

# The Labor of Care in Carceral Spaces: The Work of Resistance in the New York City Jails

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## Introduction

The carceral history of Rikers Island, which now houses nine of the New York City jails, begins with garbage and forced labor. The Municipal Farm on Rikers Island, operated by the Department of Public Charities and Correction, opened in 1884 and served as a “prison farm.”<sup>1</sup> Penal farms were common at that time, but what was not common was the simultaneous use of the island as a landfill. Most of the landmass that now comprises Rikers was formed from the refuse of New Yorkers.<sup>2</sup> As the amount of garbage grew the initially productive farm became plagued by rats and other pests—not to mention fetid smells and poor air quality. This history is felt today on the island, as there are shunts into the earth that spew sickening steam, a constant reminder of its origins.

Labor was central to the mission of the Municipal Farm on Rikers Island, and while a small garden worked by “model” incarcerated people remains today, the core function of the jails has been radically altered.<sup>3</sup> This shift from Municipal Farm to carceral population “management” is reflective of the penal shift that happened across America as the harvesting of crops and the manufacturing of goods pivoted to the violent bureaucratization of large, carceral populations.<sup>4</sup> Ruthie Gilmore has explained this shift within the construct of “organized abandonment,” which refers to the gutting of social welfare initiatives in the United States, leaving jails and prisons as the only remaining structure to deal with urban poverty.<sup>5</sup> This is reflected not only in the decaying buildings themselves, but also in the way the jails structure relationalities and perpetuate mass incarceration.<sup>6</sup>

Loic Wacquant reaches a similar conclusion in *Punishing the Poor*. In this book, he describes the United States as a “living laboratory of neoliberal futures.” While he identifies the role of mass incarceration as an ethnoracial project of oppression, he highlights the “criminalization of poverty” and bureaucracies of incarceration.<sup>7</sup>

The realities of the shift from the cultivation of crops to the management of people in New York City jails is the focus of this article. Today, Rikers Island is a sprawling jail complex that has its own urgent-care center, bakery, power plant, on-island bus system, vehicle service station, among many other features that give it the feel of an independent carceral city.<sup>8</sup> With a population above nine thousand incarcerated

people at the time of my ethnographic research in 2017, the primary function was no longer the production of goods, but of the production and proliferation of *carceral bodies*.<sup>9</sup> Given that it is a jail system, approximately 80 percent of people on Rikers are awaiting trial, which means that there is a constant flow of people in and out.<sup>10</sup> In response, the processes of intake are constant in their enactments of carceral bodies through a set of essentializing and demeaning processes that can come at the cost of severe injury or even death from withdrawal symptoms.<sup>11</sup>

This carceral circuitry enrolls particular forms of labor and surveillance.<sup>12</sup> Beyond the thousands of incarcerated people in the New York City jails in 2017, there were nearly twelve thousand Department of Corrections staff members.<sup>13</sup> Of the uniformed staff, 42 percent were female, and more than 89 percent were people of color.<sup>14</sup> This means that the race and ethnicity of the corrections officers mirrors that of those incarcerated. This has important implications given the potentially hazardous and often demeaning work that leads to elevated rates of burnout and stress among minority corrections officers.<sup>15</sup> It is also worth noting that stress and dissatisfaction impacts the physical health of Black and Brown corrections officers who face increased rates of chronic and mental health conditions.<sup>16</sup> This points to some of the most immediate tolls of carceral labor, a reality not just in New York City jails, but globally.<sup>17</sup>

Beyond corrections officers, there were over fifteen hundred Health & Hospitals' Correctional Health Services staff treating incarcerated people, as well as officers when there are emergencies.<sup>18</sup> In 2016, a sample of health-care workers in New York City jails revealed that approximately 79 percent were people of color and at least 59 percent female. A survey of these health-care providers found that 24 percent felt that "their ethics as a health care provider are regularly compromised by their work environment."<sup>19</sup> An additional 33 percent reported that they felt "burnt out by their work."<sup>20</sup> This is not unique to New York City jails, as correctional staff nationally report high rates of burnout and job stress.<sup>21</sup> These rates may be related to the specific ethical dilemmas arising from the structural violence of incarceration.<sup>22</sup>

This paper takes the jail intake process in New York City jails as a site from which carceral labor and the subversiveness of care can provide important insight into systematized violence in these abject settings. Although this article eschews the simplicity and neatness of Foucault's rendering of carceral labor in *Discipline and Punish*, his conceptualization of the concentration of disciplinary technologies in correctional facilities is helpful.<sup>23</sup> When considering the layers of discipline in these settings, it makes it possible to recognize the modes of surveillance that influence not only incarcerated people but also staff.<sup>24</sup> This has broad implications when considering that carceral logics can be seen as technologies in and of themselves and can be traced across the proliferation of surveillances in American corporate culture.

