



Mass Incarceration and Public Health | Dr. Robert Fullilove



What is Global Health?

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In this episode of *What is Global Health?*, Rachel Chang and Miriam Cepeda speak with Dr. Robert Fullilove on America's mass incarceration. Dr. Fullilove explains how putting generations of black people behind bars is not only a persisting legacy of slavery but also how mass incarceration feeds directly into the racial disparities we see in COVID-19 and other health outcomes.

Dr. Robert Fullilove is Columbia University's Associate Dean for Community and Minority Affairs, Professor of Clinical Sociomedical Sciences, and the co-director of the Cities Research Group. As a leading public health researcher and advocator, he has served and advised both the CDC and NIH on substance abuse and HIV/AIDS.

Dr. Fullilove is actively fighting mass incarceration: he teaches public health courses in six New York State prisons through the Bard College Prison Initiative, where he serves as their public health senior advisor. Before he became a leading public health expert, Dr. Fullilove was — and still is — a civil rights activist and SNNC member. (In fact, you can find pictures of him protesting during the Freedom Summers in Mississippi.)

Mass Incarceration and Public Health | Dr. Robert Fullilove | Transcript (via Sonix)

[00:00:00] Welcome to the podcast of the Journal of Global Health. My name is Rachel Chang and I'm here with my co-host, Miriam Cepeda. Today we'd like to talk with Dr. Robert Fullilove about America's mass incarceration. Specifically, we want to discuss how putting generations of Black people behind bars is not only a persisting legacy of slavery, but also how mass incarceration feeds directly into the racial disparities we see in COVID-19 and other health outcomes.

[00:00:26] Before we start, I'd like to introduce Dr. Fullilove at Columbia University. Dr. Fullilove is Associate Dean for Community and Minority Affairs Professor of Clinical Social Medical Sciences and the Co-director of the City's Research Group. Dr. Fullilove has an extensive background in public health research and advocacy in topics like substance abuse and HIV/AIDS, and has served and advised for both the CDC and the NIH. Dr. Fullilove has actively been fighting mass incarceration for over a decade now. He has taught public health courses in six New York state prisons through the Bard College Prison Initiative and now serves as their public health senior advisor.

[00:01:05] And probably most impressive is that before he was a

leading public health expert, Robert Fullilove was and still is a civil rights activist and SNCC member.

[00:01:17] Without further ado, we'd like to welcome and thank Dr. Foley love for joining us. Glad to be here. Thank you for having me.

[00:01:24] To set up the context, the US prison population has increased by seven hundred fold since 1970. In fact, the US has more people incarcerated than any other country in the world does where Black and Latinx individuals are being incarcerated at disproportionate rates. Can you explain to us why why our country has such a high incarceration rate?

[00:01:49] I think it's fair to say that we have, as a nation, never managed to get out from under a legacy that we have as a nation with slavery.

[00:02:01] Slavery was the ultimate level of social control over disadvantaged population. Since the end of the civil war reconstruction, the 20th and the 21st century, we still struggle with issues of race. So although the question might have been about mass incarceration, who we incarcerate tells a great deal. I think about what it is, how it impacts the United States as a whole and why it's such an immensely difficult problem. The fact that roughly 60 percent of all the folks who are locked up or people of color, the fact that they represent less than 20, 25 percent of the population in the United States means that their overrepresentation must mean something significant about our efforts to deal with issues like poverty or issues or issues related to education, and certainly are issues related to living space. I believe that the war on drugs is primarily responsible for this huge increase in the prison population. And it came about at a moment when instead of dealing with widespread drug use in the United States, we didn't resort to doctors. We didn't try to have the public health system manage this problem, despite the fact that substance abuse disorders are well recognized in psychiatry. What we as a nation decided to do was make this a

criminal issue and make the demand that the police and the courts be the ones who would deal with this problem. So you suddenly have this massive increase with the war on drugs of the number of folk who are sent to prison, literally because of their engagement one way or other, where the issue of drug use, drug sales and everything about drugs that this nation found objectionable. So with a sudden decision and it did feel as if it came about overnight to say that the cops are going to handle this, no surprise that slowly but surely since 1980, that huge jump that you cited has produced a prison population that is large and that is largely composed of folk from communities of color.

[00:04:14] Right, that completely makes sense, and could you explain more about how this history of slavery and then segregation, Jim Crow and to redlining that still happens today, how that affects who is getting incarcerated?

[00:04:30] Sure. I think more than anything else, it's appropriate to think that in the 1970s, Richard Nixon was the president of the United States.

