Oregon Justice Resource Center
Advocate. Educate. Engage.

HERSTORY OREGON SURVEY

MENTAL HEALTH, PHYSICAL HEALTH AND SUBSTANCE USE

INTRODUCTION

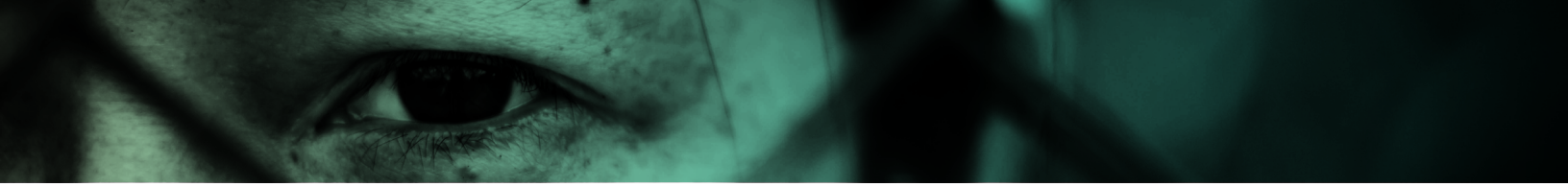
In the winter of 2017 and the spring of 2018, the Oregon Justice Resource Center's Women's Justice Project and Portland State University's Department of Criminology and Criminal Justice surveyed more than 140 incarcerated women about their experiences through the criminal process – from arrest to sentencing, from intake in CCCF to their thoughts about their future release from prison. The survey was possible because of the cooperation of Coffee Creek Correctional Facility (CCCF) and the courage of many of the women incarcerated there. The HerStory Oregon Survey was a two-part written survey.

Criminal systems were not designed with women in mind and there is often little to no consideration by decisionmakers and stakeholders of how women experience the system. The purpose of the HerStory Oregon Survey was to hear directly from women and identify problematic trends in their treatment in Oregon's criminal system. The intent is to use this information to highlight for stakeholders, decisionmakers, and the community needs for a fairer and more just criminal system.

To our knowledge, this is the first survey of its kind conducted in Oregon. As such, despite interest from many women in CCCF in participating and the full support of CCCF administration and staff, we encountered logistical barriers and were unable to survey as many women as hoped. 142 women participated in part one of the survey and 66 women in part two. As of February 2019, there were 1221 women incarcerated at CCCF. Demographic information about participants can be found at our website.

We recognize that the number of women who participated in the survey is not a large enough sample size for results to be statistically significant. We are working with CCCF to conduct this survey again, learning from our first experiences, to gather results from a larger sample. However, the number of participants is sizable enough and the trends strong enough, that we feel it is important to share our results at this time, to not delay highlighting the needs of women in Oregon's criminal system, and to lift up the brave voices of the many women who participated.

The results from the survey will be shared through a series of information sheets. The goals of the information sheets are to recognize, briefly describe, and provide initial resources and recommendations regarding issues in the criminal system of concern as revealed by the survey results.

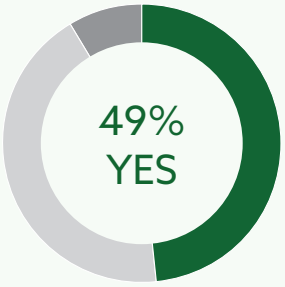


MENTAL HEALTH, PHYSICAL HEALTH, AND SUBSTANCE USE IMPACT WOMEN'S EXPERIENCES IN THE CRIMINAL SYSTEM

The survey results indicate that women's health needs, whether physical health, mental health, or substance abuse-related, are predominant factors in their involvement with and experiences in the criminal system.

RESULTS FROM PART ONE OF THE SURVEY
(142 participants)

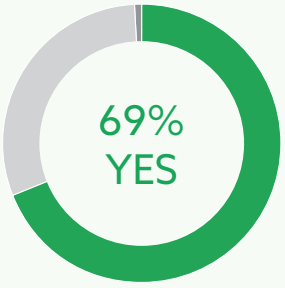
Were you experiencing symptoms of mental illness at the time of the arrest?



Yes = 48.57% (68). No = 42.86% (60). I don't know = 8.57% (12).

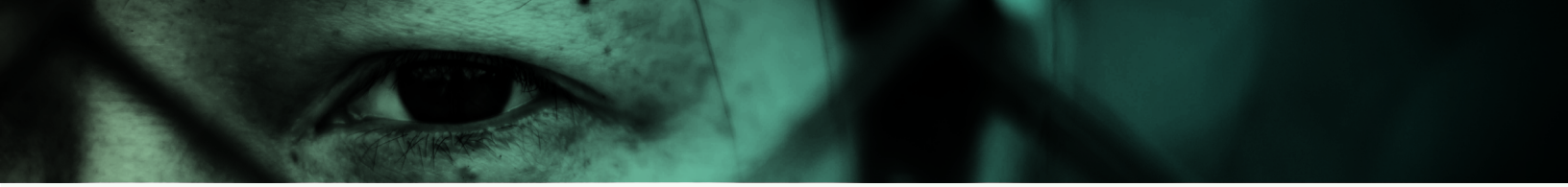
Of the 49% who reported experiencing mental health-related symptoms at the time of arrest, the women most commonly reported symptoms of anxiety, depression, paranoia and PTSD. A small number of women reported experiencing suicidal thoughts.

Were you under the influence of drugs and/or alcohol at the time of the arrest?

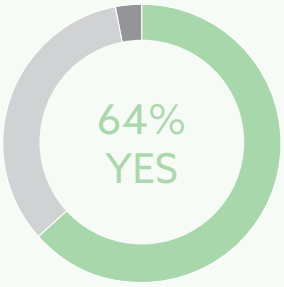


Yes = 69.06% (96). No = 30.22% (42). I don't know = 0.72% (1).

Of the 69% who reported being under the influence at the time of arrest, the type of substances they reported using varied greatly. Meth, prescription drugs, alcohol, and heroin were commonly mentioned.



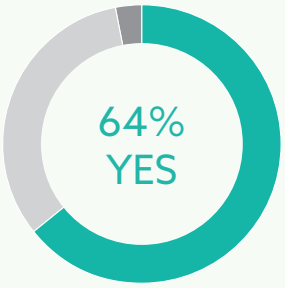
After you were arrested/detained...when the cops were asking you questions, were you experiencing any symptoms of mental illness?



Yes = 63.5% (81). No = 33.58% (45). I don't know = 2.92% (4).

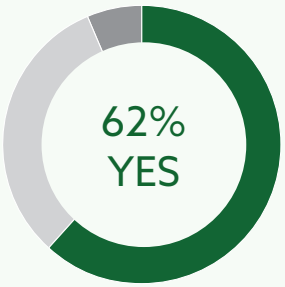
The most commonly reported mental health-related issues during questioning by law enforcement were PTSD, anxiety, depression, and paranoia.

After you were arrested/detained...when the cops were asking you questions, were you under the influence of drugs and/or alcohol?



Yes = 64.23% (88). No = 32.85% (45). I don't know = 2.92% (4).

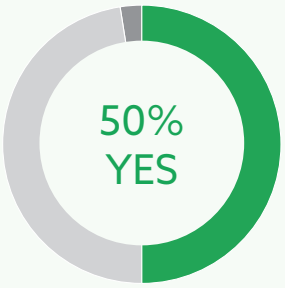
While in jail pretrial, did you need mental healthcare?



Yes = 61.72% (79). No = 32.03% (41). I don't know = 6.25% (8).

Only half of the women who said they needed mental health care while in pre-trial custody actually received care.

While in jail pretrial, did you need physical healthcare?



Yes = 50% (63). No = 47.62% (60). I don't know = 2.38% (3).

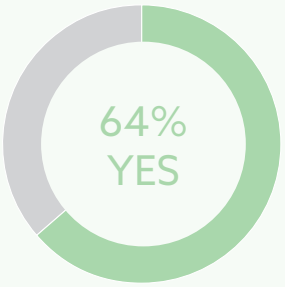
Of the woman who needed physical healthcare, 40% said they received care.

RESULTS FROM PART TWO OF THE SURVEY
(66 participants)

How would you rate your current overall health?

At the time of the survey, about two thirds or 40 of the women reported their overall health as "good" or "excellent." A little over one third or 25 of the women reported their overall health as "fair" or "poor."

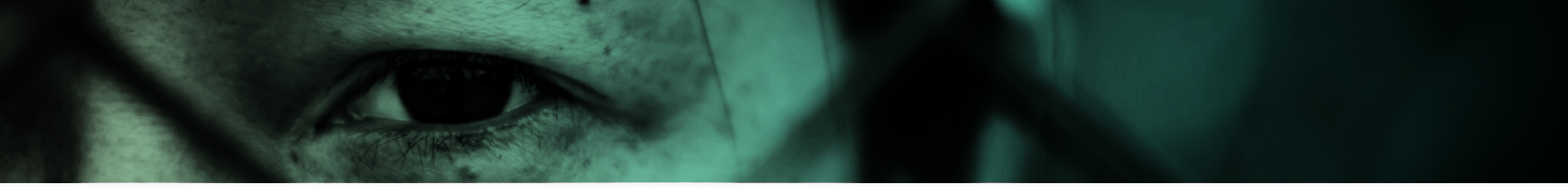
Have you developed any illnesses or medical problems after entering CCCF?



Yes = 63.64% (42).
No = 36.36% (24).

