

The Impact of Medicaid and Other Social Public Policy on African American Men, their Children and Families



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Table of Contents

The Impact of Medicaid and Other Social Public Policy on African American Men, their Children and Families

Overview	2
I. The Impact of the War on Drugs on the Incarceration of African American Men.....	3
II. Incarcerated Parents.....	4
III. The Health Status of Inmates.....	4
IV. The Collateral Consequences of Incarceration for African American Men and the Impact on their Children and Families.....	6
<u>Disenfranchisement</u>	6
<u>Medicaid</u>	7
<u>Welfare Assistance and Food Stamps</u>	8
<u>Housing</u>	8
<u>Employment</u>	9
V. The Other Consequences of Incarceration on Children and Families.....	10
VI. Conclusion.....	11
VII. References.....	12

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Overview

By the end of June 2005, there were over 2.1 million people incarcerated in jails and prisons in the United States – equivalent to one in every 136 U.S. residents (Beck & Harrison, 2006). The mass incarceration of individuals in the U.S. has had a detrimental impact on people of color, particularly African American men. Due to the vast numbers of African men who are incarcerated, they bear a substantial burden in this mass imprisonment movement. African American men who are incarcerated and then reenter their communities upon release confront numerous obstacles including unemployment, disenfranchisement, limited housing, poor health, and lack access to health services. These obstacles have health and socioeconomic impact on their children, families and communities.

Of those incarcerated in 2005, 548,300 were African American males between the ages of 20 to 39. Specifically, 4.7% of black males, 1.9% of Hispanic males and 0.7% of white males were incarcerated at midyear 2005 (Beck & Harrison, 2006). In fact, the incarceration rates for all African American males were 5 to 7 times greater than those for white males (Beck & Harrison, 2006). Equally disconcerting, African American males ages 25 to 29 have the highest incarceration rate when compared to other racial and ethnic groups. In 2005, 11.9% of African American males in this age group were incarcerated, compared to 3.9% Hispanic, and 1.7% white (Beck & Harrison, 2006).

As we examine the impact of the incarceration of African American men on their children and families, it is imperative that we also look at the social and federal policies that have led to these catastrophic rates of incarceration and how these policies have resulted in the disappearance of African American men from their communities, children and families. The most significant federal policy that can be attributed to this race to incarcerate, exacting a cataclysmic blow to the African American community, was the War on Drugs.

I. The Impact of the War on Drugs on the Incarceration of African American Men

In 1967, the federal government began its War on Crime. Initially, this war was geared toward remedying the societal ill of poverty, which perpetuated criminal activity. Programs developed as part of the War on Crime “emphasized offender rehabilitation, constitutional rights, and humane treatment” for criminal offenders (Brown, 1997, p. 69). However, in the 1980s, the federal policy focused shifted from the social welfare reform efforts of the 1960s to a focus on drug-related crime prevention through detention, arrest, and incarceration (Brown, 1997). The War on Drugs was born.

The criminal justice system and law enforcement instituted the new mandate by “attacking the supply of drugs, dramatically increasing the arrest and conviction of drug offenders, sending more drug offenders to jail for longer sentences, and building prisons at a record pace.” (Brown, 1997, p. 70). The arrest rates for drug violations dramatically rose from 661,000 in 1983 to 1,126,300 in 1993 (Brown, 1997). Those who were adversely impacted were people of color, especially African American men.

From 1980 to 1993, the number of white prison inmates rose 163%, whereas the number of black inmates increased 217%. “By the end of 1993, black males comprised 50.8% of all federal and state incarcerated prisoners.” (Brown, 1997, p. 73). Once arrested, African-Americans served longer sentences than their white counterparts. For instance, in the federal district courts in 1989 “black drug offenders were incarcerated 94% of the time while white drug offenders were incarcerated 88% of the time.” (Cole & Littman, 1997, p. 290). Moreover, “the average sentence for a black drug offender in federal courts was 89.4 months, while the average sentence for a white offender was 70 months, a disparity of nearly two years.” (Cole & Littman, 1997, p. 290).

Due to the War on Drugs, African American men were arrested, convicted and incarcerated at rates higher and longer than other racial and ethnic groups. As a result, there has been a hemorrhage of African American from their communities, creating an emotional, social and financial void for their children and families.