[00:04:39] He had just come off a period of time when we saw a real expansive movement in the civil rights movement. Thanks to President Lyndon Johnson, we had the Civil Rights Act, we had the Voting Rights Act.

[00:04:53] We have acts passed in the Congress that did their best to reduce segregation in housing. So a Republican suddenly as president of the United States, very conservative with respect to issues of race, I think it's fair to say that guided by folk who, as is the case today with so many members of the Republican Party, was really interested in an agenda that supported white superiority. It became very clear that there was an expectation with the assassination of Martin Luther King in 1968 that something had to be done about race. Daniel Patrick Moynihan, the senator from New York, basically argued to Richard Nixon, Hey. You don't want to get involved in all the mess in the 60s that resulted in a civil rights movement on the one hand. And a large

pattern of urban riots in major cities in the United States on the other. Why don't you adopt the policy of benign neglect if you are concerned about the problems that exist in the minority populations in the United States?

[00:06:03] Why aren't we clear that a lot of crime in urban areas is largely fueled by drugs and drug use?

[00:06:10] How about you think about dealing with the issue of race by saying nothing but dealing with the race, the issue of race indirectly, by making sure that as the president, as a nation, we start to crack down on drug use.

[00:06:25] The American public is already worried about the role that drugs play in crime. Why not declare a war on drugs and see if you don't with that deal with the problems that are associated with minority communities, but also give the sense that for the American public, it isn't race that's driving this agenda. It's a real concern to make sure that life in the United States can be improved because it'll be a life that is pretty well free of the influence of drugs. That, of course, never happen. But the moment you put the cops in charge of maintaining a federal as well as a local policy that said we're going to crack down on drugs, where would you deploy the cops? Where would they go?

[00:07:09] Well, the answer is they'd go to the communities that have the highest rates of crime. This is hotspot policing.

[00:07:15] Let's deploy our cops to a place where they can do the most good, which is translated that they can have the most of an impact on what's going on by throwing a lot of people into jail.

[00:07:27] It's at that point that it becomes clear that the most segregated communities in the United States, the ones that were created by redlining, would also be the ones that would have high rates of poverty. And because poverty is so directly connected in too many instances to what we would consider to be crimes and to the temptation to engage in the use of drugs, we suddenly

discovered that with large numbers of police going to these communities, you not only had more opportunities to be arrested, you also had more of an opportunity, if arrested to wind up in prison. So all of a sudden we discover, as was the case in the 1990s when Eddie Ellis, formerly incarcerated person, tried to study this, what you discovered was that in New York City and in New York State, 74 percent of the prison population came from those redlined, segregated communities in the city of Newark. Seven neighborhoods accounted for a substantial portion of the folks who were being incarcerated in the state at that time. That's a way of saying that in these red line segregated communities, prisons are like an extension of what's going on in the neighborhood. They are institutions that may be far removed from bed sty from Harlem or from Mott Haven, but they are communities that contribute such a large number of their residents to the prison industrial construct. It becomes really, really clear that our history of segregation has led to greater policing, greater numbers of arrests and greater numbers of folk ultimately sent to these colonies up north. And it's one of the reasons why, although it doesn't seem directly connected to issues of race, residential segregation, policing and mass incarceration are intimately tied together.

[00:09:24] Yes, absolutely, the link between crime and prison is just insane how this history continues today. You're a leading scholar in public health and much of your work is centered around combating mass incarceration. Yet a lot of people, even some people in the very own communities that we're talking about, don't see mass incarceration as a public health issue. Can you explain to our listeners the role that mass incarceration has played in perpetuating health disparities among low income black and brown people today?

[00:10:00] Well, I think the best way to see it and to see it in really quite dramatic contrast is to look at what's happening with COVID-19. I think it's fair to say that researchers have identified 17 settings where you have the highest concentration of this coronavirus. 16 of those 17 places are state prisons. These

are congregated facilities, their facilities that do not house one person.