## Methods

The following article arises from my ethnographic Science and Technology in Society research in New York City jails. My ethnographic work primarily took place in intake spaces in three correctional facilities. Jail intake is a complex process carried out by corrections, health-care, and incarcerated workers. This process includes corrections, health, and mental-health assessments and the collection and entry of biometric

information. It is also one of the most dangerous times of a person's incarceration because of the protracted waits that lead to withdrawal symptoms that are potentially life threatening. This simultaneously gives rise to interpersonal tensions that can erupt into violence in the crowded, filthy pens.

I consider it necessary to position myself in relation to this work. I am a disabled white woman and I have not been arrested or incarcerated. I entered my research spaces with positionalities of privilege, and I would never claim to be objective. I bring my politics, my history, and my body into the spaces of intake and they are, therefore, in my notes, my relationalities, my positionalities, my thoughts, and my related works.<sup>25</sup>

It is also important to note that I was able to access these correctional facilities because I was a public health worker in the jails years ago. If I am honest, I dreaded my return, even while recognizing that it was the opportunity of a lifetime. I am haunted by the sheer scale of systematized suffering. If I am further honest, it seems important to convey that gaining access was a daily process. I would leave each day or night with the sense of what I can only be described as social exhaustion. Gaining access to buildings is one thing, but gaining trust, or at least begrudging acceptance, is quite another. This requires constant performance and maintenance as mistrust and frustration are seemingly inevitable in these punitive sites.<sup>26</sup>

It is also important to note the limitations in my ability to record my observations. I was not permitted to bring in any device that had a recording capacity (e.g., cell-phone, laptop, or camera). This meant that my fieldnotes were handwritten in notebooks. There were even restrictions on the type of notebook I used. All of these regulations are ostensibly to maintain security and safety but serve more to selectively inhibit. This can be seen in the limitations of my own note-taking.

It was through these limitations of documentation and the physical and emotional challenges of being in these facilities that I began to reflect upon the nature of work in these long-neglected and harsh spaces. The truth was that even when, or perhaps particularly when, people chose to work in the facilities for religious or social justice reasons, they were integrated into a hierarchical and regimented system that is violent for both staff and incarcerated people.

### **Multiplicities of Duress**

Perhaps the most obvious form of labor under duress in correctional facilities is that inflicted upon incarcerated people. In New York City jails, incarcerated people are tasked with a range of responsibilities including food preparation, cleaning, and grave maintenance.<sup>27</sup> Incarcerated people assigned to work duties are called "trustees," and are paid less than \$0.32 an hour if they are deemed to be "unskilled," while "skilled" workers are paid between \$0.32 to \$0.39 an hour.<sup>28</sup> These determinations are made by the New York City Department of Corrections and are opaque, even to officers. Additionally, only a small percentage of incarcerated people are eligible for a work assignment and far fewer will be offered one. While work assignments are ostensibly voluntary, the reality is that they are the only opportunity for people to leave the confines of their crowded housing units. Most housing units in New York City jails have fifty-five beds bolted to the floor and are noisy, filthy,

and dangerous. These conditions give rise to the duress of carceral work assignments, as even brief periods outside of these confines would feel like a necessity. This duress is augmented by the pay, that even though only a mere pittance would mean that they are able to buy commissary items, or in some states pay medical and medication copays or other fines or fees levied by the jails.<sup>29</sup>

In my research, I found that trustees played a number of roles including serving food to incarcerated people, cleaning the intake pens, cleaning the clinic, and assisting with the provision of jail supplies (e.g., uniforms, plastic cups, shoes). Given that intake is a time in which people are experiencing severe withdrawal symptoms from drugs, alcohol, and prescribed medication, the spaces of intake are not infrequently covered in feces and vomit. The routine nature of this indescribable filth is reflected in the following vignette.

An incarcerated man has to clean out the “why me pen” [a punitive pen for incarcerated people exhibiting “disruptive” behavior]. He is wearing a paper-thin disposable hazmat suit with a mask over his nose and mouth. He comes into the nursing area to ask for gloves. The nurse asks what happened, and the corrections officer escorting the trustee says, “a little bit of everything.”