II. Incarcerated Parents

The War on Drug continues today and has left a lasting legacy for those who are incarcerated and the ones they leave behind. There were 721,500 parents incarcerated in state and federal prisons in the 1999 (Mumola, 2000). These men and women were parents to approximately 1.5 million minor children. Most of these children (58%) were less than 10 years old, with an average age of 8 (Mumola, 2000). Of the 72 million children in the United States, these children represented 2% of all the minor children who had an incarcerated parent and 7% of all African American children (Mumola, 2000; Travis, 2005). The majority of incarcerated parents was male (93%) and resided in state prisons (89%) and were fathers to nearly 1.4 million children (Mumola, 2000).

Many of the incarcerated parents were low income, uneducated and had problems with drugs. For instance, of those parents in state prisons, 58% reported using drugs such as marijuana, cocaine, crack, and heroin a month before their offense, 25% had a history of alcohol dependence, 14% had a mental illness, 29% were unemployed a month prior to arrest, and 70% did not have a high school diploma (Mumola, 2000). Of those fathers in state prison, 58% reported using drugs a month before their offense and 33% were under the influence of drugs when they committed their current offense. Two-thirds of fathers in federal prison were convicted of drug offenses (Mumola, 2000).

African Americans represented the largest ethnic group of parents in both state (49%) and federal prisons (44%). African American children were 9 times more likely to have a parent in prison than white children in 1997 (Mumola, 2000).

III. The Health Status of Inmates

With the increased incarceration of drug offenders came prison overcrowding and inmates with chronic and infectious diseases such HIV, tuberculosis, and hepatitis - overwhelming the prison health care system. For example, at the end of 1997, the rate of

confirmed AIDS prison cases was at least five times greater than that of the general population (Bureau of Justice Statistics, 2000).

In 1997, 36,000 inmates had hepatitis B, over 300,000 had hepatitis C, and 130,000 had latent tuberculosis infection (NCCHC, 2002). Of those released in 1996, 155,000 had hepatitis B infection, approximately 1.4 million were infected with hepatitis C, and 566,000 inmates had latent tuberculosis infection (NCCHC, 2002). In addition, the overall prevalence of asthma among inmates was 8.5%; the prevalence of diabetes was estimated to be 4.8%; and the prevalence rate for hypertension among inmates was more than 18% (NCCHC, 2002). Many inmates also suffered from mental illness. For instance, in state prisons: 2-4% with schizophrenia or another psychotic disorder; 22-30% with anxiety disorder; 6-12% with post-traumatic stress disorder; 13 to 19% with major depression; 2 to 5 % with bipolar disorder; and 8 to 14% with dysthymia; (NCCHC, 2002).

In 2003, there were 23,659 people incarcerated in state and federal prisons who were known to be infected with HIV. Of those diagnosed with HIV, approximately 20,000, (1.9%) were males (Maruschak, 2005). The rate of confirmed AIDS among the prison population was 3 times higher than the U.S. general population (Maruschak, 2005). Two-thirds of AIDS-related deaths were among black inmates. In fact, black inmates in state prisons were about “3½ times more likely than whites and almost 2½ times more likely than Hispanics to die from AIDS-related causes.”(Maruschak, 2005, p. 7).

Those who are incarcerated suffer from a myriad of health care problems including HIV/AIDS, tuberculosis, hepatitis B, hepatitis C, hypertension, diabetes, asthma, cancer, Alzheimer’s, and mental illness. Many inmates also have poor oral health which can complicate chronic conditions such as diabetes and cardiovascular disease (Treadwell & Formicola, 2005). Once released, these individuals will return to their communities, children and families, many of which are overburdened and underserved, in poor health with limited or no access to health care resources.

IV. The Collateral Consequences of Incarceration for African American Men and the Impact on Their Children and Families

Since African American men are incarcerated at rates higher than other racial and ethnic groups, the collateral consequences of incarceration fall heavily upon them, their children, and families. The impact of incarceration on African American men has stigmatizing collateral consequences that limit their ability to participate in the political process, to get medical care and financial assistance, to have someplace to live, and to be employed. All of these barriers have a direct impact on the health and socioeconomic status of their children and families.

