, compared with 13.8 percent

for African Americans, and 9.6 percent for Hispanics (Bureau of Labor Statistics, 2013). The African American unemployment rate has been consistently about twice the white rate.

While income measures what one makes in a year, wealth includes all assets an individual owns including homes, cars and boats, property, savings, stocks and bonds and so on. According to Walker (2012) as of 2004, white Americans had accumulated 13 times the net wealth of African American families and 9 times that of Hispanic families: $113,822 versus $8,650 for African Americans and $13,375 for Hispanic households. These huge gaps have major implications, both direct and indirect, for crime and criminal justice.

Another economic indicator is the number of families in poverty. First conceptualized in 1964, the federal government developed an official definition of poverty designed to reflect the minimum amount of income needed for an adequate standard of living. Walker (2012) states:

> In 2009 the official poverty line was $22,050 for a family of four. That year, 14.3 percent of all Americans were below the poverty line, up from 12.5 percent in 2004. A strong racial and ethnic gap exists here as with other indicators. In 2009, 9.4 percent of non-Hispanic Whites were in poverty, compared with 25.8 percent of African Americans and 25.3 percent of Hispanics. Even worse, economists have estimated that the official government poverty line is actually only half of what people really need to live adequately. Therefore a family of four really needs an income of $44,100 a year (105).

According to Chau, et al (2010) of the National Center for Children in Poverty, about 20.7 percent of children in the United States (15 million total) in 2009 lived under the official poverty line, including an estimated 25.8 percent of African Americans and 25.3 percent of Hispanic children (p. 1). Another important measure of well-being is insurance coverage. An estimated 50 million Americans had no health insurance in 2009 (up from 46 million in just one year) and includes 12 percent of non-Hispanic Whites, 21 percent of African Americans, and 32.4 percent of Hispanics (Chau, et al, 2010, p. 7). Lack of health care insurance makes a significant difference in a person's life. Major health problems can arise without consistent access to routine

health care and checkups. Major health problems can affect employability and can directly affect one's economic status. In 2007, 62 percent of the people that declared bankruptcy in the United States "were due to medical bills not covered by insurance. Bankruptcy causes many families to fall from the economic ladder from middle or upper-middle class status to lower-class or even poverty status" (Walker, 2012, p. 105).

Whites experience even higher levels of segregation and isolation than do Blacks or Latinos. Bonilla-Silva (2010) explores the significance of Whites' racial segregation and isolation creating a "white habitus." This white habitus is defined by Bonilla-Silva as "a racialized, uninterrupted socialization process that conditions and creates Whites' racial taste, perceptions, feelings, and emotions and their views on racial matters" (p.104). One of the central consequences of the white habitus is its promotion of a white culture of solidarity or group belonging and negative views about nonWhites. This view is interesting to consider when regarding the U.S. prison system. Bonilla-Silva contends that:

> Whites have developed powerful explanations—which have ultimately become justifications—for contemporary racial inequality that exculpate them from any responsibility for the status of people of color…Blacks and dark-skinned Latinos are the targets of racial profiling by the police that, combined with the highly racialized criminal court system, guarantees their overrepresentation among those arrested, prosecuted, incarcerated, and if charged for a capital crime, executed. (2010, p. 2)

According to the Bureau of Justice statistics there were over 7 million persons supervised by adult correctional systems between the years 2005-2010 including probation, parole, jail, and prison, with an overwhelming overrepresentation of African Americans and Latinos in U.S. prisons.

There are several contesting theories seeking to explain the racial distribution of correctional populations. For instance, while Mann (1993) suggests that the overrepresentation of

African Americans is a reflection of widespread discrimination; Wilbanks (1987) argues that the overrepresentation results from disproportionate involvement in criminal activity on the part of minorities (as cited in Walker, 2012, p. 423). Studies seeking to isolate the impact of discrimination from other possible factors found that the amount of unexplained variation in racially disproportionate prison populations ranged from 20-24 percent.[1] Differentials for drug crimes versus other crimes such as homicide and robbery indicate that the war on drugs has increased racial disparities in prison populations nationally (as cited in Blumstein, 1982; Blumstein, 1983). Furthermore, Tonry (2008) unmasked further evidence of "offsetting" forms of discrimination against African Americans unaccounted for in Blumstein (1983). Explanations of differential imprisonment rates by race left unexplained by arrest rates also varies when looking at state and regional level analysis. For example while arrest rates in Missouri explain 96% of African American incarceration rates, the arrest rates in Texas and New Jersey explain less than half the states' African American incarceration rates (Hawkins and Hardy, 1989; Crutchfield, Bridges, and Pitchford, 1995).

One critique of these studies is that mostly the analyses operate on a black-white binary model with little to no regard for other minorities such as Latinos. Walker, et al. (2012) discuss the limitations of much of the data that has been collected by the criminal justice system, especially in the cases of minority groups that did not fall into the traditional binary racial divide of white/black or white/nonwhite that has dominated social and political language throughout much of U.S. history. Criminal databases such as The Uniform Crime Reports (UCR) and the Federal Bureau of Investigations (FBI) fall short in adequately collecting information on race, ethnicity, and crime, particularly in the case of Hispanics or Latinos/as. Latinos/as can fall into a

[1] This was calculated using arrest data as a basis (assuming arrest data is non-discriminatory.)

variety of racial groups such as white, Native American, or African American. In the past, federal guidelines classified Hispanics as white while disregarding any ethnic identity. This caused inflation of measures of white subjects, while also masking the African American racial disparity. For these reasons criminal justice data sets do not provide good longitudinal data on Hispanics or any other recently categorized racial/ethnic minorities (p. 13). This is one reason why there is a far better understanding of the plight of African Americans in the criminal justice system relative to Latinos/as.

The Latino population is also entering federal detention facilities at an overwhelmingly rate. From 2008-2012, the Obama administration deported and held over 1 million "criminal aliens" through increased funding and encouragement of ICE officials to meet a quota of roughly 400,000 new deportees a year. Unfortunately the detention facilities are also privatized and resemble all too much the current conditions and infrastructure of U.S. prison systems. Women are sexually exploited, men and women are subject to beatings, and legal consultation is not a legal right for "illegal aliens" who are detained (Smith, 2011). Including those in immigration detention, Latinos now constitute over 50% of the federal prison population.

2.2.1 War on Drugs

Mass incarceration within the United States is widely acknowledged to have arisen via the misguided "War on Drugs" campaign. This political campaign, initiated on the federal level during the Reagan administration, began criminalizing drug use and addiction rather than treating it as a public health issue. Senator Jim Webb in a speech called "Why We Need to Fix Our Prisons," had this to say:

> According to data supplied to Congress' Joint Economic Committee, those imprisoned for drug offenses rose from 10% of the inmate population to approximately 33% between 1984 and 2002. Justice statistics also show that 47.5% of all the drug arrests in our country in 2007 were for marijuana offenses.

> Additionally, nearly 60% of the people in state prisons serving time for a drug offense had no history of violence or of any significant selling activity (2009, para. 6).

Webb suggests that because of the large percentage of people incarcerated for non-violent crimes there are prisoners, such as those who are incarcerated for marijuana offenses, who could be handled differently than current policy dictates. For instance, drug offenses can be considered a medical concern rather than a criminal offense or can hold non-incarcerating sentences.

Alexander (2012) examines the U.S. criminal justice system's role in perpetuating a new racial caste system brought on by mass incarceration where a large number of those incarcerated are a result of the War on Drugs that disproportionately targets non-white males. Labeling this system "The New Jim Crow," Alexander argues that the criminal justice system acts as a *gateway* into an even greater system of racial stigmatization and permanent marginalization. Previously incarcerated individuals must endure the stigmatizing label of "criminal" whereby upon release from prison they enter a "hidden underworld of legalized discrimination and permanent social exclusion" from mainstream society (p.13). These are the individuals comprising America's new undercaste, made up of predominantly African American and Latino men, although similar racial and ethnic racial disparity can be seen in the female prison population albeit with lower total numbers. A central component of Alexander's argument focuses on the impact of the War on Drugs on incarceration rates amongst African American males.

According to Kleiman (2011) "the United States has about 500,000 people behind bars at any one time for breaking the drug laws-about 20 percent of all prisoners." Paul Goldstein, sociologist at the University of Illinois, categorizes drug related crime and violence into three main categories: psychopharmacological crime driven by drug intoxication or withdrawal,

economic compulsive crime committed by users to finance their drug habit, and systemic crime associated with drug sellers and markets (Kleiman 2011).

2.3 Health and Corrections

The Eighth Amendment of the constitution bans the federal government from inflicting "cruel and unusual punishment." A long held interpretation of the Eighth Amendment has been that inmates have a constitutional right to healthcare. In 1976 the U.S. Supreme Court (Estelle vs. Gamble) mandated that states provide healthcare that "generally meets a community standard." With rising healthcare costs, a growing number of aging inmates, and exponential increases in rates of incarceration over the last three decades, trying to achieve that standard in ways that provide economical and quality healthcare services has proven difficult and costly. In 2011, The U.S. Supreme Court (Plata vs. Brown) ordered California to release tens of thousands of prison inmates. This decision was driven by "overcrowding, which has caused suffering and death." Another matter further perpetuating negative health outcomes among correctional populations is the fact that once released from prison, mandated access to healthcare is no longer a lawful requirement (Nelson, 2012). Healthcare in prison is the only instance by which an institution is lawfully mandated to provide healthcare. However, achieving basic standards has not yet been met. Another complicating factor is that once an individual is released from prison, continuity of care is difficult to attain.

The two most popular models of corrections being implemented in the United States are the incapacitation model and the rehabilitative/medical model. As a sentencing philosophy, incapacitation emphasizes positive prevention of crime through removal of the offender from society. Some examples of this are back-to back life sentences, three strikes laws, and habitual offender laws. The rehabilitative/medical model seeks to rehabilitate inmates through education

or therapy so that they may be reintegrated as productive members of society. Epidemiological criminologists Akers, Potter and Hill (2013) argue that "it does not appear that either the incapacitation model or the rehabilitative/medical model of corrections seems to perform significantly better than the other" (p. 224). Having established this, I will now frame the importance of health as a social outcome, as well as covering the literature on health and prisons.

According to Last (1988), health is traditionally described as "a state of complete physical, mental, and social well-being and not merely the absence of disease or infirmity" (as cited in Akers, Potter, Hill 2013, p. 163). Akers et al. (2013) discuss the relationship between health and social mobility:

> Securing optimal health is critical for the development of the human experience. Even when an individual possesses an appropriate work or behavioral ethic, attempts to change or alter lifestyle may prove futile without good health or a healthy surrounding. Overall health and well-being also allow individuals to create social networks that support and embrace their ambitions for social mobility. Social mobility may be defined as moving within a social hierarchy due to advances in occupation and income (Glass, 1954). Poor health outcomes such as mental illness and physical ailments may limit an opportunity to establish and sustain a critical social network that can provide positive reinforcement and supplement resources to help with social mobility… Furthermore, individuals who endure poor health or have an unhealthy lifestyle along their life course may settle into social networks that propagate or embrace poor coping strategies, thereby hampering their social mobility. Many of these poor coping strategies have been well defined, including alcohol abuse, drug abuse, use of comfort foods, and other maladaptive behaviors (pp. 161-163).

It is in this context that health amongst incarcerated populations emerges as an urgent topic of study. With such a large number of persons becoming imprisoned in the U.S. criminal justice system, it is critical to research the health effects that may be associated with incarceration, including the disadvantage for meaningful upward social mobility.

Studies examining the "impact of exposure to incarceration on health, and the contribution of the penal system to racial disparities in health" assert that the effects of incarceration "parallel those of other classic markers of socioeconomic status and suggests that

the penal system merits consideration as one of the fundamental systems of stratification that contributes to racial health disparities in general health functioning" (Massoglia, 2008, p. 297). This new system of health stratification could not have been achieved were it not for mass incarceration in the U.S.:

> The penal system has expanded so tremendously that its scope and stratifying impact appear similar to that of other systems of health stratification. Recent estimates indicate that the legal and penal systems have grown to the point where there are roughly as many felons and ex-felons as college students, and there are as many inmates and ex-inmates as men in college…Incarceration has significant long-term effects on physical health, and incarceration plays a role in perpetuating racial inequalities in health (p. 298)

These findings put into perspective the vastness of the U.S. penal system. While there is a strong correlation between exposure to the penal system and health inequalities, the penal system's role in maintaining racial disparities in health is attributed to the criminal justice system's history of concentrating its enforcement efforts in poor urban communities. Williams (2007) suggests that punitive sentencing policies have had a direct effect on minority and ethnic communities, thus increasing unmet health needs nationally. Health deficits are a critical resource in understanding the shifts and changes in social structure advancements by some large segments of the population, such as the previously incarcerated (Wilkinson & Pickett, 2008).

2.3.1 Criminalization of Substance Abuse and Mental Illness

A person's health or criminal propensity is shaped by their biology, psychology, sociological interactions, and environmental influences and surroundings (Akers & Whittaker, 2010; Potter & Akers, 2010; Wood & Alleyne, 2010; Walsh & Beaver, 2009; Akers & Lanier, 2009; Halfon & Hochstein, 2002; Hill, Lui, & Hawkins, 2001; Akers, 1998). The unmet health needs of the prison population have a variety of sources and circumstances including but not limited to the criminalization of substance abuse and mental illnesses, lack of proper continuity

of care post-release, less than adequate health care staff/inmate relationships, and the continuing prevalence of communicable and chronic diseases.

Almost 68% of inmates face dependency on drugs or alcohol, and 45% of prisoners are not even offered treatment. 40% of prisoners are also functionally illiterate, and 13% have serious mental health problems. About 75-80% of released inmates will return to prison within 10 years after being released (Gideon & Sung 2011). With an overwhelming number of individuals being criminalized due to substance abuse, addiction, or behaviors resulting from mental illness, a question is raised amongst epidemiological criminologists whether "substance abuse and mental health are truly criminogenic risk factors versus whether the criminal justice system has become the de facto treatment provider of last resort" (Akers, Potter, & Hill, 2013, p. 237). Over the last 40 years, the U.S. has seen the almost complete disappearance of psychiatric hospitals while the number of prison facilities has grown to around eighteen hundred (Akers, Potter, & Hill 2013, p. 244).

One tenet of the "War on Drugs" is the criminalization of substance abuse, which has had negative consequences for inmate health, especially those individuals who may be addicted to a chemical substance. Today there are whole classes of substances legislatively defined as illegal to possess or consume. The criminalization of substance abuse is defined as the wide range of chemical substances both licit and illicit that have been legislatively defined as criminal to make, sell, divert, or consume (Akers, Potter, Hill 2013, p. 244).

The prison population also represents a social group that experiences poor mental health in relation to that of the larger population. Inmates suffer from various mental conditions including depression, bipolar disorder, and schizophrenia (Williams, 2007). Some inmates commit suicide, and although it seems counterintuitive, suicide is more prominent in higher

security facilities such as maximum and super-maximum security facilities (Dye, 2010). Poor mental health amongst prison populations can be in part explained by the criminalization of mental illness. While there are no legislatively criminalized mental illnesses, "the lack of treatment options among health systems in the community [has led to] the increased use of jails and prisons to house and provide treatment to mentally ill persons whose behavior has brought them to attention of law enforcement agencies" (as cited in Slate & Johnson, 2008; Teplin, 1983). People are almost never charged with being mentally ill or addicted; instead they are arrested for behaviors that break criminal law because others in the environment allege they have done so or fear they will (Akers, Potter, Hill 2013, p. 245).

The following sections discuss various studies focusing on health and incarceration. This includes an analysis of the prison environment, the prevalence of infectious and communicable diseases in prison, long-term effects of incarceration on health, and the difficulties of continuity and care.

2.3.2 The Prison Environment

There are suggestions that the stresses of life in prison contribute to the development of health problems among prisoners, yet we have little knowledge to be able to say how much of a role this plays. While some epidemiological criminologists ask whether this level of stress is unique to the prison environment or a feature of the community environments from which prisoner populations are disproportionately drawn (Akers, Potter, & Hill 2013, p. 200) there is also strong evidence that the prison environment itself has prominent effects on health.

De Viggiani's (2007) research, based on ethnographic fieldwork with male prisoners in the UK, uses a deprivation and importation model similar to that of Dye (2010). De Viggiani's (2007) findings suggest that "the institution of prison can have a major impact on health,

particularly in terms of mental and emotional well-being," (p. 128) stemming from the prison regime, lack of opportunity for purposeful activity which causes long periods of idleness. This is congruent to Adams' (1992) findings of the dangers that exist with understimulation) and staff/prisoner relations that act as reinforcing barriers separating personnel and inmate. De Viggiani (2007) references Goffman's (1961) self-mortification process whereby prisoners, upon being admitted, "were ordered to surrender all that identified them as responsible adults, allocated a prison uniform and number and addressed only by surname" (de Viggiani, 2007, p. 129). De Viggiani also recognizes that prisoners' backgrounds and biographies also contribute to their abilities to cope with and survive imprisonment (2007, p. 119). Further examination must be made of the different populations (staff and inmate) that make up the correctional facilities.

Jordan (2010) examines the prison setting as a place of enforced residence as well as the mental health implications in UK prisons. The UK prison system is currently dealing with the pressures of an increasing inmate population and decreasing resources, similar to the instances of overcrowding and shrinking resources in the U.S penal system. Jordan (2010) investigates a large array of institutional barriers that prevent successful implementation of health care in prisons, and provides a quantitative analysis of current health inequalities faced by inmates. This is accomplished by analyzing the broader health and social profile of inmates in the context of prison culture. Her findings suggest that the prison bureaucracy is an ongoing barrier to addressing many different health concerns, such as suicide/self harm prevention and management, where involvement and responsibilities are confused (Jordan, 2010, p 1062).

Jordan (2010) proposes another major argument: the lack of care and contact with inmates challenges the effectiveness of caring for the health of the incarcerated (p. 1064). Jordan links this challenge to the stigma associated with inmate populations. Inmates are often viewed

by health care staff as criminals who are untrustworthy, dirty and tainted, much like a stray dog that has been captured for biting a person. Isn't it easier *not* to treat and care for the dog? Jordan (2010) concludes with a call for a positive cultural shift in the bureaucratic operation of the prison system to benefit prisoners' mental health, staff and inmate social environments, and the provision of prison mental healthcare (p. 1066).

2.3.3 Infectious and Communicable Diseases

In relation to disease and prison populations, there is not a great deal of knowledge concerning how much disease is introduced to the prison population from newly entering inmates, prison staff, and visitors. This is partly related to how health data is collected among prison populations. What is known is that diseases are transmitted within correctional facility walls due to both environmental conditions and various prison behaviors, such as tattooing and sexual contact, that help spread blood and air-borne diseases such as tuberculosis (TB) or *human immunodeficiency virus (*HIV) (Akers, Potter, and Hill. 2013, p.198-201).