The trustee says “Number 1? Yep. Number 2? Yep. Diarrhea? Yep. Number 3? [meaning semen] Yep. A little bit of everything.” He seems to take it in stride, and thanks the nurse for the gloves.<sup>30</sup>

They go on to joke about the five bodily fluids present that include blood and saliva. The trustee’s response points to the countless times he has had to do this before and will have to do it again. Through this forced work, the anguish of the man in the pen is no longer his alone. While this could be seen as limiting the violence experienced by the next person to be placed in the cell, it also reflects the duress and harms of this labor for everyone in these spaces. This act also makes clear the uncomfortable dynamics of the jails in which the corrections officer stands watching the trustee clean the cell and while the officers stand joking, this man must clean the filth of another.

Trustees bringing food and supplies during intake will sometimes ask officers about things people in the pens need. This is not always done and can be based on which officers are on duty and their mood. Trustees who do ask questions or relay requests put themselves at risk. This makes the maintenance of correctional facilities and the practices within them punishing in and of themselves. The conditions of this work reflect the multiplicities of duress incarcerated people face, which is heightened by the competition for the few available jobs. In turn, this work is done by small groups of trustees, who are monitored by an officer assigned to their detail. The officer does not participate in the work itself but gives orders to the trustees. It is impossible not to feel this is a throwback to earlier times of forced labor.

While incarcerated people may experience the greatest duress, staff are also subject to multiple forms of pressure. To start, health care is extremely hierarchical, and the patient care assistants (PCAs) are at the bottom of this hierarchy. All the PCAs I met

over the course of my research had come to the United States from other countries and many relied upon their employment for the visas they needed to remain. This is reflected in the following vignette.

There is a corrections officer shift change and I am sitting with a PCA, who explains that she is checking the electronic intake console. Waiting or “dead time” is considerable in this jail. Abruptly she says, “I was born in a third world country.” The words feel like a slap, and she watches my reaction. She begins talking about her family saving up to afford her flight in 2000 from “Burma” [Myanmar]. She says that she has only been back once since then. She then talks about the politics there before describing how she saves as much money as she can to send to her family. She explains that they rely on her and she feels that she owes them.

I ask her what made her decide to move and she tells me that her fiancé died in a car accident. She says that their wedding invitations were at the printers when it happened. She goes on to describe a series of jobs she had upon arrival in the United States, across which she was exploited in multiple ways, even by her relatives. Eventually, she was able to save enough money to get trained as a PCA.

She describes being in an abusive relationship while working in the jails that left her isolated and coping with trauma. This left her in a precarious position as she is reliant on employers for her work visa. She talks about applying for jobs elsewhere because of the toxic work environment perpetuated by the nursing staff. She describes how much harder it makes already difficult work when she is bullied. This is a hard story to hear. It is filled with pain, and she tells it with such earnestness. It is a story with too much hurt.<sup>31</sup>

This vignette is illustrative of the fact that most of the health-care staff in this jail are people of color, many of whom immigrated to the United States. Some, like this PCA, rely on continuous employment to remain in the United States, and many others are the sole provider in their households.<sup>32</sup> Working in the jails is degrading and given their position in the health-care hierarchy, PCAs experience some of the worst harassment. Over the course of my fieldwork, I come to feel that the frustration and hurt were inevitable given the structure and purpose of these institutions.

Jails are punishing not only for incarcerated people, but also for those working there. The work is often demeaning and even getting to the jails (past several gates) can take hours, which are unpaid. This is compounded by alarms that result in complete cessation of movement, making it impossible to enter (in order to clock-in) or leave. The result is being unable to commit to plans, as you never know when you will actually be able to leave, let alone what time the public bus will arrive to take you off the island. Waiting becomes a torturous component of carceral labor. It is hard to endure the waiting, particularly when unable to take care of bodily needs (e.g., hunger, thirst, and using the bathroom). These are cruelties that relegate this work to those who have little or no other choice. This PCA’s experience with the nursing staff reflects the status quo in that jail clinic. As a researcher, I

experienced some of it, but other female nurses and PCAs who weren't from the same country as the other nurses gave accounts that reflected enduring years of extreme emotional abuse from their colleagues. The bullying that I experienced and witnessed took a physical toll on my health and I was only there for a relatively short period of time. However, the health-care workers are not alone in experiencing multiple forms of duress that are then reproduced and inflicted on others. In this place, suffering sloshes over from one person to the next.

