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Health Instead of Punishment: On the Evolution of Our Framework, Language, and Vision

Human Impact Partners transforms the field of public health to center equity and builds collective power with social justice movements. We know that to transform public health, we must be in a continuous process of transformation ourselves. Part of that process means reflecting on past work and acknowledging shifts in our frameworks, language, and vision. This resource is representative of an earlier stage in our journey. The research, data, and learnings here hold strong, but the report may include frameworks, specifically regarding racial justice, health equity, and the criminal legal system, that we don't use anymore.

Our updated Health Instead of Punishment program vision, which guides our current work, is:

We're fighting for a society where all people are healthy and free: Where we wield our collective resources to help, never to punish or hurt. Where all people get the care and assistance they need to repair any harm they have caused, heal historical or ongoing pain, and grow in community together. Where there is no need for prisons, jails, detention centers, or policing. Where all people can thrive.

Why we say "person who is incarcerated" instead of "felon" or "inmate"

We are committed to using person-first language to center humanity and dignity, rather than freezing someone's identity into one action or category. People who are incarcerated have a lot of labels applied to them — "felon," "convict," "inmate," "detainee," "criminal," and "offender," to name a few. We reject these labels and use person-first language to emphasize the humanity of people who are incarcerated within a system that inherently dehumanizes. Instead of the labels listed above, we use "person who is incarcerated" or "person who is imprisoned."

Why we say "criminal legal system" instead of "criminal justice system"

We have also shifted our language to no longer use the term "criminal justice system," in understanding that there is no "justice" to be found in this system. Instead, we refer to the "criminal legal system" in our current work to describe the US system of laws and the actors who enforce them — including police, prosecutors, and judges — with the recognition that those actors often enforce the law inequitably and unjustly. To learn more, read our blog post "From Our Health Instead of Punishment Team: How Our Vision Guides Our Language."

Why we critique “incarceration” instead of “mass incarceration”

Some of our older reports address the concern of “mass incarceration,” as opposed to incarceration writ large. Now, based on the available public health evidence, we know that the problem is not just that so many people are incarcerated in the US, but that incarceration is the way we handle harm at all. This includes new forms of incarceration that recreate the conditions of confinement outside of the walls of a jail or prison, like electronic monitoring, extensive supervision conditions, or mandatory drug and alcohol testing. To learn more, read the American Public Health Association policy statement on carceral systems.

Why we fight for abolition, not reform

The way we think about policing has shifted over the years. First and foremost, we believe that the system of policing cannot be fixed or reformed, and instead must be dismantled. Evidence shows that reforms such as more training for police, community policing, body cameras, civilian review boards, or hiring more Black and Brown police officers do not reduce police violence. Instead, a public health approach that addresses the root causes of inequities requires divesting from police departments altogether and investing in community-based and community-led programs that support people in having what they need to thrive and survive — clean water, clean air, food, housing, education, employment, and health care. Such an approach encourages structural transformation — rather than individual behavior change —to advance health equity and racial justice without relying on the criminal legal system. To learn more, read the American Public Health Association statement on law enforcement violence.

Why we don’t use “crime rates” as a measure

Policing does not “prevent crime;” rather, it responds to harm after it has already happened. “Crime” itself is a social construct and its definition has changed over the course of history, depending on what most benefits people in power — usually White and wealthy people — at the time. Similarly, “crime rates” are not a measure of harm, but a measure of police presence and activity. Since policing disproportionately targets Black, Indigenous, and people of color, people experiencing houselessness, LGBTQ people, people with disabilities, people with mental health needs, immigrants, people who use drugs, sex workers, and women — and those who hold multiple of these identities — “crime rates” are biased and manipulated measures. Therefore, we do not look to this outcome as a marker of success or failure of particular policies around policing. To learn more, read this piece from Alec Karakatsanis, “Why ‘Crime’ Isn’t the Question and Police Aren’t the Answer.”

Why we stopped including law enforcement agencies as stakeholders

While in previous work we considered law enforcement agencies stakeholders and included them in project advisory boards and interviews, we acknowledge that police have long held the dominant narrative. We work to create the space for others, particularly those who have been

historically and structurally marginalized, to shape the narrative instead. Similarly, given the many ways in which policing harms health, we urge caution around cross-agency collaboration between police departments and public health practitioners where possible. Instead, public health can play a role in building a world where people's needs are met and there is no longer need for policing.

How we think about violence

Some of our older reports focused specifically on policies that reduce or eliminate sentences for people charged with or convicted of *nonviolent* misdemeanors. We know that a majority of people incarcerated in state prisons (54.5%) are charged with or convicted of a "violent crime," so in order to address the health harms of incarceration, we also need to address the issue of violence. In fact, many offenses that a court defines as "violent" don't cause physical harm to others, or they involve actions done in self-defense, often against physical or sexual abuse. Even for those that do cause harm, the criminal legal system freezes people into a single action forever, rather than addressing the root causes that created the conditions for that harm to occur. Rather than entrenching a dichotomy between violent and nonviolent convictions or between "high-risk" or "low-risk" people, our vision now seeks to address the root causes of incarceration, to co-create a world where we don't respond to any type of harm with punishment. To learn more, read Danielle Sered's *Until We Reckon: Violence, Mass Incarceration, and a Road to Repair*.

How we think about immigration in relation to the criminal legal system

An important part of our current vision includes a society where all immigrants are healthy and free, where there is a clear path for immigrants to remain together in their chosen home with their families, not in immigration detention centers or facing deportation. A public health vision of immigration must include this not because of immigrants' contributions to the economy or the jobs they hold, but because of their very personhood. Separating families via any form of incarceration — in jails, prisons, or detention centers — or via deportation is harmful to the health of all.

We are committed to emergent practice and continue to be open to shifts in our language and frameworks about the criminal legal system. We will always have much to learn and more room to grow as we move closer to the society we envision.

View our latest work and framing at https://humanimpact.org/products-resources/