HIV was first detected in the prison population in the 1980s. In an analysis of HIV in U.S. correctional facilities, Spaulding et al. (2002) report findings regarding the prevalence of communicable diseases in U.S. prison systems such as HIV/AIDS, hepatitis A and C, and tuberculosis. The study discusses the benefits and deficiencies of current HIV testing strategies in correctional facilities by the different states in the United States. The most popular of these strategies include inmate request, clinical indication of need, inmate's involvement in a disciplinary incident, and court orders. Only 19 states test all inmates upon entry, only three states test inmates at time of release, and another 3 states test all inmates in custody. Seven states implement random sampling to test for HIV in correctional facilities. Yet regarding the HIV prevalence in prisons, Spaulding et al (2002) report:

> All US state correctional systems have reported prisoners with HIV infection, although the epidemic remains concentrated in the large eastern seaboard states. In 1999, 4 states held 56% of HIV-infected prisoners [in the United States]: New York (7000 prisoners), Florida (2633 prisoners), Texas (2520 prisoners), and California (1570 prisoners). Nationwide, in 1999, the rate of reported AIDS cases among incarcerated persons was 5 times the rate for the general population in the United States (p. 306).

A study investigating tuberculosis (TB) in U.S. correctional facilities found a high correlation between TB and HIV infections within the prison system:

> Inmates with TB were also more likely than non-inmates with TB to be HIV infected. From 1993 through 2003, HIV infection was documented in 35.8% of inmates with TB in state prisons, in 20.7% of those in jail, and in 13.2% of those in federal prisons. Overall, of males with TB aged 15 to 64 years, 25.2% who were inmates were known to be HIV infected versus 18.0% of those who were non-inmates (MacNeil et al., 2005, p. 1801).

Tuberculosis disproportionately affects inmate populations in comparison to non-inmate populations, which may be attributed to the lack of adequate resources to access standard public health interventions. Inmate populations are also more exposed to transmission risks, particularly due to "close living quarters, poor ventilation, and overcrowding" (MacNeil et al., p.1800).

2.3.4 Long-term Health Effects of Incarceration

Schnittker and John (2007) analyze health inequalities in prison by examining both immediate and long-term effects on health. Immediate effects are attributed to communicable diseases relatively common among inmates, as well as the violent prison environment. Long-term effects on health for formerly incarcerated individuals may be attributable to high rates of unemployment, slow wage growth, and poor social integration (Schnittker & John, 2007, p. 116).

Using the National Longitudinal Survey of Youth, the authors suggest that incarceration has strong effects on a variety of controls including drug use, intelligence, marital status, and income, all of which are associated to health and incarceration, yet these variables accounted for only 50% of the variation of the effect of incarceration. These findings suggest that incarceration

has powerful effects on health, but mostly after release, in which case the amount of time served in prison would be less important than the mere fact of having been incarcerated. However, the amount of time served can play a key role in the severity of incarceration related health effects. These statements are formidable considering who makes up the prison population. Today, many people are incarcerated for non-violent drug crimes, such as possession of marijuana, with a majority being persons of color. These types of offenders endure the same long-term health effects, largely related to stigma of having been incarcerated, as those offenders spending time in prison for more violent crimes.

2.3.5 Lack of Continuity of Care Post-release

Another aspect affecting the long-term health consequences for previously incarcerated individuals is the lack of continuity of care post-release in the form of social services or access to medical insurance. Chronic diseases associated with aging and unhealthy lifestyles are the most commonly reported diseases and disabilities among incarcerated populations (Akers, Potter, Hill 2013, p. 211). It is in these instances that the lack of continuity of care could create or exasperate health deficiencies. In the (non-prison) health field, continuity of care are plans for transition from a hospital or nursing facility back to the household. There are similar efforts beginning to take effect in some prison and jail systems for those with chronic conditions that require ongoing treatment. At the moment most states and the federal system offer people being released anywhere from a few days to a month of their necessary medications, while other systems make medical appointments for the person reentering the community. Others offer information on health care providers such as area clinics and hospitals (Akers, Potter, & Hill 2013, p. 207). However, these measures do not help with the biggest issue facing many people released from jails and prison, which is a lack of money to pay for the steadily rising cost of

health care in the United States. While a former inmate with a disability may apply for Social Security (SSI), the application process is slow and often results in at least one denial before assistance is provided, thus creating yet another challenge for those reentering the community with a chronic or disabling health condition (Akers, Potter, & Hill 2013, p. 208).

Lack of insurance may also hinder health-seeking behaviors by providing another barrier to treatment and medications; however, there are data suggesting that many former inmates do not follow up for health services, including when inmates had serious health conditions such as HIV and tuberculosis, and even when health services are provided at no cost. It is hypothesized that criminogenic factors predicting recidivism may also be used to predict lack of follow-through on health maintenance behaviors (Akers, Potter, & Hill 2013, p. P. 224).

2.4 Texas Prisons in History

The history of the penal industry in Texas is closely intertwined with the history of slavery. Stephen F. Austin is recognized as the "founding father" of Anglo-American Texas. His principal contribution was the establishment of Texas as a slave territory. When Texas was still Mexican territory, Austin finalized a settlement contract with the Mexican government giving away land to encourage slave ownership on terms exceedingly favorable to slave holders. In order to attract potential settlers "the agreement stipulated that each head of household would receive generous land allotments for himself and his family and would get an additional fifty acres for every imported slave" (Perkinson, 2010, p. 50).[2] Despite Austin's reservations about slavery, it was profitability that sparked his keen interest in planting the seed of slavery into Texas' fertile cotton soil. He reasoned that only by encouraging emigrants to bring in their slaves and servants could Mexico attract the best "class of settlers," i.e., wealthy planters. Austin was

[2] References in this section are to Perkinson (2010) unless otherwise stated.

not interested in populating the state with "shepherds" or "poor people." Hundreds of Anglo-immigrants from the American South began to take advantage of the settlement offer (Perkinson, 2010).

Beginning in 1810, Mexican politicians mobilized against slavery. After Mexico gained its independence from Spain in 1821, the new country's politicians would speak forcibly against the institution of slavery saying it "dishonors the human race." On Mexico's Independence Day in 1829, Presidente Vicente Guerrero decreed "by an act of Justice and Beneficence… that slavery be exterminated in the Republic" (as cited in Barker, 1924, p. 50). New restrictions inflamed Anglo settlers. Many Anglo immigrants regarded the institution of slavery as indispensible; over the next few decades, they would fight two wars of secession in order to preserve it: one with Mexico and one with the United States. Shortly after a Mexican presidential order shut off all immigration from the United States for both the free and enslaved, Austin's allies managed to negotiate an exemption for Texas on the presidential order (Perkinson, 2010). After much deliberation Austin concluded, "Texas *must be* a slave country. Circumstances and unavoidable necessity compel it. It is the wish of the people there, and it is my duty to do all I can, prudently, in favor of it" (Perkinson, p. 51).

Austin was first imprisoned as a political detainee by the Mexican government in 1833 for advocating independence from Mexico. In 1836, Texans and the Mexican Army went to war. President Santa Anna spoke out against slavery and promised to liberate "those wretches who moan in chains," while Texans vowed to protect their property interests at all costs. According to Perkinson (2010), Texans "paradoxically vowed to resist ambitious tyrants, whose chains are forged to manacle our citizens," despite their own insistence on forging chains to manacle their

slaves (p. 51). On April 21, 1836 at the Battle of San Jacinto, Texas gained its independence from Mexico.

With this victory, the Texas Declaration of Rights vowed to protect rights for its citizens such as the freedoms of speech and press, as well as habeas corpus and jury trials. When it came to race, however, the Texas constitution was as unyielding as its counterparts to the east, stating that "Africans, the descendants of Africans, and Indians" were excluded from citizenship, and "all persons of color who were slaves for life…[would] remain in the like state of servitude" (p. 51). Even masters were forbidden from emancipating their own slaves without "the express consent of Congress" (p. 51). Rights in newly founded independent Texas were constituted largely by race.

Government policing was different in independent Texas and the American South than in the north, focusing less on controlling unruly urbanites than on maintaining the white supremacist order and reinforcing the social barriers between "citizen and subject, settler and dispossessed" (p. 52). White settlers often implemented patrols and bounties for what was called "nigger-hunting," which often ended in whipping and hanging runaway slaves or those trying to revolt. "Mexican marauders," "unruly Negroes," and "wild Indians" would later be the main targets of the notorious Texas Rangers, who have been described as "loosely organized gangs of white fighters" (p. 53). Thus Texas history is intertwined with a culture of violence. "Texas has witnessed terror attacks by the Ku Klux Klan, unrelenting campaigns against Native American Indians, raids and counter-raids along the Mexican border, as well as individual violence" (p. 143).

The power bestowed upon slave holders was political as well as economic: "By 1860, slave holders made up 27 percent of Texas households but controlled 73 percent of all wealth, as

well as 68 percent of all local, federal, and state offices in Texas, becoming what Stephen F. Austin always feared it would become, a slave society … Slaves had the weakest protections under the law as they could be whipped, beaten, burned, crippled, or killed for any real or perceived infraction" (p. 57).

In the North, a growing social movement was reanalyzing traditional forms of legal punishment. The individuals engaged in this movement were known as reform advocates. One of the most influential and outspoken of the reform advocates in the latter part of the eighteenth and early nineteenth century was Benjamin Rush, an acclaimed medical doctor as well as a signer of the U.S. Declaration of Independence. Reform advocates insisted upon the abolition of public and physical punishments as suitable responses to crime. Rush believed that instead of the use of "the gallows, the pillory, the stocks, the whipping-post, and the wheelbarrow, a large house be erected" capable of "reforming criminals and preventing crime" (p. 64).

As inmate populations grew, issues such as drunkenness, sex in prison, escapes, arson, and riots intensified. It is important to note the stark contrast in penal ideologies between the North and South. While Northern penal ideologies were reform-based, Southern penal principles and views centered on incarceration, eventually molding prisons into "instruments of southern industrialization and economic independence" (p. 78). These "instruments" would eventually replace slavery, by adopting a similar role in the economic and industrial advancement that results from the exploitation of human labor. Many Southern states that balked at the idea of the penitentiary during the 19th century would become the nation's most avid jailers in the post-slavery twentieth century.

Other contrasting ideologies contributed to the different approaches taken towards the construction and implementation of penitentiaries between the North and the South. While the

North was engaged in urbanization, the South remained largely rural with little desire for formal legal institutions. At the heart of Southern ambivalence toward the penitentiaries was slavery. Perkinson (2010) describes this phenomenon:

> Out of the cauldron of slavery, with its endemic violence and dehumanization, emerged a political culture that favored eye-for-an-eye retaliation over legalistic restraint, sanguinary over spiritual sanctions. Because of slavery, leading southerners fought vigorously against intrusive government and all types of humanitarian initiatives, which they feared led inexorably to abolitionism—a fear only confirmed by the abolitionist pronouncements of Benjamin Rush and other penitentiary *philosophes* (p. 71).

To many white Southerners, freeborn citizens made to labor directly under the lash like slaves was worse than death (Perkinson, 2010). The notion of locking up white men implicitly challenged the founding social hierarchy. White men were not to be treated like slaves.

However reluctant Southern states were regarding the construction of penitentiaries, with time many would come to see the penitentiaries as the embodiment of progress and beacons of civilization. Border states and those with thriving commercial cities—Virginia, Kentucky, Georgia, Maryland, and Tennessee—built prisons first, followed in the late 1830's and 1840's by Louisiana, Missouri, Arkansas, Mississippi, Alabama, and Texas. Only Florida and the Carolinas held out beyond the Civil War. Texas was the last Southern state to introduce the penitentiary before the Civil War. In 1848, three years after joining the United States of America, Texas finally erected a penitentiary of brick and iron in Huntsville (Perkinson, 2010).

The first such prison to become racially integrated in Texas is also its oldest and most notorious prison, Huntsville. Texas prisons were structured largely with a focus on labor. Directors of Huntsville, or the "Walls unit," assured governors that as the first erected prison in Texas, "the Walls" would be a source of revenue to the state, and not a drain on the economy. This was in part a response to the many financial difficulties experienced by Northern states in their efforts to maintain prisons. The cost of prisons was a major concern of Southern politicians.

To avoid economic drain, Huntsville would employ prisoners in the hard labor of picking cotton—an industry that would prove to be the most lucrative of labors since the cotton plantations were already there and this was the kind of work that slaves in the region had done.

By 1864, due to the chaos of the American Civil War, the Walls Unit became Texas's leading source of revenue, due to the lucrative business or producing textiles to clothe confederate soldiers. At one point, labor became difficult to come by after the inmate population of Walls faced a drastic drop. Scrambling for workers, Huntsville soon became a center for slave commerce. Huntsville was also housing slaves during the Civil War as a means to safeguard Southern property interests, making up for the drop in the inmate population. This became a controversial issue. White men convicted of criminal offenses were not only laboring like slaves—without pay under the threat of the lash—they were doing so shoulder-to-shoulder with actual slaves. The prison at Huntsville thus became the state's first racially integrated public institution, not by bestowing rights on bondsmen but by stripping them from citizens (Perkinson, 2010). "The mingling of slave and convict labor confirmed the original fears of southern penitentiary opponents—that imprisonment would ultimately break down the sacred barrier between honor and dishonor, freedom and bondage, white and black"(Perkinson, 2010, p. 81).

In 1865, the ratification of the Thirteenth Amendment to the U.S. Constitution officially abolished slavery. This Amendment states, "Neither slavery nor involuntary servitude, except as a punishment for crime whereof the party shall have been duly convicted, shall exist within the United States, or any place subject to their jurisdiction." This Amendment would have great economic consequences to the South, which at the time of the amendment had roughly four million slaves. These slaves constituted over half of the Southern populations. There were

roughly 250,000 former slaves living in Texas, including 30,000 who had been hastily transported to the state for safekeeping during the war (Perkinson, 2010).

2.4.1 The Convict-Lease System

Prior to the Civil War the diversification of slaves had become increasingly popular wherby their labors were leased to or even owned by factories, mining operators, and railroad and canal corporations, to name but a few outside of plantation labor (Sellin, 1976). With the abolition of slavery after the defeat of the Confederacy, many industries besides the plantations were desperate for a free work force; even the Union army had slaves producing their equipment prior to the end of the Civil War (Franklin, 2002).

Once slavery was abolished and the white planter class was stripped of their human property, many Blacks were released into a society full of hatred, and were unprepared to begin an integration process into a society that deemed them inferior and destined to fulfill their role in society as laborers. Integration was exercised largely through new policies such as the "Black Codes" and "Jim Crow laws" while also abandoning legal stances on maintaining racial segregations in prisons and jails.

Penal codes in Texas, as in other Southern states, were not intended for free Blacks or slaves. For example, Georgia implemented a prison in Milledgeville, and in 1841 this prison had a total of 159 white prisoners and one mulatto (Sellin, 1976). These prisoners worked from dawn to dusk, were allowed to break only at meal times, and were chained together in pairs. The conditions were horrific and often times overcrowded. At this time, free black men convicted of crimes were often hanged, flogged, sold back into slavery, or deported; they were not held in the penitentiary.

Prior to the abolition of slavery, serious slave crimes such as poisoning, rape, arson, murder, or burglary were punished through execution, whereby the master was fully compensated by the state. Texas' antebellum statutes "for slaves and free persons of color" included whipping or death but not incarceration or fines, which were limited to white offenders (Perkinson, 2010, p. 75). This practice of keeping people of color out of the prison system would be interrupted during the Civil War. After the abolishment of slavery, the penal system would actually begin to incarcerate Blacks at much higher rates than Whites. This was accomplished largely by implementing new penal codes.

From 1865-1868, less than three years after the ratification of the Thirteenth Amendment, Texas's prison population nearly quadrupled, and although accounts of law-breaking by Whites were rampant, it was former slaves who systemically flooded into the penitentiary. This was largely made possible by the implementation of "Black Codes," a body of civil and criminal laws reconstituting white supremacy across the state. This institutional transformation of racialized social control is described in detail by Alexander (2012).

Soon African Americans constituted 85-95% of the penal population across the South, their crimes ranging from minor misdemeanors, violations of county or municipal ordinances, to more serious crimes (Sellin, 1976). Shortly thereafter, mass leasing of state penitentiaries to privatized companies would take effect. The state would lease out a penitentiary (i.e., inmates' labor) to private companies through contracts that lasted years. This led to poor health and high mortality among inmate populations, but with the replenishment of new labor and more convictions from the criminal justice system, these circumstances did not seem to have an effect on the profits reaped by the companies (Sellin, 1976). This system would be known as the *convict lease system*, and in Texas the convict lease system had a king: the Sugar King.

Edward H. Cunningham, also known as the "Sugar King," owned an estate 25 miles southwest of Houston on a farm named Sugar Land—a fertile land that once belonged to Stephen Austin himself. Cunningham served in the Civil War. Having come from a wealthy family and after making wise investments, such as the purchase of Sugar Land, he quickly became abundantly wealthy. Cunningham had land for grazing Texas Longhorns, cotton and cornfields, timber patches, a private railroad, as well as two mills, one for sugar and the other to make paper. At the heart of Sugar Land were thousands of acres of tough sugarcane.

Like many other Southern states hurting from the impact of the Civil War, Texas took full advantage of the one means to continue enslavement. The Thirteenth Amendment prohibited slavery "except as punishment for crime." Through the convict lease system, U.S. prisons became the most "corrupt and murderous penal regime in American history" (Perkinson, 2010, p. 85). "In the Lone Star State, it [the convict lease system] reached its apex—and there stood Edward Cunningham, the "Texas Sugar King" (Perkinson, 2010, p. 85). Cunningham presided over 2,300 convicts, and reaped profits exceeding $500,000 in just five years (Perkinson, 2010, p. 99).

The use of convict labor to replenish the economic loss that resulted in the South after the collapse of the slave economy proved to be a lucrative fix. "Laboring like slaves, without pay and in the worst condition, impressed convicts played a vital role in assembling the infrastructure of what boosters called the New South" (Perkinson, 2010, p. 99). Cunningham's industrial legacy as "The Texas Sugar King" would extend decades beyond his death for decades. In 1990, over eighty years after Cunningham's death, "his Imperial Sugar Company made the Fortune 500 list. It ranked as one of Texas's largest nonenergy companies and the biggest sugar refiner in the

United States. Founded with slave capital, Imperial was built by convicts" (Perkinson, 2010, p. 98).

While Whites were working side by side with Blacks, racial hierarchy prevailed within the prison, similar to that existing today. White convicts had privileges over their black, Mexican, or Native American counterparts. African Americans in Texas prisons perished at nearly twice the rate as their white counterparts. Texas often excused its brutal treatment by stating that it was due to the demographics of "mostly Negroes" in the prison population. At the 1906 National Prison Congress, while engaging in a debate for more whipping associated with Southern penitentiary disciplinary practices, Frederick H. Wines had this to say:

> You gentlemen in charge of northern prisons who may have a few negro prisoners, do not know anything at all about the situation here where the great mass of prisoners are negroes. The Negro prisoner… has not the sense of shame and degradation that the white man has, making rehabilitation difficult without the use of corporal punishment (Perkinson, 2010, p. 139).

George T. Winston, the first president of the University of Texas, argued that to effectively prevent crime in the United States, the country should focus on the two greatest threats to white civilization, "foreign" and "negro" criminals, i.e., Mexicans and African Americans.

