

INEQUALITY, CRIME, AND HEALTH  
AMONG AFRICAN AMERICAN  
MALES

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RESEARCH IN RACE AND ETHNIC RELATIONS  
VOLUME 20

# INEQUALITY, CRIME, AND HEALTH AMONG AFRICAN AMERICAN MALES

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# INTRODUCTION TO VOLUME 20

Marino A. Bruce and Darnell F. Hawkins

I am invisible, understand, simply because people refuse to see me. Like the bodiless heads you see sometimes in circus sideshows, it is as though I have been surrounded by mirrors of hard, distorting glass. When they approach me they see only my surroundings, themselves or figments of their imagination, indeed, everything and anything except me.

Ralph Ellison, *Invisible Man* (1952)

This powerful opening statement from Ralph Ellison's *Invisible Man* summarizes the challenges of being an African American male in the United States. This extraordinary piece of literature was published in 1952; yet, a large segment of African American men continues to witness and experience the pain and confusion that come with the challenge of being identified as having African ancestry and a Y chromosome. More than six decades later, modern telecommunication devices, traditional mass media, and social media have begun to provide the world a glimpse of how African American males have become all too frequent victims of police or vigilante killings. These same sources have shown how they are feared and disdained by ordinary American citizens in public places like restaurants (Duke, 1993; Stewart, 2018), sidewalks (Baker, Goodman, & Mueller, 2015), and parks (Ali, 2017). Although such targeting is said to be a response to high rates of crime among black males, it has much deeper roots. These are roots that are deeply embedded in the nation's long history of systemic racism.

The persistent and pervasive notion of African American male criminality which was injected into the American consciousness during the post-Reconstruction period persists steadfastly today in the United States. It is a driving force behind the nation's post-1970 mass incarceration binge for which economically disadvantaged Black males are the primary victims. It also serves as fuel for insensitive comments, unwarranted surveillance, and other microaggressions such as those now in the media glare. Few African American males, regardless of their achievement, social standing or economic status, are immune to the stress associated with these subtle forms of hostility (Allen, 2013; Franklin & Boyd-Franklin, 2000; Henfield, 2011; Hotchkins, 2016; Smith,

Allen, & Danley, 2007; Smith, Hung, & Franklin, 2011; Solorzano, Ceja, & Yosso, 2000).

Beyond the arenas of crime and the administration of justice, it has been argued, and much evidence offered that has been designed to show that the accumulation over the lifecourse of multiple sources of stress faced by African American males has other dire consequences. Indeed, in his pioneering, 1899 sociological study, *The Philadelphia Negro*, W.E. B. DuBois, when discussing the litany of social problems facing Black Americans, observed that “a combination of social problems is far more than a matter of addition – the combination itself is the problem.” In the case of Black males, this multiplicity of widely varied forms of stress has been linked to their poor physical and psychological health outcomes (Bruce, Griffith, & Thorpe, 2015a, 2015b; Bruce et al., 2017). Consequently, African American males have much higher rates of premature mortality than any other racial/gender grouping in the US (Thorpe et al., 2015, 2013).

Because of their interconnectedness, disproportionate crime and punishment, and poor health are outcomes that must be analyzed in tandem to understand fully the ways that they shape personal and collective behaviors of black males, the contours of intra- and intergroup relations, and public policy-making considerations that extend far beyond each respective social arena. This is best illustrated by demographic data reported in *The New York Times* in April 2015 by economists Justin Wolfers, David Leonhardt and Kevin Quealy. They found that more than 1.5 million Black males between the ages of 25 and 54 are “missing” from black communities nationwide (Wolfers, Leonhardt, & Quealy, 2015). For every 100 African American females within this age range residing in such communities, there are only 83 Black males. In some lower-income urban neighborhoods, the number of Black males in this age range is substantially below 83. Further, follow-up analyses have shown that sites of highly publicized police-related violence (Ferguson, MO, North Charleston, SC, New York, NY, Chicago, IL, and Baltimore, MD) also have larger than average numbers of missing Black males.

Imprisonment, homicide, non-lethal assault and other crime, chronic and infectious disease, substance abuse, suicide, and accidents all contribute to the much wider gap in the community-level sex ratios found among African Americans compared to those observed found among other ethnic and racial groups in the United States. This wide array of causes and correlates of African American male mortality, disability, and confinement suggests that one area in need of interdisciplinary inquiry that examines the intersection between public health and public safety. These lines of inquiry must situate and contextualize the lived experiences of the African American male. Health analysts and social scientists across many disciplines have all studied African Americans and their communities extensively over the past decades because this population has disproportionately high levels of disease, disability, premature death, and exposure to the criminal justice system. Interestingly, there has been little overlap or cross-communication between the diverse literatures even though the very same

factors leading to crime and punishment among African American males often contribute to their poor physical and mental health profiles.

