

Invisible Bodies: The Politics of Control and Health in Maximum Security Prisons

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The birth of the prison industrial complex has made the United States home to one of the fastest-growing prison populations in the world. Since the mid-1970s, the number of people incarcerated in the United States has risen exponentially—by approximately 6% per year since 1973 (Schnittker et al.). Though home to only 5% of the world’s population, the United States houses 25% of the world’s prisoners. As Angela Davis famously notes in *Are Prisons Obsolete?*, mass incarceration has become a means of disappearing entire communities, most often communities of color, in an attempt to obfuscate rather than actually address fundamental, structural inequalities imposed and constructed by the state.¹ The prison industrial complex systematically increases control over greater numbers of individuals – both those currently incarcerated and those whose lives have been impacted by mass incarceration – through technologies that intensify the state’s procedural, ritualistic, and punitive control to biopolitically determine who has the right to life. In what Craig Haney describes as an “ecology of cruelty”, the prison has become a location of ultimate totalitarian control by the state.

In order to more fully explain how this ecology of cruelty operates, I will examine maximum security prisons – alternately termed supermax, special housing units (SHU), solitary confinement, administrative segregation (ADSEG), and any number of other terms designed to obfuscate the torturous nature of punitive measures – through the lens of biopolitics. I will argue that the state controls the bodies and minds of prisoners through its dismissal of healthcare, considered (erroneously, I argue) to be the basic human rights of prisoners. As a key part of this critique, I will also call into question the notion of ‘human rights’, and present alternative means by which to think about health and about prisoners. Human rights

¹ In Davis’s own words, “This is the ideological work that the prison performs – it relieves us of the responsibility of seriously engaging with the problems of our society, especially those produced by racism and increasingly, global capitalism” (Davis 16).

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discourse has the propensity to both homogenize difference and exclude what cannot be assimilated (*Mutua*), ergo a human rights discourse as it relates to prisoners must be addressed critically and with an eye towards the unique experiences of incarcerated subjects. As I will demonstrate, these unique concerns are neglected within the human rights discourses because penal harm ideology relies on the dissolution of such rights as inalienable or sacred. Through a better understanding of how the United States uses maximum security prisons and solitary confinement as a means of controlling bodies that do not fit within the space of “legitimacy” as defined by the state, I believe it may be possible to disrupt and even fragment the biopolitical state itself.

The Maximum Security Prison and the Biopolitical State

The concept of biopolitics centers on the power of the state to define the body of the populace, writing in broad strokes who is included in the population – that is, who has a right to life – and who is not included. The process of excluding entire communities of people from the legitimate population of the state is an integral part of the creation of the supermax as a zone of social abandonment. In order to better understand this process, I will first expand upon the birth of maximum security prisons in the United States and then incorporate that historical context into a broader discussion of technologies of power and control.

The supermax prison emerged in the United States in 1983, when events at United States Penitentiary, Marion spiraled out of control (Arrigo and Bullock; O’Hearn). A prison uprising there on 22 October 1983, led by prisoners affiliated with the Aryan Brotherhood, resulted in the death of two correctional officers. Marion went into lockdown as a matter of security and remained that way for more than two decades. Marion inspired correctional facilities across the country to impose similar measures; within fifteen years, thirty other states had produced supermax prisons (Pelican Bay State Prison in California being the second such prison to go into operation in 1989). Currently more than forty states house at least one maximum security facility; together, these facilities house upwards of 80,000 prisoners at any given time (Arrigo and Bullock; *Solitary Confinement*). Confined in complete isolation for twenty-three to twenty-four hours a day in a small cell (sometimes for decades), prisoners in supermax penitentiaries are removed from the general prison population for a variety of reasons – generally completely unrelated to the reasons they were sent to prison in the first place (O’Hearn). Defined by the state as the “worst of the worst”, these people are stripped of the most basic forms of human dignity for refusing to inform on other prisoners, organizing with other members of the prison community (that is, refusing to relinquish their agency to the state apparatus), and/or engaging in riots or violent acts against each other and

against their guards. Although constructed as the dregs of society, “prisoners are often placed in the SHU because they were identified as gang members, or because they were involved in a single fight. SHUs are also used to suppress activity defined as dissident” (Arrigo and Bullock 626).