During the convict leasing system, sick and injured inmates were replaced rather than cared for; some prisons in places such as Tennessee dehumanized convicts so much that it found profit even in death by selling the bodies of expired inmates to the medical school in Nashville (Perkinson, 2010, p. 101). To put the death toll of this thriving mechanism of racialized social control into perspective, consider the following findings: "According to research conducted by the Tuskegee Institute, 3,220 African Americans were lynched in the South between 1880 and 1930. Over the five and a half decades, the death toll associated with convict leasing across the South probably exceeded 30,000" (Perkinson, 2010, p. 128). The convict lease system came to

an end around 1912, but its basic infrastructure and means of legal control were maintained and would later become the Texas Department of Criminal Justice (TDCJ) and the Texas Department of Corrections (TDC). Today the scope of TDCJ is immense. Their "administrators manage a $3 billion annual corrections budget. They supervise a free-world [non-inmate] workforce of almost 50,000 and manage 114 separate prison facilities. Most significantly, they govern the lives of 705,000 prisoners, parolees, and probationers, equivalent to the population of Texas's booming capital, Austin" (Perkinson, 2010, p. 19).

2.4.2 Health in Texas Prisons

Concern for the basic health and welfare of Texas inmates was practically non-existent in early prisons, and to this day treatment of inmates verges on cruel and inhumane. In December of 1849, only two months after Huntsville began accepting convicts, "the state launched its first investigation into mismanagement and contracting fraud, inaugurating a tradition that would engage nearly every legislature for a century and a half" (Perkinson, 2010, p. 76). In 1876, government inspector J.K.P. Campbell reported that convicts were expected to labor through every daylight hour despite illness, hunger, and "inhumane treatment." From the food to inmate clothing, adequate standards were not met. For instance, Campbell states: "The meat ration was only hog chidings with the excrement still on them, and only half cooked. I found convicts whose backs were cut to pieces in the most shocking manner," Campbell reports that while 65 out of 185 of the prisoners were sick, many of them seriously ill, many were not given medical care. Similar reports are frequent in Texas penal history.

Today, the bureaucratic processes regulating treatment of inmates are excruciating. Perkinson (2010) indicates: "In Texas, a ten person State Classification Committee is charged with evaluating each new inmate and making decisions on unit placement, job assignment, and

treatment or educational programming, if any" (p. 31). Over 1,300 files are processed weekly, with an estimated 71, 927 individuals going to prison yearly in Texas alone. The national number is estimated at 749, 798 persons entering prison yearly. The TDCJ calls the committee recommendations Individual Treatment Plans, but they display a very low level of individuality. Instead of face-to face interviews, TDCJ relies heavily on prior documentation contained in the inmate's file. Often these reports are in the form of questionnaires, standardized tests, screening tests, computerized "risk assessment instruments," or any available information gathered from previous incarcerations (Perkinson, 2010, p. 31).

Poor inmate care is not something of the past. The Reeves County Detention Facility is an immigrant detention facility owned by GEO Group, a private prison company that manages this particular 3,700-bed facility, with the inmate population being overwhelmingly Spanish speaking. Immigrants who do not have U.S. documentation are criminalized and held with criminal offenders. In 2008, low-security inmates of Reeves County Detention facility located on the outskirts of Pecos, Texas engaged in a series of organized riots sparked by a particularly disturbing event. On Dec. 12, the body of Jesus Manuel Galindo, an epileptic, was removed from the prison's Special Housing Unit, or solitary confinement. Jesus Galindo was a 32-year-old Mexican national who had been residing in the United States since he was 13 years old, and like all inmates at Reeves, was scheduled to be deported after his sentence. For weeks, Jesus had been complaining "to anyone who would listen that something terrible was going to happen to him because of poor medical care" (Wilder, 2009). While incarcerated, Jesus Galindo was placed in solitary confinement for complaining about the facility's failure to provide him with the medication he needed to keep his condition under control. Galindo died while in solitary confinement after an epileptic seizure (Wilder, 2009).

But Jesus Galindo's death was simply the breaking point of a series of 5 deaths that occurred between August 2008 and March 2009, perceived by inmates to have been caused by the prison's inattention to inmates' medical needs. A delegation made up of seven inmates—a Venezuelan, a Cuban, a Nigerian, and four Mexicans—met with authorities to express their deep dissatisfactions with "inedible food, a dearth of legal resources, the use of solitary confinement to punish people who complained about their medical treatment, overcrowding, and above all, poor health care" (Wilder, 2009, para. 10). Within 24 hours, the uprising was over, having resulted in more than a million dollars in damage. On January 31 of that year, the prison found itself under inmate control again, this time lasting over 5 days and resulting in the destruction of one building and some $20 million of damage.

GEO Group's Texas prisons, such as Reeves, have been plagued with suicides, filthy conditions, sexual abuse scandals, hunger strikes, riots, and lawsuits (Wilder, 2009). Conditions in contemporary prisons continue to reflect the difficulties of inadequate treatment and health care, despite the fact that adequate healthcare in prison is a constitutional right.

Chapter 3: Methods and Theory

Using Seidman's (2006) methodology for in-depth interviewing coupled with Alfred Schutz's (1967) theoretical framework of phenomenology, this study seeks to explore formerly incarcerated individuals' "subjective understandings" of their current health and well-being. For the purposes of this research, "health" includes any physiological or psychological illness or disease. "Well-being" will also be used as a more broad and encompassing concept, taking into consideration the "whole person," without any particular focus on any specific health aspect (Griffin, 1999). Health and well-being will be as the participant defines and understands it. This is considered as to not impose my own categories or assumptions of health upon the participant. This allows participants to highlight and discuss diverse aspects of their health that may go beyond any one specific illness or health issue. This is including but not limited to mental and emotional health, drug addiction/abuse, infectious diseases, chronic illnesses, and physical injuries.

The research process focused on the following tasks:

- Exploring and documenting the participants' meanings of their health-prison relationship now that they are back in the community;
- Life-charting the lived experiences of each participant by identifying life course events including but not limited to instances of contact with the legal and criminal justice systems and major events related to the participants' health;

This study then analyzed the impact of incarceration on the participants' long-term health trajectory, as the participant understood it.

3.1 Theoretical Framework

Phenomenology is described as a philosophy, method, or approach that seeks to explain how people actively produce and sustain meaning within the lifeworld. One of its major theoretical contributors is Alfred Schutz, who first introduced the theory to the field of sociology in his work entitled *The Phenomenology of the Social World*. In this work he introduced new concepts such as the lifeworld, intersubjectivity, stocks of knowledge, and typifications, thus laying a foundation for micro-level analysis.

The lifeworld is described as the world of existing assumptions as they are experienced and made meaningful in consciousness by agents of the social world; it is often associated with the phrase "thinking as usual." It is this "thinking as usual" in everyday life that must be objectified and investigated in order to ensure that this taken-for-granted backdrop does not go unnoticed. If this were to occur then many social phenomena would not be accurately explained or empirically investigated (Appelrouth & Edles, 2012, p. 520). The lifeworld is also said to be a construction and result of human response to stimuli received from the surrounding physical reality (Overgaard & Zahavi, p.6).

Intersubjectivity is similar to Durkheim's previous concept of the "collective conscious," yet it differs in that intersubjectivity is an ongoing process of shared meaning based on acceptance, interpretation, redefinition, and modification of social and cultural elements by the individual, and is subject to interaction with typologies, language, and intercommunication (Appelrouth & Edles, 2012, p. 521).

Stocks of knowledge provide actors with rules for interpreting interactions, social relationships, organizations, institutions, and the physical world, however this level of consciousness is often taken for granted. It is not until unexpected stimuli occur that the

individual questions or critiques preconceived notions and understandings. It is important to note that no two individuals have the same stock of knowledge, due to the fact that they are built on individual experiences (Appelrouth & Edles, 2012, p. 523).

Within practical knowledge lie various typifications, which are described by Schutz as tools employed to achieve a certain set of aims. Essentially, it helps us navigate within the lifeworld. This idea is borrowed from Weber's previous conceptions of ideal types, but is given much more emphasis by Schutz, where preconceived ideas are constantly referred to, as opposed to looking at all the gathered and collected information regarding any objective or subjective matter. This allows individuals to use their time and energies engaged in more reflexive thought as opposed to always being occupied with the trivial aspects of life, such as driving a car or even working a familiar computer. If our previously conceived notions of typifications are in constant defeat, they will typically be revised, with other typifications and assumptions remaining in operation.

Schutz also calls researchers to investigate motives for actions, and separates motives into two basic categories: "in-order-to" motives that usually explore what the participant wants to achieve in the future, and "because" motives that have to do with a participant's past and circumstances that made concrete the course of action she adopts. (Schutz,1967, p.11).

Phenomenology has been used within health science research as an interpretative approach to understanding human behavior as it pertains to health, whereby people's interpretations of reality take precedence over questions regarding reality itself. In order to understand the direct experience of participants and their health, researchers must attempt to extract and analyze particpants' subjective understandings. This interpretive approach has been particularly popular in qualitative research in nursing (Green, 2009).

3.2 Methods

The purpose of this study is to explore previously incarcerated individuals' "subjective understanding" of their relationship with their own health prior to, during, and post incarceration, as well as the meaning they make of that experience. This research focuses on understanding the meaning people directly involved in imprisonment derive from their experience as it relates to their perceptions of health and health care. For these reasons the interviewing process provides a necessary avenue of inquiry and offers a powerful way to understand the complexities of prison culture and its implications on former inmates' health trajectories. The goal is to have each participant reconstruct his experience with incarceration and its health implications for that individual.

3.3 Sampling

Participants were previously incarcerated males residing in El Paso, TX who had spent a minimum of one year in prison, and who expressed having a health related concern or condition. Due to the sensitivity of the population being studied, participants were recruited via snowball sampling, and interviewed solely by the principle investigator. Six eligible persons were recruited for this study. (See Table 3: Participant Sample.)

El Paso, Texas rests on the international U.S.-Mexico border and the New Mexico-Texas state border. According to the 2010 U.S. Census, El Paso County's population is 800,647 with over 86 percent of the population classified as Hispanic. Across the border rests Ciudad Juarez, a major city with a 2010 population of 1,321,004 people. Las Cruces, a neighboring New Mexico city, maintains a population of 97, 618.

Within a 50-mile radius of the El Paso area there are numerous adult prison facilities: Sanchez State Jail (Texas state prison, minimum security), the El Paso County Jail Annex, La

Tuna Federal Correctional Institution (federal prison, low security), and the Southern New Mexico Correctional Facility (medium-security). There are also two immigration detention facilities: Otero County Prison facility (isolated maximum-security federal prison) and the El Paso Service Processing Center for U.S. Immigration and Customs Enforcement (low security, federal). Participants of this study all currently reside in El Paso, Texas.

Table 1. Participant Sample

Life and Health Outside Prison

Participant Name	**Age**	**Sex**	**Race/ Ethnicity**	**Institution Level of Prison**	**Years Incarcerated**	**Education**
Alex	25	M	Latino/Mexican American	State-Texas	1	GED
Anival	46	M	Latino/Mexican American	State-Texas	12	Some HS
Carlos	53	M	Latino/Mexican American	State-Texas	18	Associates Degree
Julio	28	M	Latino/Mexican American	State-California & Federal	4	Some HS
Oscar	35	M	Latino/Mexican American	State-Texas & Federal	11	Some HS
Paul	57	M	Latino	State-Texas	5	Some College

3.4 Interview Phase

This research methodology is adopted from Seidman's (2006) work on conducting qualitative research through interviewing in the social sciences. Three separate interviews were conducted with each participant. Each interview session took approximately 90 minutes. Interviews of each participant were conducted three days to one week apart. The interviews were recorded on a voice recorder, transcribed, and analyzed. The goals of each interview were as follows:

Interview 1 (life history): How did the participant come to be incarcerated? How did this affect the participant's health?

Interview 2 (contemporary experience): What is it like for the participant to be a previously incarcerated individual as it relates to his/her own health? What are the details of how the participant navigates/perceives their health now?

Interview 3 (reflection on meaning): What does it mean to the participant to be a previously incarcerated individual and what are its implications on his/her own health? How does he/she make sense of their life experiences?

From the six eligible persons recruited for this study there was a total of 15 hours of voice-recorded interviews; one participant chose to not allow the use of a voice recorder for his series of interviews. Hand written notes were taken for the interviews conducted without the voice recorder and included in the study.

3.5 Participant Observation

For this study participant observation was conducted by spending time with the participants outside of the interview sessions. I was invited to grab a bite to eat, attend family cookouts and accompany them on various activities. Often times, it was during these moments that participants shared drawings, essays, pictures, and letters with me. These moments also provided me the opportunity to meet participants' friends and family members and become familiar with their everyday environments, building trust between the participants and myself.

3.6 Life Charting

Life charts of all participants were created as a means to create a visual representation of their lived experiences. This involved the chronological charting of key life events, including periods of contact with the criminal justice system as well as health related events, to serve as a

means of analysis for potential commonalities and patterns. Participants assisted in creating their own life charts. This was done in a separate session that took approximately one hour to complete. This session proved helpful and certain clarifications were made at this point, helping to accurately depict the participants' life events. These events were then inputted into a timeline template available for free on the Internet for Microsoft Excel.

The life events reflected in the upper half of the timeline reflect prominent health and life events. The lower half of the timeline marks events involving the criminal justice system and periods of incarceration. (See figures 1-6, below.)

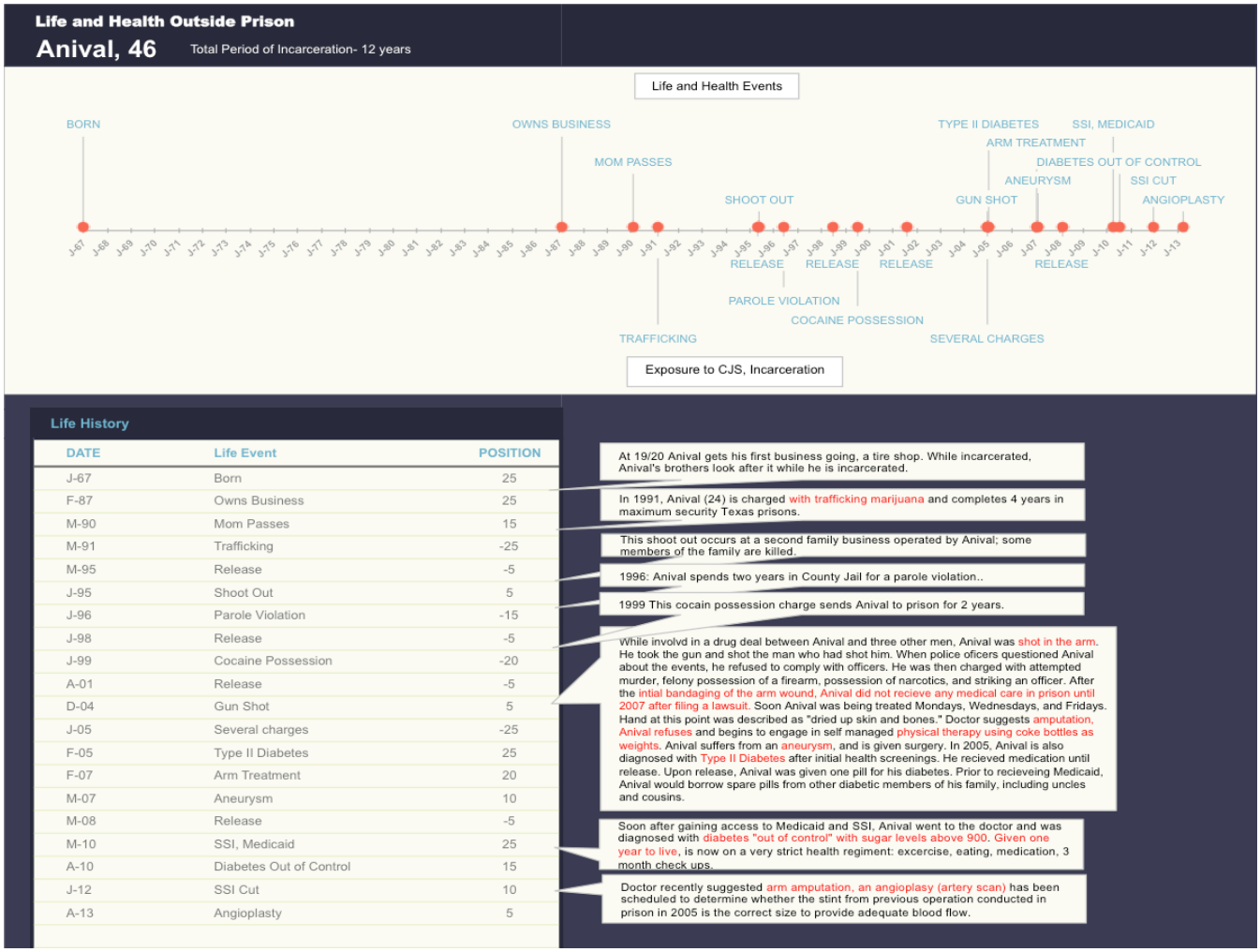
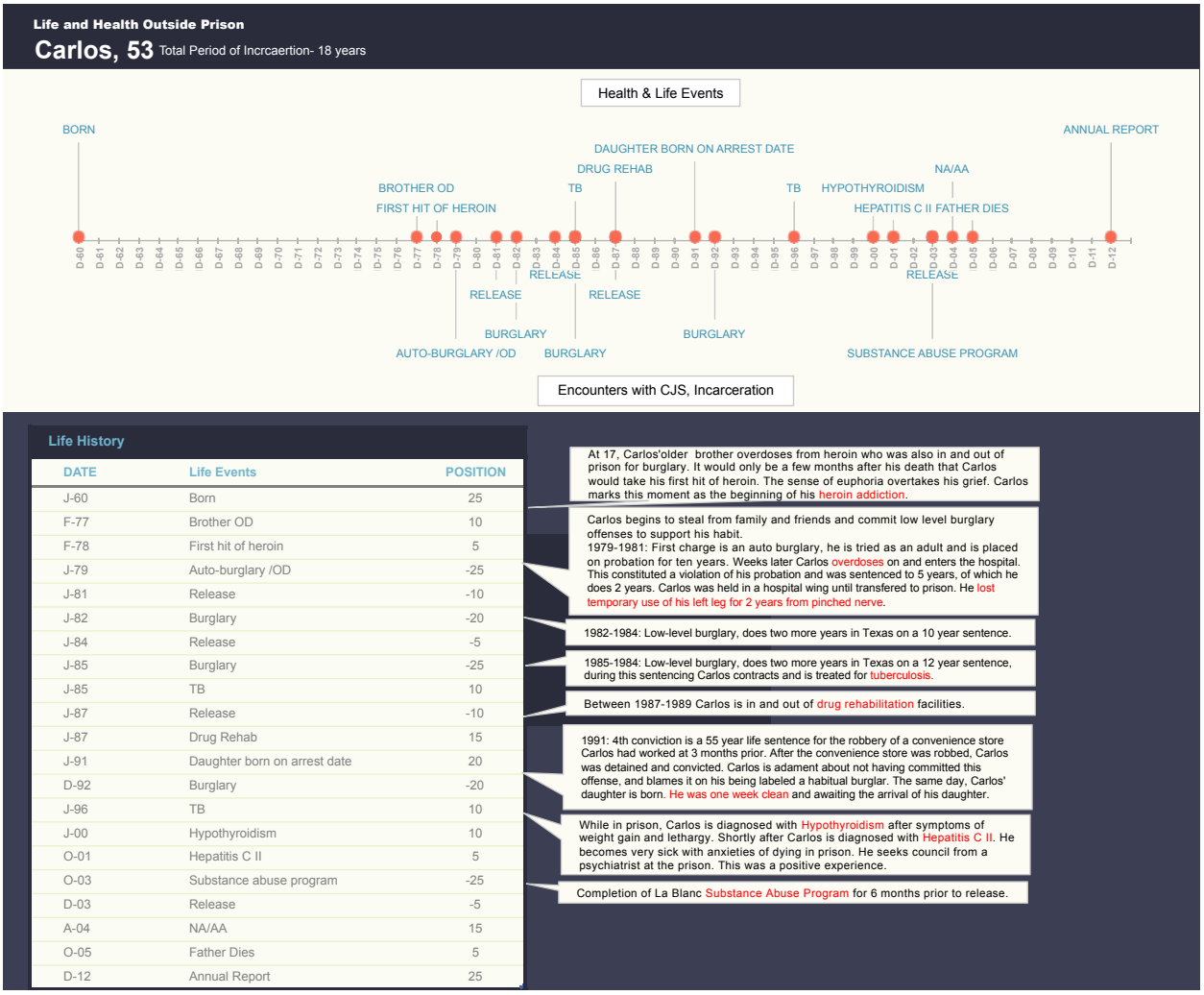


Figure 1. Anival Life Chart (2013)

Figure 2. Alex Life Chart (2013)



Life History

DATE	Life Events	POSITION
J-60	Born	25
F-77	Brother OD	10
F-78	First hit of heroin	5
J-79	Auto-burglary /OD	-25
J-81	Release	-10
J-82	Burglary	-20
J-84	Release	-5
J-85	Burglary	-25
J-85	TB	10
J-87	Release	-10
J-87	Drug Rehab	15
J-91	Daughter born on arrest date	20
D-92	Burglary	-20
J-96	TB	10
J-00	Hypothyroidism	10
O-01	Hepatitis C II	5
O-03	Substance abuse program	-25
D-03	Release	-5
A-04	NA/AA	15
O-05	Father Dies	5
D-12	Annual Report	25

At 17, Carlos'older brother overdoses from heroin who was also in and out of prison for burglary. It would only be a few months after his death that Carlos would take his first hit of heroin. The sense of euphoria overtakes his grief. Carlos marks this moment as the beginning of his heroin addiction.

