
Book Review

Race and Justice

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Ernest Drucker

A Plague of Prisons: The Epidemiology of Mass Incarceration in America New York, NY: New Press, 2011. 226 pp. \$26.95. ISBN 978-1-59558-497-7

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In the past decade, a thorough literature has developed on the causes and effects of mass incarceration in the United States. Yet, in this work, Ernest Drucker addresses these issues from an entirely different perspective likening mass incarceration to an epidemic disease and, in doing so, providing a new understanding to a now well-known and increasingly documented problem. The new understanding is a significant contribution to the field especially in terms of the potential it has for making even clearer—and more persuasive and urgent—the significant impact of mass incarceration on individuals, communities, and families.

The book begins with “An Epidemiological Riddle” that sets the foundation for the parallel that is the text’s centerpiece—that mass incarceration is a public health problem. It is clear that an epidemiologist could solve the riddle in no time but a crime and justice audience may not be so quick to get it, making it all the more compelling. Drucker provides key information about an “unusual event,” and challenges the reader to identify it. Social and demographic characteristics of individuals are directly linked to physical location to show the ways in which these factors interact to affect one’s likelihood of exposure to harm. Thus, the author creates as the foundation of this work an analysis of individual and environmental characteristics and the intersection between both in order to make sense of a large-scale problem and as a necessary predecessor to its prevention. The book evolves through an initial analysis of an “actual” epidemic (cholera in London) as a template for using epidemiological analysis for the problem of mass incarceration. The epidemiological novice is trained into understanding how epidemiologists go about their work in understanding an epidemic disease—in particular, the role of three key variables: time, person, and place (p. 17). The author reviews John Snow’s analysis of cholera in London in the mid-19th century, which has at its core geographical mapping of cases in addition to cataloguing case characteristics—not unlike Park and Burgess’ social ecological study of crime in Chicago in the 1920s—in order to reveal information about what causes the disease (in this case a pathogen carried in water transported through a particular pump).

The text thus begins with a historic example of using empirical evidence to determine the causes, effects, and solutions to a public health problem and moves to

providing a contemporary example of a second epidemic disease, AIDS. In this section of the book, Drucker reports primarily on his own research on the AIDS outbreak in the Bronx in the 1980s. Through this example, the text provides an explanation of what constitutes an epidemic “the fact that the number of new cases (the incidence) exceeds the rate that is normally seen” (p. 23) and as the AIDS epidemic is analyzed in terms of time, person, and place the reader begins to anticipate the parallel to mass incarceration. Drucker and his colleagues examined key characteristics of the community: for instance, poverty levels, education, crime, and death caused by drug overdoses. These variables were then overlaid upon a mapping of AIDS cases in the Bronx tracked through hospital data beginning in the 1970s. Through an analysis of these data coupled with data obtained through a Bronx drug treatment and methadone program run by Drucker and colleagues, the researchers developed an understanding for AIDS beyond transmission through sexual behavior. “It was the sharing of unsterile syringes and frequent unsafe sexual contact (for money or drugs) that was the pump driving the local outbreak in the Bronx” (p. 31) not, as previously understood, a “gay-related immune disorder” (p. 28). Through his analysis of how the AIDS epidemic evolved, was responded to, and could be (or could have been) prevented, there are several interesting connections to incarceration—although not all are made explicitly at this point. For instance, the author shows how “AIDS was a highly political epidemic from its first cases among gay men in California to its later home in the shooting galleries of the poorest urban ghettos of America’s cities” (p. 35); and argues that “both drugs and sex (especially gay sex) are subjects of intense cultural and political conflict” (p. 36). Indeed, so has mass incarceration been “highly political,” disproportionately concentrated among “the poorest urban ghettos of America’s cities” and the subject of “intense cultural and political conflict.”

Chapter 4 sets the stage for why mass incarceration may be understood through epidemiology revealing the magnitude of the “event,” comparing it to that of the Titanic, although making clear that “it is no accident” (p. 38). Rather, mass incarceration “meets all the important criteria for being an epidemic, a collective phenomenon that is more than the sum of its individual cases. These criteria include its rapid growth rate, large scale, and self-sustaining properties” (p. 42). With regard to the latter, incarceration is able “to reproduce itself (as infectious or communicable diseases do) by several mechanisms that keep people ‘infected’ and create new cases in a way that has sustained its heightened prevalence over many years” (p. 45). Drucker points to several ways in which this occurs, through diverse vested interests in prison beds, for example, and through the disproportionate effect on marginalized communities, depleting already strained resources in those areas (pointing to Clear’s [2007] recent work).

The remainder of the book examines mass incarceration as a “different kind of epidemic.” In doing so, it draws connections between mass incarceration as an epidemiological problem while providing a very thorough examination of its characteristics, including, its causes and effects. This begins with an examination of the “outbreak” of mass incarceration—a close look at the development of the Rockefeller drug laws according to the time (1970s and 1980s) and place (effects are

concentrated in New York City) in which they occurred and their disproportionate harm to young Black and Hispanic men.

