A Unique U.S. Nightmare: The Carceral State

The carceral state is a new term for a familiar human rights catastrophe: the U.S. with 5% of the world’s population and 25% of the world’s prisoners. And, one-third of the world’s female prisoners. But here’s a new twist on this familiar situation. There is no other single public policy that would affect the size and conditions of the U.S. prison population than Medicaid expansion. Medicaid expansion gives states huge infusions of federal money to expand mental health services, substance abuse treatment and medical care for many of the people who are most likely to end up imprisoned. It also allows states and local jurisdictions to shift a significant portion of their prison health care costs to the feds.

In fiscal 2012, Congress allocated just $63 million for the Second Chance Act—which works out to less than $100 for each person released from prison and jail that year. Compare that to the estimated $100 billion Texas alone will forfeit in federal dollars over the next decade as a result of opting out of Medicaid expansion.

And not only Texas—also, as of this writing, Georgia, North Carolina, Alabama and Tennessee. Officials in Indiana, Pennsylvania and Arkansas have reversed their initial decisions and opted in.

This is one example of states, now and in the future, making largely symbolic cuts that do not significantly reduce the incarcerated population or save much money. But, they do render life in prison and life after prison leaner and meaner. Staff positions go unfilled due to budget cuts. Many states have eliminated or reduced programs for prisoners, cut back on health care and slashed food services. Presenting the bloated prison system as largely a budget deficit issue helps to legitimate a race to the bottom in penal conditions. Prison systems consume only about 2 to 3% of state budgets.

The total number of people in U.S. jails and prisons has largely stabilized since the onset of the “Great Recession.” However, the U.S. incarceration rate of about 700 per 100,000 is still the world’s highest.

The African-American incarceration rate is an astronomical 2,300 per 100,000. Shocking does not begin to describe it. The Black-white incarceration rate in the U.S. is about 6 to 1. The white incarceration rate in the U.S. is about 400 per 100,000. This is about 2 to 2.5 times the total incarceration rates of the most punitive countries in Western Europe and about 5 to 6 times the rate of the least punitive ones. Ending the so-called War on Drugs sentencing would have an uneven effect on some demographic groups. One would likely be to dramatically reduce the incarceration rates for African-American women. On the other hand, if everyone now doing time in state prisons whose primary conviction is for street drugs were released, the state prison population would be reduced by only 20%.

An emerging pattern is of state legislators acting to decrease sentences for street drug convictions, while at the same time expanding the use of life sentences. States that have chosen to decrease per capita spending on welfare have tended to also create an increase in spending on prisons. Countries that have weaker welfare programs tend to have higher incarceration rates. Countries with extreme income inequalities generally have higher violent street crime rates and often higher incarceration rates.

People charged with “sex offenses” are the most rapidly increasing segment of the U.S. prison population. Federal statistics reflect that accused are receiving longer sentences if viewers of child pornography than do those convicted of sexually abusing children.

Resources: Marie Gottshalk, Caught and Liberty & Justice Coalition, PO Box 36123, Albuquerque NM 87176.
Sesame Street ofrece consejos para padres encarcelados

Usted será siempre un padre. Aunque usted se encuentre encarcelado, usted puede todavía jugar un papel importante en la vida de su hija(o). Trate de poner en práctica estas acciones para asegurarle a su hija que usted todavía se interesa por ella y que siempre será su padre.

Respondiendo preguntas difíciles. Su hijo puede que tenga problemas entendiendo el porque usted está ausente. Existen maneras como usted puede contestar sus preguntas sinceramente y de formas en que el pueda entender.


Cuando volverás a casa? “No voy a estar en casa por un rato. Estoy esperando por más información y te lo haré saber en cuanto yo lo sepa. Preferiría estar en casa contigo más quiero sepas que donde quiera que yo este, estoy pensando en ti.”

Podré ir a verte? Si su hijo puede visitarlo: “Tu puedes visitarme en prisión de ves en cuando. La persona encargada de cuidarte te hará saber cuando. Mientras tanto, podemos escribirnos cartas y hablar por teléfono.”

To receive our Newsletter by postal mail each month, send us self-addressed, stamped envelopes (with the CPR return address) -- up to 12 at one time.

Please continue to send us address changes and renewal requests, in order to be sent the yearly holiday card/new calendar each January.

Also, please note that the only address to use to be sure to reach us continues to be: PO Box 1911, Santa Fe NM 87504. There are resource listings which, unfortunately, use an incorrect address.

Remember: NONE OF US ARE LAWYERS OR LEGAL WORKERS. It is important not to mark any envelopes sent to us as “legal mail.”

Many, many thanks to the Real Cost of Prisons Project for making our monthly Newsletter available on-line for free downloading and distribution. It is at: http://www.realcostofprisonsproject.org/coalition.html -- this is a GREAT site!

We depend on our readers’ donations & thank you for your support! Mil gracias!

REPRODUCTIVE INJUSTICE, 2015: Reproductive Health Care for Women in New York State Prisons From a report of the Correctional Association of New York’s Women in Prison Project

As we know, prisons fuel social and racial injustice and infringe on women’s human rights to reproductive health care and reproductive decision making. The NY State Department of Corrections and Community Supervision (DOCCS) is responsible for providing reproductive health care to, in 2013, more than 2,300 women on any given day, and to nearly 4,000 women over the course of one year, about 40 of whom are pregnant. The U.S. women’s prison population rose from about 11,200 in 1977 to about 111,300 in 2013, an increase of nearly 900% over 36 years.

In 1973, there were 380 women in New York’s prisons. By 1997, that number had zoomed to 3,700 women.

Women in prison have limited access to information and little say over health care decisions. The best solutions to the serious problems imprisoned women face in getting appropriate health care, including women-specific care during incarceration, is to keep women, especially pregnant women and women with small children, out of prison in the first place.

Some characteristics of imprisoned women in New York State:

> 70% are mothers. About 63% were living with their children before arrest, and 43% were caring for their children on their own

> 70% had a substance abuse problem prior to incarceration

> 39% have been diagnosed with a serious mental illness

> the median annual income of women in New York’s prison before incarceration was $8,000

> 41% were unemployed prior to their arrest, 35% received public assistance and nearly 60% were on Medicaid.

> 62% are women of color, even though women of color make up only 35% of New York state’s female population

> 54% have a serious or chronic illness; about 12% are living with HIV, and about 17% have hepatitis C

> 15% are 50 years old or older, more than double this age group 10 years ago.

VOICE FROM INSIDE

Milton FL

November 2014

...The religious diet program, (R.O.P) is a good source of proteins and minerals that are not provided in the regular institution’s food....