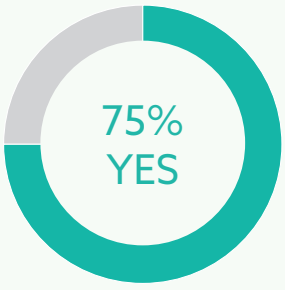
When asked to describe the illness or medical problem, women wrote the following:

- A cyst in my wrist joint
- Allergies
- Ankle shows Bone on Bone articulation it is painful to walk or stand.
- Anxiety, Depression
- Back surgery [...] - injury fall. Thyroid - masses; still waiting for tests to see if its cancer.
- Back surgery. Stomache problems-
- Bled for 42 days last month; still no clue why. Constant stomach problems
- Blood pressure consitent with pain but they still haven't diagnosed what's wrong nor tried; plus they found a cyst on my heart & haven't done anything about it
- Blood sugars are out of control
- Can't get rid of skin problem
- Carpal tunnel
- Cervical cancer bone spur rectal hernia
- Chronic migraines
- Currently having thyroid issue
- Depression, anxiety, thyroid neck/back/arm issues (undiagnosed)
- Diabetes, asthma, back pain



- Food is not healthy. Digestive system is not working properly
- Found out I have HPV after 7 yrs here. My bones & joints now swell
- Gallbladder problems. I'm one of few who gets to keep them. It's one thing you don't get to leave with here.
- Gaul bladder was removed, cou[ld]n't digest foods here.
- Had to have my gall bladder removed
- Heart condition
- Heart issues and high blood pressure
- Heart problems and joint problems in my knees.
- Heart, strokes
- High blood pressure & difficulties with heavy bleeding due to menopause
- Hyatial hernia - shoulder injury- leg problems
- I had to have gallbladder taken out
- I have bad allergies from the recycled air. Nosebleeds. My feet are always in pain from being on concrete floors. I have gained weight here.
- I think my intestinal problems are a continuation of ill health - but without proper treatment have gotten worse/not improved
- Lung problems
- Migranes very often. Neck pain
- My thyroid issues began in county [jail] and I have had low white blood count and platelets for several years, going back to my first blood tests 14 years ago
- Neck and left hip. Told it's because I'm getting older (by provider)
- Panic attacks, headaches, lumps in my neck/skull, untreated torn tendon...
- PTSD
- Shoulder pain, radiates down my arms/hands cant lift my blankets off of me!
- Sleep anxiety
- Stifness in my hands
- Things that still cannot be explained w/ my stomach

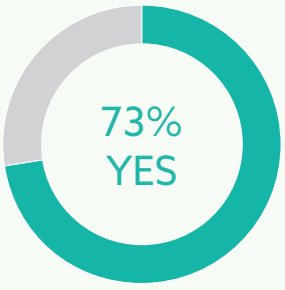
Have you ever been diagnosed with a mental illness?



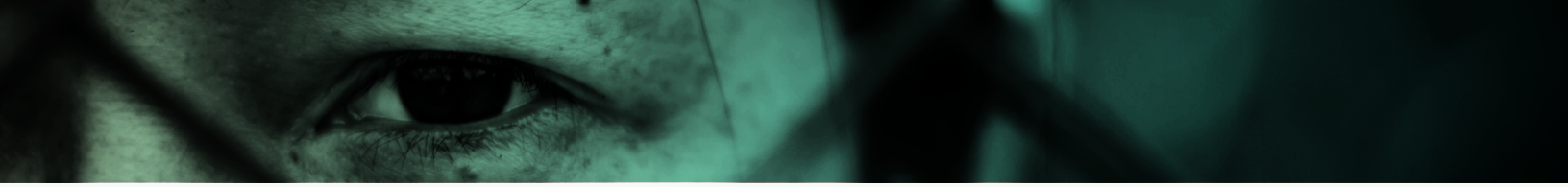
Yes = 75% (48).
No = 25% (16).

Most commonly, the women reported diagnoses of ADHD, anxiety, depression, PTSD, borderline personality disorder, and bipolar disorder.

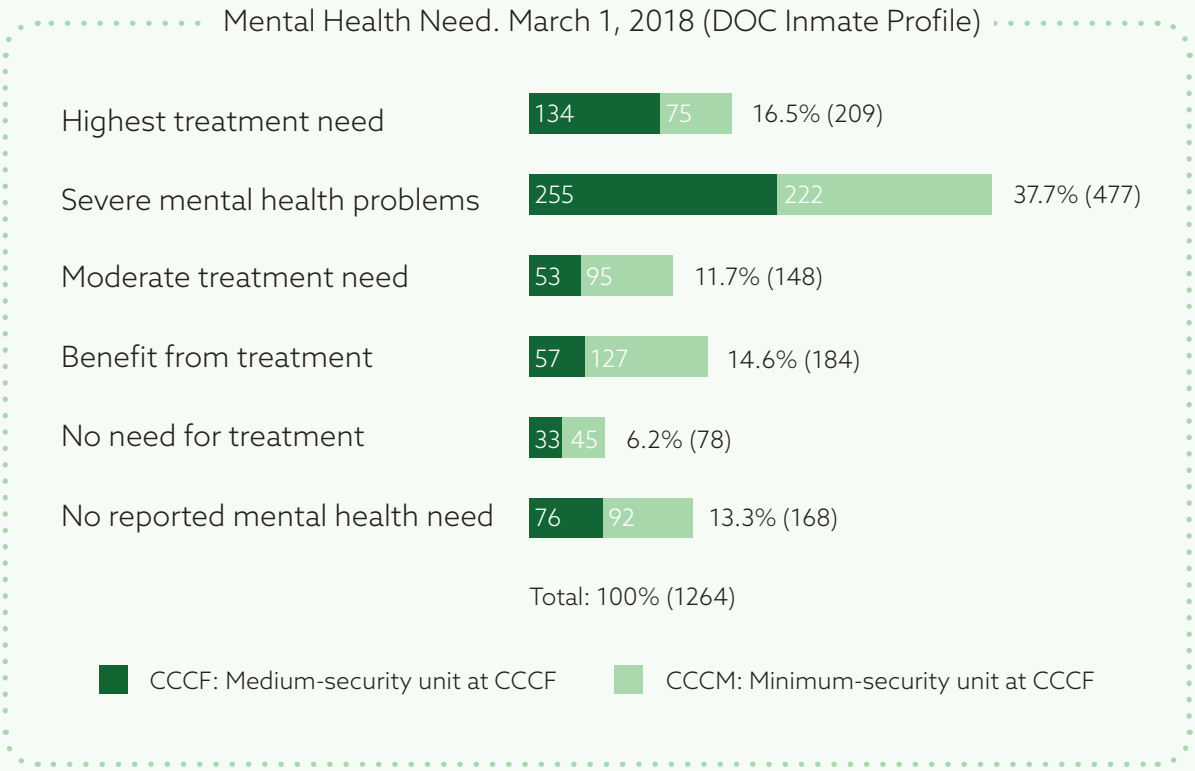
Have you ever been homeless?



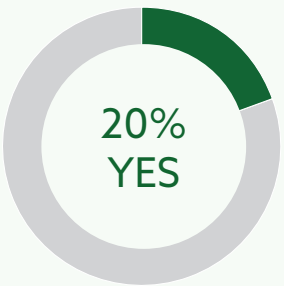
Yes = 72.73% (48).
No = 27.27% (18).



At the time of the survey, the Oregon Department of Corrections *Inmate Profile* reported the following data on the mental health needs of people incarcerated in CCCF.

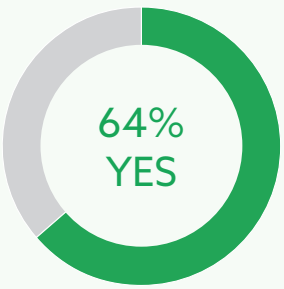


Do you have any mental health concerns that have not been addressed?



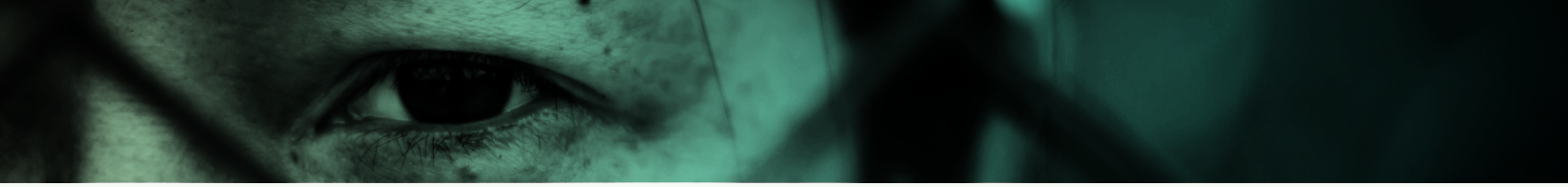
Yes = 19.7% (13).
No = 80.3% (53).

Have you ever felt suicidal?