Carlos begins to steal from family and friends and commit low level burglary offenses to support his habit.
1979-1981: First charge is an auto burglary, he is tried as an adult and is placed on probation for ten years. Weeks later Carlos overdoses on and enters the hospital. This constituted a violation of his probation and was sentenced to 5 years, of which he does 2 years. Carlos was held in a hospital wing until transfered to prison. He lost temporary use of his left leg for 2 years from pinched nerve.

1982-1984: Low-level burglary, does two more years in Texas on a 10 year sentence.

1985-1984: Low-level burglary, does two more years in Texas on a 12 year sentence, during this sentencing Carlos contracts and is treated for tuberculosis.

Between 1987-1989 Carlos is in and out of drug rehabilitation facilities.

1991: 4th conviction is a 55 year life sentence for the robbery of a convenience store Carlos had worked at 3 months prior. After the convenience store was robbed, Carlos was detained and convicted. Carlos is adament about not having committed this offense, and blames it on his being labeled a habitual burglar. The same day, Carlos' daughter is born. He was one week clean and awaiting the arrival of his daughter.

While in prison, Carlos is diagnosed with Hypothyroidism after symptoms of weight gain and lethargy. Shortly after Carlos is diagnosed with Hepatitis C II. He becomes very sick with anxieties of dying in prison. He seeks council from a psychiatrist at the prison. This was a positive experience.

Completion of La Blanc Substance Abuse Program for 6 months prior to release.

Figure 3. Carlos Life Chart (2013)

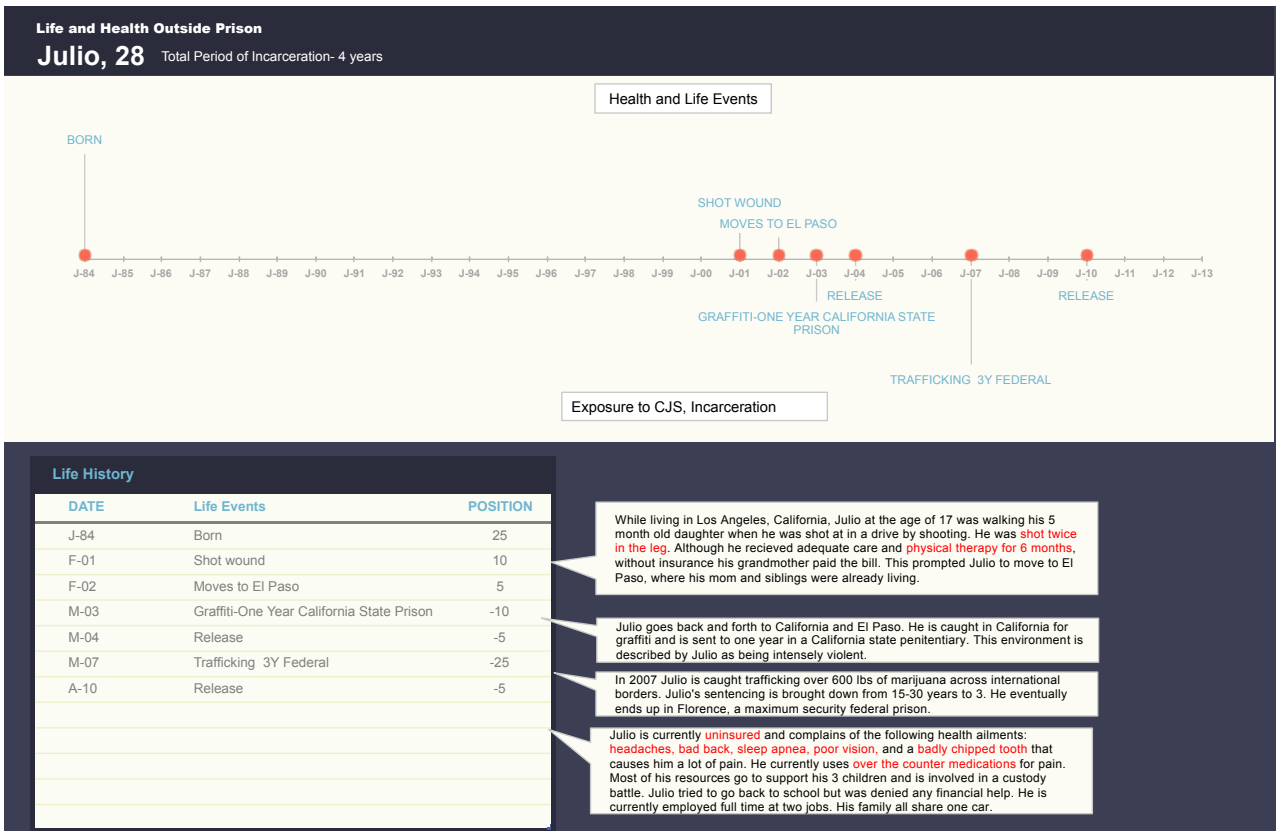


Figure 4. Julio Life Chart (2013)

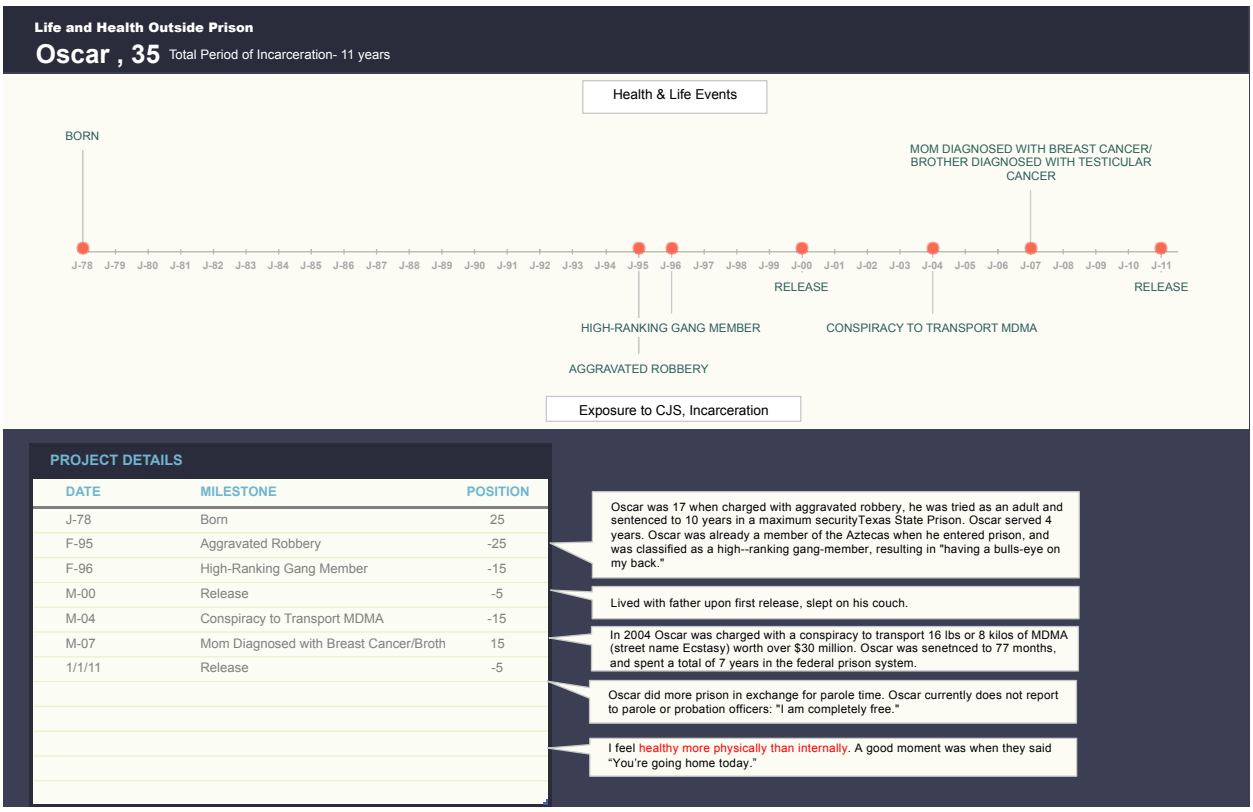


Figure 5. Oscar Life Chart (2013)

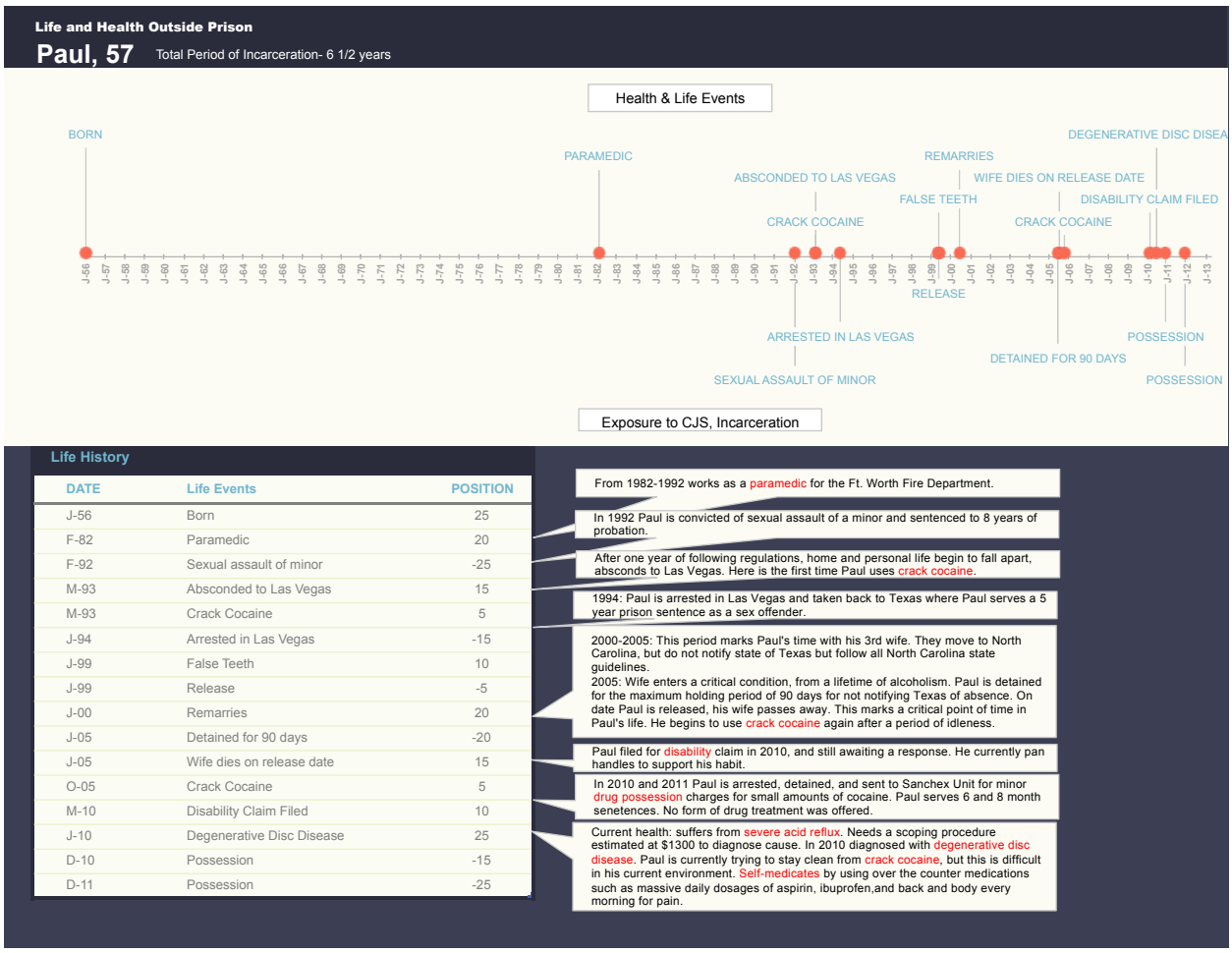


Figure 6. Paul Life Chart (2013)

I would recommend this methodology to researchers examining the life course and life events in relation to a certain social phenomenon. This methodology proved highly useful in initiating the process of identifying patterns and themes between the participants' exposure to the criminal justice system and incarceration to major life and health events. The life charts also contextualize the participants' narratives by providing researchers with a comprehensive visual that provides detailed information about the participants that can be referenced to when conducting data analysis. These life charts also act as a point of reference for readers interested

in examining the life course of the participants in a more detailed manner than from reading the results section alone.

Some patterns identified by simply completing the life charts included the following. When looking at Paul's life chart, one can see that it was not until exposure with the criminal justice system that Paul's life and health is drastically altered. His exposure to the criminal justice system and incarceration comes at a later life stage in relation to other participants in this study. Paul is currently struggling with unemployment, homelessness, and his addiction to crack cocaine as well as other health ailments such as degenerative disc disease and a severe case of acid reflux. Paul attributes the source of his poor health status to the tremendous difficulty he faces in finding stable employment and housing. This is in large part due to his labeled status as a sex offender. In Carlos's case, his exposure to the criminal justice system has a back and forth correlation to his heroin addiction, which was initiated at the young age of 18. For Anival, 2004 marks a critical year for him in terms of both his health and exposure to the criminal justice system. Multiple conditions formed that year making adequate healthcare critical to his survival. After a violent series of negative health outcomes, Anival is unexpectedly released from prison with no mechanisms in place to provide continuity of care for his diabetes. This nearly proved fatal.

Younger participants reported less poor health outcomes than did the older participants who have developed chronic conditions or impairments. While the younger participants have less health illnesses than do the older participants, they do not have access to preventative care. Alex, who does not currently have health insurance, has not been able to get follow-up treatment for a minor stroke he suffered from just under a year ago. Julio expresses a deep desire to gain access to health insurance so that he may get treatment for various ailments such taking care of a

cracked tooth or having his vision corrected with lenses. These types of seemingly minor health needs along with regular check-ups are not currently available to Julio, Alex, or Oscar diminishing their quality of life.

By engaging participants in its formation, clarifications and misunderstandings were identified and rectified. I also learned that for participants Carlos, Oscar, and Anival, recalling events in chronological order proved to be a difficult task. All three expressed in a similar fashion that after spending prolonged periods of time in prison, one's perception of time is fragmented and distorted.

3.7 Data Analysis

In order to identify themes, or conceptual linking's of expression, in the data I first identified participants' perceptions of their current health, their social networks, health behaviors, expressions of meaningful engagement both inside and outside of prison, health care navigation prior to, during, and after incarceration, evidence of material culture, as well as the social and living conditions faced by participants. Sub themes that became apparent within the data collected included means of self-medication or treatment, efforts of staying healthy while in prison, testimonies of health illnesses and ailments witnessed in prison, experiences of isolation, insanitary prison conditions, drug use, perceptions of the social stigma that comes with having been incarcerated, employability, and fatherhood.

The data analysis process began by first transcribing the data and becoming familiar with the document. I then looked for instances of repetition, metaphors and analogies. Similarities and differences in the participants' narratives were also identified. I was especially sensitive to participants' ways of thinking about incarceration, criminality, people, objects, processes, activities, events, and relationships. Techniques used included cutting and sorting, whereby

important quotes were categorized into important themes beginning with those initially anticipated from literature and inductive and unexpected themes such as the notion of fatherhood and family formation as effecting the life and health of previously incarcerated individuals. Techniques used included cutting and sorting, whereby important quotes were categorized into important themes such as those initially anticipated from literature and some that were inductive and unexpected such as the notion of fatherhood and family formation as effecting the life and health of previously incarcerated individuals

Chapter 4: Results

This section is a break down of common themes found amongst the narratives concerning the health and incarceration of the six participants. The results section begins by describing how participants navigated their lives in prisons and adapted to their new surroundings. This enriches the participant's understanding of prison life and offers a brief background to participants' experience of incarceration. A focus will then be directed to how the participants perceived their prison environments and how they perceived prison conditions, and practices of hygiene among the participants. This section also looks at the participants' perceptions of health care in prison and whether these experiences of health care had any major consequences on the participant's health both at the time of treatment and after their time spent in prison. How the criminalization of substance abuse resonates with some of the participants' experiences of incarceration will be explored, followed by a discussion on stigmas and stereotypes and the effects of isolation on mental health. A basic summary of how the participants perceive their health status at the time of being interviewed and where it may be in the future closes the discussion on participants' perceptions of health. This section ends with a reflection on fatherhood amongst the participant's, highlighting the effects of incarceration on family formation.

By looking at the participants' life charts, it would seem that health consequences from incarceration are far more visible amongst the older male adults. This suggests that incarceration may induce long-term health effects more so associated with inadequate access to social services. Individuals currently receiving social benefits are far more knowledgeable about their health status now, while individuals without health insurance express anxiety about not receiving treatment or diagnosis due to lack of money. Health consequences may also be exasperated by the social status of previously incarcerated individuals both inside and outside prison.

