



DISABILITY IN THE SHADOW OF MASS INCARCERATION

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THE INTERSECTION OF POVERTY, DISABILITY, INCARCERATION

It was April of 2009. The city of Chicago was just past the midpoint of its "10 year plan to end homelessness," and it was only a few months before city officials admitted the depths of the city's poverty, renaming the "10 year plan" just "the plan." This was a full decade before private developers, working in tandem with the city, put up a fence around "the Triangle," evicting hundreds of homeless Chicagoans from their encampment on Lower Wacker Drive — one of few places people without homes might find something that approximated warmth outdoors during a Chicago winter.

I arrived at 4:30 a.m., surveyed the scene with my research partner, and connected with a staff member from the homeless outreach organization that served the residents of the Triangle. The staff member was kind and well prepared. A licensed clinical social worker, he was armed with a clipboard and a duffel bag filled with extra socks, hats and gloves, "petty cash," and \$5 coupons good for a meal at McDonald's — this was when you could still buy two cheeseburgers, a small fry, and a drink from McDonald's for \$4.99. And there was real need. The 2009 point-in-time count for homeless Chicagoans was 6,240.¹ While the figure represented an increase from the year before, it was likely a gross underestimation given what we now know about homelessness in our country.² Most people's experience with homelessness is temporary. Like we've learned about poverty more generally, homelessness is something people fall in and out of in a given year.³ With this more sophisticated understanding in mind, researchers estimated a staggering 76,998 people experienced homelessness in Chicago in 2018.⁴

The sun would come up in just a few hours. It was spring by then, but still cold, with pockets of snow and slush on the ground. We waited with the social worker for the next arrival, a Chicago police officer. He seemed nice enough. We didn't talk much. A garbage truck pulled up a few minutes later —

FIGURE 1: HOMELESSNESS IN CHICAGO, 2018



we would be accompanied by a garbage man who worked for the Department of Streets and Sanitation. With the team all assembled, the five of us made our way.

My partner and I shadowed the social worker as he approached a man he knew from years of doing street outreach. With kindness in his voice, the social worker called the man by name. The social worker asked about his pending disability case and his plans for the night, before handing out his goods — a new pair of socks, the \$5 coupon, a list of programs where the man could get services, and his business card. The man shook his head, looked at the social worker, and then at us, and then at the police officer. Finally, he looked at the garbage truck that hummed loudly just 10 feet away, picked up his bedroll and left. The client, I suppose, had been provided a service. We walked a few feet to the next client, the police officer accompanying our party with the garbage truck inching up as we offered our wares.

Some encounters that morning were less friendly. One woman cursed the social worker, saying, "I know what you're doing." Another refused to leave after receiving socks and the McDonald's coupon, at which point the officer stepped to the front of our party and instructed the garbage man to throw

away her bed roll. Sometimes the officer led the interaction — some people had shopping carts or radios or small chairs, things that violated a new city ordinance against “camping in public.”⁵ The officer and the garbage man threw their things away. The routine, by now, was clear. Accept “services” and clear the area, or have your things tossed or be arrested. Either way, you will be forcefully removed. The hum of the garbage truck reminded you of the stakes. The police officer ensured your compliance.

DISABILITY IN THE SHADOW OF MASS INCARCERATION

In the years to come, I would follow outreach workers to bus stops, to tent cities, and to ride the trains at night. Almost everyone we met had a pending court case for drug use and trafficking. All of them had criminal records — for petty larceny, for public urination, for trespassing. This was a part of an era of crime control we have come to associate with “broken windows policing,” where men with squeegees were seen as a threat to public safety and when there was a moral panic in America about the potential for criminality among the idle poor. Like the client we met on Lower Wacker Drive, most of the people we encountered during my time shadowing outreach workers had a diagnosable disability and most of them had applied for disability insurance. People needed the support. Over half of the people who resided in an American jail or prison lived on incomes at or below half the U.S. poverty line.⁶ One study found that over half of jail residents reported no taxable income in the three years prior to their sentence.⁷ What I didn’t know then was that people who experienced a bout of street homelessness were seven times more likely to be arrested than members of the general population, and, conversely, people who were incarcerated more than once were 13 times more likely to experience homelessness.⁸ While I had some idea that illness and incarceration clustered, I didn’t know the extent. A report came out a few years later showing that a full one-third of all infections for communicable diseases passed through a U.S. jail or prison in the year before, and that prisoners are five times more likely to be diagnosed with HIV, nine times more likely to have hepatitis C, and 10 times more likely to have heart disease, diabetes, and other chronic illnesses than members of the general population.⁹ Mental health studies reveal that up to 15% of incarcerated people were diagnosed with a “severe mental illness,” and 64% of jail residents reported a “mental health problem.”¹⁰

The evidence is now clear — prisons make us sick. Studies show that people who were incarcerated report worse health than they reported in the year before they went in, with one study estimating that for every year a person spent in a state penitentiary they lost two years of life

FIGURE 2: MENTAL HEALTH AMONG INCARCERATED



expectancy.¹¹ But while mass incarceration has produced what we might term a set of disabling social conditions, I didn’t know how to make sense of how disability was experienced in the shadow of mass incarceration.