In women’s facilities, prisoners are sometimes sent to segregation for the mere act of sharing teaching materials and communal resources (Law). Additionally, according to a formerly incarcerated member of the Transgender, Gender Variant, and Intersex (TGI) Justice Project, transwomen will sometimes be sent to the SHU for demanding protection against violence and/or bullying by guards and other prisoners. Despite widely divergent acts of insurgency and deviant contestation, segregation in solitary confinement has become both symbolic of the state’s power to disappear dissenters and a signifier of ecologies of cruelty which require harsher punishment technologies in order to inflict any punishment readily discernible as a penal act. Ultimately the decision to place an individual prisoner in solitary confinement or administrative segregation within a supermax facility depends less on the severity of the crime they were convicted of in court than it does on the need to segregate and discipline bodies within the prison system itself (O’Hearn). It is not the nature of the crime which matters, but the fact of the crime – any aberrant act becomes a locus for the mechanisms of state control to reassert themselves on the bodies of the populous.

Supermax prisons in the United States are constructed as spaces that are meant to deprive prisoners of all connection to their humanity. Pelican Bay State Prison has no windows, while portions of Oklahoma State Penitentiary, McAlester and US Penitentiary Florence ADMAX are entirely underground. Prisoners have no unmanaged human contact while in solitary confinement, because in the words of Susan Jones, the warden of Colorado State Penitentiary, “the ability to touch somebody in a positive manner is something that our offenders have to earn...we believe in the ability to modify behavior and change individuals, to make them more productive and more safe” (*Solitary Confinement*). Thus, the maximum security prison materially constructs a space in which prisoners are robbed of the rights and privileges associated with the category of “humanity” or the “human”.

As Michel Foucault famously outlines in his lectures at the Collège de France, biopolitics are a politics of exclusion, a technology of power through which the state attempts to define which lives are considered valuable enough to be protected by the laws of a state. Biopolitics were used paradigmatically by the totalitarian governments of pre-WWII (most notably, the Third Reich in Germany) though they persists today in less obvious ways: the bodies of the citizens and inhabitants of the modern state are owned by the state, and it is up to the state to

enforce policies to ostensibly protect (certain) bodies of the citizenry. Life is thus redefined as a political object. Biopolitics, in short, is a proxy for the state's total control over an individual human body – the state's total power to *make* a body live or *let* it die. A key moment of transition to the biopolitical state is the transformation of the concept of the state itself. At one time, states were defined by territory, marking anyone within a state's territorial boundaries a sovereign citizen of that state. The modern state, however, defines citizenship as a means of drawing ideological and metaphorical boundaries (rather than purely geographical ones) between peoples. In defining who constitutes a citizen, the state also specifies which bodies are worthy of life – and the allegedly inalienable (human) rights associated with (legitimate) life – and which are not. The concept of biopolitics helps us to better understand the rapid growth of maximum security prisons in the United States and the inhumane treatment of prisoners in isolation. The discourse and guarantees of human rights are adopted by the state in ways that differentiate legitimate life – those people for whom the state expends energy to *make* live – from bodies with no social or political value to the body politic.

The exercise of punishment in the modern prison “is intended to apply the law not so much to a real body capable of feeling pain as to a juridical subject, the possessor, among other rights, of the right to exist” (Foucault 13). Prisons are enclosed spaces that house illegitimate bodies, which is to say, bodies that must be disciplined (rehabilitated) before they can effectively function in society as “juridical subject[s]”, or agents with the right to exist. By co-opting the bodies of criminals and designating when, where, and how they can function in specific capacities, the state is able to redefine them in ways that make them better able to serve the interests of the state. But rehabilitation is not afforded to all prisoners; despite the fact that some prisons still ostensibly operate as spaces of rehabilitation, the explosion of supermax prisons across the United States points to a shift in the way punishment is understood and carried out – not as discipline or rehabilitation, but as a means to permanently exclude illegitimate bodies, or bodies that refuse to subject themselves to the will of the state. As Foucault notes, “The body becomes a useful force only if it is both a productive body and a subjected body” (Foucault 26). It is through indefinite solitary confinement that those who are unwilling or unable to be both productive and subjected, to relinquish their personal power and agency to the power of the state, are removed from the category of subject and are instead relegated to the category of object.