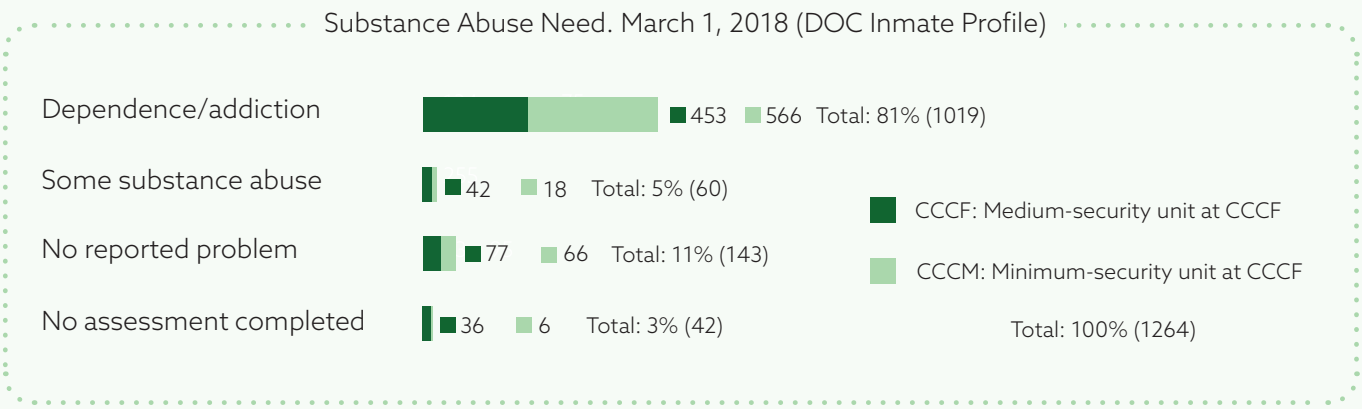


Yes = 63.64% (42).
No = 36.36% (24).

When asked when they were suicidal, the women's answers varied. But, many of the women indicated teenage years and early adulthood.

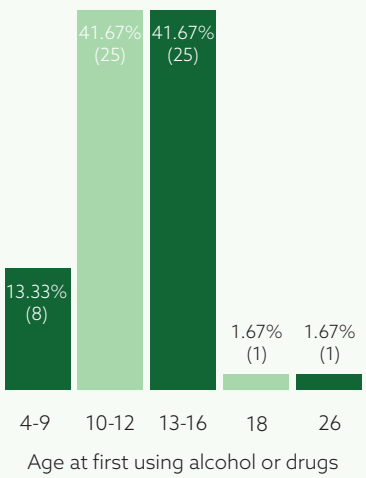


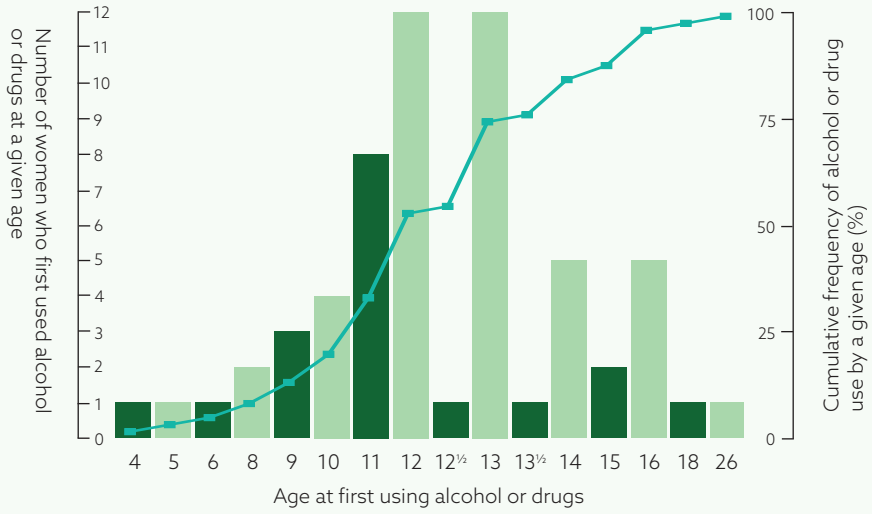
At the time of the survey, the Oregon Department of Corrections *Inmate Profile* reported the following data on the substance-abuse-related needs of people incarcerated in CCCF.



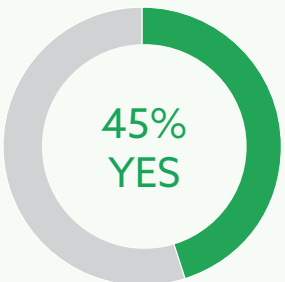
How old were you when you first used drugs or alcohol?

Women reported ages ranging from 4 to 26 years old. 6 women reported never having used drugs or alcohol.





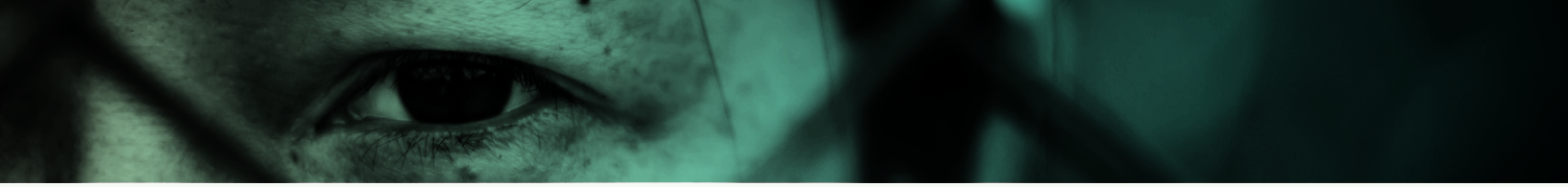
Have you ever been in drug or alcohol treatment?



Yes = 45.16% (28).
No = 54.84% (34).

45% or 28 of the women said they had been in drug or alcohol treatment sometime in their lives.

We asked the women what triggers resulted in using drugs or alcohol after a period of sobriety. Common themes in their answers included stress, feeling bad, and needing to cope; mental health issues; relationships; homelessness.



WHAT WOMEN SAY *about triggers of drug or alcohol use*

SELECTED QUOTES FROM THE HERSTORY OREGON SURVEY

"Bad relationship, problems at home, trying to be over and above what I could truly handle."

"Domestic violence and peer pressure."

"Had a crippling back surgery and lost use of left leg. Used meth to bring it back."

"Depression, loneliness, boredom, being hurt."

"My daughter getting diagnosed with cancer. Finances upside down – car accident, surgeries."

"Lost my job, depressed, lost my house, my children moved with their father."

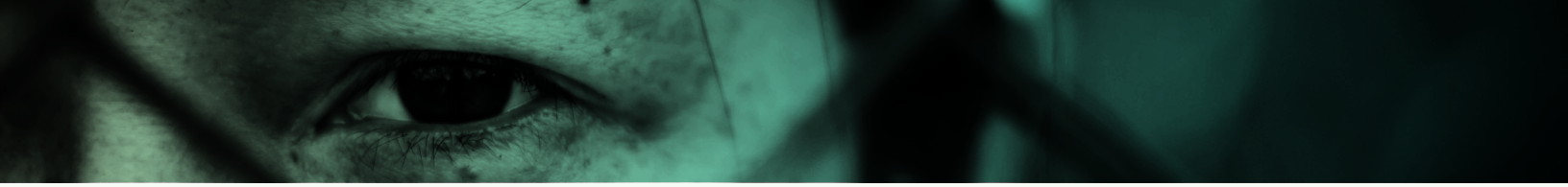
"Not being able to fit into society. Homeless. Crime."

"Overwhelmed with life problems, i.e. no guidance for success from mom, bad relationships, unable to get pregnant, lack of self-worth (give up trying.)"

"When I used in high school, it was a handful of times "partying." When I was 25, I had a mental breakdown, left my family and got with a guy and started right away using meth everyday."

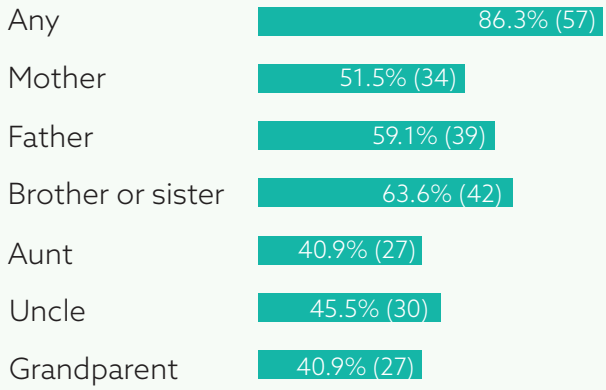
"Horrible break up and my dad died."

"Relationship issues. Family unsettled."



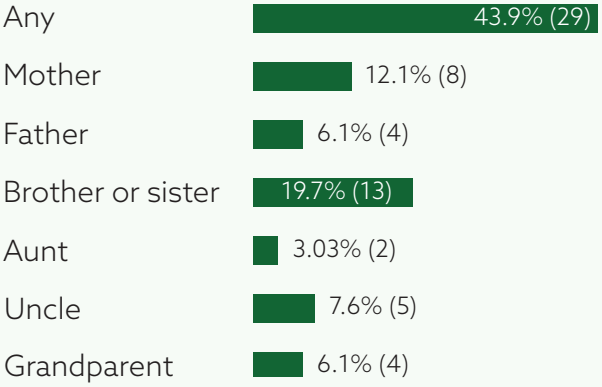
We asked the women about their family members' experiences with different health and social issues.

Women with family members who have a history of drug or alcohol abuse.