So many people we encountered had a diagnosable disability and so many of their disability claims were rejected that the outreach organization that employed the kind social worker hired a full-time attorney to appeal the denials. After going through the trouble of finding a doctor to sign off on a series of forms, navigating the hurdles of applying for disability insurance while finding food and a place to sleep, and addressing the added burden of trying to mount a solid legal defense, almost every one of that social worker’s clients who applied for disability was denied. It was striking to me that the people we encountered would need an attorney at all. Their inability to work and their medical need seemed clear. One couple I interviewed lived in a tent city off 22nd and Halsted streets. The woman would light their tent on fire at night. Her partner asked the outreach worker for help, but what could he do? I learned that the woman was arrested for arson a few days later. That same woman, who rocked in her makeshift tent and talked to herself most days, had been denied disability benefits, twice.

Three years later, after launching what would become the first of three studies on what I’ve come to call the afterlife of mass incarceration, I stood with my partner over the bed of a man who had been shot by his assailant. He was paralyzed from the waist down. He was not homeless at the time, but he was a truck driver and he was soon to fall into poverty. How would he return to work? We asked for the hospital social worker, who helped the proud man fill out his portion of a disability

application. He was denied. The social worker said he would need to be paralyzed for up to two years before the Social Security Administration would consider his illness chronic. And before Medicaid would cover his bills, he would need to spend all but \$2,000 of his savings, ensuring his poverty. How would he eat after that? How would he pay his mortgage? What about the note for his truck?

LEANING ON FAMILY TO COPE WITH DISABILITY

A few years later, I began my work in Detroit, following 60 men and 30 women released from the Detroit Detention Center, which was the central lockup facility for anyone arrested in the city at the time, and the Detroit Reentry Center, a reentry program on the old prison facility that used to sit on Mound Road. Three things were clear: everyone in my sample was poor; everyone had been arrested more than once, and those arrests started early, most at 14 years old; and nearly everyone struggled with health issues. Many would be considered disabled if anyone paid attention, reporting learning disabilities as children or depression and anxiety as adults, with some reporting more serious mental health issues, like bipolar disorder and schizophrenia. Many developed problems with what physicians call their range of motion — a surprising number of people had knee and back or shoulder pains that made most jobs nearly impossible. Those that were themselves relatively healthy often had a partner who was disabled or lived in a home where someone had a diagnosed disability. In some ways, this is unsurprising. A full 19% of Detroit residents live with a diagnosed disability.

Detroit was considered a high-risk city long before the COVID-19 pandemic. Poverty in Detroit is stubborn, remaining more than three times the national average for more than 40 years. And childhood poverty is staggering, at 43%. Detroit residents suffer from chronic illness and communicable disease at rates higher than the national average, complicating residents' ability to manage their health and recover in the pandemic we now face. And we know that Detroit is the largest city to declare municipal bankruptcy, after the flight of the auto industry and decades of disinvestment compounded the disadvantage of its mostly Black residents. Disability is experienced in harrowing ways.

My research team was busy in the early days of our study in Detroit. It was February of 2014. We sometimes operated on weekends out of the University of Michigan's Detroit Center, where we would interview people we met in exchange for lunch and a \$40 gift card. Emily, my research assistant, was interviewing Jerry, a 57-year-old man who had been in and out of different kinds of prisons since he was 14. The indomitable Ronald Simpson-Bey, my research associate, dear friend, and a national advocate for formerly incarcerated people, was

interviewing Jerry's son, Little Jerry, in the very next room; we interviewed the support networks of people who had been recently released as a central part of our research protocol. And I was interviewing Lorraine, Jerry's older sister, with Adriana and Kyle, my undergraduate research assistants.

Jerry got out of prison the week before. With 13 felony counts and dozens of misdemeanor arrests, almost all for property crimes related to his long history of addiction, there were so few places he could go. Landlords in the city of Detroit, and in every American city, have a constitutional right to reject the applications of people with criminal records. This has to do with the due process clause in the 4th and 13th amendments to the Constitution and interpretations of liability laws that began in the 1980s, not to mention the presumption that landlords will maintain crime-free environments. And employers rejected him too — he filled out hundreds of applications — and they could do so without ever having to explain why.¹² Locked out of the labor and housing market during a time of high poverty and unemployment, and struggling with an addiction, Jerry needed his family, who were used to absorbing the burden.