4.1 The Prison Environment

Acclimating oneself to the prison environment is the first step to surviving prison. Keeping one's mind and body occupied while being forcibly held in a cell with people you neither know nor trust can pose its various challenges. It is not uncommon for an individual to learn how to read and/or write in prison if they didn't already possess those skills, as was the case for Anival and Carlos. It is not uncommon for inmates to teach and learn from one another, whether it is learning a new language, practicing religion, exploring different art forms such as tattooing or airbrushing, or learning how to become a better "criminal" on both the outside and inside. Creating art for loved ones on the outside, or charging for art on the inside as a way to create revenue is also not uncommon. Selling tobacco and other contraband can be big business for inmates and guards alike. Prisons are full of resilient individuals, artists, and entrepreneurs living to survive.

It is important to begin this analysis by understanding the prison environment as experienced by the participants and the coping mechanisms they employed to survive. Surviving prison is not an easy exploit. An individual first entering prison must negotiate power struggles between persons of authority such as guards and other administrative staff as well as other inmates. Incarcerated persons must also re-negotiate their new identities as they are stripped of all personal identities from the outside. To the state or federal authorities, inmates are just numbers, as expressed by one participant:

> We get to transfer and we stop becoming people to them. We automatically become a number. We're known as numbers. Everything we do involves numbers. Our beds, our rooms, our prison number, our IDs, everything is a number. You stop becoming a name to them, and become numbers.

What the authorities cannot strip you of is the color of your skin, possibly one of the last identifiers the inmate possesses. Individuals entering prison are exposed to environments of racialization that is often inflexible and inconsiderate of the inmate's own racial preferences. Julio, who had many black friends on the outside, was surprised to realize that in prison, this kind of interracial mingling is not acceptable. The color of your skin and what region you came from has major implications for group association and gang membership within the prison system.

Not all prisons are the same, however. The prison environment is stressful, violent, and full of bureaucratic routines. It can also prove to be highly unpredictable for both guards and inmates alike. Stabbings and riots are common occurrences. Julio is 28 years old and originally from California. He first spent one year in a California state prison for graffiti and later would spend three years in a Federal penitentiary for trafficking marijuana across international borders through the Juarez/El Paso ports of entry. Coming from Southern California, when Julio first entered a California state prison he was asked basic questions such as where he was from, and based on his responses he was automatically assigned to the gang known as the Sureños. More importantly than being from Southern California, in order to be a member of the Sureños, one must also be of Mexican heritage. This is the most unifying connection in prison. In talking about gang division in prison, Julio offers this:

> When you're in prison, you're not representing your gang; you're representing your unity, your raza. SUR, Southern United Raza, you come together at that point. At that moment, you have to be together because no one's going to watch your back but your own people. So you pretty much have to stick together. That's pretty cool right there.

As a member of the Sureños, he operated as a soldier for the gang and was expected to partake in whatever his commanding gang members told him to. His gang fell under the influence of La

Eme, a large and notorious Mexican American criminal organization. Though membership brought about a level of unity, Julio is quick to point out that it came with particular obligations. He describes his situation as follows:

> I saw a lot of people getting stabbed in the yard. It was terrible. When I witnessed it, I didn't really expect for me to be involved. But then they told me: you have to participate—my people. I was with the Sureños. And they told me I have to participate. If I don't participate in the riots, then what's happening to them is going to happen to me. Everything I did in there wasn't because I wanted to. There are a lot of influential people in there. Like the people that I was with was pretty much people from La Eme, and we're *soldados* for them. They were sending us out to do—we were like their little minions—they were sending us out to do their things, their dirty work just so they won't have to get in trouble. So, a lot of the things I did in there was for them. You can't say "no" to these people. You can't. You say no to them, you know something bad is going to happen.

Julio describes his autonomy as being limited. He is not only watching acts of violence around him, but is forced to participate in them, regardless of his own inclinations. To say "no" would also result in giving up the limited security offered by the gangs and almost guaranteeing that "something bad" will happen. Even the most seemingly unthreatening scenarios from the outside is enough to set off interpersonal conflict between inmates:

> I saw a lot of people getting into fights because of the shower. I saw people get into fights over card games—over a simple card game. For example: like poker, spades—I've seen people get stabbed over a spades game. I've seen people get jumped over a poker game; over a bill or debt that hasn't been collected yet or hasn't been paid.

These scenarios of violence inside prison constitute the norm both in the literature and from the interviews (Adams, 1992; Bottoms, 1999; Viggiani de, 2007; Walker, 2012). Julio spent a lot of his time involved in underground trading and dealing while in the federal system. Bringing in desirable commodities such as cigarettes and other contraband was part of an intricate process involving stuffed tennis balls that would be hit over the prison walls. Inmates would go out at a certain time with a certain guard to retrieve the balls. The guard gets his cut, and the inmate who picks it up gets a cut.

Additionally, Julio was also involved in underground tattooing using prison made tattoo machines and tattoo ink made using soot, water, and tiny amounts of soap with a baby oil base. Both of Julio's forearms (sleeves) and calves are filled with tattoos representing crucial moments inside prison. They were earned. Although these tattoos represented certain achievements or benchmarks in prison worthy of being permanently etched and proudly displayed, they are not seen equally outside of prison. On the outside the tattoos represent an individual's membership in the community of the previously incarcerated and gang-related. They signal distrust and apprehension, and result in an invitation for scrutiny.

Another participant in this study is Anival. Anival is 46 years old and has been in and out of prisons and jails since he was 24, shortly after the death of his mother. Anival's brothers and extended family were involved in drug trafficking. Anival owned and managed his own store at the age of 19 or 20. It operated both as head quarters, a legitimate business-front, and home to Anival. While imprisoned, his brother would operate the business until his return. Anival continued trafficking inside prison as well, the biggest contraband being tobacco.

> Trafficking inside the prison, made money in the prison. You either have someone from the outside sending you money, or you make money in there. I didn't really like bothering people for money, so I had to make money in there. I had to buy prison guards, tobacco and weed.

Anival also expresses certain ease in maneuvering and manipulating the institution to not just survive, but also to thrive in prison. For instance, when asked about the programs that are available in prison, he expresses in a mocking tone:

> They have that NA, AA…In prison, if you go and it's in prison, it's because you need to see somebody or to pass a message on to somebody. You're not really going to that class… Like I was locked up for a few years with my brother, but he was on one side of the prison and I was on the other side of the prison so whenever I needed to see him, I would go to church and he would be there. That's how I would communicate with him.

Anival's intense distrust of the system causes him to reflect upon such programs as merely "the system creating a paycheck for the hour," and instead uses them to better suit his own needs and lifestyle. Dealing drugs and tobacco was a way of life both on the outside and the inside. Anival reflects on the stress inducing nature of prison by saying:

> It's really easy to get stressed out in prison like beating someone up or killing someone in there; it's a lot to try to survive in there. You *do* have to fight. You *do* have to stab people. You *do* have to get stabbed.

Prison on the inside is nothing like the outside. Anival approached prison time in a very different manner. His main priority consisted of taking advantage of all the money to be made in prison. On the outside, Anival trafficked large quantities of marijuana and later cocaine. On the inside he did the same thing but mostly with tobacco and on special occasions, marijuana. However, doing this requires a lot of manipulation and cooperation from the guards. Anival describes it as such:

> Their (the guards) job is to incarcerate you, to hold you. But, you know, there are a lot of guards that mix business with pleasure. And of course, we love them for that. We need them to get involved. It's just that a lot of times with contraband, the only way to get them is through cops, and you have to pay them. Start doing business with a cop, and it's nice when you have a cool cop that keeps his mouth shut and takes the money. Contraband is big business in prison. Big business. Big money. One time I sent out like $700 in stamps, because that was currency. Then I would send them home and they would take them to the post office and get the money for them. I would send out rolls and rolls of stamps and my family would get them and take them back. Then they would put some money aside for the money I needed to pay the cop so the cop would get his share. They wouldn't bring anything to me. What they did more was *let* it get to me. They would let my stuff get to me. They'd say, "Okay, he's getting a load of cigarettes, just let it all go in. Don't search anybody that's going over there."

Anival also spent a large amount of his time in isolation reading works of fact versus fiction. He became highly well read in United States and Texas law. He was even successful in fighting his own cases by identifying loopholes, although he would still spend two years in county jail during the litigation process, what he calls "dead time." Anival explained it in terms of knowing one's own enemy, and in his case that was the law.

Turning to another participant, Oscar is 35 years old and has spent a total of 11 to 12 years of his life in both Texas state and federal prisons. Oscar was categorized as a high-ranking gang member of the Aztecas when he was first sentenced to prison at 17 for aggravated assault. In 2004, four years after being released in 2000, Oscar was convicted of possession of 8 lbs. or 16 kilos of MDMA, street name ecstasy, estimated at $31 million. His earlier periods of incarceration were spent in maximum-security lock down facilities; Oscar remembers his experiences in the Texas system:

> Inside there were beatings and broken bones often from riots. "When I first got there in 1995 there were prison wars with prison gangs in Texas when it first broke out. It was a mess. Everything was constantly changing. I have been in like eight riots—no reason, just something to do. You have a lot of hatred and you find a way to release it, I mean. In prison everything is black/white, yes/no there is no color like out here. Not like out here. Prison is not like it is out here depending on whose arguing it can escalate to a murder. I had a lot of beatings and broken bones, physical wounds, blood loss. No treatment—it heals on its own or gets better.

These types of environments housing predominantly young, angry men become breeding grounds for violence unlike life on the outside. During his final years in the federal system, Oscar was able to be relatively active in the prison community. By this time, Oscar had regained more privileges after spending a large amount of time in lockdown. Oscar is certified as a chef, a horticulturalist, physical fitness trainer, and he taught art, GED classes, and English and Spanish language classes. However, these experiences do not hold the same legitimacy on the outside.

> But the thing is the schooling is not useful now. The federal government is cutting back schooling and the commissary. The thing is there is no "proper" schooling, inmates teach the classes and you learn you just don't have the degree to show for it.

Oscar was also involved in underground tattooing, making the machine from motorized clippers, batteries, guitar string, and even ordering tattoo ink disguised as regular paint for his art classes. An avid pen pal himself, Oscar wrote many letters and had as many as 50 pen pals, all women on the outside using a website called writeaprisoner.com that he voluntarily signed up for. Oscar

also made money in the prison by selling and drawing cards and portraits. Oscar even created his own grills using pencil leads, a wire, and preferably an outlet, but if not batteries work out just as well. Using 2" strips of blanket as charcoal, Oscar would cook his own hot dogs and hamburgers out of summer sausage on his prison-fashioned grill.

Oscar also utilized another strategy to survive prison. Married at the time of his second sentencing, Oscar divorced his wife, claiming that he just couldn't have her and do prison time simultaneously. After serving eight years in prison, Oscar currently lives with his wife again and they plan to remarry soon.

Also participating in this study is Carlos. Carlos spent a total of 18 years in prisons at various times, largely a result of heroin addiction. He recalls the difficulty in finding time for himself:

> Being locked up in a cell block where there's probably like 80 inmates in each block, I kind of like adapted to being around people all the time. All the time. I always had someone, never had privacy you know what I mean? The only privacy was in my head. I did whatever I had to do, study read… I picked up art you know. I'm a pretty good artist. I love art.

Carlos would send his art to family and friends. A lot of artwork went to his mom whom he currently lives with now. Hanging in his hallway are two beautifully framed drawings that he made in prison using pencils and colored pencils, his favorite art medium. Figure 1 shows a colored pencil drawing Carlos made while in prison. In the foreground of the drawing, there is a brown dog with a dead bird in its mouth. The bird is mostly red with white wings and a blue head. Figure 2, is a drawing Carlos made while in prison using pencil. The picture is of a Native American with a staff cradled in the crook of his right arm. The Native American's left arm is extended towards a white eagle that is preparing to land on his left hand.

Figure 7 Carlos (n.d.). *Untitled* [Color pencil on paper].

Figure 8 Carlos (n.d.). *Untitled* [Pencil on paper].

Carlos was also a devoted pen pal. His most influential pen pal was a woman named Anne, whom he called his angel. Though they never met in person they shared a deep bond with one another, which included her sending him words of peace and compassion in the form of poetry to his "corner of the world," while he sent her paintings and other pieces of art. To this day Carlos has kept, neatly folded and in tact, hundreds of pages of their correspondence including her poetry, letters, and magazine clippings from 2000-2003. He shared these letters with me; I organized them chronologically by date, photocopied them, bounded them, and presented the

originals and newly bound book to him as a token of gratitude for permitting someone he did not know into a part of his life that is normally heavily protected.

A recovering addict herself, Anne had various health issues, including having had exposure to hepatitis B and C, liver and kidney failures among other health issues that are not explicitly named in her letters to Carlos. Anne died six months after being released early for medical purposes. She had three children and was granted the leniency of spending her last moments of life by their sides.

Beyond art and his correspondence, Carlos did relatively well in other areas while in prison. During his first two years in prison he earned a GED, and during his longer 12-year stint in prison Carlos earned an Associate's Degree in non-practicing diesel and auto-mechanics from Lee Community College in 2001. He eventually gained "trusty" status and was allowed to work on and off the prison grounds. In Texas prisons, trusty status comes with a range of benefits including better treatment from staff and guards, as well as privileges such as more privacy and more time taken off the prison sentence.

Another participant of this study is Alex. At the time of interviewing, Alex was 25 and had spent one year in Sanchez unit, a minimum-security prison unit located in El Paso. Like many other Mexican Americans entering the Sanchez unit, he joined the Aztecas gang. Regarding his entrance into the gang, he states:

> Everyone there is heated. Everyone there is one edge. The Mexicans go with the Mexicans. The Whites with the Whites. The Blacks with the Blacks… Like the Mexican side—it's the Aztecas pretty much. Everyone that's in there is automatically offered to join the Aztecas. They jump you in pretty much. Even in the streets of El Paso, that's the most powerful gang.

Alex has always been an artist. He draws, paints, tattoos, airbrushes, and can use a variety of mediums. Alex talks extensively about occupying a great deal of his time in prison creating art. It

helped his mind and his pockets. Because art supplies in prison are not inexpensive, Alex would create canvases out of white boxers, milk, and sugar. Alex would dip strips of the boxers into a milk and sugar mixture, mold them, and then flatten the material to create a hard canvas. He would then fringe the ends and tie knots. At other times he would draw the Virgen de Guadelupe on business envelopes or on a prayer. He would charge one dollar a piece for these services, while a full print paper could cost around $5. Alex sought to make anything requested, and soon he and another inmate were noted as the best artists in their building.

> Drawing was *my* time. I wasn't a rascal, those people who start fights or get into trouble all the time. I kept some things and sold some of it. I wish I could have kept it. It was my best work. I learned so much from other artists in there. I wasn't the best. There are people in there better than me in different ways. I'd show them things and they'd show me things. That's what kept me busy was art. After awhile you get the mentality that your not in jail, your at home in here."

Alex utilized art as a way to recreate a sense of home, create revenue, and it allowed for positive interaction with other inmates who shared a similar passion in art. Alex describes this time as such:

Figure 9. Alex. (n.d.). *Untitled* [Ink on paper].

> Drawing was *my* time. I would set up my tables and stuff. I'd drink coffee. I'd try to stay awake all night. I'd put the bunk folded up and just lie down and draw.

Alex produced between 2-3 pieces of detailed artwork a day, claiming he would have a studio had he kept it all. Time in prison is essentially forfeited time. For Alex, the times he spent creating art are moments in prison he takes ownership of; it is time and space momentarily reclaimed. The picture depicted in Figure 9 is one of the few artworks left in his possession today. Most of his work has been lost due to shifts in housing. The medium used is ink. The drawing depicts a cholo/chola couple with their facial expressions

covered and emphasized by paint. The cholo is stern and sad while the chola is smiling. This artwork is a Chicano adaptation of the Greek theater masks that represent comedy and tragedy. Many in the gang community have adopted the emblematic Greek theater masks with the saying, "Smile now, cry later," symbolizing an idea that can be found in graffiti, tattoos, prison art, and doodles. It means I am going to do what I need to do now; I will laugh (smile) now in the sun, because tomorrow I may be dead. I am going to drink and dance because maybe a year from now, I will be in prison. It is an expression, a battle cry, and an affirmation. It is living in the moment, because life is full of pain and grief. I will cry about how much things and life sucks tomorrow, later.

Like those mentioned previously, Paul is a participant in this study. Paul's experience of incarceration is unique in comparison to the others largely due to the stigma associated with his charge. Paul is part of a criminal sub-group that has received intense legal and public attention since 1994. Paul is registered as a sex offender, and even in prison this label is a socially unacceptable one. Therefore, Paul spent his time creating stories about why he was there. Hiding this aspect of his life was a critical one; many sex offenders are met with violence from other inmates. But aside from this, Paul is a very spiritual man and a follower of God, and always has been. Raised Catholic, Paul attended mass weekly. At the age of 20, years before his sex offense, Paul was part of a religious cult. In this cult, he followed a woman he believed to be the daughter of God. She had four devoted followers, and Paul was one of them. These men worked night and day only to turn over all of their paychecks to the woman in the name of conducting God's work. Paul would be part of this cult for almost a year until the woman was revealed to be a fraud by one of her friends. This would prove to be a massive blow to Paul who had abandoned his family and friends to be a committed "follower of God," passing off their warnings and concerns as

blindness to the truth that Paul had found. Paul has always viewed his life as a walk of faith and journey in search of God's truth. While in prison, Paul was active within the prison ministries. He also devoted a lot of his time teaching other inmates how to read and write while working in the prison library.

4.2 Prison Conditions and Hygiene

An observation noted by many of the participants was the conditions of sanitation, which often times prompted a discussion on the importance of hygiene. For example in 2005, Oscar recalls being held in a maximum-security federal penitentiary in Beaumont, Texas when hurricane Katrina devastated the Gulf Coast, costing many people their lives. He describes surviving this very unique prison scenario as follows:

> Everyone has a different mentality. You're sick? You live with it or die there, head count and they are dead in their cells. It's crazy; I've gone two months with no water, no food, all on lockdown. For two months pee and shit in bags and find a way to get it out of your cell. You have to survive and find a way. It's crazy. This was in Beaumont when Hurricane Katrina hit.

In regards to sanitation in other prison conditions, Oscar states: "I've been in shitholes—really dirty, really nasty places—like prisons forgotten in time." But Oscar is not the only inmate to experience seemingly unfit prison conditions. Anival, who has also spent the majority of his adulthood in and out of prisons, recalls a particular experience living in a skunk infested private prison in Texas:

> There was a prison that was infested with skunks. I was in a prison in Mineral Wells, Texas, somewhere around Dallas, and it was infested with skunks. It worked in our favor a lot of times because you'd be in bed in your cell, and that was a no-lock prison. There were wooden doors and no locks on the doors. But when the skunks would run into the building, all the guards in the middle of the night would split—hey, we're out of here—so they would leave the building unattended until the skunks would get out. They were thinking, "they're all in bed asleep. The skunks are here, let's go." They would get out, and when we would hear all the guards running out, that was the green light for us. Hey let's get up. Let's smoke some cigarettes and shit. You can hear them coming back in—

> all right man, see you tomorrow. That place was infested with skunks, and they were always skunks. I had a cake with my dinner once that had skunk prints on my frosting."