Disenfranchisement

Approximately 5.3 million American have lost their voting rights as a result of a felony conviction. Currently, 48 states and the District of Columbia prohibit inmates from voting while incarcerated for a felony conviction, 36 do not allowed felons to vote while on parole, and three states deny the right to vote to all ex-offenders who have completed their sentences (The Sentencing Project, 2006). Of those disenfranchised, 1.4 million (13%) are African American men, which is seven times the national average (The Sentencing Project, 2006). According to the Sentencing Project, “given the current rates of incarceration, three in ten of the next generation of black men can expect to be disenfranchised at some point in their lifetime.” (The Sentencing Project, 2006, p.1).

Due to voter disenfranchisement, the political voice of many African American men has been muted while incarcerated and as they return to their communities. Not only have they been physically removed from their children, families and communities, but their political voice has also been extinguished. Moreover, communities lose their political power and access to resources when those who could vote are either incarcerated or unable to vote once they are released, thus not only reducing the political power of African American men but the entire African American community.

Moreover, political and financial resources are lost in urban communities with high felony conviction rates when inmates are incarcerated in prisons built in rural areas. The U.S. Census Bureau counts the usual residence of an inmate as the place where they reside during their incarceration, not where they lived prior. Consequently, “sparsely populated rural communities are artificially enlarged through their inmate population consisting mostly of people of color from urban neighborhoods.” (Mauer, 2004, p. 6). These rural areas receive additional state and federal funds based upon their prison population.

These financial and political resources could go to the communities where these inmates reside and be invested in improving the education, health care, job training, and reentry programs in these underserved areas which would directly benefit their children and families who live in these communities.

Medicaid

Many ex-offenders do not have health insurance when they return to their families and are unable to receive Medicaid when they are incarcerated. Currently, correctional institutions do not receive federal funds from Medicaid or Medicare to provide health services to prisoners (Commission on Safety and Abuse in America's Prisons, 2006). Also, prisoners, while incarcerated, are ineligible to receive Medicaid. Under the Medicaid program, states cannot receive federal matching Medicaid funds to pay for services for inmates of public institutions. However, states are not required to terminate Medicaid eligibility but may suspend eligibility during incarceration. Therefore, prisoners are ineligible to receive Medicaid while incarcerated but they may receive the benefit after they are released (Commission on Safety and Abuse in America's Prisons, 2006; Cuellar, Kelleher, Rolls, & Pajer, 2005).

Even though ex-offenders are eligible for Medicaid upon release, they still may not receive medical care due to delays in reapplying for benefits which may take weeks or months. Meanwhile, these individuals are not receiving treatment or a continuum of care for infectious diseases, chronic diseases, substance abuse, or mental illnesses. This

adds a financial strain to the family because an ex-offender who is in poor health is incapable of seeking employment or unable to work, possibly perpetuating a cycle of poverty for his children and family.

Welfare Assistance and Food Stamps

According to Section 115 of the Professional Responsibility and Work Opportunity Reconciliation Act of 1996, also known as the Temporary Assistance for Needy Families (TANF) Act, anyone who is convicted of a federal or state felony that involved the possession, use, or sale of drugs is barred from receiving cash assistance and food stamps for life (Finzen, 2005; Cooper, 2003). Furthermore, “the amount payable to any member to any family or household of which such a person is a member is reduced proportionately.” (Finzen, 2005, p. 5). States have the choice to modify, limit, or opt out of the lifetime ban provisions. Fifteen states have adopted the ban in its entirety, 12 states and the District of Columbia opted out of the ban, and 23 states have modified it (The Sentencing Project, 2006).

Even though research shows a disproportionate impact of this ban on African American and Latina women, it also impacts African American men because they have high rates of felony drug convictions; therefore, they are unable to receive cash assistance and food stamps due to those convictions. As they return to their communities, they are denied the financial support needed to rebuild their lives and to support their children and families.

Housing

Housing is a challenge for many ex-offenders as they are released because many depend upon living with family or friends upon their return. These relationships may have been strained prior to or during incarceration and not available to the ex-offender. If they are allowed to live with family and friends, it is very temporary (Travis, 2005). Still, many ex-offenders may not have had a home prior to incarceration. Therefore, when they are released, they have no home to return to. For example, 8% of incarcerated fathers in state prisons reported being homeless a year prior to their admission in 1997

(Mumola, 2000). As a result, many returning prisoners end up living in homeless shelters at some period after their release, as many as one in nine (Travis, 2005).