Jerry had three sisters. Each of whom lived in a suburb of Detroit. Lorraine, who was older than Jerry but was the youngest of the three sisters, was the last to let him sleep on her couch. "I don't care if he did just get out of jail," Lorraine said. "You don't have a job. You don't have the money in your pocket. So, what can you do?" "We knew what he was doing," she said, meaning they knew he was involved in crime, but he would give his nieces and nephews cash whenever he had it. He would go to their baseball games and support them. He was Lorraine's little brother and the only boy in the house. The sisters had an obligation to care for him. "We better," Lorraine said. "That was mama's baby."

Lorraine's mother died years before, and while she never told her three daughters that they were responsible for Jerry, the sisters understood. Jerry had a problem. Jerry needed help. The sisters would do what they could. The women in Jerry's life cared for him in shifts, allowing him to sleep on their couch in turns and supporting each other while they supported him. This worked out well for Jerry who always had somewhere to live, but the sisters had lives and problems of their own. The oldest had "medical issues," Lorraine told me. She was on disability, which covered her rent, and received food stamps, but she had struggled for the last few months.

THEY CUT THE SENIORS' [FOOD STAMPS] DOWN TO LIKE ABOUT \$16," LORRAINE SAID. "THEY WERE GIVING THEM A HUNDRED-AND-SOMETHING [AND NOW THEY GET \$16], SO I TRY TO HELP HER. YOU KNOW, [SHE MIGHT ASK FOR] A LOAF OF BREAD AND A COUPLE BAGS, A LITTLE MEAT,"

SIXTEEN DOLLARS. A MONTH? JERRY WAS LIVING THERE? HOW DOES SHE EAT?" I ASKED.

“She gets Focus: Hope,” Lorraine said, referencing a supplemental food program for seniors living in Detroit. “But that’s once a month. They may give you some beef in the can, or SPAM, pink salmon, rice, fruit, vegetables, dry meal. It’s not dry milk anymore. Cause they give you 1% milk now... But you know, we were raised [that] if you get something, you go to the store, you get what you need and you put the rest in a deep freezer.” Lorraine explained that she and her sisters kept deep freezers and cabinets that they stocked for when times get hard. They would drop off food at each other’s homes, making sure that each family had enough to get by. They did this when Jerry was home and needed help, bringing food from their deep freezers to whichever sister was supporting their baby brother. And they did this now that their oldest sister had to figure out how to live through an 80% cut in her food stamps. Even without the cut, it would have been hard for Lorraine’s oldest sister to support Jerry. She had a long list of medical problems. And Lorraine’s middle sister had little children and extended family living in her home. The last turn to care for Jerry would be Lorraine’s.

A nursing assistant and medical transcriptionist for decades, Lorraine was placed on disability benefits, which provided health insurance and an \$800 a month stipend, after “they found a spot on my kidney. The spot turned out to be cancer.” Her bills approached \$1,800 each month, but she was able to work part-time as a home health aide. There was a cap on how much she could earn before they cut her disability benefits — not more than \$1,056 each month, just enough to cover her rent and bills; sometimes, though, it was not enough.

A year before we met, Lorraine was in an auto accident. “I was hit from behind,” she said, and suffered from a back and neck injury. She was scheduled for a second surgery to “burn the nerves” that kept her in constant pain. And Lorraine’s husband had a disability too, but he was not on disability insurance. A forklift operator at a factory, he was injured in an accident. “They used to give him workman’s comp, but he’s been off work as long as me,” she said. It had been a year and a half since the last time her husband was paid.

“So, there’s just you two in the house?” I asked, wondering how they managed to support Jerry, given their medical problems. Lorraine told me that their granddaughter started living with them over the summer. “She had a complication with her mother,” Lorraine said. “She’s 17. She’s a senior this year. So, she stays here Monday through Friday.” Lorraine and her husband would either drive their granddaughter to school or wait with her on the corner to take the “handicap bus.” “She has a disability, so we can’t let her catch the bus [on her own],” Lorraine said. Lorraine’s granddaughter was diagnosed with

DiGeorge Syndrome at 18 months old, which in her words is a “a pulmonary disease, [where] the artery from her lung didn’t grow. [And] she was born with cerebral palsy,” so it’s “difficult for her to get around.”

“You work as a medical caregiver. You look after your granddaughter. And your husband needs to lean on you too, and also Jerry,” I said, taking it all in. “Yeah... I’m a busy person,” Lorraine laughed as we wrapped up our time together.

Jerry eventually moved in with his son, Little Jerry, who told Ronald that he was glad to spend time with his dad. Jerry was in and out of prison for most of Little Jerry’s life. And while the sisters — two of whom are disabled, all of whom are struggling to get by — are happy to do what they can and drop off food from their deep freezer to help Little Jerry take care of his father, there is a profound strain on this small family.