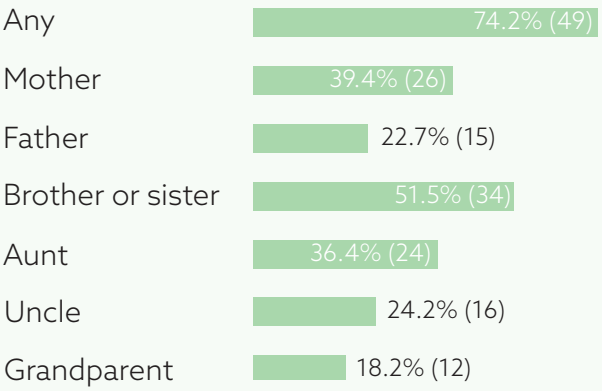
86% or 57 of the women reported having a family member with a history of drug or alcohol abuse. More specifically, more than 50% of the women reported that their mother and father had a history of substance abuse.

Women with family members who have a history of suicide.

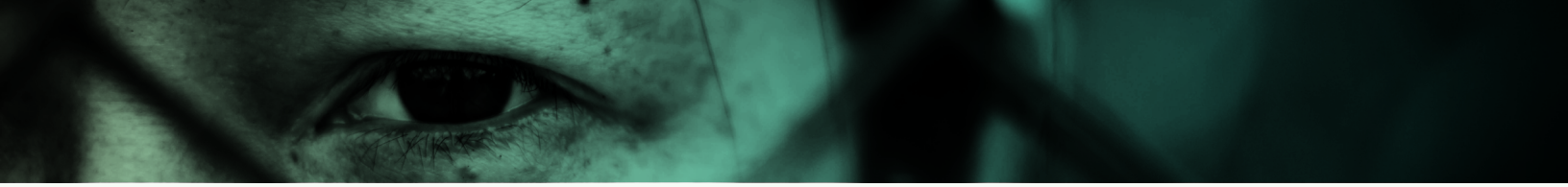


44% or 29 of the women reported having a family member with a history of suicide. 20% or 13 of the women said that a sibling had a history of suicide.

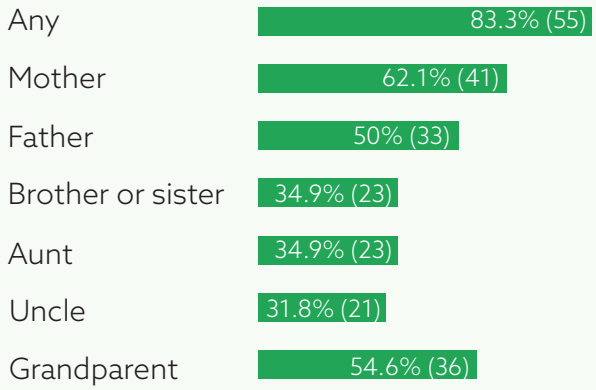
Women with family members who have mental health-related problems.



74% or 49 of the women reported having a family member with mental health-related problems.

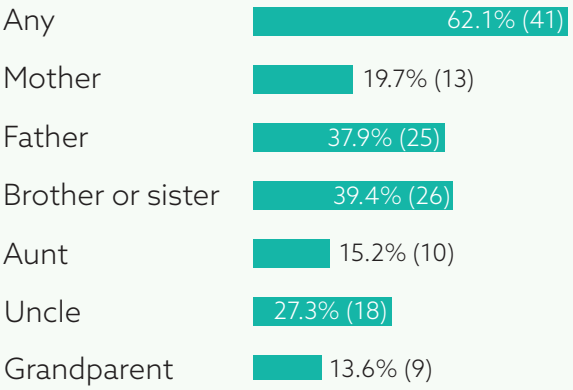


Women with family members who have PHYSICAL HEALTH PROBLEMS.



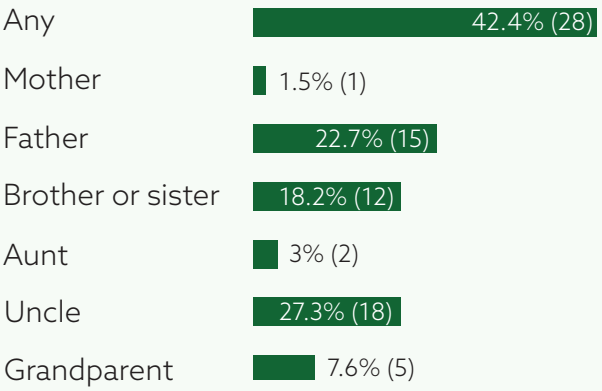
83% or 55 of the women reported having a family member with physical health problems.

Women with family members who have criminal records.

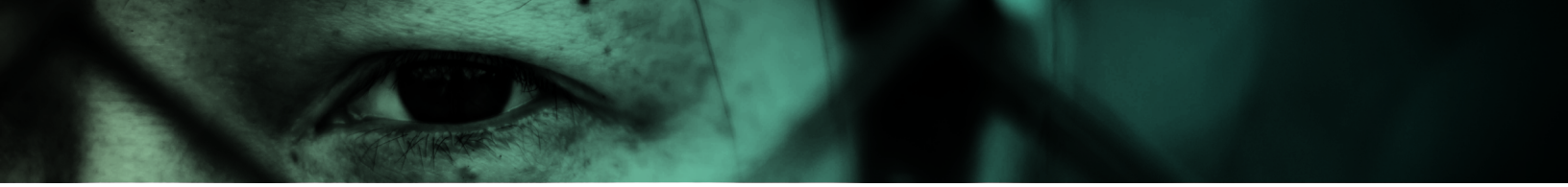


62% or 41 of the women reported having a family member with a criminal record. More specifically, 38% said that their father had a criminal record and 40% said that a sibling had a criminal record.

Women with family members who have been sentenced to prison.



42% or 28 of the women reported having a family member who was sentenced to prison.



BRIEF DISCUSSION

The survey results highlight the significant interplay between health issues and the criminal system and the urgent need to reimagine our systems, recognizing mass incarceration as a public health crisis. Marginalized and targeted individuals and communities are caught in a cycle of poor health and incarceration. This entanglement raises critical questions about the use of our criminal system to address social and public health problems, our treatment of those in the system, and the fairness and conditions of our criminal processes.

The U.S. criminal system has become one of mass incarceration. The U.S. has five percent of the world's population, but its prison population is twenty-five percent of the world's prison population, with 2.2 million people in U.S. prisons and jails.[1] The U.S. prison population has experienced a 500% increase in the last 40 years.[2] The 2.2 million accounts for the number of people incarcerated at any given time, but does not include the millions of others cycling through and having experienced prisons and jails. Between 1980 and 2017, the number of incarcerated women increased by more than 750%.[3] Many neighborhoods and communities live with the reality that a significant number of their members will be incarcerated or somehow involved in the criminal system.

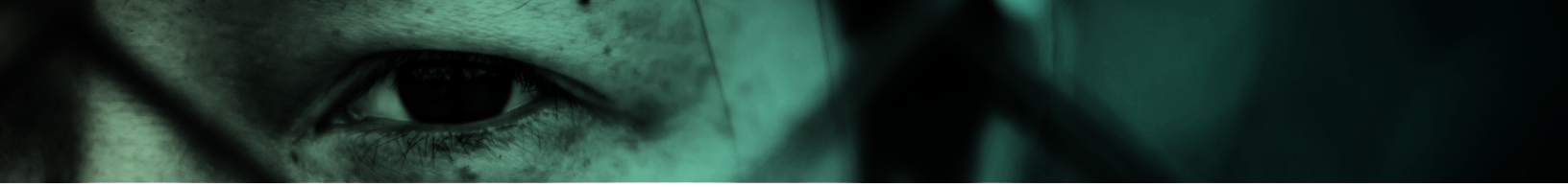
Mass incarceration is both partly due to and results in the criminalization of social and public health problems, such as substance abuse, problems with mental health, homelessness, trauma and poverty.

Incarceration impacts an individual's health directly and through its impact on determinants of health.[4] *(See next page for more on determinants of health.)* Mass incarceration has a "crippling intergenerational effect"[5] on determinants of health and is "one of the major contributors to poor health in communities."[6] Mass incarceration is recognized by experts as a public health issue.[7]

Oregon is not an exception in this time of mass incarceration. Although below the national average, Oregon incarcerates people in state prisons and local jails at "more than double the rate[] of our closest international allies."[8] Oregon incarcerates women at a rate of 8 to 10 times that of these same allies.[9] However, the discussion below is not specific to the policies and practices of systems in Oregon. It is a general discussion of the U.S. and is meant to highlight issues for Oregon decisionmakers and the public to think more deeply about the interplay between the criminal systems and public health.

THE CYCLE: PUBLIC HEALTH AND THE CRIMINAL SYSTEM

People who "experience incarceration at any point in their life are disproportionately in poor health before, during, and after their incarceration."[10] The criminal system "swallows" many in poor physical health; with mental health issues, substance abuse problems, histories of trauma; and living in poverty.[11] People who are incarcerated are at higher risk for negative health



"WHAT ARE DETERMINANTS OF HEALTH?"

"Many factors combine together to affect the health of individuals and communities. Whether people are healthy or not, is determined by their circumstances and environment. To a large extent, factors such as where we live, the state of our environment, genetics, our income and education level, and our relationships with friends and family all have considerable impacts on health, whereas the more commonly considered factors such as access and use of health care services often have less of an impact.