This volume of *Research in Race and Ethnic Relations* was compiled in response to that omission. We issued a call for papers that would explore the multifaceted dimensions of the varied disadvantages faced by African American males. Since their plight cannot be separated methodologically or conceptually from the plight of black females and the communities in which they reside the scope of our volume is admittedly much broader by necessity, our reach is interdisciplinary by design. We include chapters that draw from theoretical and methodological frameworks in the health, social, and behavioral sciences to illustrate how poor outcomes and sharp disparities among individuals and communities can be linked to the interplay of multiple factors operating at multiple levels.

Kathryn Nowotny opens this volume with a comprehensive review of the incarceration literature to illustrate how incarceration can have deleterious effects on individual health. She also highlights the utility of a social ecological framework for integrating perspectives from health and social science to specify mechanisms operating at multiple levels to that contribute to the poor health of prisoners and former inmates specifically, and African American males in general.

The next chapter by Pamela Valera, Robert Taylor, and Linda Chatters reports findings from an analysis of data from the National Survey of American Life that identifies criminal justice contact as a major risk factor for compromised health. Given their disproportionate rates of confinement, these findings have particular significance for our understanding of the health of Black males. Individuals who were arrested or detained in jail or prison were more likely to smoke, have poorer oral health, and rate their health lower than individuals with little or no criminal justice contact. In Chapter 3, Loren Henderson also explores the health/imprisonment connection. She reports results from a study illustrating the lingering post-release impact of incarceration. Using data from the 2011–2013 National Survey of Family Growth, the author establishes an association between incarceration and compromised sexual health.

The fourth chapter in this volume focuses on a vastly different and understudied type of institution housing African American males – mental facilities. Joanna Tegnerowicz draws psychiatry, psychology, and sociology to specify how racism can be a significant impediment in paths to recovery for African American men suffering from psychosis illnesses. According to the author, negative stereotypes of unpredictability, dangerousness, hostility, and violence increase the risk of African American men with schizophrenia and other psychotic illness being overmedicated or subjected to harsh treatment from mental health or criminal justice professionals. A mental health diagnosis is akin to a criminal record for African American males because each carries a stigma that significantly affects the quality of life for this population.

Lethal violence is a central focus on the next four chapters in Volume 20. Alex Crosby and Shane Jack provide a comprehensive overview of suicide among African American males in Chapter 5. This topic has not received a great

deal of attention in the scientific literature. This chapter gives readers a clear portrait of the burden of suicidal behavior among African American adolescent and young adult as well as a description of evidence-based prevention programs that could prove useful in the effort to prevent self-directed violence among this population. Homicide among African Americans is the focus of Chapter 6 as Christine Martin reviews homicide patterns among this population over the past few decades. The author presents this traditionally criminological material in an atypical approach as she broadens her analytic scope to introduce a paradox of African American death introduced in *The Souls of Black Folk* (Du Bois, 1903). Martin presents a haunting consideration of the data detailing the loss of African American male life beyond homicide alone and asks how the litany of varied forms of Black death and dying in the US stack up with the tragedy of being oppressed in the purported land of the free.

Chapters 7, 8, and 9 move the discussion of the plight of African American males to the here and now. Each discusses events that have ignited collective action in African American communities across the nation – police killings of African American males. In Chapter 7, Jennifer Hartfield, Derek Griffith, and Marino Bruce specify ways through which racism operates through cultural and institutional forces to exacerbate police-involved shooting of unarmed African American males. According to the authors, racism is a root cause of this problem and requires remedies that establish and maintain the full personhood and citizenship of African American males.

The examination and discussion of police killings of African American males continue in Chapter 8 as Keon Gilbert, Rashawn Ray, Carson Byrd, Joseph Richardson, and Odis Johnson outline how “justifiable homicide” is a product of persistent policies and practices that devalue African American male identities and bodies. In Chapter 9 Louwanda Evans and Charity Clay illustrate how African American residents of areas characterized by police violence are subject to compromised health. The authors present theoretical lens comprised of Durkheim’s collective consciousness and DuBois’ double consciousness through which readers can see how communities where law enforcement routinely uses violence are exhausting places to live because of the emotion work and emotional labor required to navigate them.

The relationship between law enforcement and African American communities is also examined in the tenth and final chapter of this volume. Michael Oshiro and Pamela Valera use frame analysis and Hall’s framework of discursive domains to analyze mainstream newspaper coverage of events pertaining to the killing of Michael Brown in Ferguson, Missouri. Their analysis of three highly circulated newspapers illustrates how indiscriminate reporting can reinforce existing narratives about African American males and contribute to the maintenance of tensions between law enforcement and the communities they swear to serve.