Over the years, federal legislation has restricted the access to public housing for many ex-offenders who are returning to their families and communities. For example, under the Housing Opportunity Program Extension (HOPE) Act of 1996, the public housing authorities (PHA) “may deny public admission to or evict individuals who have engaged in criminal activity, especially drug-related criminal activity, on or off public housing premises, regardless of whether they were arrested or convicted for these activities.” (Cooper, 2003, p. 6) Even though the PHA may take into consideration rehabilitative factors in rendering their decision, those with criminal records are at a definite disadvantage when applying for limited public housing (Travis, 2005).

Former inmates do not fair much better in the private rental market. Landlords require a security deposit, credit check, previous work histories and references before leasing to a prospective tenant – many of these requirements that returning ex-offenders cannot meet. Moreover, the cost of housing has escalated, making it unaffordable and out of reach for many returning ex-offenders. For example, fathers in both state (53%) and federal prisons (45%) reported incomes below \$1000.00 in the month before arrest (Mumola, 2000).

The lack of housing affects the children and families of African American men because when they return from prison or jail, they cannot afford or are unable to provide a home for their children and family. Rather, they must depend upon their families and friends for shelter or become homeless.

Employment

When released, many ex-offenders face barriers to employment due to employers unwilling to hire people with criminal records, legal restrictions on certain types of federal and state employment for those with felony convictions, and the inability to

improve their labor skills for employment in the workforce (Finzen, 2005). Moreover, many are unskilled, uneducated and feel stigmatized from being incarcerated. As mentioned earlier, 70% of incarcerated parents did not have a high school diploma. Therefore, many do not have the necessary skills that are needed in the labor workforce to gain employment.

In addition, many ex-offenders return to communities located in urban centers with inadequate employment opportunities (Golembeski & Fullilove, 2005). Therefore, even though they may have the required skills for a job, there may not be any jobs available within their community. In order to seek opportunities outside their communities, such as in the suburbs, transportation may be a challenge. Also, under the Higher Education Act of 1998, any individual who is convicted of a state or federal offense involving the sale or possession of drugs loses their eligibility for federal educational aid (Cooper, 2003). The inability to receive financial assistance for school further prevents the ex-offender from gaining access to resources that would improve his employment and financial status, which ultimately would benefit his children and family.

V. The Other Consequences of Incarceration on Children and Families

The impact of incarceration itself on children and families is significant. While the father is incarcerated, children and families lose financial and emotional support and suffer the social stigmatization of having a family member in prison or jail (Travis and Waul, 2003). More importantly, the children and families lose connectedness with the individual. While incarcerated, many fathers are unable to maintain ties with their children and families because of distance, restrictive visitation rules, and the high cost of telephone calls. Over 60% of parents in state prison were held more than 100 miles from their last place of residence (Mumola, 2000).

Even though incarcerated mothers were more likely to live with their children prior to incarceration than fathers, fathers who did not live with their children still contributed to their financial, developmental and social support. Of fathers in state prison,

60.5% were employed full-time during the month prior to arrest (Mumola, 2000). However, when the father is incarcerated, the financial support ends. This loss of financial support destabilizes the family's finances and places an additional strain on the person who becomes the primary breadwinner.

Other than financial loss, children and families also experience the emotional loss of a father. The incarceration of a parent may have a traumatic impact on a child's development. Many incarcerated parents have minor children and the removal a parent from their lives "limit the child's emotional growth, producing stress and anger, and isolating the child from the needed social supports." (Travis, 2005, p. 139).

VI. Conclusion

Over 630,000 ex-offenders are released each year to return to their communities, children and families after they served their time and have paid their debt to society. Due to the high rates of incarceration of African American men, the consequences of incarceration impinge distinctively on them. African American men are punished twice for their criminal offenses. First, they were punished by criminal justice system when they entered prison. However, once they have served their sentence and return to their communities, they are punished again by social policies and barriers that prevent them from fully reintegrating into their communities and providing for their children and families.

In order for African men to fully reintegrate back into society, to provide for their children and families, and to contribute to their communities, it is imperative that they receive the necessary health care, financial resources, and social supports. When African men are not able to provide the basic necessities for their families, as a society, we are perpetuating a vicious cycle of imprisonment that will affect future generations. The price we pay today in investing in reentry programs and re-writing legislation and policies that are restrictive and race neutral on their face, but discriminatory in practice, pales in comparison to the public health crisis that we will continue if we do nothing.

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