To draw a parallel, Hannah Arendt describes prisoners in concentration camps in the Third Reich in this way: “Their plight is not that they are not equal before the law, but that no law exists for them” (Arendt 375). Similarly, no law exists for prisoners detained indefinitely in solitary confinement because they are discursively

constructed as outside the realm of juridical law and political or qualified existence. The supermax creates a hierarchization of criminals in which some are still deserving of a return to life, but others, the “worst of the worst”, are left to languish in a zone of social abandonment. This creates a state of exception wherein bodies in solitary confinement are stripped of their rights as humans and reduced to objects. The least desirable criminals – those who cannot or will not submit to the power of the state to define and control their bodies – are redefined as the enemy of the state, and placed in isolation. In short, maximum security prisons become a means of making “undesirables disappear from the face of the earth” (Arendt 559). Punishment without end is not punishment that has any significant ability to discipline an individual; instead, it is a means of getting rid of surplus people who are of no further use to the state.

Health and the Politics of Human Rights

Health care as an inalienable right is a popular rallying cry in the Left². However, I argue that a rights-based discourse of health has the propensity to not only construct a particular image of what a healthy body is and can be, but also to enable the biopolitical state to define particular bodies as no longer deserving of access to health and health care. Constructing health as a human right can have potentially devastating effects on the prison population, particularly since prisoners are usually people of color who are already rendered invisible by the traditional scope of the discourse of human rights. More to the point, I argue that prisoners, rendered politically illegitimate or excluded from the body politic, are no longer considered qualified human subjects in the biopolitical state.

The desire to penalize, to punish rather than correct or rehabilitate the prisoner fundamentally undermines a rights-based discourse of health and human rights as it establishes prisoners as needing to regain their status as individuals deserving of such rights. As Craig Haney points out in his 2008 article, “A Culture of Harm: Taming the Dynamics of Cruelty in Supermax Prisons,” “Supermax prisons emerged in the United States during an era in which...the nation seemed to celebrate (and often demand) rather than merely tolerate (or even lament) official cruelty and the infliction of pain in its criminal justice system” (Haney 961). The penal system itself, exemplified in maximum security prisons and long-term solitary confinement practices, is founded on the principle that no such “rights” are sacred. Haney describes this alleged shift in the nature and design of the prison system as the birth of the penal harm movement, which is firmly grounded in neoliberal and biopolitical

² Paul Farmer is perhaps the best-known ringleader of this push. See *Pathologies of Power* (Farmer 2003), *Partner to the Poor* (Farmer 2010), and “Do ‘Illegal’ Im/migrants Have a Right to Health?” (Willen 2011).

ideologies. The penal harm movement constituted “a ‘new penology’ [] in which prisons abandoned the attempt to further the social and personal transformation of prisoners and replaced it with correctional strategies aimed at ‘managing costs’³ and controlling dangerous populations⁴” (Haney 962). The penal harm movement implemented punitive measures designed to make prisoners suffer as much as possible, to ostensibly correct their behavior through negative associations with undesirable actions. Supermax prisons emerge as an extension of the ideological shift to a culture of harm; to that end, they are charged with constantly intensifying their technologies in order to remain effective. In such an environment, prisoners are stripped of their status as human beings by the simple fact of their treatment. The punitive measures of maximum security prisons renders prisoners outside the body politic, making it difficult if not impossible to make a rights-based argument in favor of the health or human rights of prisoners.