Just as Drucker argues that: “The magnitude of an epidemic (the prevalence of the disease or the scale of a disaster) is perhaps the most important marker of its significance and potential for harm” (p. 68), so is his analysis of this and the ways in which mass incarceration is self-sustaining, the most convincing and nuanced analysis of the text. This is where epidemiology teaches us the most about incarceration. According to the text, the mortality rate is “the most common measure of the magnitude and significance of any epidemic” (p. 69). However, in order to apply this to mass incarceration, the author uses a uniform measure commonly used by epidemiologists called “potential years of life lost” (p. 69) or YLL. This “represents the number of years that would have been lived by a victim had he or she not died in the epidemic or disaster. YLL is the number of years between the victim’s age at death and the age that his or her usual life expectancy would predict” (p. 69). Thus, using this figure the author can make comparisons across epidemics—including mass incarceration compared to others. For a specific analysis, the author uses the “outbreak of mass incarceration” as a result of the Rockefeller drug laws (p. 70), concluding that: “between 1973 and 2008, a total of over 368,000 years of imprisonment was meted out for drug offenders in New York State—that is, over 368,000 YLL” (pp. 70–71) a number that exceeds that of the World Trade Center attack (by threefold) attack and the AIDS epidemic in New York. This is even more staggering when examining the same data for the United States as a whole.

Next, the text examines the ways in which mass imprisonment is self-sustaining, a key characteristic of epidemics—“creating new cases—becoming contagious (communicable from person to person) and spreading to new populations and locations” (p. 78). Here, the ways in which mass incarceration creates new cases are revealed: through drug policy, intergenerational effects of incarceration, and its effects on communities. Of course, throughout this analysis, the disproportionate effects on Black and Hispanic populations are an ever-present theme. Incarceration exacerbates those community-level factors most significantly associated with involvement in the criminal justice system. This analysis is elaborated in the last two core chapters of the text where chronic effects of incarceration on individuals and effects of mass incarceration on families are explored. With regard to the former, the epidemiological aid to understanding is in terms of looking at mass incarceration not only through YLL but also as that which contributes to “long-term disabilities and chronic illnesses resulting in serious restrictions in the ability to function in the everyday work of home, family, community, work, and school” (p. 111). The extent to which incarceration creates “years of good health lost” or “disability-adjusted life years” (DALYs; p. 111) is considered. Drucker provides a review of the research on mental and physical health challenges during incarceration and how incarceration continues to incapacitate through “enduring disabilities” postrelease. Challenges to successful community reintegration include legal barriers for obtaining housing and employment—key factors in reducing recidivism—as well as barriers to community participation (e.g., restrictions on voting rights).

Finally, the core of the text concludes with an examination of the “contagion” effect—the effects of incarceration on children and families of those incarcerated. Included in this section is Drucker’s (with colleague Barreras) examination of child separations from incarcerated parents—a pilot study that reveals an average separation time of 7.4 years for each child in the sample (of 49 children)—“a figure equal to 36 percent of these children’s entire lives at the time—and about half (48 percent) of all these children experienced ten or more years of separation due to incarceration by the time they were eighteen years old” (p. 149). The rest of the chapter explores the consequences of this separation and includes a link to the public health focus on “the disparity between black and white infant mortality rates, which seems to mirror the disparity in black and white incarceration rates” (p. 156). Reviewing Wildeman’s (2009) findings on the relationship between parental incarceration and infant mortality, Drucker continues to link mass incarceration to population health (and inequality represented within it) and then to the health and survival of children specifically. He concludes that: “Epidemic mass incarceration has become one of the most powerful determinants of systematic and intergenerational inequality in our society” (p. 162).

It is at this point that the text proposes a “public health model” for “ending mass incarceration.” “If the goal of clinical medicine is to treat and cure individual cases of disease, in public health the primary task is always prevention” (p. 163) accomplished at three levels: primary, secondary, and tertiary prevention. Primary prevention refers to “the prevention of new cases of the disease” (p. 164). Secondary prevention refers to treating the patients who already have the disease. And tertiary prevention “seeks to limit the burden of chronic illnesses” in order to “minimize the suffering they can cause for individuals and families” (p. 165). To that end, Drucker proposes reducing (if not eliminating) incarceration for nonviolent drug offenders and general reductions in the prison population through reform of current drug laws (primary)—an old proposed solution to a now old problem. Drucker argues for interventions at multiple stages in the system—“arrest by the police, detention, legal proceedings, sentencing, time served in prison” (p. 178)—in pursuit of “harm reduction.” He points to on-the-ground efforts to fight mass incarceration and their effects in select communities. Finally, he argues for “truth and reconciliation processes that begin to undo the harms of mass incarceration in many communities” (p. 188; tertiary prevention). This includes seeing the victims—those who have directly and indirectly experienced “the excesses of mass incarceration”—“as the casualties of a long civil war” (p. 188) and employing a restorative justice model that can “begin to restore the vast amounts of social capital and goodwill that have been lost” (p. 189).