CIVICALLY DISABLED BY A CRIMINAL RECORD

There was so much disability. The sociologist Loïc Wacquant would tell us that Jerry, who Lorraine joked “is the healthiest of us all,” was civically disabled, like the 19.6 million Americans who live with a criminal record. His record prevents him from most meaningful forms of employment or from renting an apartment. In the state of Michigan, 682 laws, policies, and administrative sanctions ensure that Jerry cannot fully participate in the political economy of the city.¹³ And while his sisters gladly care for him, and have done so for years, there’s next to nowhere else he can go. He’s fortunate to have them and fortunate to have a son who can make room on his couch. But add to this the profound degree of medical disability that circulates in this family. What’s worse, everyone in my sample of 90 formerly incarcerated people in Detroit were either disabled themselves or were directly connected to someone who experienced a diagnosed or diagnosable medical disability. Fused discs. Cancer. Arthritis that made it impossible to work. But there were invisible disabilities too, as men and women who we locked away did their best to cope with what it meant to have spent their formative years in a cage, as their families struggled to get by in the wake of their incarceration. Depression. Anxiety. Things that keep you out of the labor market but that people don’t count as qualifying for disability insurance. What does it mean for the civically disabled to have to rely on people struggling with their own healthcare needs? The American Public Health Association has taken the important step of labeling mass incarceration a public health crisis. If we want to seriously address it, we have to take disability, and incarceration’s disabling effects, much more seriously.

ENDNOTES

- 1 "The 2009 City of Chicago Homeless Point-In-Time Count" City of Chicago Family Support Services. https://www.chicago.gov/dam/city/depts/ffs/supp_info/Homeless/2009PITCountExecutiveSummary.pdf.
- 2 The count took place at shelters and in known homeless encampments. A full 31 sites weren't surveyed that year—and those were sites homelessness researchers knew about.
- 3 See, e.g., Morduch, Jonathan, and Rachel Schneider. *The financial diaries: How American families cope in a world of uncertainty*. Princeton University Press, 2017.
- 4 Carlson, Samuel, David Mendiata. 2020. Estimate of Homeless People in Chicago (2018). Chicago Coalition for the Homeless. <https://s6624.pcdn.co/wp-content/uploads/2020/10/Homeless-Estimate-2020-v3-online.pdf>.
- 5 See e.g., Bauman, Tristia, Jeremy Rosen, Eric Tars, Maria Foscarinis, Janelle Fernandez, Christian Robin, and H. Nicholes. "No safe place: The criminalization of homelessness in US cities." *Washington, DC: National Law Center on Homelessness and Poverty*. Retrieved March 18 (2014): 2019.
- 6 Wacquant, Loïc. *Punishing the poor: The neoliberal government of social insecurity*. Duke University Press, 2009.
- 7 Looney, Adam, and Nicholas Turner. "Work and opportunity before and after incarceration." *Washington, DC: Brookings Institution*. Accessed October 5 (2018): 2018.
- 8 Couloute, Lucius. "Nowhere to go: Homelessness among formerly incarcerated people." *Prison Policy Initiative* (2018).
- 9 Dora M. Dumont et al., "Public Health and the Epidemic of Incarceration," *Annual Review of Public Health* 33 (2012): 325-39.
- 10 Lamb, H. Richard, and Linda E. Weinberger. "Persons with severe mental illness in jails and prisons: A review." *Psychiatric services* 49, no. 4 (1998): 483-492.; See also Steadman, Henry J., Fred C. Osher, Pamela Clark Robbins, Brian Case, and Steven Samuels. "Prevalence of serious mental illness among jail inmates." *Psychiatric services* 60, no. 6 (2009): 761-765.
- 11 Patterson, Evelyn J. "The dose-response of time served in prison on mortality: New York State, 1989-2003." *American Journal of Public Health* 103, no. 3 (2013): 523-528.
- 12 I've written about this in two articles on what I call "carceral citizenship," what I suggest is an alternate form of citizenship for people with criminal records. A part of this alternate citizenship track is a set of laws that target only them, and the right of third parties to exclude them from the political economy and culture. My analysis benefited greatly from David Thacher's brilliant paper on criminal background screening and rental housing. See Miller, Reuben Jonathan, and Amanda Alexander. "The price of carceral citizenship: Punishment, surveillance, and social welfare policy in an age of carceral expansion." *Mich. J. Race & L.* 21 (2015): 291.; Miller, Reuben Jonathan, and Forrest Stuart. "Carceral citizenship: Race, rights and responsibility in the age of mass supervision." *Theoretical Criminology* 21, no. 4 (2017): 532-548.; and Thacher, David. "The rise of criminal background screening in rental housing." *Law & Social Inquiry* 33, no. 1 (2008): 5-30.
- 13 This is as of 2/2/2022. See The National Inventory of the Collateral Consequences of a Criminal Conviction. <https://niccc.nationalreentryresourcecenter.org>.