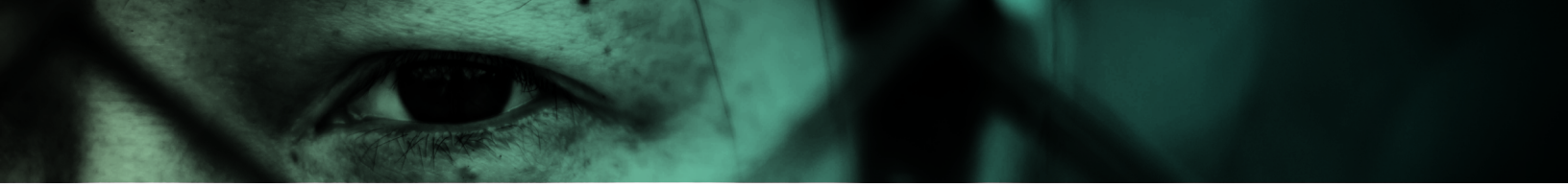
"The determinants of health include:

- the social and economic environment,
- the physical environment, and
- the person's individual characteristics and behaviours.

"The context of people's lives determine their health, and so blaming individuals for having poor health or crediting them for good health is inappropriate. Individuals are unlikely to be able to directly control many of the determinants of health. These determinants—or things that make people healthy or not—include the above factors, and many others:

- Income and social status - higher income and social status are linked to better health. The greater the gap between the richest and poorest people, the greater the differences in health.
- Education – low education levels are linked with poor health, more stress and lower self-confidence.
- Physical environment – safe water and clean air, healthy workplaces, safe houses, communities and roads all contribute to good health. Employment and working conditions – people in employment are healthier, particularly those who have more control over their working conditions
- Social support networks – greater support from families, friends and communities is linked to better health. Culture - customs and traditions, and the beliefs of the family and community all affect health.
- Genetics - inheritance plays a part in determining lifespan, healthiness and the likelihood of developing certain illnesses. Personal behaviour and coping skills – balanced eating, keeping active, smoking, drinking, and how we deal with life's stresses and challenges all affect health.
- Health services - access and use of services that prevent and treat disease influences health
- Gender - Men and women suffer from different types of diseases at different ages."

World Health Organization. https://www.who.int/hia/evidence/doh/en/

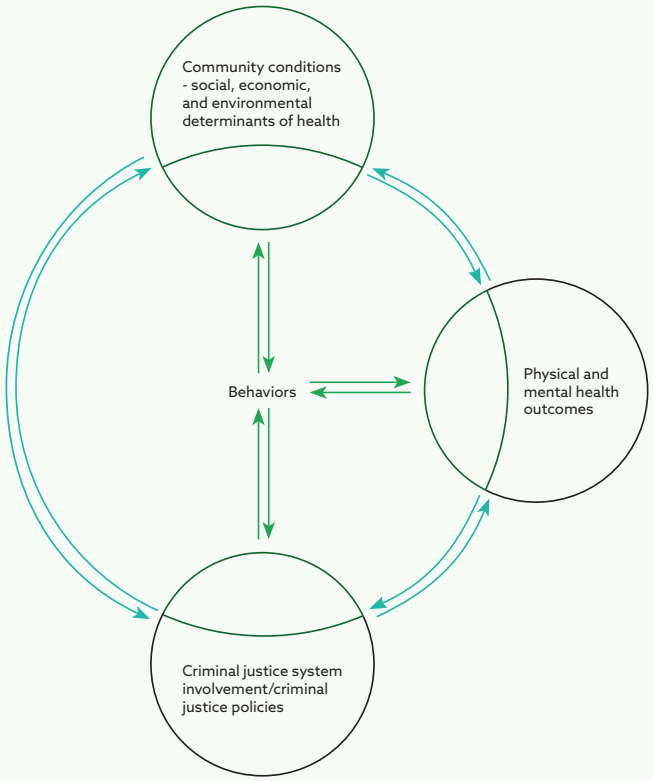


outcomes, including death,[12] after release. High rates of incarceration in a community are linked to poor health of that community.

Human Impact Partners, conveners of the National Criminal Justice and Public Health Alliance, created a framework to describe the cycle of and interplay between the criminal system and public health. They identify that:

- "Physical and mental health outcomes can affect criminal justice involvement and determinants of health."
- "Criminal justice involvement and policies can affect determinants of health, behaviors, and physical and mental health outcomes"; and
- "Determinants of health can affect criminal justice involvement, behaviors, and physical and mental health outcomes."[13]

CRIMINAL JUSTICE AND PUBLIC HEALTH FRAMEWORK DEVELOPED BY HUMAN IMPACT PARTNERS[13]

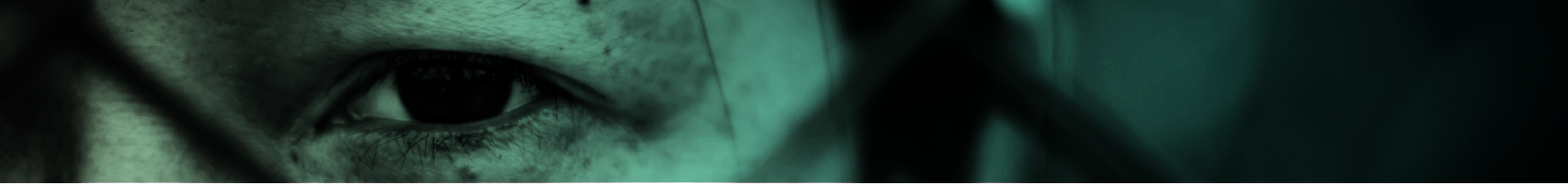


CRIMINALIZING PUBLIC HEALTH AND SOCIAL CHALLENGES

As the reach of the criminal system has expanded, it has become society's accepted mechanism for addressing public health issues and social challenges.

The most notorious example of using the criminal system to respond to a public health issue is the "War on Drugs." The War on Drugs, declared in 1971 by President Richard Nixon, "dramatically increased the size and presence of federal drug control agencies, and pushed through measures such as mandatory sentencing and no-knock warrants."[14] While the initial intent of the War on Drugs was not to address drug addiction, but rather to create a legal means to control and incapacitate certain populations like Black communities,[15] law enforcement and the courts have become commonly relied upon by the public to respond to drug addiction.

The War on Drugs significantly contributed to the dramatic increases in prison populations. Between 1985 and 2000, the "increase in incarceration following arrest on drug charges accounted for about…one-half of the increase in the state prison population."[16] 68% of people in jail and more than 50% of those in state prison have a substance use disorder, as compared to 9% of the general population. Another signal of the



over reliance on incarceration alone to respond to drug addiction is that less than 15% of people who are incarcerated receive appropriate drug treatment. This results in people being at higher risk of withdrawal while in custody and of overdose when released to the community,[17] negative impacts on social determinants of health, and diminished population health.

As another example, criminal systems are now commonly used in many jurisdictions to address mental health problems. As a result of deinstitutionalization of those with mental health-related needs, cuts in social safety net programs, and insufficient community mental health infrastructures, a "disproportionate number of underserved people with mental health problems [are] entangled in the criminal justice system and correctional facilities [are] their default treatment providers."[18] Law enforcement agencies are often the first responders to mental health crises and end up directing individuals suffering such crises into the criminal system. As a result, "a primarily nonviolent, mentally ill population cycles repeatedly through correctional facilities with the result that well over half of inmates at any given time have a [diagnosable] mental disorder."[19] Researchers find that the mental health of women in the criminal system "tend to be much worse" than men in the system.[20]

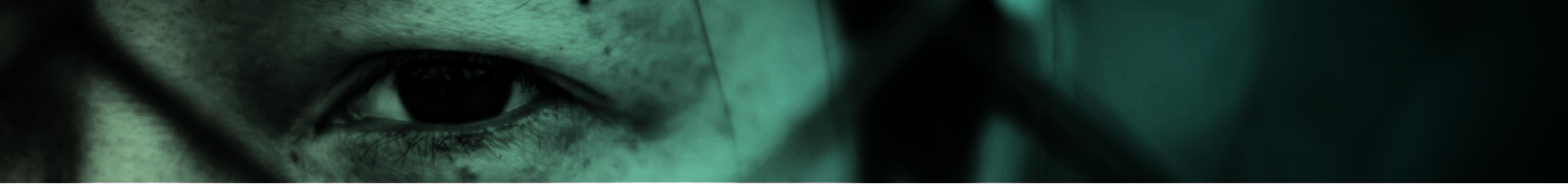
THE IMPACT OF INCARCERATION ON A PERSON'S HEALTH

Incarcerated individuals are the only group to have a constitutional right to healthcare. Yet, incarceration results in higher risk of negative health outcomes. For example, one study found that within the first two weeks of release from incarceration, a person is two times more likely to die for any reason than the general public and 129 times more likely to die of a drug overdose.[21]

Many factors contribute to such negative health outcomes. First, many people enter prison or jail with higher rates of health needs, whether physical, mental, or substance abuse-related, than the general public. More specifically, many have higher rates of chronic diseases like hypertension, asthma, arthritis, cancer, and cervical cancer; alcohol and drug addiction; infectious diseases like HIV/AIDS, hepatitis C, and STDs; and more significant mental health needs.[22] Some of these health needs are assumed to be of higher rates and more severe for women entering incarceration because high rates of incarcerated women are survivors of sexual and physical violence.[23]

Despite the extensive healthcare needs of incarcerated people, healthcare in prisons and jails is generally of poor quality and difficult to access.[24] There is "minimal oversight and a lack of uniform quality standards governing correctional health services."[25] Furthermore, "correctional health providers are culturally and organizationally detached from mainstream healthcare systems."[26]