[00:10:32] Incarcerated persons are often in dormitories. They're packed together. Social distancing is almost impossible in many, many states. There are no masks that are made available for persons who are incarcerated. Testing is sometimes very difficult to get. So although one should be doing it on a regular basis, the fact that it doesn't happen enough means that we not only have widespread transmission of COVID-19, we're not even able to track how bad our problems are, nor are we able to track all the things that we need to do to make sure that people are safe and healthy. It's a way of saying that the ultimate disadvantage is to be in a place where you're packed and jammed together at a moment when a viral pandemic is raised, is raging when exposure to the virus is most likely to happen, when you're close together with in an indoor setting and social distancing is impossible, as is the wearing of masks. You can't really imagine a more horrific situation than that. And I want to suggest that this is typical of what happens with mass incarceration in the United States. First off, the people who are arrested, as I've just suggested, are coming from highly segregated communities that are known for the high levels of health disparities that they house, from diabetes to obesity to cardiovascular disease. These are the kinds of conditions that are not only a part of what kills people who are living with COVID-19, but they're also the comorbidities that create so much of the mortality. Let's be clear that people who are currently in prison are from those communities. So in many instances, not only are they at risk for the transmission of COVID-19, they often have the illnesses that are part of the comorbid conditions that make fatalities as a result of COVID-19 that much more likely.

[00:12:30] Add to that how much it is the case that when you get out of prison, you are typically in much worse health than was the case when you went in. And it becomes evident that what happens in prisons can often contribute to the ill health of the communities to which people return. This is especially true of jails in any

given day in the United States, some 700000 folk are locked up in local jails. They are constantly turning over. The average stay of a person in jail is about a week. Fifty four percent of the jail population will be cycling out of a jail facility and back to the community. If those jails themselves are overcrowded, if they like. The prisons are in dormitories where very little is done to obtain social distancing. If there are no mass and if there's no effort to test them, it means that these facilities automatically contribute to the rates of COVID-19 that we're going to see in the general community. If it's not the incarcerated persons, it's going to be the corrections officers and the staff. If ever there was a no win situation, this notion that we are in a pandemic that is largely fueled by the reservoirs of infection that exist in our prisons and in too many instances in the poor communities of color that contribute to the prison population, if ever there was a way of seeing the dynamic nature of the risk that is posed to the general population by our failure to take care of health disparities in inner city communities and in the prisons and in the jails, it is really clear with COVID-19 how that particular set of approaches and that particular policy has hurt us hugely.

[00:14:14] Right, that completely makes sense, and it's no wonder that that's why we have we see alarming statistics of how people in US correctional facilities are five point five times more likely to get COVID-19. And I guess like my question now is, like, if you've really clearly illustrated to us that the reason why that the high rates of COVID in prisons, it doesn't just affect people in prisons, but it actually affects the rest of the population, as you said, with prison guards and other employees and visitors coming in and out.

[00:14:50] So it seems like if we want to address the high rates of COVID-19 in the US as a whole, as a nation, it seems like the root cause is something more fundamental, something that goes all the way down to our prison system and the way we treat Black and Brown people. What would you say to this? Like, what do you think is the root cause of all of this expansion of COVID-19?

[00:15:19] Yeah, I think you're absolutely right. Once again, this is a virus that takes advantage of the poor health of the people who are infected. That Governor Cuomo, where he pointed out with great drama in his voice.

[00:15:34] Ninety four percent of the mortality is from COVID-19 arise from comorbid conditions. Well, as soon as you recognize that comorbid conditions are heavily concentrated in communities of color that are described as health disparities, it becomes evident that a virus manages to impact a population.

[00:15:58] If there is a reservoir that allows it to maintain itself, if that reservoir is long lasting, if that reservoir is untouched and untreated, not only will it be a source of infection for the people who circulate in and out, it is also going to be a source of many of the variants that we're now starting to see are part of the lifecycle of this coronavirus. It does not stay the same. It mutates, it changes, and it will mutate and change because it's got a massive petri dish of millions and millions of folk. And in the United States, with that petri dish being folks in poor communities of color, failure to deal with the conditions that create that petri dish means that we are always in danger. We are always at risk for having stuff explode from those settings to make it that much more difficult for everyone to be safe and healthy. So insisting that people understand how much the legacy of the past, the degree to which we have never been forthright, never been aggressive about dealing with so many of the problems that haunt minority populations now means that Mother Nature is exploiting that as a way of making sure that one of nature's creation, this incredible coronavirus, now has the capacity to do serious damage. I remember a lot of science fiction authors who have always felt that human beings represent a polluting plague on the planet and that Mother Nature would basically do her best to defend herself from all the evil that's represented by the things that human beings do.