In a rights-based health discourse, the state holds undeniable power over bodies that are deemed to be no longer fit or deserving of rights, whether based on previous behavior or other categories of social illegitimacy. These rights are constructed, defined, codified, and given legitimacy by political bodies of governance, regardless of whether or not they are defined as inalienable human rights or merely civil rights. State policies and public discourse interact to produce a dialogue of deservingness – within the European Universalist paradigm of human rights, human bodies are imbued with something akin to political life so long as their relative innocence and social legitimacy can be assured (Mutua, Wallerstein). Those that “fall outside that ideological box [of human rights], no matter how large, immediately wear the label of savage” (Mutua 8). Indeed, once an individual or a community is cast outside that realm of innocence in the social legitimacy, they are relegated to a separate category of existence which is denied access to what are generally considered to be inalienable human rights. A rights-based discourse of health would rather concern itself with innocents dying of infectious diseases than with prisoners afflicted with the same

³ Issues of cost are often attached to debates about prisons and prisoner rights, like access to health care. Prisons are increasingly privatizing; indeed, the prison-industrial complex is a corporatized and profit-based industry. But despite the massive profits corporations reap from the sweat of prison labor, the question of successfully providing for the health and wellbeing of prisoners often comes down to issues of cost. As prisoners exist outside of the body politic (of legitimate inhabitants), the health of prisoners is not seen as a legitimate expenditure of community resources.

⁴ These “dangerous populations” can be understood in two ways. First, they are constructed as ‘dangerous’ and highly volatile by a justice system that individualizes and penalizes criminals as bad people, rather than as people existing within contextualized circumstances. Second, these people are considered ‘dangerous’ because they are unproductive and unsubjected by the state, thus they may operate in spaces that are to some degree outside the dominant capitalist socio-political economy.

diseases, to the extent that willful neglect within the prison system has a discernible, quantifiable affect on bodies that come into contact with it *regardless of the duration of that contact* (Schnittker et al.; Schnittker and John; Iguchi et al.). Thus a human-rights based discourse of health actively denies access to those bearing certain kinds of social stigma – not the least of which includes prisoners within ADSEG or solitary confinement within the United States penitentiary system.

In order to construct a meaningful understanding of the ways in which delegitimized bodies are affected both by lack of health care and by the psychosocial effects of stigma and stress, it is necessary to reformulate the ways in which health and health care are understood outside of a discourse of human rights. Human rights are not enough because of the simple fact that they can be denied. Instead, health can be understood as an integral aspect of anti-capitalist and anti-state organizing. When the good health of individuals, the community, and even the planet is internalized as a mutual concern instead of an individualized necessity, part of the power of the biopolitical state to define and control our bodies is in itself diminished.

The State of Exception and the Body/Mind

Although much research has been conducted on the psychological effects of solitary confinement, less work has gone into understanding the physical effects of invisibility and social abandonment on the bodies of prisoners (Arrigo and Bullock). The health concerns of prisoners are not a particularly profitable investment for the neoliberal state. Recently, public health studies have emphasized the extent to which caring for the health of the prisoner population can improve the health of the community overall. In some respects, this is a good thing – it recognizes that prisoners, despite being mostly invisible in society, still do exist within webs of social relationships, and that when and if they are released, their chronic health concerns will once again be the concerns of the community at large. However, such a perspective persists in constructing prisoners as useful (and thus, worthy of health care) only insofar as they are able to participate in the body politic; which is to say, this perspective does not demand access to good health as an imperative in its own right, regardless of a prisoner's intended release date or other mitigating factors.

By and large, the research that has been conducted in an attempt to understand the effects of solitary confinement on the body has been satisfied with an incomplete, two-dimensional analysis founded on health statistics. But understanding the ways in which the state controls bodies requires a multifaceted approach. The World Health Organization defines health as “a state of complete physical, mental, and social well-being and not merely the absence of disease or infirmity” (Barr 17).

This is a useful starting point for understanding health in prisons, particularly when one takes into account the effects of solitary confinement on an individual's sense of identity and personhood. The brute conditions of maximum security prisons can increase an individual's level of stress—their allostatic load (Toch). Long-term exposure to stress has very real effects on bodily health. The brain processes loneliness in the same area as physical pain (*Solitary Confinement*), thus the lived reality of long-term or indefinite solitary confinement has just as much an effect on the bodies as it does on the minds of inmates. For example, a chronically high allostatic load can lead to a chronically fast heart rate, which in turn can lead to high blood pressure and other health concerns (Barr). Add to this the psychological “difficulties with thinking, concentration, memory, [and] disorientation... basically a delirium” (*Solitary Confinement*)” one is sure to experience in solitary confinement, and the spread of chronic diseases through inhumane and unsanitary living conditions as well as systematic neglect on the part of medical practitioners in prisons due to lack of critical resources,⁵ and it becomes clear very quickly that the biocultural environment of the prison is ripe for syndemic relationships⁶ between diseases, mental and emotional processes, and the environment.