Anival also provides a run down of the dirtiest and cleanest of prison units:

> Huntsville is real dirty. Eastham is real dirty. Coffield is real dirty. Those are all very old. They're not very sanitary. But like Terrell Unit, Robinson Unit, Lynaugh Unit, they were all pretty clean, but they were new. Byrd and Goree Unit are infested with rats.

These reflections of forcibly living in seemingly inhumane conditions can pose various threats to the inmate such as the spread of diseases. Four of the six participants stressed the importance of maintaining good hygiene and cleanliness as a means of preventative care. Oscar describes the importance of hygiene as follows:

> If you get sick, you're weak. You have to practice preventative care. Maintain good hygiene. Keep your feet clean. I've seen people die from brown recluse spider bites. He was bitten on the cheek, thought it was a pimple. He popped it, got a staph infection. Rot from the inside outwards until it reached far enough and he died. People die in front of your face for different reasons. People committed suicide because they are weak minded.

Failure to adapt to and survive prison conditions is perceived by Oscar as weakness on the part of the inmate. Even suicide is attributed not to the prison environment but to a character flaw on the part of the inmate.

Physical activity and exercise are also activities often sought out by inmates and at times are even enforced by the rules and regulations imposed by the prison gangs. This increases endurance and strength amongst its members. These narratives support the notion that prisons are uniquely high-stress environments in terms of violence and in terms of sanitation. Physical activity is not always an option however. When prisons are on lock down, or prisoners are placed into isolation, physical activity and exercise are not options. Most super-max prisons and various maximum prison~~ers~~ may or may not allow outside time. The next section will now look at perceptions of health care inside the prison.

4.3 Perceptions of Health Care in Prison

Jordan (2010) emphasizes in her study that it is the lack of care and contact *with inmates* that further challenge the effectiveness of caring for the health effects of incarceration and the prominent mental health inequalities reported (p. 1064). These sentiments regarding the lack of care and humanity are themes expressed by several of the participants.

Julio recalls the initial health screenings as intrusive and impersonal, and ends by noting the lack of care: "They check your medical background, and they start asking you if you're allergic to anything. Are there any restrictions? They ask you, but they don't really care. They don't really care." Julio recalls witnessing a lot of different health ailments amongst prisoners, and complains of the ineffectiveness of prison healthcare when it came to anything none life threatening. He explains:

> I saw a lot of people there with staff infections, mercer, little mites, like bugs and stuff that they had. There were guys with terrible terrible mouth problems with their gums. It was just nasty. One of the things that I hated was the way you have to go see the doctor. You have to put in a request form. The doctors won't see you—mind you, you have maybe over 2,000 inmates in a yard, in a prison. So you have to make appointments. You have to be telling them I'm sick—put in a request form. I have to see the dentist—put in a request form. If you have a tooth problem, and you put in a request form, maybe the dentist will get around to you in about maybe a month and a half to two months. After you put in the request form. That's one of the problems that I'm sure everybody in the system has—the time you have to wait.

Julio remembers entire tiers infested with ringworm that was highly visible as it covered the inmates' bodies. It was suspected that the showers had transmitted the ringworm. He describes seeing some inmates go through extraneous lengths to treat themselves of seemingly minor ailments that manifest into serious problems when neglected.

> This one guy had a terrible in-grown toenail. The toe was really bad. It was huge—twice the size it should be. And it was all full of pus. He kept putting in request forms, and putting in request forms. And they kept telling him you're going to have to wait. We have people in front of you. He told them, look at my foot, I'm going to catch a serious infection. He said something about gangrene. "If I catch gangrene, you guys are going to

> have to chop this shit off!" So what the guy ended up doing is he did it himself. He got a razor blade from shaving. He disinfected it, and sliced the side of his toe, and squeezed it. All of that shit just came out. He pulled the nail out, and he did that shit himself without having any type of anesthesia. These people in there do some outlandish shit. They do some crazy stuff.

Anival expresses a similar sentiment about the health care staff not really caring about the well-being of inmates and compares his care in prison with the current health care he receives now when asked how he would rate health care in prison:

> Poor. It's lacking a little bit of sympathy because they don't really care. They don't know; they don't care. Not like my doctor, my doctor is great. Great bedside manner; he talks to you. It's great. In prison it's like a conveyor belt: you're in, you're out, get out of here. A little bit of compassion. A little bit of humanity.

Paul shares a similar concern for the lack of humanity amongst health care staff inside prison:

> Torturous. Long-waiting lines. Indifference from the medical staff, actual callous from the medical staff, more so than just indifference. They are trained rather so to see you die rather than give you aspirin, in so many words. I am exaggerating there to make a point.

The consequences for this lack of care from health and medical staff are most evident in the case of Anival. In 2004, Anival was involved in a drug deal gone terribly wrong and was subsequently injured as a result of his engagement in a criminal activity. In essence, Anival was shot twice, once in the wrist and the other in his upper back. Anival struggled with his shooter to take control of the gun and although was shot a second time, shot and killed the man who had initially shot him. Two other men who had also been part of the collaboration ran away. Authorities seized Anival. Neither gunshot wound was deemed anything too serious or life threatening and was treated superficially with bandaging. He did not comply with the officers, and expressed a deep disgust for "snitches." Anival was then charged with attempted murder, felony possession of a firearm, possession of narcotics, and striking an officer. It did not take long before Anival realized that his gunshot wound would need subsequent medical attention.

Anival was also hit with another health blow. Sentenced back to prison in 2005, he was given a routine health screening and results were positive for diabetes type 2, a chronic condition in which there are high levels of sugar (glucose) in the blood. Anival states that this condition was adequately monitored and treated while he was incarcerated.

Prior to this point in time, Anival had no major underlying health conditions or any other major health concerns. But all that would change and the next years of his life would be one of struggle to receive adequate medical treatment. The consequences of such negligence is described by Anival:

> When I got shot, I got incarcerated. And I had a lot of trouble getting medical attention there. I got arrested in 2005, and they started treating my hand in 2007. And that's 'cause I had to file a lawsuit on them to get medical attention. My whole arm had dried up. It was all skin and bones. Some friend of mine told me to file a lawsuit for failure to render medical attention for my hand. Then they started taking me to the hospital every Monday, Wednesday, and Friday. Three times a week they started taking me after I filed. It didn't have to go in. They saw I filed and they said, "let's take him to the doctor." Plus I got to the doctor, and the doctor was looking at my hand and he wanted to cut it off. I said let's wait a while. Let me try to bring it back myself. So I started treating it and then I had an aneurysm right here. I told the doctor and the doctor made me stay there. He made the prison keep a guard there. They operated on me, fixed the aneurysm, and then it was right back to jail.

In 2008, despite the severity of his charges, Anival is released. I hypothesize that Anival's poor health and medical care costs may have been a major factor contributing to his early release. Anival had been diagnosed as diabetic, had suffered an aneurysm, and had refused to allow the amputation of his arm. These health conditions could have prompted prison administration to view him as a medical liability. Upon release the prison gave Anival one pill, Metformin, for his diabetes. Because Anival did not have health insurance, he did not go and see a doctor immediately following release. Instead, to treat his diabetes, Anival would ask his uncles and cousins who also had diabetes for whatever spare pills they could offer. Anival claims that

between the times he was released (2008) until the time he was awarded Medicaid (2010), he would take roughly one pill a day as treatment for his diabetes.

In 2010 gaining access to Medicaid, Anival went to see a doctor and was diagnosed "diabetes out of control" with sugar levels over 900. Anival's doctor gave him one year to live because Anival's pancreas had shut down and his kidneys were not in very good shape. Today Anival takes roughly 12 pills daily, is on a very strict diet, exercises, and goes in for a check-up every three months. He believes he is getting his diabetes under control. In regards to Anival's hand a different doctor had again suggested amputation but Anival has instead taken a different route. When we last spoke he had a scheduled angioplasty to scan his arteries. It is believed that the doctor at the prison may have used a stint too small to supply the adequate blood flow needed to his arm.

Anival's current health condition speaks to a number of things. Anival believes that had his wrist been treated properly and promptly it would most likely be "working just fine." This injury did however occur while involved in risky and delinquent behaviors, i.e. a drug deal gone terribly wrong. In regards to his diabetes, the one pill provided to Anival from the prison upon release was not enough to last him the two years it took to become approved for the social services he truly needed to keep his chronic condition under control. The consequences were quite serious in his case despite his efforts to obtain medications he understood were imperative to his health, but just could not afford without assistance. But not even Anival could completely comprehend just how close he came to dying because of this negligence.

> My sugars were at 900, now I have it down to 150 so that's almost like perfect, but I have to take a bunch of pills. And the pills that I'm taking are beating up my kidneys and my liver. They want to put me on insulin, but I don't like needles. I don't want insulin. I barely got used to poking my finger. And I only got used to it after that last visit when he said I was fixing to die… Right now I'm taking four pills for diabetes. When I got out, and I didn't have Medicaid, I was only taking one pill. I was just taking one pill, and he

> has me taking four pills, and on those four pills I have to eat four pills with every meal. So I'm taking 12 pills a day just to control it a little, just to keep it down… It didn't click that I had to take the medication or it was going to kill me. I felt okay and apparently I wasn't.

In Anival's case, this lack of continuity of care proved almost fatal. Today Anival feels he has his diabetes back under control. Anival's current health status is described as getting better. He currently receives medicate, but no longer qualifies for disability or SSI benefits because he accumulated assets over $3,000. A major blow for Anival, he decided to keep his assets because he wants to leave an inheritance to his four children when he passes. He is currently a quiet grandfather of five, and expresses a keen joy for their presence that often causes him to think of their future. Anival goes to see his doctor every three months for his diabetes, although he hates his diet, saying: "It's like no good. It's no good for sure. No fried foods, no sugar, nothing white, no doughnuts. What kind of diet is that? Who could live on no doughnuts?"

4.4. The Criminalization of Substance Abuse

Carlos is 53 years old and is currently practicing long-term stable recovery from heroin addiction. Today he is 22 years sober. He resides and cares for his 91-year-old mother who is currently suffering from dementia and is enjoying his time with her and his life on the outside. Released from prison in 2003, Carlos spent a total of 18 years of his life inside Texas prisons. Carlos was upgraded to annual report in 2012 and now only reports once a year to his parole officer.

Carlos' struggle with his heroin addiction parallels his struggle with the criminal justice department. Carlos' heroin addiction began at the age of 18, shortly following the death of his older brother. The cause of death of his older brother was a heroin overdose. Prior to the death of his brother, Carlos was experimenting with other drugs such as alcohol, marijuana, and inhalants. While he had witnessed his brother "nodding off," at the time he still didn't understand what it

was. Overtaken with grief, and after having declined a few times, Carlos was peer pressured into taking a hit of heroin. Although he describes it as a very small amount, Carlos took the drug via mainlining, an intravenous route that uses a needle to inject the heroin directly into the vein. Mainlining offers a more immediate thrill with a more intense feeling and higher addiction liability. Talking about his brother, Carlos explains:

> So he (Carlos's brother) overdosed on heroin and then it was devastating. I look back now and it was a moment in my life, where I was still real immature. First of all the drugs itself covered up the pain. So in a sense I was never allowed to mourn. I just kept experimenting. I just blocked it all with drugs.
>
> PI: And how did you react to that first dose of heroin?
>
> Carlos: Euphoria, it was euphoria. That's strange huh how drugs work?

Carlos views his own addiction as somewhat of a mental illness. He explains this by saying:

> Addiction, you know, I call it a mental illness because mentally I told myself a lot of lies you know, I believed in a lot of the wrong things. I was suicidal. I remember I wanted to commit suicide and uh I was using—burning— the money up.

Soon Carlos's addiction went from bad to worse. Carlos began stealing from family and friends and maintaining employment became practically impossible with the overwhelming demand that came with his heroin usage. He would begin stealing from cars, and at 18 Carlos received ten years probation for automotive burglary. Just weeks after being placed on probation, Carlos suffered an overdose resulting in two months of hospitalization.

> I was wearing a lot of guilt and shame, let's put it that way… I was doing a lot of dope I bought me a lot of dope; I traded the motorcycle for an ounce. You know what I mean? That's *how* desperate I was you know? I was burning it up and I was selling it. So I had an overdose right and I woke up in the hospital. I still had balloons in my mouth, so I was selling balloons. So I was caught with possession and I had a paralyzed leg. I ended up in the hospital because they (the hospital) called 911. From that possession I violated my probation.

The overdose resulted in a pinch of his sciatic nerve, the longest and widest single nerve in the body beginning in the lower back and extending down to the lower limb. This rendered his left leg temporarily paralyzed. When admitted to the hospital, Carlos still had $25 balloon bags of heroin that he was selling inside of his mouth at the time. The hospital reported it the authorities, constituting a violation of his probation. Carlos was sentenced to five years in prison, of which he served two years. Carlos recalls the first year being very painful. For pain he was offered hydrotherapy but no painkillers as treatment for the open wound. Hydrotherapy is a form of medicine mostly associated with occupational therapy or physiotherapy. It takes advantage of the physical properties of water to stimulate blood circulation and treat symptoms. Examples include the use of underwater massage, whirlpool baths, and mineral baths to name a few. At the end of this two-year sentence, and with proper therapy treatment, Carlos was walking again without crutches.

Recovering from the heroin overdose was just one of the many challenges Carlos had yet to face. Upon release, Carlos's heroin addiction was still at large. The next decade would be spent in and out of prisons and rehabilitation centers, neither proving successful for Carlos. In 1991, Carlos's life would be drastically altered. This was the year Carlos's girlfriend got pregnant. He saw this life event as motivation to get clean and stay clean. It would also be the year that Carlos would be convicted for a burglary he did not commit. Carlos explains that he was targeted for being a heroin addict and habitual burglar.

Just a few days before the birth of his daughter Carlos saw on the news that the owner of his previous place of employment had passed away due to heart failure. This heart failure believed to be attributed to the burglary of his business, a convenience store. A home alarm system had notified him that his business—only three miles away—had been broken into. He did

not see the individual suspects who had escaped through a hole made in the office ceiling. While police were investigating the incident, the owner died unexpectedly. His funeral was widely broadcasted. One week later, the same day Carlos's daughter is born, he is arrested for the burglary on grounds that he had once worked at the convenience store and had a record of burglaries. Although it was a group of individuals who committed the crime, Carlos was the only person convicted of the burglary. He was sentenced to 25-55 years in prison. Carlos spent the first five years of his sentence trying to clear his name by seeking the avenues available to him with his limited budget such as writing to the Sentencing Project, a nonprofit organization that advocates for the wrongfully incarcerated and promotes reforms in sentencing policy. In 1991, Carlos had called for a DNA testing motion but was never met with a response. One year after his release, in 2004, Carlos called for the motion again with the hopes of relinquishing himself from 36 years of parole. What he came to learn was that the state of Texas had already destroyed the evidence, leaving no possible avenue of reconciling his criminal history. For Carlos, prison offered him rehabilitation from his heroin addiction but it came at a rather large cost. He feels robbed of not just twelve years of his life in prison, but his fatherhood as well. Carlos is not the only participant who has been affected by the criminalization of substance abuse.

Paul is 57 years old but his story does not begin with addiction or drug use. In 1992 Paul was convicted of sexual assault of a minor and sentenced to eight years of probation, but the stigma associated with this type of crime and conviction caused him to abscond within just one year of his probation period. Within that year, Paul had lost his wife, kids, and employment where he was a paramedic for the Fort Worth Fire Department, and all respect from his community members. Everything he had ever known had undergone a drastic change. The minor whom he had relations with was a 15 years old girl who lived in the same neighborhood. Paul

recalls that it was while he was trying to end the relationship between the girl and himself when she decided to tell Paul's wife about their relationship. Paul's wife then called the police to report his actions.

Paul left to Las Vegas. It is during this time that he tries crack cocaine with his girlfriend.

> The first time I tried crack cocaine was in a hotel room in Vegas. My girlfriend at the time brought some and said I want you to try this. Well I took a hit of this stuff, and I don't know if you've ever tried powder or rock or anything like that but when I could talk again I said this stuff is unbelievable, how can this stuff be illegal? I said I dare any politician, policeman or preacher to take a hit of this stuff and not want more. And gradually through the years I realized why it should be illegal.

In 1994, he is discovered and sent back to Texas from Las Vegas where he serves a five-year sentence, despite being told that it would be one. Additionally, 1994 also marks the year of a rapidly developing area in criminal justice law regarding persons convicted of sex offenses beginning with the Jacob Wetterling Crimes Against Children and Sexually Violent Offender Registration Act, which require states to implement sex offender registration programs. In 1996, Megan's Law included a community notification system. Lifetime registration for certain classes of offenders was also passed in 1996 with the Pam Lycher Sexual Offender Tracking and Identification Act.

Paul was released from Texas state prisons in 1999 and later that same year moved to North Carolina. While Paul notifies North Carolina of his registration status, he does not notify Texas of his leaving the state. Paul remarries and spends the next five years happily married to his third wife and what he considers his soul mate. While living in North Carolina, not many people in his community know why he went to prison except his wife. His wife however had been diagnosed with liver disease after having drunk alcohol for most of her life. After seeing a gastroenterologist, it was determined that his wife would be eligible for a transplant after staying

sober for six months. The task proved too difficult for her however, and her health rapidly began to deteriorate as she suffered from seizures.

A defining moment for Paul occurs in 2005. Paul is arrested and detained in a county jail for a warrant issued by Texas for allegedly failing to comply with Texas registration laws. Pleading his innocence and compliance, Paul struggles for his release in order to be with his dying wife. On the 80th day of being detained, Paul receives word from the jail that his wife has been care-flighted to a mainland hospital; her neighbors had found her in her yard and called an ambulance. He recalls this as follows:

> Ninety days, the longest they could hold me, Okay. They let me go and dropped charges, and my wife died the next day. I never saw her conscious. That more than my prison experience has been my, my burden. So it's important in my story… Can you understand how frustrating it was for me to do those 90 days when I'm legal? I'm abiding by the rules and they have this information and my wife is dying and we just re-did our vows and I promised I would be there for her. And this arbitrary B.S. keeps me from that. Did that change my life for the good or for the worse? Is not the criminal justice system there to reform criminals?

Soon after the death of his wife, and after refraining from using crack cocaine, Paul relapses. He has since spent two stints in prison for minor drug possession charges; one resulting in an 8-month sentence, the other a 6-month sentence, just enough time to go through the incarceration process and be released back into society. During neither sentence was Paul offered any kind of drug rehabilitation services or treatment.

> Eighty percent of the people in TDC are there for some kind of drug-related charge OK? Western Europe they treat drug abuse as more of a medical problem than it does as a criminal problem. I mean on the other hand you sell large quantities they bust you OK? But they see the user as a victim, not the perpetrator.

Paul is keenly aware of his circumstances and social marginalization. He goes on to comment on his experience trying to receive medical treatment during the most recent periods of incarceration from the minor possession charges.

> They wouldn't make full diagnosis because they didn't want to treat me and they didn't want to provide adequate medicine, in my case pain medicine. They will do what they can for an emergency but again medical cost is considerable in the prison system. There are all kinds of co-pays inmates get stuck with now. Not so much to offset the costs, but to keep them from asking for medical help. See when it comes out of the commissary, if they can't have their joo-joos and wam wams, its all going to the doctor. It stymie's the impetus for the inmate to seek medical help.