[00:17:46] So what does it take to get back at us? How about you develop an infectious agent that exploits all of our weaknesses,

not least of which is our desire to be independent? So we don't like to be told something like wear a mask, we don't like to be told you're supposed to social distance. And we definitely don't feel that it's appropriate for us to invest an enormous amount of time, energy and money and getting rid of community health problems that are largely about folks of color, not about the mainstream population. We would much prefer as a nation to turn our back on what's happening in Black and Latino and Native American communities. And we have done that since almost the dawn of our history on this particular in this particular country. But our failure to care for those health disparities, our failure to care for the conditions that create them, our failure to do with issues of racism and segregation has meant that we have now provided a pool that Mother Nature gets to exploit to say, I'm getting back, I'm getting back a job, you will pay the price.

[00:18:53] And if the notion is that we're too many people on the planet and this is one way to get rid of us, we are complicit in all the factors that are ultimately going to do us and our communities so much damage. And I think our inability to sort of recognize how much we are a nation that is invested in white supremacy, we are a nation that will do. Look at what's happening with the Republican Party these days, you'll do whatever we need to do to maintain the privilege and the power of mainstream white communities. We're going to do that at our peril because in the notion that somehow or other, if I keep you out, I'm also probably doing whatever has to be done to keep myself safe and healthy. The impact of coronavirus has been really to demonstrate how absolutely not true that is a failure to deal with these issues. That desire to ignore them has meant now they're coming back to bite us in the butt. And I have to believe that it's our failure to attend to the issues that have been raised in immigrants rights, civil rights and other movements is exactly why we are, as a nation in real trouble, not being able to listen, not being able to attend to these problems. They are now here to haunt us.

[00:20:10] Absolutely, I feel like you said it better than I could have ever imagined, but, you know, I feel like you, along with

other activists, you haven't turned your back on these issues. Could you tell us a bit about what your experience has been, both teaching at Columbia and as well in New York City and New York state prisons through the Bard Prison Initiative?

[00:20:33] Yeah, this is a moment when I get to say College Behind Bars is a documentary that anybody who has Netflix should check out, because I think it says better than I ever could what it's like to be in that kind of setting. I really do appreciate your posing this as a question, because I've been teaching since nineteen sixty four in that long, long period of time. I have never encountered the kinds of experiences in teaching that have been a part of what I've been doing in the Bard Prison Initiative. It's something of a tragedy, I have to tell you, to be in a setting where you suddenly discover as a professor of a graduate school of public health in the Ivy League, I am surrounded by people who are doing long beards, who've been in prison for a long time, but who are at least as far at least as competent and as at least as Abel as any of the graduate students I've been teaching here at Columbia for the last 30 years.

[00:21:37] What a tragedy for the communities from which they hail to have some of the best minds in the community not there, but doing time in a facility upstate. So the experience of interacting with folks who are hungry to learn. The experience of interacting with folk who find that engagement and study engagement in academic pursuits is a way in which for them, prison walls seem to disappear. They feel liberated because while their bodies are incarcerated, their minds are free to roam. This is language, by the way, that I'm borrowing from many of my students. As a teacher, you could not ask for anything more astounding to be presenting things like health disparities that teach public health courses, and I talk about them in communities where they live. And I have people certainly understand how much and to what degree many of the issues that shaped their lives. Many of the issues that provided such an enormous challenge are literally a function of our inability to provide appropriate health care and an inability to provide the materials that can produce a really good

quality of health. They get to see that those are the things that are so much a part of community life. It almost explains why they're doing time in a prison upstate. That kind of revelation, that kind of self understanding that I see so much in the book that I teach and the degree to which that self understanding leads to a commitment to go back to their home communities with an agenda that includes working to improve the health of the public. Trust me, in many, many years, more than half a century of teaching, I have never, never had anything that even remotely equals what I have experienced by doing this kind of education behind bars. It has really been something.

[00:23:35] I've watched clips of that Netflix show, that youth that you mentioned. And I remember the video of the student prison initiative. I remember them debating Harvard students and winning. And that that just illustrates your point so greatly that like all of it just comes down to privilege and who has access and who was born in which neighborhood. And what you do is honestly so inspiring, knowing what you've done to address this issue, what could our audience do to help our nation decarcerate? And what do you think public health role is in ending mass incarceration and all the other health disparities that we see within black and brown communities?

[00:24:19] Really good question, because it is at the core of my strategy, if you will, in my approach, I think COVID-19 is sort of proving that as a nation, we've made some tactical errors, if you allow me to describe them in that term that are now threatening the health of all of us, not just the folks who are on the inside. I want to believe that this is a moment of intense self-examination on the part of folks in the United States who are crying for some kind of strategy, some sort of solution to all of the problems that have been created by this pandemic. Prisons offer a unique prism into which one can view all of the impacts that a history of structural racism has created by having people understand that prisons are a microcosm of poor public policies, poor public management, and, of course, the kind of racism that makes it easy to incarcerate someone who does look like you and

who is from a community that you don't know about.