For populations historically overlooked by the criminal system, such as women and transgender people, healthcare in prisons and jails may not adequately address their specific needs and certain care may be unavailable.[27] Public health experts recognize



that "little attention has been given to the unique health concerns" of women.[28] In addition to having gynecological needs, many incarcerated women are survivors of physical and sexual violence and, therefore, are at greater risk for high-risk pregnancies; HIV/AIDS; hepatitis C; and human papillomavirus infection, which increases the risk of cervical cancer;[29] and have more prevalent need for mental health and drug treatment than men.[30] Researchers have noted that "[t]he dearth of research on formerly incarcerated women's health is an important oversight because women are an extremely vulnerable population and present pressing health concerns."[31]

Incarceration can be a temporarily protective period for those who experience chronic violence in the community or homelessness, and an opportunity to treat long-neglected health needs and stabilize physical health.[32] For women, "incarceration serves to bring relief from chronic poverty, violence, and victimization."[33] However, research shows that mental health "generally worsens" during incarceration[34] and incarceration is linked to poor long-term health outcomes.[35]

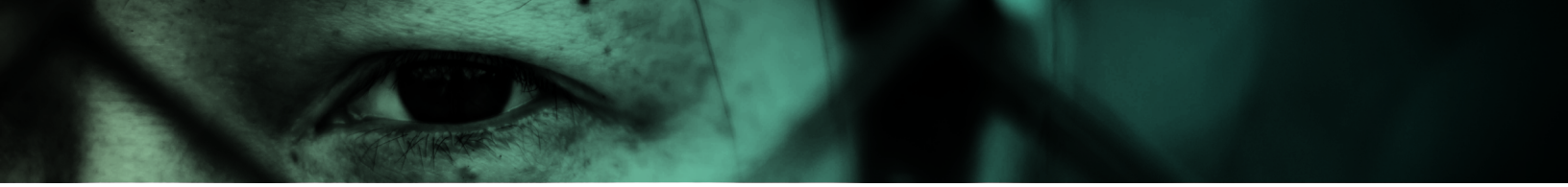
Prison and jail environments are not conducive to good health.[36] The food is usually nutritionally inadequate.[37] Facilities may be dirty and unhygienic and offer insufficient opportunity for physical activity that would promote improved physical and mental health.[38] Overcrowding of jails and prisons worsens living conditions.[39] Also, the U.S. uses solitary confinement (also known as "administrative segregation") more than any other country.[40] Living in such conditions for more than ten days "results in a distinct set of emotional, cognitive, social, and physical pathologies" and significantly higher "incidences of self-harm and suicide among prisoners, and injuries to correctional staff" than the general prison or jail populations.[41]

Furthermore, a 2012 Bureau of Justice Statistics study found that 10% of former state prisoners reported being sexually victimized during incarceration.[42] Such victimization leads to physical injury, psychological trauma, STDs, self-harm and suicide.[43] Particularly for women, many of whom have histories of physical or sexual abuse, incarceration can detrimentally impact their mental health as they re-live traumas due to strip searches, corrections officers having significant control over them, and feeling both a lack of privacy and isolation.[44]

Additionally, prior to and upon release, prisons and jails do very little to connect people to necessary healthcare in the community. Many are released without a follow-up appointment in the community.[45] People recently released from incarceration are "less likely to have a primary care physician, disproportionately use emergency departments for health care, and have high levels of preventable hospital admissions compared to the general public."[46]

THE IMPACT OF INCARCERATION ON A PERSON'S DETERMINANTS OF HEALTH

Once released, most have great difficulty finding stable housing, earning a livable wage, and establishing healthy family and social supports. Prior incarceration



dramatically increases the risk of housing stability and homelessness.[47] Estimates indicate that "imprisonment penalizes an individual's annual wages by 40 percent."[48] The "associations between homelessness and/or unemployment are a longstanding tenet of public health."[49] Considerable instability coupled with unaddressed or poorly addressed heath needs encourages a return to high-risk behaviors and increases negative social determinants of health.[50]

> *"Failure to address mental health and substance abuse problems of incarcerated women can ensure the problems continue after release and include joblessness, homelessness, and the potential for loss of custody of children…can also be the strongest determinant of whether women return to prison." (Mignon 2054)*

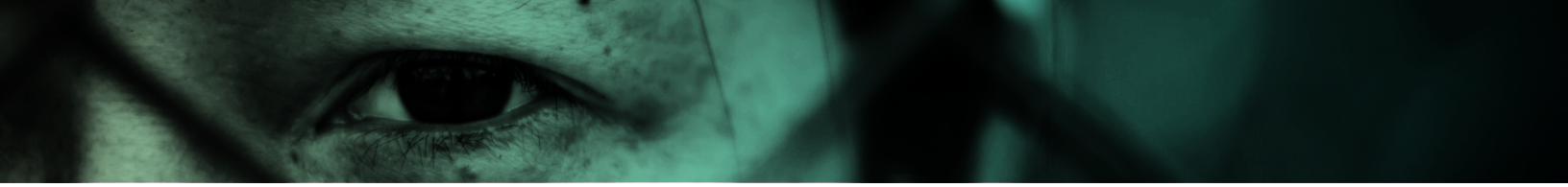
THE IMPACT OF INCARCERATION ON COMMUNITY HEALTH

Communities with "high levels of incarceration are associated with poor population health."[51] Studies show that communities with high rates of incarceration have higher rates of asthma, sexually transmitted infections, and psychiatric morbidity.[52] A few state studies show that states with larger numbers of formerly incarcerated residents have lower-quality healthcare systems, lower life expectancy, and higher rates of HIV and infant mortality than states with smaller numbers.[53]

Mass incarceration detrimentally impacts social determinants of health. For example, incarceration harms family stability. In addition to loss of household income, a family's finances are strained by the cost of phone calls, visits, and putting money in their family member's inmate accounts to pay for necessities.[54] When parents are incarcerated, their children's lives are significantly disrupted. Parental incarceration is associated with children's "poor mental health, behavior problems, school disengagement and out-of-home care, risky behavior, and contact with the criminal justice system,"[55] as well as an increasing risk of children becoming homeless.[56] Incarceration of mothers can be especially detrimental because mothers are more likely to be the primary caregivers of minor children.[57] One study found that increases in the imprisonment rate of women explained 30% of the doubling of foster care caseloads between 1985 and 2000.[58] Notably, one study found that children in communities with high rates of incarceration experienced psychological effects "even when their own parents are not incarcerated, owing to their constant contact with emotional upheaval around them."[59]

Communities with higher rates of incarcerated and formerly incarcerated members "often remain locked" in low socio-economic status, with higher unemployment rates and more unstable housing.[60] These factors "are consistently associated with low access to health care as well as poor health outcomes."[61]

Also, because the U.S. census counts incarcerated people as belonging to the community in which they are detained, resources are distributed to the



communities where the jails and prisons are located and away from the communities that the incarcerated people came from.[62] Furthermore, because incarcerated and many formerly incarcerated people are barred from voting, communities most impacted by mass incarceration have less political power, which diminishes opportunities for more resources to thrive.[63]

THE IMPACT OF INCARCERATION ON RACIAL HEALTH DISPARITIES

Because the criminal system targets communities of color, mass incarceration furthers racial health disparities.[64] People of color experience incarceration at higher rates and their communities are suffering the health impact. Additionally, the invisibleness of women and particularly women of color exacerbates the effects of incarceration on health outcomes for individuals and their communities. "Women, no matter their ethnic or cultural background, often feel invisible. The concerns that arise in women's lives are often downplayed by all segments of society, including health care professionals. …African American women suffer a disproportionate risk of ill health just because they are Black, and the penal system is yet another health hazard" for them.[65]

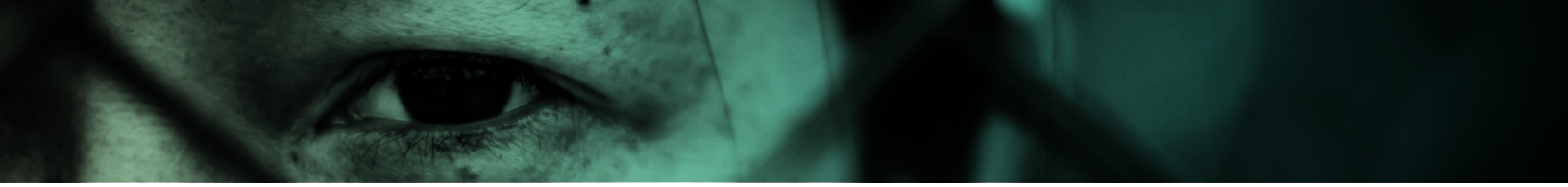
"Far beyond the individual expectations of women in jails and prisons, incarceration of women can be seen as a tool of oppression against the poor and women of color that reflects racism, sexism, and classism." (Mignon 2052)

IMPROVING CORRECTIONAL HEALTHCARE: WHY IT MATTERS

The "insidious yet pervasive devaluing of health outcomes for people who experience incarceration – a form of 'criminocentrism' – is a critical barrier to re-imagining prisons as the public health opportunities they need to be."[66]

Given the interconnected nature of incarceration and public health, some experts argue that better prison and jail healthcare would improve community health, safety, and welfare. Nearly all those who are incarcerated will return to neighborhoods and communities and untreated addiction, mental health, and physical health issues will exist for them upon release. "[R]isk reduction policies implemented by correctional policy-makers to advance the health and well-being of incarcerated populations will ultimately benefit the community at large."[67]

For most "women who are released, quality health care holds the potential to reduce recidivism and create healthier family systems."[68] Many women in the criminal system have experienced poverty and violence and are largely underserved.[69] Incarceration poses a unique opportunity to improve public health and well-being by providing women with quality healthcare specific to their needs.[70] Some public health experts envision that healthcare during incarceration can "serve as a safety net alongside a pipeline to preventative health to help women on the margins of society climb onto integrated, quality healthcare when they leave the system,"[71] a way to "engage incarcerated women in their own health maintenance."[72] Experts see



well-considered and quality correctional healthcare as potentially having a ripple effect that can improve not only public health, but the general well-being and safety of families and communities.