Currently in the prison system, 31% of inmates have a learning or speech disability, a hearing or vision problem, or a mental or physical handicap. 12% of inmates are physically impaired in some way. One in eight prisoners receive therapy or counseling of some kind. One third of all prisoners in the United States will be physically injured within the first two years of their imprisonment (Wacquant). In addition, chronic infectious diseases are endemic in prisons—more than 800,000 inmates report having one or more chronic medical condition, and describe their access to health care as poor, at best (Wilper). Since 1992, there have been on average six times as many cases of tuberculosis reported in prisons than in the general U.S. population, seven times more prisoners diagnosed with HIV, and fourteen times more living with AIDS (Wacquant). Prison levels of hepatitis B infections are estimated at a range of 8% to 43%, between two and ten times the reported hepatitis B cases in non-incarcerated populations (Khan et al.). Additionally, according to a study on the health of prisoners in U.S. federal and state prisons and jails, diabetes, hypertension, and asthma are more likely to affect bodies in prisons than non-incarcerated bodies (Wilper et al.). In California, on average one prisoner dies every week from insufficient medical care, and nearly everyone in supermax has

⁵ For a clear example of systematic medical neglect in prisons stemming from a lack of resources, see Terry Kuper's description of Sam, an inmate who prior to incarceration received treatment for schizophrenia (Kupers 1009).

⁶ For a sound explanation of syndemics and health, see Hans Baer and Merrill Singer's, *Global Warming and the Political Ecology of Health: Emerging Crises and Systemic Solutions*. Walnut Creek: Left Coast Press, 2009.

a serious medical issue. According to Alfred Sandoval, currently imprisoned in the Pelican Bay State Penitentiary SHU, the spread of hepatitis C is epidemic due to the highly-infectious nature of the disease, lack of treatment for prisoners, and unsanitary living conditions (Sandoval).

Lack of treatment clearly has adverse physical effects on inmates. Among those with a persistent medical problem, 13.9% of federal inmates, 20.1% of state inmates, and 68.4% of local jail inmates have received no medical examination since their incarceration (Wilper et al.). According to formerly incarcerated women affiliated with California Coalition of Women Prisoners, women are often denied treatment for medical conditions of varying severity based on how long they will be remaining in prison—the less time left on their sentence, the less likely it is that they will be granted medical attention. But at the same time, prisoners faced with long-term sentences and life sentences without the possibility of parole are denied medical care for life-threatening conditions through a process of willful and spiteful neglect, which if practiced by any other state-sanctioned institution would result in said institution being shut down. Given that a 1976 Supreme Court case found that the purposeful neglect of prisoner health constitutes a breach of the Eighth Amendment (Law), it seems incredible that this system is able to continue to destroy the bodies and minds of individuals. But again, this is where a rights-based discourse of health and care fails prisoners—despite a Supreme Court decision that the good health of prisoners is a constitutionally-granted right, it is fundamentally denied to prisoners locked away in solitary confinement, obfuscated and rendered less-than-human by the same state that purports to support their right to health. This juridical decision, while a positive statement of intent on the part of a state-sanctioned institution, is both materially and discursively impossible to operationalize as the population that it addresses is defined biopolitically in terms of bare life⁷ and thus excluded from the very rights that the state is attempting to reaffirm for them.