[00:25:28] We have been saying forever, you have to understand it isn't just about us.

[00:25:33] What hurts us hurts you. It was a central part of the message that Martin Luther King used to try to broadcast whenever he had the chance. He was really insistent that people see the Civil Rights Movement is less about what you're going to do for black people and much more about what are you going to do for the nation.

[00:25:54] So anybody who is interested in doing the kinds of things and promoting the kinds of things that are going to have an impact on the health of the public in general will be automatically led, I believe, to looking at the causes of some of the problems we're experiencing with COVID-19, and they'll see that it becomes incredibly important to do something about mass incarceration. I'm speaking to you at a point when the governor has had to say incarcerated persons over the age of 65 now will be vaccinated against the problems created by COVID-19. He had been highly resistant to that point, but earlier. Literally Thursday evening, a number of suits were filed in courts in Brooklyn, which basically said that failure to have vaccinations available for incarcerated persons was a violation of the 14th Amendment. The 14th Amendment guarantees equal protection under the law. So it pointed out you can't have corrections officers vaccinated and leave prisoners unvaccinated because somehow or other, they are less than human. As a result of having been having been convicted of a crime and having been sent to prison, they pointed out that I'm sorry, as long as they're human beings and because they're essentially being punished not for the crimes they committed, but because they happen to be an inconvenience politically, a problem that if vaccine is going to get the general public mad, that's not enough.

[00:27:31] That's not enough. And whatever the political consequences might be of making vaccines available to prisons, the

idea that we are still not ruled by what we know to be principles of public health is all the more shocking. Part of what public health gets to do is say, look, we as a nation suffer unduly from a wide variety of health conditions that are made that much worse by the degree to which not everybody has the same access to health care and that everybody has access to communities and an environment where health can be promoted and disease can be prevented. So beginning with this invocation of the 14th Amendment as a way of getting prisoners over the age of sixty five vaccinated, I would think that that principle, the justice that lies behind promoting something that does not discriminate against people because of their incarcerated status then gets us to the point of thinking about not having people discriminated against because of their race, because of their ethnicity, because of their membership in the LGBTQ community and so on and so on. I want to believe that what's happening now allows us to question democracy and the way it operates in the United States at this day. I think it's a moment where we get to say, look at the founding principles that we seem to value so much as the ones that set up the United States.

[00:28:57] Isn't it clear that what we have to do to realize the dream of the founding fathers would in part require that we not let racism? Structural racism in particular, and white supremacy be the things that ultimately bring us down because of the impact that they'll have on our health. Now, a lot of people will argue that the founding fathers were slaveholders, they were bankers. They were not really the kinds of people that we would want to associate with. I don't care. The point isn't so much who were they? It's what do we know about the document that they put together, all of the rights that are represented in the Bill of Rights, everything that had to do with the way the 14th and 15th Amendment can become a kind of a roadmap to how we have a better future. It's what leads me to believe that if we begin with mass incarceration and continue to pound the threat of how that form of oppression has impacted us in general, but has certainly impacted our health under COVID-19 that using that as a precedent, we might find a way to make this nation better and more responsive to the

dream that's, I think, very uniquely characterized in this nation's constitution. That's my hope.

[00:30:13] That's our hope, too. I think that's it's everything that we're striving for, truly.

[00:30:19] It's been an honor and an inspiration speaking with you today and I guess before we close, this has been a really fascinating conversation, but is there anything else you'd like to add that you are our audience and our listeners to know?

[00:30:32] Well, I think you are students. My most important foundation was being involved in the Student Nonviolent Coordinating Committee in the 1960s when that student group revolutionized our approach to civil rights. I believe fundamentally in the power of students. I believe that your capacity to see the world as it is and not seeing the world through the blinders that are created by jobs, family and mortgages to the degree that you are, is free as anybody from having hostages to fortune.

[00:31:08] Your ability to see clearly what we need to do next. Your ability to act on what we need to do next is why I have always felt if there is going to be major change in this country, it will be started by students.

[00:31:22] And I'm hoping that anybody who's listening to this, who is a student or who supports students will see the wisdom of what I'm saying and support efforts to make sure that when voices are heard, yours are among the first that we pay attention to.

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