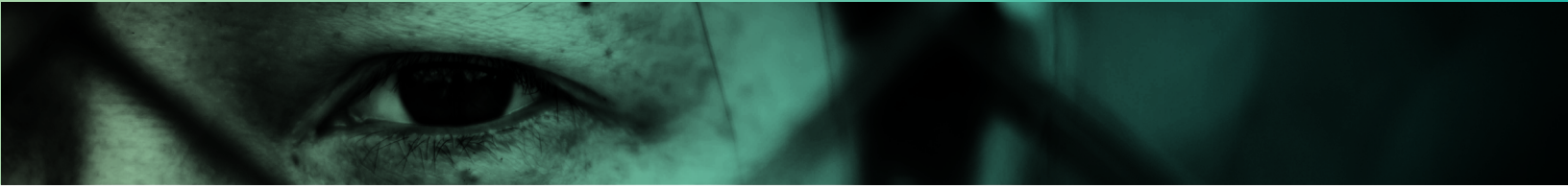
WE NEED A PARADIGM SHIFT: NEW RESPONSES TO PUBLIC HEALTH AND SOCIAL CHALLENGES

Improving correctional health care is just one response of many needed to improve community health, safety, and welfare in the current era of mass incarceration. The impact of mass incarceration on community health and welfare will only by alleviated when the "roots of mass incarceration are addressed through broader efforts to provide opportunities and conditions for people in marginalized communities to improve their lives."[73] It should be noted that simply reducing the number of people in prison is not the solution, if the criminal system is still used as the response and instead more people are under correctional supervision in the community.[74]

"For women especially, being subjected to harm and violence may begin or hasten a descent into the abyss of criminal justice networks, family disruption, certain types of infectious diseases, and poor health – a cycle that is not taken into account by the judiciary when women enter the system. Women bear the brunt of the violence of poverty in this country. We must wonder why the criminal justice system is blind to this dynamic and to the horrific price that society pays when we simply incarcerate and do not rehabilitate the mind and the body." (Braithwaite 1680)

A paradigm shift in thinking about social and public health challenges and the utility of criminal systems is needed. One place to start may be to use the framework from the Human Impact Partners, described earlier in this discussion, in assessing criminal system reforms – asking how reforms, for example in policing and sentencing – "influence physical and mental health outcomes directly, and through changes in the other two elements – behaviors and determinants of health."[75]

Throughout the country, experts are thinking about and implementing responses to "social challenges with public health solutions rather than punitive criminal justice processes."[76] The National Criminal Justice and Public Health Alliance spent eighteen months identifying such programs and interventions throughout the country that are evidence-based, culturally responsive and community-centered. In February 2018, they published, Health Solutions Create Safety: A Menu of Policies and Programs, "a robust list of 36 replicable programs or interventions and 25 policies that respond to social challenges with public health solutions rather than punitive criminal justice processes. These programs and policies represent innovations for stakeholders invested in reducing criminal justice involvement for members of their own communities while upholding community safety goals."[77]



TROUBLING QUESTIONS OF PROCEDURAL FAIRNESS IN THE CURRENT SYSTEM

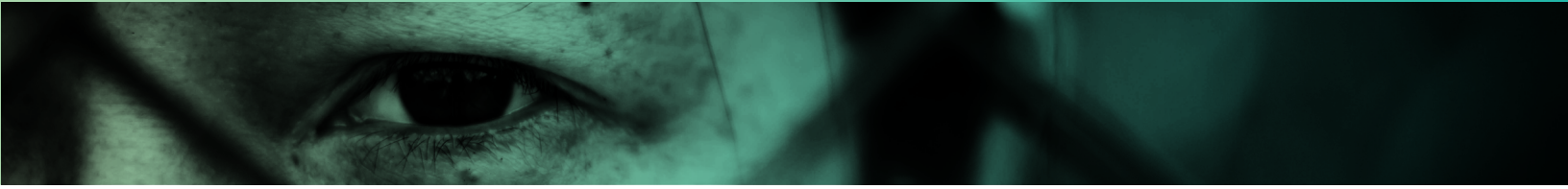
Although ending the public health crisis of mass incarceration requires a paradigm shift in various arenas of our society, the women's survey responses urge us to look at changes within our current criminal processes. Each decision made by an individual, starting from their early interactions with law enforcement, has immense consequences for their life and liberty. Those decisions influence, for example, their criminal charges, plea offers, sentences, parental rights, and employment options, because those decisions determine, for example, whether they make statements that can be used against them, their relationship with their defense attorneys, and whether they understand or take a plea offer.

Available research and reporting already recognizes that individuals in the criminal system do not adequately understand what is happening and are not fully informed of their rights[78] – even if they have been through the system before. This raises fundamental questions about the fairness and justice of the current system.

Even rights as ubiquitous in our culture as Miranda rights – often depicted in television shows and movies – are not understood by people. Miranda rights are the rights of a criminal suspect in police custody to remain silent, have an attorney present during questioning, and have an attorney appointed if the suspect cannot afford one.[79] If the person is "not advised of these rights or does not validly waive them, any evidence obtained during the interrogation cannot be used against the suspect at trial."[80] Research indicates that "the public is largely misguided in their perceptions of Miranda rights"[81] and "most suspects, even under optimal conditions, cannot adequately process the average Miranda warning of 92 words."[82] These rights offer significant protection to a person in custody and when waived can create detrimental consequences to the outcome of their case and their life.

"Compliant false confessions" are another example of how a person's life and liberty are at risk because they do not understand what is happening to them in the system. These confessions are a result of a person succumbing to interrogation tactics by law enforcement, believing "that the short-term benefits of confession relative to denial outweigh the long-term costs."[83] One study "identified some very specific incentives for this type of compliance—such as being allowed to sleep, eat, make a phone call, go home, or, in the case of drug addicts, feed a drug habit. The desire to bring the interview to an end and avoid additional confinement may be particularly pressing for people who are young, desperate, socially dependent, or phobic of being locked up in a police station."[84]

For those going through the criminal system while experiencing mental health related symptoms, under the influence of or withdrawing from drugs and alcohol, or suffering from physical health conditions, as were many of the women who took the survey, the soundness of their decisions is even more in jeopardy.



RECOMMENDATIONS

1. Declare mass incarceration a public health issue and convene a statewide work group to create a statewide plan to end the cycle of poor health and incarceration.

The Governor of Oregon should declare through an Executive Order that mass incarceration is a public health issue. This is a statewide problem that requires statewide leadership. This action by the Governor will help create the culture change needed to address this immense issue; and provide guidance that holistic and broad-based efforts be grounded in current research and evidence to ensure that all communities can thrive.

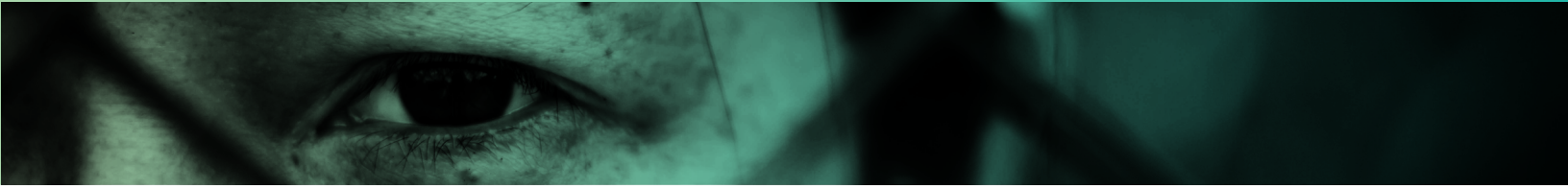
The Executive Order should recognize in further detail:

- That mass incarceration affects the health and welfare of all Oregonians;.
- The extensive harm caused by incarceration to health outcomes and the ability for people and communities to prosper;
- The disproportionate impact of mass incarceration on communities with poor health indicators;
- The disproportionate impact of mass incarceration on communities of color and other marginalized populations;
- That incarceration should not be the state's response to health and social problems; and
- That efforts will require collaborative work by various stakeholders throughout the state.

The Order should commit to the convening of a statewide work group and commit agencies and departments across various sectors to work in cooperation with each other to carry out the recommendations of the work group.

The work group should focus on creating a coordinated statewide plan to end the cycle of poor health and incarceration – reducing mass incarceration; reducing criminal systems' adverse direct and indirect impacts on individual, family, and community health; and reducing the use of the criminal system to address social and public health problems. The work group should comprise public health and social science experts. Criminal system stakeholders should only be involved as expert witnesses. This will help ensure that the analysis and ultimate roadmap for change is grounded in public health and not in stakeholders' concerns to maintain or gain political power.