4.5 Stigma and Stereotypes

At the time of interviewing, Paul's residence is a local motel. Marginally housed, he makes his living panhandling. This is partly because of the many barricades he faces due to his sex offender status. One such example is adequate housing. Paul filed for a disabilities claim nearly three years ago, and is still involved with the process. In 2012, Paul sought shelter from the El Paso Rescue Mission, but was notified that because there was a children's park located within a thousand feet circumference from the homeless shelter, he could not stay there. Within this area is what is described as drug-ridden apartments that constitute one of the major reasons why the park is rarely, if ever utilized. Paul describes his current circumstances:

> Well, you know what I do, my panhandling. I try to do that twice a day sometimes I have a car and pay someone to drive me around. I make more money but I also split it with them. Most of the time, like lately I have been on foot. My clock is regimented by the where and when to be to maximize my daily effort, Okay? Usually a couple to three hours in the morning is what I did before we met and maybe I will go out tonight maybe I won't…I got to walk out of here and start doing my hustle, going back to [street name] at the [street] Inn, make some money. Well that's what I have to do. I'm a criminal, even when I do that I'm a criminal. It's what I have to do, you know? I can't stay at the rescue mission can I?

Paul sees panhandling as his only viable option allowing him to keep shelter over his head as well as to support his drug habit that he is trying desperately to curtail. More than any other aspect of incarceration that has significantly affected his health, Paul attributes the stigmas and stereotypes of being both labeled a sex-offender and drug user as the main contributors stifling his quality of life and health. When asked if incarceration has affected your health, Paul responds with:

> Through my personal experience, yes only because of all the stigmas and all the barriers I had to face when I tried to get out. I lost housing, lost jobs, lost friends, been beat up a couple of times for being labeled as a sex-offender.

The following represents Paul's reflection on an experience he had at the El Paso Rescue Mission when he tried to receive pain medication.

> And even there because I had a drug conviction, their desire to dispense to me adequate pain medicine was contradicted by my charge. They thought I was there to get doped up. Now mind you, everyone loves the euphoric effect of painkillers you know? That's not the issue here, the issue here is that I have a diagnosed injury to my back and in order for me to function half way like a human being I need help.

Despite his efforts, society sees Paul first as a sex offender and secondly as a drug user, aspects of his identity that hinder him from receiving adequate health treatment and services.

Dealing with the stereotypes of having been incarcerated can be stress inducing and can effects various levels of a previously incarcerated individual's life. One such area as described in much of the literature is employability. Paul was also placed in highly uncomfortable environments when people were notified of his sex offender status at the work place that has made it exceptionally difficult to gain meaningful employment.

> The jobs that I had before in Ft. Worth—they saw my picture in the newspaper and all of a sudden the whole floor knows that I'm a sex offender OK? Can't really go to work in that environment, can you? Especially with the misnomers and all of the prejudices people have, all the fears people have of this sub-group. Well the vast amount of people in this subgroup are not habitual, they fuck up.

On different occasions, Paul has been made to feel almost inhuman. Even in prison Paul had to come up with lavish stories as to why he had been incarcerated. Prison is dangerous, but for sex-offenders it can be especially so, many are targeted for violent acts of assault by other inmates.

Furthermore, Julio also expresses his difficulty in finding adequate employment that could help him provide for his family. Julio lives with his wife, one child, and sister in a two-bedroom apartment—a feat he was very excited about. Julio is also involved in a legal battle for full custody of his other two children. They do however share one car, which creates scheduling conflicts. When asked how his experiences have gone obtaining employment, Julio responds:

> Difficult, very difficult. Not a whole lot of places. The only real places that I can get work at is restaurants. And I mean it's not that bad, but still. It's a pain in the ass. I want to be able to do something other than that. Construction is another one, but it's inconvenient right now because we only have one car and everybody else works and everybody else needs the car. A lot of places don't really want to hire people with tattoos, and criminal backgrounds, and shit. They frown on that.

Julio, whose arms are covered with prison gang tattoos, often makes sure to wear long-sleeved shirts in order to have his tattoos concealed. Every time I met with Julio he was wearing the sleeves to cover his tattoos, and he made several comments about regretting haven gotten them. Julio gave several detailed instances where he felt he was obviously being discriminated against and subject to stereotypes. In one instance while pulled over on the side of the road due to a flat tire, a police officer approaches Julio. Already on the phone with his wife, Julio is asked by the officer to hang up the phone and stand in front of the police officer's vehicle. He begins to interrogate him and after looking up Julio's information, handcuffs on the premise that is for both the protection of Julio and the officer. Infuriated, Julio asks if he is being arrested. The officer responds by suggesting that Julio shoots up due to the rashes on his arms that come from constantly trying to cover up his tattoos. When that does not work, the officer begins to suspect weed in Julio's car. Julio concluded his story by saying:

> He (the officer) was going off on stupid shit and he made me feel like—once again going back to my tattoos—I hate the fact that I got them because everybody looks at me—I'm not a bad person. Yeah, I've been to prison. I did my time. I was around very, very violent people. But in there I was also around very nice people. People that made mistakes… I get harassed by the cops all the time. That's one of the reasons I'm always wearing sleeves. I'm tired of that. I can be walking down the street with the Pope on my left and Jesus Christ himself on my right, and I'll still get pulled over. I'll still get pulled over and questioned.

The participant, Oscar, also comments on the difficulty of gaining employment with his criminal background, but stresses that it does not hinder his financial progress. He describes the implausibility of being hired.

> I'm qualified but when they look and check my background- with the type of crime on my record? It doesn't mean shit to me. I'm not going to be one of those guys "Oh I can't get a job because I'm a convict." I make money legally. It's easy. I don't understand how some people don't have money. You could make ten burritos and go out and make $20. That's $20 a day. You could live on that.

Oscar has a level of independence that keeps him from soliciting pity from others, and even expresses a deep dissatisfaction for other individuals who have been to prison who complain about not being able to find employment.

Carlos rationalizes his incarceration experience as somehow providing him with knowledge needed to access a freedom within. That Carlos would have this type of internal struggle is not surprising given his history with heroin addiction. Carlos often finds peace internally. Even in prison, Carlos suggests that the only true freedom or peace is within one's head.

> Well prison for me has given me opportunity. It makes no sense; it's ironic. It has given me the opportunity to claim myself. This last time, largely because of my awareness of the injustices of the world—there is a lot of injustice and stigma about me being a loser… a two-time loser, 4 time loser. Being a misfit of society, a menace to society… I realize that's not true! That's their perception. I know who I am! I know who I am and I know where I belong and that has given me a freedom within.

Carlos creates meaning from his experiences of having been incarcerated, and incarcerated for a crime he is adamant he did not commit.

4.6 Communicable Diseases

Carlos was exposed to and treated for tuberculosis at least twice while in the Texas prison system—estimated to have occurred in 1985 and 1996. Carlos does not remember much from these encounters; only that he was treated and given medication. Carlos was first diagnosed with hypothyroidism after having gained some weight and becoming increasingly sluggish and lethargic. Just a few months after that Carlos tested positive for hepatitis C, type II. This occurred at a time when the Texas prison system had been swept up in an epidemic of hepatitis and all inmates had been tested in Carlos's unit. These two diagnoses occurred very near to one another. Carlos also falsely believed that hepatitis C was a death sentence causing this series of health news to push Carlos into a state of paranoia and despair. He became increasingly fearful of dying in prison. Carlos would receive adequate care and treatment for all of these ailments in due time. Carlos was placed on levothyroxine, a daily pill that would regulate his thyroid and metabolism, and was placed on a 6-month regiment to treat his hepatitis. When asked about the treatment for hepatitis Carlos recalled the following:

> It was uh, interferon and another pill form. I forgot how they would pronounce it but it was a combination drug. The interferon I would have to inject into my own self for 6 months. Three times a week: Mondays, Wednesdays, and Fridays. It was like the last year or so that I was in prison, and I was working as trusty status. I was a groundkeeper. It was hard because I had to keep going to work. The side effects of the interferon, oh, they were bad. My side effects were feverish body aches, chills, and nausea. The first part of the regime it was tough but eventually I got used to it. I learned what to expect. I still had to work so when to eat and not to eat, I kind of had to adjust, even when to exercise because I didn't stop.

That Carlos moved up in the prison ranking system for inmates by gaining trusty status may have a lot to do with the adequate treatment he received. For the most part, Carlos was an example of

a stellar inmate. He had not only received his GED in prison, he also earned an associate's degree and was rarely involved in fights. Six months prior to his release Carlos was admitted into a treatment facility for substance abuse. Carlos completed the La Blanc Substance Abuse Program, and for the most part expressed satisfaction with the program with the exception of a personnel member whom Carlos found verbally and sometimes physically abusive, not an uncommon occurrence.

4.7 Mental Health and Isolation

Perception of time to inmates while in prison is altered often times making it difficult for previously incarcerated individuals to pin point certain events or even place them in chronological ordering. This may especially be the case for individuals who have spent large segments of time in isolation or Administrative Segregation or "Ad-Seg," such as in the cases of Anival and Oscar, both spending years in almost complete isolation. For three years between 1998-2000 Anival was held in almost complete isolation or Ad-Seg. Anival describes both the mental anguish and physical pain of spending time in Ad-Seg:

> I think it was in '98, '99, and 2000, I did it in lockdown isolation. For three years. I lost my mind. I think it took me maybe a year to get used to being locked by myself in a little, tiny six-by-nine cell. You're allowed an hour out, but it was rare that you would get it. You would get it maybe once a week. Yeah, maybe once a week they would take you out. I think the first month I was just in shock. And then about six months in you start talking to yourself and start answering yourself.

Anival expounds that Ad-Seg is something that takes time to even start formulating a strategy in which to handle it. Anival explains:

> After the first year, I started to settle down and I got into reading. I read books, and I wasn't even a very good reader when I got in and now I read great…It had an affect on me when I was in prison. Anybody that does three years in Ad-Seg they know you're not one to be messed with. For the most part, I was left alone. You go into Ad-Seg, it's like you're in hell. It's one little cell, you can't get out off, and you can't go to the yard. You know, your body starts to tighten up, and you don't want to move around too much. You start getting aches and pains. And they give you no exercise. They could also give you a

> disciplinary case, if the cop just wants to be mean to you. If he sees you doing push-ups, that's using the ground, and that's illegal. You can't use any property of the state to exercise.

Anival goes on to explain the difficulty with being placed back into the general prion population. Within just months of being released back into prions population, in September of 2001, Anival would be forced to face the challenge of re-adjusting to the outside world. Oscar reflects on his time in isolation within the federal prison system:

> Time doesn't stop, no matter where they put you. It does matter to the individual, confined to a 6 by 8 cell. That's how I spent all my time in complete isolation. You are given like an hour everyday but its not always guaranteed. Sometimes the guards would come in at 3 in the morning. That's your hour if you take it, you take it, if not you don't.

To Oscar, this type of treatment is understandable given the rank and gang he is affiliated with. It is these 11 years spent in mostly isolation that Oscar feels has effected his health above all, declaring that he feels healthier in a physical sense rather than internally, meaning his emotional and mental well-being may have been compensated. To what degree is difficult to determine. For Oscar, re-adjusting to the outside world proved incredibly difficult in many of the same ways. Both Oscar and Anival expressed the difficulty in readjusting to some of the simplest forms of human socialization and contact, such as hugging. Fighting the urge of allowing themselves to be touched or hugged was equivalent to positioning oneself into a state of vulnerability, a sense of insecurity tirelessly avoided while incarcerated.

Alex, while completing his one-year sentence in Sanchez Unit was put in "the hole" for three weeks for fighting.

> Three weeks. It was the worst experience I've ever had because of the fact that you don't know day from night. Not knowing how many days you've been in there…there are other things but that's the worst, not knowing.

Even this relatively short period of time in isolation left an impression upon Alex as one of the worst experiences he has ever had. One of the major components making isolation so scary for the individuals in this study did not know how long they would have to endure such restricted conditions. Similarly, Anival had not known how long he would be placed in isolation. Shocked after being placed in Ad-Seg for just one month, Anival had not anticipated at all that he would spend a total of three years in Ad-Seg. For Oscar, most of his prison sentence was carried out in isolation due to his gang affiliation and rank upon entry at 17 years old. Now 35, Oscar has spent most of his adulthood in this state. He expresses that his mental health has been compromised but to what degree and extent, he has no way of knowing.

4.8 Current Health

The last time Alex and I met to conduct our final interview for this project it was in a hotel room. Alex had just recently been kicked out of his place of residence. When I arrived at the hotel, Alex had a wrist brace on, was six beers into his twelve-pack, and kept shifting his body. Just a few nights before Alex and a friend of his had been jumped at a bar. Although he did not go to the doctor, a friend's mom who is a nurse gave him an informal exam and told him he had possibly fractured his ribs. I asked if he was sure he wanted to continue with the interview and he said yes.

I asked if he had gone to the hospital or seen a doctor and he said no, that he didn't need to. When asked if he was taking any medication he replied no, although he was drinking his beer at a rapidly fast rate to help with the pain. Alex then informed me that he never takes over the counter medications, not even for headaches. To Alex needing these types of pills is a sign of weakness, and he doesn't understand why people just cannot just "deal with it."

Alex spent one year at the Sanchez Unit in El Paso for check fraud and forgery when he was 19 years old. Although he was offered seven years probation, Alex did not feel that he could maintain it for so long and not get caught back into the criminal justice system.

> The intensive probation is really strict. Seven years. I don't care if you're the best-behaved person in the world; you're bound to mess up in seven years at nineteen years old. I'd still be on it for three more years.

Prior to that Alex had been charged with possession and intent to sell at 16. He spent one night in the juvenile detention facility and sentenced to 6 months of intense supervised probation (ISP). That same year, at 16, Alex was diagnosed with high cholesterol and hypertension (high blood sugar). In 2012, a little less than one year before being interviewed, Alex had a minor stroke and was sent to the hospital. Because Alex has no medical insurance he left the hospital and ignored the bill that came in his mail. He did not carry through with any follow-up treatment although he acknowledges that he probably should have. When asked about his general health, he responds by stating the following:

> I'm good—my teeth, my eyes. My vision's always been normal. I've never broken a bone in my life. Just fractures. I've never broken an elbow or nothing like that. I never have because I've always been healthy. I've never been [malnourished] or anything like that. Like weak.

Alex, similar to Oscar, perceives bad or poor health as an outcome of weakness. In Alex's case, malnourishment is what poor health looks like. Alex himself is about 5'10" and heavy set. He describes himself as always being big and not having *that* problem of being small or weak.

Alex describes his daily life as one full of stress, but nothing he can't handle, of course. Alex is currently self-employed. He buys and sells cars at the moment. It has been one of the more lucrative sources of income in recent years. Prior to this, Alex rented out high-grade music equipment to DJ's coming from out of town, before that he worked as a cook and assistant kitchen manager at various restaurants.

Julio depicts his current health much differently. Barred from various social services including Medicaid, Julio who is 28, views his health as poor pointing out various ailments that need medical attention and treatment such as poor vision, a broken tooth, a bad back in the form of soreness, muscle spasms and knots, and sleep apnea. Julio also describes feeling stress and paranoid, a characteristic he says is difficult to negotiate when working as a cook in a restaurant where other employees carry knives and sometimes horseplay. Julio has inquired on medical costs to treat his various ailments however, living with his wife, kids, and sister has rendered him without the money to do so. Recognizing his need to gain social mobility, Julio tried to apply for school to become a diesel and auto mechanic, but due to his drug conviction is barred from receiving and form of financial aid.

Paul, who currently lives at a local motel and makes his living panhandling describes the different health issues that need treatment.

> Well I've been diagnosed with degenerative disc disease in my lumbar and sacral area of my vertebrae now for three years OK and I've had 2 MRI's and they said it's a degenerative process. Top that off with the acid reflux. I got a metal knee, and my bones in my feet, the nerves the sacral nerves for my leg are pinched where there's either lightening pain or numbness or tingling especially in my left leg. It's not anything new it's just an accumulation of hard work all my life. Hard work you know and now it's reached a point to where I can't stand a couple or three hours. I want to lie down. And I'm getting better and I'm finding out that some of these energy drinks, some how or another they help me to work through the pain a lot so yeah I'm drinking coffee and its self-medication but by chance I find different things to make it work.

Paul's means of making a living is becoming more and more difficult, and he has an intricate process of self-medication besides energy drinks to help him work through the pain. First thing every morning Paul takes a massive dose of aspirin, ibuprofen, and other pain relieving pills every morning. Paul tries to refrain from taking a second dose in the evening unless he is having a particularly bad day. For his acid reflux, Paul takes Nexium, a medication now available over the counter. Paul is hoping that his disability claim will provide him with Medicaid and he will

be able to schedule a scoping procedure to determine the cause of the acid reflux. In the meantime Paul mixes an array of over the counter medications, all piled up in plain sight on his coffee table.

Carlos describes his current health as good, although he has been trying to curtail his smoking habit. He has insurance and goes to a health care clinic that helps lower income families in the El Paso region. Although on official forms Carlos claims he is self-employed, he is actually supported by his family members, predominantly his mom. Carlos cares for his mom who is 92 with dementia. It is a full time job, and Carlos's sister, who has power of attorney over all of the mother's income, writes Carlos a monthly check for $700, and pays all the household bills. Carlos explains that if he ever needs more money he can go to his sister. They have a good relationship and Carlos is thankful for his current living arrangements. His priority right now is taking care of his mother, a life prospect he was once unsure he would have the chance to experience. This secure environment provides Carlos with the fundamentals necessities needed for him to adequately care for himself and maintain a healthy lifestyle.

When looking at the subject of health insurance and access, it is important to note that those who do have insurance utilize it, which is Anival, Carlos, and Oscar. Julio and Paul do not have access to health insurance but display health-seeking behaviors by indicating that they would utilize the insurance if it were made available to them. Alex on the other hand believes he does not need health insurance and does not display behaviors suggesting he would seek out health services or treatment if they were made available to him. This is a reflection on the literature that criticizes the suggestion that access to health care is not equated to one having health-seeking behaviors. In essence this is an indication that just because previously

incarcerated individuals have access, does not mean they will seek follow-up treatment (Akers, Potter, and Hill, 2013, p.211).

4.9 Fatherhood

Another important theme that came out in the data was the difficulty in cultivating positive relationships with their children. Essentially, prison fractures fatherhood. Western and McLanahan (2000) note that because of mass incarceration's concentration among poorly educated minority men, "the expansion of the penal system emerges as a key-suspect in explaining the growing number of single-parent families in disadvantaged communities" (p.2). Incarceration deters family formation both directly, by making it more difficult and in many cases impossible for fathers to live with their children, and indirectly, by reducing fathers' employment prospects and earnings capacity (p.3).

All participants except Alex are fathers, which may play a role in his lack of health seeking behavior. Anival is a father of four and a grandfather of five children. While in prison, Anival sent money to his family as often as he could via the informal market he participated in. When he came out in 2008, Anival had two of his children living with his sister, while the other two lived with his first ex-wife. His children were now teenagers and young adults between the ages of 15 and 26. His second ex-wife, mother to his youngest two children a son and a daughter, was deported to Mexico following a drug arrest they were both involved with.