To those not familiar with its causes and effects, this is a very thorough, accessible understanding of mass incarceration and to the well versed, this is an illuminating analysis revealing an innovative perspective. The connections made to epidemiology are so compelling that it is easy to begin to wonder how mass incarceration could *not* be understood as an epidemiological problem. It is because this is so convincing, that one void is particularly noticeable. The book reads as though it is leading up to an in-depth analysis that more directly connects public health policy to criminal justice (or more specifically, corrections) policy. While Drucker includes a thorough and highly

convincing argument as to how mass incarceration is similar to other large-scale disasters and disease epidemics, complete with defining characteristics such as size, duration, and lasting impact, there is a missed opportunity to apply this analysis more directly to the proposed solutions. The reader is left wondering about the explicit ways in which actual efforts and solutions to public health problems may inform solutions to problems created and reinforced by criminal justice policy. If the argument is that mass incarceration is so similar to a large-scale epidemic why not conclude the work with continued analysis of how these can be addressed similarly or explain why they cannot be? This is done to an extent through an application of the concepts of primary, secondary, and tertiary prevention to mass incarceration—but how might actual examples of solutions to public health problems translate to mass incarceration as an epidemic?

Much in the way that Cullen, Wright, and Chamlin (1999, p. 197) argue that “a social support perspective offers guidance on how to construct a public idea that might reasonably challenge the hegemony of conservative get tough thinking about crime” (and punishment), Drucker’s work is well equipped to offer similar guidance through his theoretical contribution of mass incarceration as an epidemiological issue. As Cullen et al. (1999, pp. 197–198) write:

These narratives, moreover, would seek to connect biography and social structure, revealing how individuals, caught in a web of neglect and disadvantage, are placed at risk for a life in crime. Finally, the punch line of the story would be that by creating a more supportive society and by giving support to concrete individuals, much crime [and mass incarceration] would be prevented.

In this case, if the parallels drawn between mass incarceration and epidemic diseases are accurate perhaps creating a more supportive society that is equipped to prevent and manage large-scale disasters and disease epidemics would similarly prevent and manage mass incarceration. One way to carry this through would have been to move beyond U.S. examples conducting a brief comparative examination of the relationship between public health policy and punishment policy abroad. Drucker’s focus on non-violent offenders is important and convincing for a public audience who has begun to find mass incarceration of low-level offenders tiresome given the strain on their wallets. Still, the extent to which the United States incarcerates so much more than other western countries even for violent offenses could be mentioned in order to show that all of this convincing evidence is only part of a larger international punishment (and health) policy context.

While some readers may not be convinced the problem of mass incarceration *should* be given the same attention (and funding) as health problems within the population or that mass incarceration *is* a health issue, the book works so hard to draw this parallel that it seems a truncated analysis to end with policy implications that simply address mass incarceration. Presenting mass incarceration as synonymous with public health (rather than just like it) could have generated an enhanced urgency around the problem leaving the reader to confront how porous prison walls

are. Perhaps Drucker avoids this because it is too obvious and he knows (as he mentions in the work) that looking at drug addiction (and AIDS) as a public health problem in U.S. policy was met with resistance. As he writes: “In most people’s minds, drugs in the Bronx were associated not with public health but with crime and the all-too-apparent local carnage of the war on drugs” (p. 32). Similarly, the public may continue to perceive mass incarceration as an initially legitimate response to the crime problem rather than as many other ways it has been characterized—for example, as a grand social experiment (see Frost & Clear, 2009) and here, as a plague. While this book presents an important analytic angle on mass incarceration, because of this history of resistance to framing crime and punishment in public health terms, it remains unlikely that it will be “heard” by those in the position to administer the “cure” any more than works prior to it.

Still, the creative approach to this work is so significant a contribution to an understanding of this large-scale social problem that *A Plague of Prisons* can, and should, be read by key actors in the field. The text is accessible to a wide audience including criminal justice experts, educators, and undergraduate and graduate students as well as those in similar roles in the field of public health. But perhaps more importantly, the work is accessible to a public and policy audience providing definitions of key terms throughout the writing, clear data, and context. In addition, the empirical support for theoretical analysis throughout is highly persuasive. Is it likely the public will be convinced this problem is similar to epidemics? Yes. Is it likely, the public will be similarly sympathetic? Unfortunately, still probably not.

References

- Cullen, F. T., Wright, J. P., & Chamlin, M. B. (1999) Social support and social reform: A progressive crime control agenda. *Crime and Delinquency*, 45, 188–208.
- Frost, N. A., & Clear, T. R. (2009). Understanding mass incarceration as a grand social experiment. In A. Sarat (Ed.), *Special issue new perspectives on crime and criminal justice (studies in law, politics, and society, Vol. 47)*; pp. 159–191). Bingley, UK: Emerald Group.