



Michael Ralph and Maya Singhal //

In the Marvel comic series by the same name, Luke Cage becomes the unfortunate victim of sinister prison science. Incarcerated for a crime he did not commit, Cage is targeted by a racist corrections officer when he is recruited for a prison experiment. When the doctor conducting this operation is not looking, the corrections officer adjusts the controls on the machine to which Cage is tethered, hoping to kill him. Instead, this prison experiment gives Cage superstrength, and his skin becomes impenetrable—bulletproof. With these new abilities, Cage breaks out of prison and returns to his home in Harlem to fight crime.

The story of Luke Cage can seem fanciful, and yet incarcerated people feel experimented on in more mundane ways. For instance, some people in prisons are skeptical of the Covid-19 vaccine, not just because of the vaccine itself, but particularly because prison healthcare staff are so uncaring. One incarcerated person reflected, “I don’t have a lot of faith that people actually care about my well-being... Most think guys in prison are the scum of the earth, so it’s hard to feel good about people who think that low of me, and it’s hard to believe they are actually doing something for me that’s in my best interest.” Concerns about the intentions of prison healthcare workers are also not baseless.

In the mid-1900s, the CIA ran the MKUltra project, which tested psychedelic drugs on a range of often unwitting subjects, including people in prisons, in an attempt to develop mind control techniques. During the same period, researchers at the University of Washington sterilized incarcerated men in order to test the effects of radiation on their reproductive systems. Another researcher at Cornell injected incarcerated people with cancerous cells, and others at the University of Chicago infected prison populations with malaria to test anti-malarial drugs. Prison

populations have also been used to test a range of other topical treatments, medicines, and radiation effects. Incarcerated women have also frequently been subjected to forced sterilizations.

The Covid-19 pandemic has been a particular kind of experiment on prison populations, subjecting incarcerated people to even more dangerous and dirty conditions and even fewer opportunities for human connection, prompting people to innovate new ways to connect with each other. Even with huge rates of infection and death in prisons, corrections officers have often been lax about wearing masks and enforcing social distancing and are reluctant now to get vaccinated. Yet many prisons are still charging copays to people forced to use prison healthcare. On the other hand, in response to skepticism around the Covid vaccine, some prisons are now offering financial incentives to convince incarcerated people to get vaccinated, a method for motivating people to participate in healthcare treatments that is usually reserved for formal healthcare research experiments. This experimental method for convincing people to get vaccinated is just one example of how incarcerated people demonstrate insight about the role of prisons in the care economy. Scholars have explored how the care economy has assumed a disproportionate role in job growth. Meanwhile, they have noted that prisons have increasingly been asked to do the role of healthcare. Yet they have not made the connection that, in the same period that care work was growing as a proportion of the employment sector, carceral institutions had become pivotal sites for care.

Rates of incarceration in the US doubled during the 1980s and increased again by more than 50% during the 1990s and early 2000s. According to research by the City of New York and NYU Wagner, any amount of time spent in jail is associated with a higher prevalence of health conditions such as heart and liver disease, asthma, diabetes, hypertension, and substance abuse conditions. This research also shows that there is a higher prevalence of people with schizophrenia, major depression, bipolar disorder, and other serious mental illnesses among those who have spent any time in jail. Furthermore, people who have spent any time in jail come into contact with the healthcare system and emergency medical care more often than those who have not. Not only do people often receive more of the psychological and physical care they need in prison, albeit care of substandard quality, but they are also burdened with more healthcare needs once they are out.

Gabriel Winant's 2021 book *The Next Shift* traces the exponential growth of care work as a percentage of US employment during the latter part of the twentieth century. In the 1990s, as Winant demonstrates, care work accounted for more than 63% of job growth in the US. In this regard it is telling that, in 1996, Rikers Island Prison decided to switch from a university-affiliated, nonprofit medical center to a for-profit health provider. The following year St Barnabas Hospital of the Bronx was chosen to serve as a health maintenance organization (HMO) for Rikers and other city inmates based on the fact that it had submitted the lowest bid. The city had projected saving 25% on health care costs by choosing St. Barnabas, yet that was not to be. Even worse, the quality of care was widely deemed inadequate—even “negligent.” Nonetheless, the city persisted with a “for-profit” paradigm, next selecting Prison Health Services (PHSi), the nation's largest for-profit correctional health company.

PHSi was widely panned for evidence of neglect and mistreatment of patients. By 2006, the city began circulating proposals to reconceptualize correctional health care. Yet New York continues to rely on for-profit firms. Thus the story of correctional healthcare fits a trend that aligns with Winant's argument: from the period 1932 to 1973, city officials managed correctional health care in what Noga Shaley has called the "direct service" era. Care during that period was severely lacking, prompting a shift to contracts with academic institutions, which provided excellent care, though city officials ultimately decided it was too expensive, introducing the for-profit era, which ran from 1996 to the present. In this latter period, a dramatic disconnect has emerged between patient health concerns and corporate strategic priorities, provoking what many incarcerated people describe a health care experiment designed to yield new products and large profits at the expense of incarcerated patients.

The care economy is not only about hospitals, clinics, and HMOs, but also about prisons and jails (not to mention street pharmaceuticals and sex work, but those are topics for another article). While healthcare companies' efforts to increase profits by lowering wages have impacted care for people around the US, this impact is especially dire in prisons, where people are subject to substandard care, made sicker by virtue of incarceration, and forced to work for no wages while still being mined for copays and healthcare fees. If prisons have become part of the care apparatus without much fanfare, perhaps recent scholarly attention to prison activism (petitions, protests, and jailhouse lawyering) offers new insights about how some of these detrimental trends can potentially be reversed.

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**Image:** Archie Goodwin (writer) and George Tuska (penciller), "Luke Cage: Hero for Hire," Marvel Comics.