To return to the World Health Organization's definition of health, lack of physical disease or infirmity is not the only qualifier of a healthy body. The maximum security prison is a means of disciplining and controlling the mind as well as the bodies of inmates, which is to say, complete separation from all other life has devastating effects on the mental well-being of prisoners in solitary confinement. In Colorado State Penitentiary (CSP), “nearly one quarter of [] inmates are diagnosed with a serious mental illness” (*Solitary Confinement*). In 2009, the suicide rate at CSP

⁷ In his seminal text, *Homo Sacer: Sovereign Power and Bare Life*, Giorgio Agamben asserts that a biopolitical state effectively differentiates human life as one of two things: *zoe* or bare life, which is to say, a biological life; and *bios*, a qualified or a political and social life, afforded to bodies who are invited to participate in the body politic of the state, and thus, are granted the human and civil rights upheld by the state.

was more than fourteen times higher than the suicide rate at lower-security prisons in Colorado (*Solitary Confinement*). Prisoners in solitary confinement are particularly prone to suicide; according to prison psychologist Doctor Kupers, “of all successful suicides in corrections, approximately half occur among the 6% to 8% of the prison population that is consigned to segregation at any given time” (Kupers 1009). The sensory deprivation of complete isolation has been linked to long-term psychological illness by other scholars as well, including Doctor Stuart Grassian of Harvard Medical School.

It is not a coincidence that the kind of mental fracturing that occurs under such conditions is ultimately advantageous to the prison system itself. That long-term solitary confinement has psychological effects on prisoners is not new information, nor has it been entirely unrecognized by the United States government. Yet despite this recognition, prisoners continue to be sent to maximum security facilities and placed in indefinite solitary confinement. It is important to note that the psychological conditions of prisoners are by and large iatrogenic – in other words, the poor mental and emotional wellbeing of prisoners is actively created by their “treatment”, the actions prescribed by the state to cure them of their social “disease”.

A syndemic analysis of the interrelated factors affecting the bodies of prisoners within supermax penitentiaries must also take into account environment—the specific bioculture created by the architects who designed the prison; the warden who oversees the prison itself and the Department of Correction that oversees the prison system in general; and the guards, medical practitioners, and other employees of the prison who affect the day-to-day existence of prisoners within the system. The prisoner and his or her environment are inextricably linked; according to Hans Toch, “while some prisoners adapt eagerly to challenges of the prison environment, there are others who suffer tangibly or struggle visibly when confined” (Toch 8). The ways in which prisoners manage their confinement, whether visibly or invisibly, may both depend upon and result in a whole range of environmental, physical, and mental or emotional factors.

The obvious impact of poor or no health care on the general prison population – an environmental issue, given that the bioculture of the prison manages access to care for prisoners – only marginally compares to how maximum security prisons impact the health and wellbeing of incarcerated persons. The supermax operates as a spatially-bounded state of exception, one in which a culture of harm coincides with the penal harm movement to produce a feedback loop of torture and abandonment wherein the role of the prison itself is no longer to discipline bodies that are refusing to be subjected and productive. Instead, the very environment of

the maximum security prison is designed to strip away the humanity of prisoners and abandon them outside social and political space.

Conclusion

The purpose of this paper has been to illustrate the ways in which maximum security prisons and solitary confinement have been implemented by the state as a means of controlling bodies that do not fit into the body politic of the United States. Originally formulated as a means of rehabilitating individuals who rebel and refiguring them as subjected and productive members of society, the prison has since become a site of social abandonment. Mass incarceration has become a means to an end—instead of tackling the structural inequalities that might land one in prison, which is to say, instead of admitting its own responsibilities and failures, the state adopts a discourse of individual criminality, instantiating classist, racist, sexist, and ultimately imperialist and colonialist laws and policies designed to define certain bodies as inherently subhuman, undeserving of rights and the ability to live.

However, the intention of this piece has not been to render prisoners as victims without agency. Despite experiences of neglect so profound that they have been shown to cause lasting psychological and physical harm, prisoners in maximum security prisons like Pelican Bay State Prison are fighting back. These activities do not go unnoticed, or unpunished. According to several prisoners participating in coordinated organizing efforts to call attention to their conditions and demand change, prison-activists are met with increased cruelty and harm at the hands of their captors and the state that they are fighting against. Prisoners who engage in these acts of resistance make the choice to further implicate themselves in activities perceived as deviant, leaving them open to violent and traumatic reprisals by a state bent on utterly revoking their ability to exist as subject-agents. Further research into the methods and meanings of resistance in maximum security prisons and among solitary confinement inmates could serve as a poignant counter to the state's hegemonic discourse of control over our bodies.

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