> My ex-wife, the mother of my daughter um she's back in Mexico. She was deported. And they took her, somewhere in South Texas. They took her its below Laredo, it's somewhere down there. They took her there, they arrested us in Oklahoma City, and uh we stood there fighting the case. And uh we beat the case, but since she was from Mexico, and had already had a prior, they deported her for life. They took her somewhere by Brownsville? And they left her there. And I had to go all the way down there—go into Mexico—pick her up, and bring her back. And then they caught her here for a traffic ticket, and she did I think two years. Two years.

Anival does not currently know where his ex-wife is although his children do have some contact with her. The three youngest of his children have all had some run in with the criminal justice system. He describes his youngest and only daughter, a truant adolescent who never went to high school, as "bad, bad, bad." One of his sons was involved in a shooting and was on the run at the time we spoke.

Carlos's daughter was born on the same day he was arrested for a conviction that would receive a prison sentence of 25-55 years. By the time Carlos was released she was 12 years old, and they had never met. It would take a few years but eventually Carlos and his daughter would begin to meet one another and share a meal or talk. She is doing rather well, a science major at the University of Texas at El Paso. Although their relationship is slightly estranged, they share in what they can.

Oscar had a child at the age of 17, just before he was convicted of aggravated assault where he was tried and sentenced as an adult. He would spend 4 years in a Texas maximum-security prison. While he was in prison, he was sent a picture of her. That single photo is the only contact he has ever had with his daughter. The image of his daughter from that picture is tattooed along the entirety of his left rib cage, a tattoo he had done in prison.

Julio has four children. He first became a father at 17 with Erika when he was still living in California. Erika was only 5 months old when he was crossing the street and targeted in a drive by shooting. Julio dropped to the floor and covered himself over his daughter, protecting her from the bullets. This drive-by shooting resulted in two shot wounds, one in his back, and one on the back of his left leg. Shortly after recovering in therapy, Julio moves to El Paso with Erika's mom, whom he is currently living with now.

Julio has three other children (Darrell, Hope, and Danny) with two other women. Darrell is Julio's three-year old son who he does not really get to see. He met Darrell's mother right after serving his three-year sentence in the federal prison system. She got pregnant unexpectedly so he moved into her and her family's house. Shortly after, Julio had a falling out with Darrell's mom and her family so he decided to move out. The stresses of probation, court fees, and the dramatic environment became too much to deal with. The relationship ended on bad terms, resulting in little to no contact with Darrell.

Julio's two youngest children, Hope and Danny, live with his other ex-girlfriend who is a stripper and involved with drugs. Julio is currently involved in a custody battle with her following several incidents that have alerted Child Protective Services (CPS) and policing authorities that the children may be in a dangerous environment. Julio feels confident he can win this case and has been taking various steps to insure he wins.

> So, we're going through court right now. We're going through all this. I'm really, really excited. That's why we got this apartment. So we got this apartment. As soon as I found out that their looking at me towards being the parent—full custody of my kids—as soon as they said that, I was like, oh I got to jump to it! I'm getting my apartment. I'm getting a two-bedroom apartment. I'm going to do everything I can. I have to pay for court fees. I have to also pay for parenting classes. I have to take CPR classes, in case the child swallows something. I have to know the procedures. I have to take those classes. And, I got to pay for that shit too, which I don't mind because that just means I'm going to have my kids. That is really exciting.

Julio gleamed when talking about the opportunity of having full custody of his kids. It is an exciting moment and takes priority at the moment. A few months ago, Julio tried to go back to school, in order to improve his employability for the future of his family. He was however disappointed to learn that he doe not qualify for any financial aid.

> Yeah, I was trying to get back into school and I don't qualify for financial aid or grants or none of that. I get denied right away. I would love to go to school for automotive mechanic.

Not qualifying for financial aid assistance to improve his education, a major indicator of socioeconomic status, is just one of the examples of the various barriers Julio faces for upward social mobility. Other barriers include employability and discrimination from law enforcement.

Paul has not had any contact with his children since 1991, after he was convicted of his offense. This was not a topic he was forthright about. A sensitive topic, the loss of fatherhood, was a common theme discussed by the participants, their experiences ranging from strained to non-existent relationships.

Chapter 5: Discussion and Conclusion

In an era of mass incarceration, there is an increasingly number of persons becoming exposed to the U.S. penal system. Previously incarcerated individuals are more often than not young poorly educated males of color and are disproportionately affected by the criminal justice system and incarceration. In an age of colorblind racism, this representation is often challenged as a non-racial social matter (Wilbanks, 1987), however there are many studies that show racial bias and discrimination in the criminal justice system (Crutchfield et al, 1995; Blumstein, 1982; Hawkins & Hardy, 1989; Tonry, 1996; Tonry & Melewski, 2008). While there is extensive literature on health and correctional populations, little information has been gathered explaining the health consequences of incarceration amongst individuals post release, and even less attention is given to the experiences of Latinos in the U.S. penal system (Akers et al., 2013; Walker, 2012).

This study uses the theoretical framework of phenomenology to conduct a micro-level analysis of previously incarcerated individual's lifeworld and stocks of knowledge. By conducting in-depth ethnographic interviews and participant observation, this study explores participants' subjective understandings of health and incarceration as they experience it; thereby, utilizing the stocks of knowledge held by these social actors (previously incarcerated individuals) in order to interpret their social relationships (medical staff/inmate, family and friends), organizations (gang membership), institutions (criminal justice system), and the physical world as valuable information informing the relationship between incarceration and health (Schutz, 1967).

Participation in this study required a great deal of interaction between the researcher and participant, making a larger sample size a difficult exploit for this master's thesis. However, the

sample size (n=6) was large enough to meet the objective of exploring the meaning previously incarcerated individual's made in relation to their health status and experiences of incarceration, before, during, and post release. This was accomplished by collecting a detailed understanding of the individual's life history, key life events, behaviors, mottos, and material culture with a specific focus on health and well-being amongst the participants.

The data for this study is based on the in-depth interviewing of six previously incarcerated Latino males who spent a minimum of one year in prison. The in-depth interviewing process consisted of a series of three in-depth interviews each taken between three days to one week of one another. The interviews were recorded when permission was granted, and the data was transcribed and coded for common themes related to the individuals' health and their experiences of incarceration. The purpose of the life charts was to provide a visual aid of the lived experiences of each of the participants and to chronologically map important health and criminal justice related events.

It became apparent after completing the life charts that age is an important factor to consider when looking at the effects of incarceration on the long-term health trajectory of previously incarcerated individuals. The older participants are more likely to have developed a series of chronic conditions and other illnesses in need of medical treatment and attention. For the younger participants who have not yet developed any chronic conditions or other health illnesses it is the cost of treatment without insurance that discourages them from engaging in preventative care measures or treating seemingly minor health issues such as poor vision and dental care. Alex's situation of ignoring his high cholesterol and high blood pressure following a minor stroke is also in large part due to not being able to pay for his medical bills and treatment, but it also stems from his perceptions of what constitutes health. Alex associates weakness and

scrawniness with being unhealthy, and also does not believe in taking any forms of over the counter or prescribed medication. Although, one can say that he engages in self-medication with cocaine and alcohol use, examples of maladaptive behaviors being used as poor coping strategies that are negative to one's health (Akers, 2013).

Several other themes noted in the literature on health and correctional populations became apparent within the data. First, perceptions of poor prison environments were addressed in detail by four of the six participants. These four participants had the longest exposure to the prison system and had also undergone the most prison transfers from one unit to the next. Overcrowding, unsanitary conditions, high degrees of hostility, as well as vermin infestations were noted in the interviews. Here, I also analyze behaviors within the prison system utilized by the participants to "survive prison" with activities meaningful to the participant. While most of the participants worked in prison, they found meaning by occupying their free time reading, writing, engaging in art such as painting, drawing, and tattooing, or by becoming involved in an underground prison market economy. Organizational membership also played a significant role in creating meaningful activity in prison such as gang membership or involvement in religious organizations like prison ministries, and when available, schooling.

All participants had some type of drug component to their charges. Carlos's engagement with the criminal justice system stemmed from economic compulsive crime committed to finance his heroin addiction, a condition Carlos had *before* contact with the criminal justice system. Carlos would not enter rehabilitative substance abuse programs until *after* serving two sentences in prison. Carlos was not arrested for being an addict; he was arrested for behaviors that broke criminal law. This is congruent with findings stating that the criminalization of substance abuse can yield negative health consequences for inmate health.

Both Paul and Alex began to use drugs heavily *after* having come into contact with the criminal justice system. Paul tried his first hit of crack cocaine during a time of extreme vulnerability. Charged with sexual assault of a minor, the perceived severity of his crime from his surrounding community members including his family along with the crime's accompanying social stigma caused Paul to lose his wife, children, job, and friends. Today Paul is fighting his addiction to crack cocaine, is marginally housed, and is still seeking an outlet that will allow him to once again be a productive member of society, or as he puts it getting "back into mainstream." Paul feels that after having lived a life in marginality, he has some insight to share with others. The only problem is his stocks of knowledge are not deemed credit worthy to most individuals in mainstream society.

After Alex was released from prison, he went on a three-month binge of partying. During this time Alex used MDMA (ecstasy), cocaine, and drank alcohol heavily. Alex expressed that there was a period in his life when he knew he had to quit using drugs to the extent that he was, but now feels that he has his drug use under control. Anival, Oscar, and Julio were involved in systemic crime associated with drug selling and markets, all of whom had been convicted of either trafficking or possession of large quantities of illegal drug substances such as marijuana, cocaine, and MDMA (ecstasy). All three extended their practices from the outside to the inside, meaning they continued to participate in the same underground market economy while in prison, albeit a more restricted one.

This research is valuable because it is an issue that is being looked at from the highest political offices in the United States. On April 25, 2013, President Obama addressed the War on Drugs. In this interview he outlines that he believes that there needs to be a shift in how drugs are viewed and addressed. President Obama states:

> I am a strong believer that we have to think more about drugs as a public health problem. When you think about other damaging activities in our society, smoking, drunk driving, making sure you're wearing seatbelts, typically we've made huge strides over the last 20-30 years by changing people's attitudes. And on drugs, I think that a lot of times we've been so focused on arrests, incarceration, interdiction, that we don't spend as much time thinking about how do we shrink demand. And this is something that within the White House we are looking at very carefully.

Another theme apparent in the data was poor perceptions of the inmate/health care staff relationship and the overall process of medical treatment available in prison. At one point, care in prison is analogized to a conveyor belt. Most of the participants reported indifference or malice on the part of the health care staff, with the most positive perception held by Carlos. Carlos seemed to be more understanding of the limitations of what the health care staff could actually provide to the inmates. He also acknowledged that not all inmates are treated equally; depending on inmate behavior, treatment can be better or worse. Carlos's positive experiences among heath care staff in the prison may also be related to his "trusty" status within the prison system, which comes with a degree of trust and privileges among administrative personnel and the inmate. It is a merit system used by the Texas prison system that is based on good behavior. Carlos also perceived the process of request forms as going much faster than the other participants recalled. While Carlos suggested that requests could be answered in as fast as 1-2 days, other participants recalled waiting periods of weeks and up to a couple of months.

Physical ailments as a result of interpersonal conflict between inmates and guards (such as in instances of riots or rumbles) are discussed but are not reported as essential components to one's health. Instead they are viewed as physical manifestations that heal themselves; sometimes treatment is given, but most of the time it is not unless the condition is considered life threatening. This is mostly perceived as normative of prison culture.

There is also a suggestion that because prison health care functions in a highly bureaucratic manner, by means of filling out request forms and waiting to be called, the prison health care system is best suited in responding to life threatening situations. Various circumstances include the overcrowding and lack of medical resources and medical personnel to meet the rising demands and healthcare needs of an increasing prison population. This creates institutional barriers preventing successful health care in prison, which could be contributing to the current health inequalities faced by inmates (Jordan, 2010). This theme is best seen in the case of Anival who received very poor medical treatment, and the antithesis scenario of Carlos whose medical needs were adequately met in the system.

There was only one participant who recalled contracting a communicable disease. Communicable diseases were prevalent only to Carlos who had contracted tuberculosis twice and hepatitis C while incarcerated; all three cases were adequately treated. Carlos was also incarcerated for the longest period of time, making his likelihood of contracting a communicable disease higher.

The mental and emotion health of inmates may be jeopardized after spending extended time in solitary confinement and isolation in the prison system, but its severity cannot be determined by this study. What is known is that previously incarcerated individuals *felt* their mental health compromised after spending extended periods of time in isolation.

The stigmas and stereotypes associated with having spent time in prison stems from the association of the individual to criminality, which are often times associated with characteristics such as untrustworthiness and of being dangerous or violent. Stigma and stereotypes are felt most by participants when trying to gain employment. Julio is the only participant not classified as self-employed, instead he works two full-time jobs at minimum wage. If convicted of any

drug crime(s) there are even more limitations to what social services one qualifies for. Results suggest that stigma amongst sex offenders are higher than the stigmas of just having been to prison along with having greater effects on negative health outcomes. The sex offender sub-group faces higher degrees of social alienation with most local ordinances having their own sets of restrictions, such as place of residence and where one can and cannot work. High instances of perceived law enforcement discrimination is another of the shared experiences voiced by the participants of this study.

In order to reduce potential health problems for older members of the previously incarcerated community and those with chronic conditions, attention must be brought to the challenges of prisoner healthcare as well as improving the continuity of care for people being released from prison. These improvements include increased access to healthcare and other opportunities such as employment and education. These issues require policy reform that reduces the country's reliance on incarceration and promotes using public health oriented strategies to address substance use and abuse, addiction, and mental illness.

Upon reflection on fatherhood, the participants' lives at home were altered or completely taken away due to incarceration. The effects of incarceration on fatherhood explore the notion that the social status of previously incarcerated individuals not only affects them as individuals, but it also hurts their families, and communities in that incarceration hinders family formation. It does so by keeping them from living with their children, and by diminishing their employment prospects and earning capacities. Four of the six participants in this study who had extensive skills in trades such as welding and auto-mechanics recalled learning these trades from their own fathers. More than any other type of formal training, these skills have allowed them to become self-employed.

In closing, five of the six participants perceived incarceration as having had a negative affect on their health becoming more profound the longer the sentence. Older adults are more likely to develop chronic diseases or develop other health illnesses that need continuous medical care, in which case without stable housing, secure employment, or access to affordable health care can lead to serious health problems. Social status after exposure to the penal system has larger perceived negative health outcomes by previously incarcerated individuals than the period of incarceration itself. This may indicate that social programs investing in ensuring a smoother transition for inmates post-release may in return support healthier outcomes.

5.1 Limitations

Findings of this study are not generalizable to the larger population of those who have been previously incarcerated in the U.S. The sample for this study was designated to Latino males who have spent a minimum of one year in prison. It does however add to the previous findings acknowledging that exposure to the penal system may be more consequential to a person's health than the actual period of incarceration. It offers a window to the thoughts and perceptions of how prison has affected one's health from people who have been incarcerated. The social costs of imprisonment do not exclusively belong to the formerly incarcerated. The experience of incarceration is not solely the inmates; many individuals working within the criminal justice system are also subject to prison environments. To further enrich these findings, future researchers should seek to interview other persons affiliated with the criminal justice system such as guards, health care staff and personnel, as well as administrators. Individuals outside of the criminal justice system who are affected and who could provide insight to this topic include social workers and family members of those previously incarcerated. Seeking to

better understand their subjective understandings will create a more holistic understanding of prisons in the United States.

5.2 Implications for Future Research

Future researchers must begin to examine more thoroughly the interconnectivity of health disparities, race, and the role of U.S. corrections in perpetuating health disparities among people and communities of color in order to inform policy addressing the increasingly unmet health needs of a rapidly growing prison population. Future studies should seek to diversify and increase the number of participants by including people of different class, racial, ethnic, and gender backgrounds.

Future research should also look at the health relationship amongst women who have had exposure to the penal system, and how they perceive incarceration has affected their health, whose experiences with the criminal justice system differ from that of their male counterparts. Female correctional populations along with Latinos/as are the fastest growing prison populations. Inadequate prison conditions, the criminalization of substance abuse, prison medical staff and inmate relations is a crucial next step in.

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Appendix

THE UNIVERSITY OF TEXAS AT EL PASO
Office of the Vice President for Research and Sponsored Projects
Institutional Review Board
El Paso, Texas 79968-0587
phone: 915 747-8841 fax: 915 747-5931

FWA No: 00001224

DATE:	February 19, 2013
TO:	Tiffany Young, BA
FROM:	University of Texas at El Paso IRB
STUDY TITLE:	[418156-1] Life and Health Outside Prison
IRB REFERENCE #:	418156-1
SUBMISSION TYPE:	New Project
ACTION:	APPROVED
APPROVAL DATE:	February 19, 2013
EXPIRATION DATE:	February 19, 2014
REVIEW TYPE:	Expedited Review

Thank you for your submission of New Project materials for this research study. University of Texas at El Paso IRB has APPROVED your submission. This approval is based on an appropriate risk/benefit ratio and a study design wherein the risks have been minimized. All research must be conducted in accordance with this approved submission.

This study has received Expedited Review based on the applicable federal regulation.

Please remember that informed consent is a process beginning with a description of the study and insurance of participant understanding followed by a signed consent form. Informed consent must continue throughout the study via a dialogue between the researcher and research participant. Federal regulations require each participant receive a copy of the signed consent document.

Please note that any revision to previously approved materials must be approved by this office prior to initiation. Please use the appropriate revision forms for this procedure.

All SERIOUS and UNEXPECTED adverse events must be reported to this office. Please use the appropriate adverse event forms for this procedure. All FDA and sponsor reporting requirements should also be followed.

Please report all NON-COMPLIANCE issues or COMPLAINTS regarding this study to this office.

Questions for Participants

Interview 1 Questions for participants:

1. What life experiences brought you to become a previously incarcerated individual?
2. Did you have any health problems/illnesses prior to incarceration? (If no, skip to question 5).
3. How were these health problems/illnesses addressed?
4. Were any of these health problems/illnesses worsened or treated while incarcerated?
5. Did becoming incarcerated affect your health? If yes, how so?
6. When you got sick, or needed health care, what would you do while incarcerated?
7. Anything else you can think of that you would like to share about your health?

Interview 2 Questions for participants:

1. What does health mean to you now?
2. What is it for like for you now as someone who has previously spent time in prison?
3. How has this affected your health?
4. When you get sick or are in need of health care, what do you do?
5. How would you describe your health today?
6. Have you sought out help from social services to increase your quality of health? If so, how effective were the services?
7. Anything else you can think of that you would like to share about your health?

Interview 3 Questions for participants:

1. Given what you have reconstructed regarding your health and your experience of incarceration, where do you see your health in the future?
2. What does it mean to be have been incarcerated and your health?

3. How has incarceration affected other areas of your life?

4. Has your current state of health affected any other areas of your life? If so, how and to what degree?

Key phrases to be used during the course of the interview to encourage dialogue will include: *What do you mean? Tell me more. How did you feel about? When you said "…"? Can you tell me how you felt*? Words to be excluded from the dialogue will consist of questions using the key words*: why* and *remember.*

Vita

Tiffany Amorette Young was born and raised in El Paso, TX. She received her B.A. in English and American Literature from the University of Texas at El Paso in May of 2011. Amorette just received a University Diversity fellowship in 2013 in order to continue her education at Texas A&M University, where she will work towards a Ph.D. in Sociology. She hopes to continue her work as a researcher of race, health, and corrections.