The 10 chapters in this volume reflect the breadth and depth of thinking about the health, safety, and well-being of African American males in the United States, and beyond our borders as well. They begin the kind of interdisciplinary discourse needed to address the omissions in the literature that prompted

our call for papers. This volume is not exhaustive in the sense that contributors were able to examine all of the critical issues surrounding the social and health-related disadvantages that confront African American males. Many more of the kinds of analyses included herein are needed to fully probe the intersection of race, race relations, public health, the administration of justice, and public safety. But, we have chosen articles that demonstrate the value of the kind of intellectual inquisitiveness, thematic diversity, and critical thought needed in future work on this subject. For those reasons, we believe that this volume is a useful resource for serious scholars and makers of public policy who are seeking a better understanding of the causal interplay among economic and racial inequality, gender, crime, punishment, and health outcomes among all African Americans.

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# A SOCIAL ECOLOGICAL FRAMEWORK OF INMATE HEALTH: IMPLICATIONS FOR BLACK–WHITE HEALTH DISPARITIES

Kathryn M. Nowotny

## ABSTRACT

*This review integrates and builds linkages among existing theoretical and empirical literature from across disciplines to further broaden our understanding of the relationship between inequality, imprisonment, and health for black men. The review examines the health impact of prisons through an ecological theoretical perspective to understand how factors at multiple levels of the social ecology interact with prisons to potentially contribute to deleterious health effects and the exacerbation of race/ethnic health disparities.*

*This review finds that there are documented health disparities between inmates and non-inmates, but the casual mechanisms explaining this relationship are not well-understood. Prisons may interact with other societal systems – such as the family (microsystem), education, and healthcare systems (mesolexosystems), and systems of racial oppression (macrosystem) – to influence individual and population health.*

*The review also finds that research needs to move the discussion of the race effects in health and crimeljustice disparities beyond the mere documentation of such differences toward a better understanding of their causes and effects at the level of individuals, communities, and other social ecologies.*

**Keywords:** Social ecological theory; prison; prisoners; population health; race/ethnic health disparities; inequality

A large body of research has documented black–white disparities in health and mortality in the United States (Adler & Rehkopf, 2008; Frisbie, Song, Powers, & Street, 2004; Geruso, 2012; Pampel, Krueger, & Denney, 2010; Williams & Jackson, 2005; Williams & Mohammed, 2009). Racial differences in socioeconomic status (e.g., income, education) largely account for these gaps with individual and institutional discrimination, residential segregation, and bias in healthcare settings also explaining some of the variation in black–white disparities (Braveman et al., 2011; Williams, 1999; Williams & Jackson, 2005). Incarceration is an often ignored and poorly understood factor in health disparities research (Binswanger et al., 2011; Moore & Elkavich, 2008) despite the fact that black men are incarcerated at 6 times the rate of white men, 2.5 times the rate of Latino men, and 25 times the rate of black women (Danielle & Cowhig, 2018). Put another way, incarcerated persons comprise less than 1% of the US population (PEW Center, 2008) but 11.4% of all black men aged 20–34 (the age group most at risk for incarceration), and 37.2% of black men aged 20–34 with less than a high school education (Pettit, 2012). During the past several decades, the overall size of the prison population in the United States has increased substantially, growing more than sevenfold (The Sentencing Project, 2016), so that the United States now has the highest rate of imprisonment compared to all other countries (Walmsley, 2016). This has led some scholars to speculate that the US system of mass incarceration may be contributing not only to health disparities within the United States, but also to global disparities among high-income countries (Nowotny, Rogers, & Boardman, 2017; Wildeman & Wang, 2017).

To comprehend the broader health effects of mass imprisonment on health disparities (Wildeman, 2011), research has documented patterns of disparities between incarcerated and non-incarcerated persons. Overall, the incarcerated population has significantly higher rates of chronic and infectious diseases (Binswanger, Krueger, & Steiner, 2009; Wilper et al., 2009), mental and behavioral health conditions (Baillargeon, Binswanger, Penn, Williams, & Murray, 2009), and trauma and injury (DeHart, 2008) than the general population. Having ever been imprisoned is also associated with long-term elevated mortality risk (Pridemore, 2014; Spaulding et al., 2011).

This is due, at least in part, to the fact that inmates are largely drawn from vulnerable segments of the US population: the poor and racial and ethnic minorities residing in the most disadvantaged neighborhoods (Clear, 2007; Kirk, 2008). In addition to economic disadvantage (Greenfeld & Snell, 1999; Richie, 2001), persons who are incarcerated come from backgrounds that are characterized by high levels of substance use prior to incarceration including smoking (Belcher, Butler, Richmond, Wodak, & Wilhelm, 2006; Cropsey, Eldridge, & Ladner, 2004), alcohol and drug use (Abram, Teplin, & McClelland, 2003; Daniel, Robins, Reid, & Wilfley, 1988; James & Glaze, 2006; Kerridge, 2008; Proctor, 2012), and high rates of serious mental illness (Fazel & Danesh, 2002; James & Glaze, 2006; Steadman, Osher, Clark Robbins, Case, & Samuels, 2009), factors which are associated with illness and mortality. Therefore, it might be that persons who are incarcerated have worse health only because the