The research and analysis of the workgroup should address the issue of mass incarceration and public health holistically; use a public health lens; base decisions on sound research; consider the continuum of a person's



involvement in the criminal system; and pay particular attention to communities most impacted by mass incarceration.

This statewide plan, based in the findings of the work group, should include direction to change specific policies and practices, to create new programs and initiatives, to increase training and education, and to increase and redirect funding as necessary.

The magnitude of this problem is such that the solutions must be comprehensive and coordinated. Meaningful and timely impacts will be unlikely to come from siloed and disconnected efforts.

2. Independent review of health services in correctional and detention facilities to improve health outcomes.

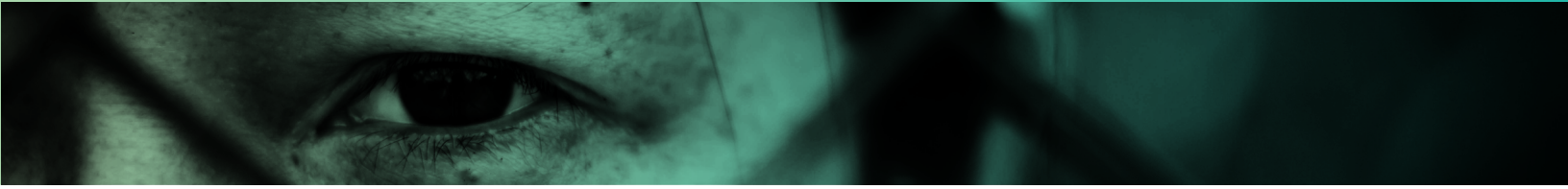
All correctional and detention facilities in Oregon should review their trainings, policies, and procedures to identify possible changes to improve health outcomes, with consideration of determinants of health and long-term health consequences, and the funding or resources needed to make those changes.

This review should include an assessment by independent medical and public health experts of the quality, not cost savings, of each facility's healthcare services and of connecting people to healthcare in the community after release.

3. Amend practices and policies of criminal system stakeholders to ensure the fair and just treatment of criminal defendants.

Criminal system stakeholders, such as district attorneys, public defenders, and law enforcement leadership, should thoroughly review their trainings, policies, and procedures to identify where a person's fundamental rights are in jeopardy because of vulnerabilities related to mental and physical health and drug use issues.

Stakeholders should make amendments using sound research with a focus on fairness and justice in the system, ensuring that all defendants are making truly informed decisions about their life and liberty. The ultimate goal is not only to meet the minimum standards of the U.S. and Oregon Constitutions, but to develop standards that are truly protective of individual rights and liberties based on the current research. We have a moral obligation to do what is ethical and appropriate, and Oregon's criminal systems should strive to achieve practices that ensure fairness, dignity, and accountability.



CONTACT

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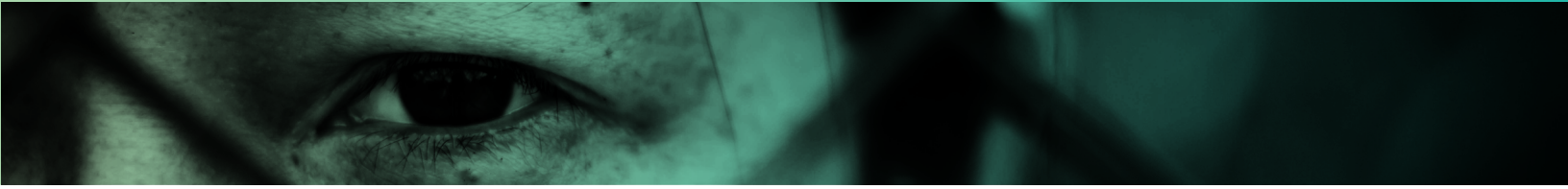

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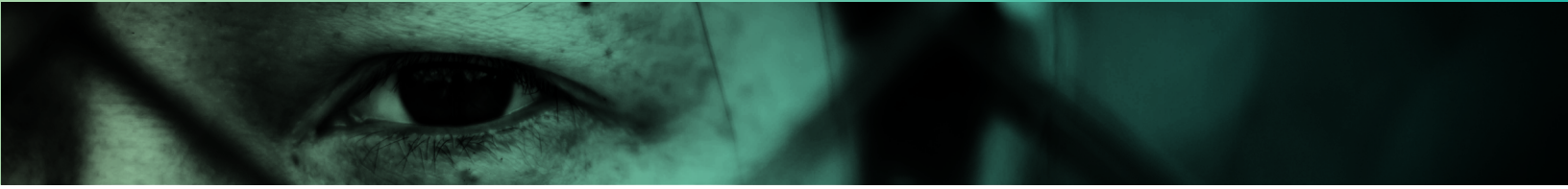

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1. Criminal Justice Facts

2. Criminal Justice Facts

3. Incarcerated Women and Girls

4. Definition of determinants of health – SEE Text box, page X.

5. Cloud 15

6. Cloud 4

7. See Cloud 4; Kagan; Dumont 334

8. Wagner

9. Kajstura

10. Wildeman 1464

11. Dumont 334

12. Dumont 33

13. Heller

14. A Brief History of the Drug War. (n.d.) Retrieved from http://www.drugpolicy.org/issues/brief-history-drug-war

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16. Cloud 9

17. Cloud 10

18. Cloud 8-9

19. Dumont 329

30. Dumont 329

21. Dumont 331

22. Dumont 328; Kulkarni 268; Mignon 2053; Wildeman 1467; Cloud 11

23. Ghidei 23

24. Kulkarni 268; Mignon 2052

25. Cloud 14

26. Cloud 14

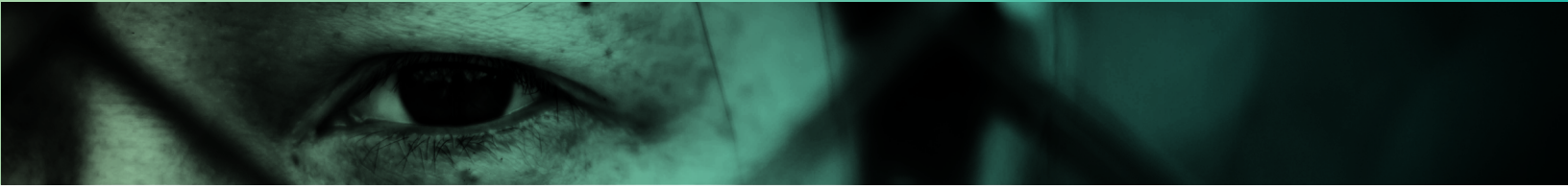
27. Braithwaite1679-1680, Mignon 2052, Ghidei 23

28. Braithwaite 1679

29. Braithwaite 1679, Mignon 2053

30. Ghidei 23, Dumont 329

31. Turney 2014



32. Dumont 329

33. Mignon 2053

34. Wildeman 1464

35. Dumont 330

36. Cloud 12

37. Cloud 12, Mignon 2052

38. Mignon 2052,

39. Cloud 12, Dumont 329

40. Cloud 13

41. Cloud 14

42. Cloud 14

43. Cloud 14

44. Mignon 2054

45. Wildeman 1468

46. Wildeman 1468

47. Dumont 331.

48. Cloud 18

49. Dumont 331

50. Dumont 331

51. Wildeman 1470

52. Wildeman 1470

53. Wildeman 1470

54. Cloud 17

55. Kinner 6; see also Wildeman 1464

56. Vera 18

57. Mignon 2052

58. Cloud 17

59. Dumont 332

60. Dumont 332

61. Dumont 332

62. Dumont 332

63. Dumont 332

64. Wildeman 1464-1465, Dumont 330, Turney 2017

65. Braithwaite 1680

66. Kinner 8

67. Braithwaite 1680

68. Mignon 2057

69. Ghidei 23

70. Mignon 2057

71. Ghidei 23

72. Ghidei 24

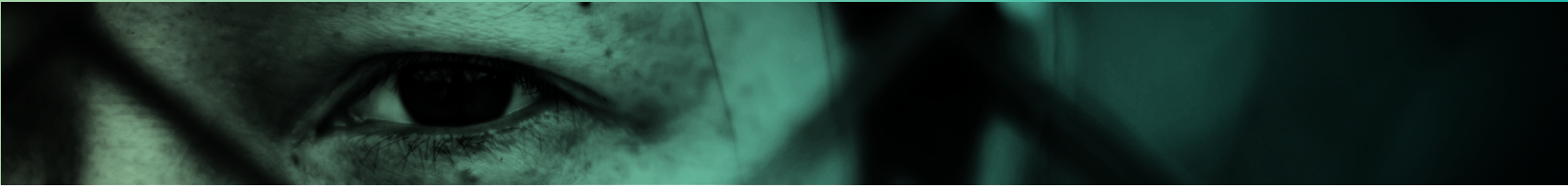
73. Wildeman 1472

74. Wildeman 1472

75. Heller

76. Health Solutions Create Safety: A Menu of Policies and Programs

77. Health Solutions Create Safety: A Menu of Policies and Programs



78. Examples Swaner; Rogers (2007); Scherr

79. Garner 458

80. Garner

81. Rogers, R. (2010) 313-314

82. Rogers, R. (2007) 185

83. Kassin 14

84. Kassin 14