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A Plague of Prisons: The Epidemiology of Mass Incarceration in America

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for rethinking the concept of sovereignty and turn to the notion of ‘human security’ as a counter-narrative to national security (p. 210). This new approach requires decoupling the individual from the nation state. The authors draw here on arguments posed by Catherine Dauvergne (2008), in *Making People Illegal: What Globalization Means for Migration and Law*, where she advocates creation of broader ethical community based on the rule of law, and ‘unhinged from the nation itself’ (p. 214). For Weber and Pickering, membership in this community would be unconditional and based solely on the humanity of immigrants (p. 212). Even though this approach raises many questions, including to whom such sovereignty will be accounted, or how to guarantee protection of rights of immigrants on the international level inhabited by the nation states, it challenges the hegemonic discourses based on binary division between citizen and non-citizen and forces the reader to reflect on alternative ways of management of migration on a global level. For this and other reasons mentioned above *Globalization and Borders: Death at the Global Frontier* is a must-read for anyone interested in rethinking the problem of policing migration beyond traditional approaches to migration, border controls and sovereignty.

**Reference**


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Political scientists, economists, historians, sociologists and criminologists alike have tried to make sense of the now-familiar US experience of mass incarceration and the tenfold increase in US imprisonment rates between 1970 and 2010. Scholars have explained mass incarceration variously as a political tool of control, an economic boon for impoverished factory towns and a mechanism of race and class oppression. They have compared US prisons to Russian gulags and ante-bellum slavery (Alexander, 2010; Gilmore, 2007). Ernest Drucker brings yet another new analogy – to a plague – and another new analytic framework – of public health – to make sense of the story of mass incarceration in the United States. In the style of Michelle Alexander’s *The New Jim Crow* (also published by The New Press), Drucker provides a sweeping survey of both the concept of epidemiology and the phenomenon of mass incarceration in the United States. He interweaves concrete statistics and graphic analyses with anecdotes about his own
interactions with research subjects and their encounters with injustice; the result is an imminently readable book.

The public health framework, rather than the well-worn observations about the scale and causes of mass incarceration, constitutes the book’s original contribution. *A Plague of Prisons* begins with a basic introduction to the epidemiological concepts of ‘time, person, and place’ and applies these concepts to analyze an 1854 London cholera outbreak and the 1980s AIDS pandemic (p. 23). Focusing on time, person and place allows epidemiologists to determine what distinguishes healthy people from unhealthy people, and to develop prevention techniques based on this information. Drucker applies this model to incarceration, highlighting the differences between incarcerated and non-incarcerated populations, identifying incarceration risk factors and suggesting preventative measures that might reduce the prevalence of incarceration, curing the United States of its incarceration ‘plague’. One of the early incarceration ‘outbreaks’, according to Drucker, began in the mid-1970s in New York State. He traces this outbreak to the Rockefeller Drug Laws, which he identifies as New York’s ‘incarceration pump’ – a reference to the water pump that proto-epidemiologists identified as the source of the 1854 London cholera outbreak. The incarceration pump criminalizes addiction, producing over-incarceration and inappropriate stigmatization. Like AIDS, incarceration, diffused throughout society by the pump of drug laws, is contagious (spreading across generations and communities), is chronic and produces collateral community damage. Once the mechanism of the incarceration pump and its associated collateral consequences is revealed, mass incarceration seems more readily susceptible to epidemiology-based prevention, management and even cure, much as AIDS has become increasingly medically manageable. Ultimately, Drucker calls for drug law reform and mitigation of the collateral consequences of imprisonment, by providing better treatment to people in prison and by initiating a ‘national and local truth and reconciliation process’, aimed at healing the community harms of imprisonment (p. 188).

While Drucker’s public health analogy is novel, it is imperfect. At some points, Drucker stops short of pursuing the public health analogy to its logical end. For instance, he notes that inadequacies in prison healthcare create chronic health problems for prisoners and former prisoners (p. 119), but he fails to note that prisoners’ chronic infectious diseases can increase infection risks for non-prisoners, too (e.g. Johnson and Raphael, 2009). At other points, Drucker over-extends the public health analogy, treating public health solutions as panaceas, without acknowledging the special challenges of providing adequate healthcare to prisoners in punitive contexts. For instance, he suggests that prisons should test for and identify prisoners with HIV (p. 117); while this might solve a public health problem, it simultaneously creates a civil liberties problem, especially in prison systems where prisoners known to have HIV are singled out for isolation and discrimination (Fleury-Steiner, 2008). Similarly, Drucker argues that prisons have failed to adequately treat mental health problems (p. 127), without acknowledging that perhaps prisons are not the appropriate places to treat these problems. In fact,
the over-representation of the mentally ill in prison is not a treatment failure of the prison system; rather it is the result of political and legal shifts that systematically de-institutionalized and de-funded resources for the mentally ill in the late 20th century (Gilligan, 2001). Indeed, the de-institutionalization of the mentally ill is one of a few potential, additional incarceration pumps that Drucker hardly acknowledges. Pinpointing the criminalization of drugs as the source of mass incarceration, much as Alexander (2010) does, overemphasizes the role of the drug war in the story of mass incarceration. Recent scholarship has highlighted the comparable role of increases in the incidence and prosecution of violent and property crimes in the mid-20th century (Forman, 2012; Pfaff, 2013). If the drug war is not the singular incarceration pump, then the cure for the prison plague might lie elsewhere, beyond drug policy reform – in shifting investments from imprisonment to policing, for instance (Zimring, 2012).

Though Drucker’s public health analogy is imperfect at points, it provides an excuse to re-examine mass incarceration, debate its successes and failures and re-consider alternatives. And it does so within a refreshingly interdisciplinary frame, which at least acknowledges the multiplicity of complex causes that interact with the incarceration pump of the drug war and contribute to the current state of mass incarceration. Few books about US mass incarceration are especially hopeful, but Drucker’s epidemiological approach to the prison policy problem makes a neatly packaged argument for the refreshing possibility of reform.

References

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