These power dynamics are reflected in a public health worker with decades of experience in New York City jails talking derisively about corrections officers. He says that "DOC officers are just one paycheck away from being inmates themselves. They are coming from the same neighborhoods, same cultures."<sup>33</sup> I hear this line over and over from health-care staff. It is said not with compassion for the role of structural violence, but rather as a way to imply that the officers are "just as bad" or "worse" than incarcerated people.<sup>34</sup> Every time I hear it, I feel a sting. It takes me back to years ago when I was locked into a high classification housing area "bubble" with an officer. I had been going to this housing unit for months by this point to provide health discussion groups. I always thought she seemed cold and unapproachable. Sitting there, she told me that she had been applying for other jobs for months. She explained that she took the job thinking that she could help people who had become victims of racialized mass incarceration. She explained that one of her uncles worked on Rikers and she had always admired him. The officer sighed and said that she needed a job desperately when she became an officer, and they were hiring at a good salary. But once she started, she realized that she was being made complicit in the mass incarceration of her community. She then told me that she doesn't think that she will ever get hired elsewhere because her work experience bears the stigma of the infamous jail system.

And yet, when I am doing my research and taking notes, I catch myself in my own derision and negative appraisals of officers.

Today, there was a large group of primarily women and children behind a corrections barricade. When the Q100 bus I am on stops, three corrections officers step onboard while two or three more stand just outside. They shout that any corrections employees onboard are free to leave. One of them begins a clearly oft-repeated speech about cell phones and electronic recording devices not being permitted they also talk about drugs, weapons, and alcohol not being permitted, but they can be left on the bus in full amnesty.

These instructions are shouted in an aggressive tone that causes scared silence on the bus packed with jail visitors. They then allow people off of the bus and I watch as mostly young women, some with you children get off. Three or four officers then get on the bus to begin searching for drugs, weapons, or other "contraband" left behind. This takes a few minutes, and they get off as another officer leads in a drug-sniffing dog to begin inspecting the visitors. The dogs are larger than many of the children who are terrified of them. I can't imagine being a child subject to the terror of these shouted instructions that sting like accusations. Here, families are subjected to the same treatment that their incarcerated loved one has experience. This is the making of terror.

I live in fear of these officers for months after this experience. I think that they are cruel and cannot imagine how they can stomach the routinized work of frightening and demeaning families of incarcerated people in this way. I will continue to feel this way until I am trapped with them in a vestibule during a snowstorm waiting for a bus. They are talking about being from the exact same neighborhoods as the families of the incarcerated people. They talk about taking on extra shifts so that their daughters won't become the women who come to Rikers to visit their loved ones. They talk about taking this work because they don't want their children to be on this island.<sup>35</sup>

This cannot justify the systematized frightening of families, but it does contextualize it. I feel ashamed for not having the compassion to envision the sense of need that has compelled them to take this work. This is heightened when I read the work of others who suggest that corrections officers often voice hardness and cynicism, rather than the range of emotions that they may be experiencing.<sup>36</sup>

Additional layers of duress are experienced by officers as they aim to remain in their positions for twenty years to retire with a full pension. This becomes a sort of mantra and countdown. It speaks to the unbearable conditions of the workplace and the perceived danger of the work itself.

Retirement becomes the oft cited reason to go on, despite disillusionment, injury, and/or burnout. Time and time again when scandals arise, individual staff are fired. The trope of "a few bad apples" is trotted out, ignoring the systematization of harm, violence, and degradation.<sup>37</sup> However, it also leads to enduring fear and reprisal. This allows the status quo to go on. A status quo that is shored up by the corrections union that has resisted the move to close Rikers Island and decrease the size of the incarcerated population.<sup>38</sup> It is hard to overstate the degradation of this work and its reciprocal infliction upon incarcerated people in magnified ways. Overall, labor in jails is comprised of a range of violence that are worst for incarcerated people but may be more enduring for staff who are there for decades. The processes of "security" mean that everyone in the jails are subject to a tremendous amount of time waiting and being "stuck" when there are alarms. It is physically and psychologically difficult work. The multiplicities of duress baked into carceral labor in New York City jails are often hidden from view, not just from the public but from people working in the jails as well. The next section offers a potential modality for drawing out the litany of daily struggles.

### **Labor of Care in the Face of Bodily Need and Systematic Deprivations**

It is from the context of duress and systematized degradation that acts of care reveal the relational structures of carceral spaces. The labor of care makes visible the inherent strictures and cruelties of the jails. In some cases, they reflect a "work around" of the systemized deprivations. For instance, the nurse and I pour paper cups of filtered water into the mouths of handcuffed people. It is a strangely maternal act, but in the careful negotiation of tipping the paper cones the deprivation of water and restrictions of movement are made visible. They are grateful for the water, but this gratitude highlights the deprivation itself. When I realize that I have become skilled at the

pouring of the last drops, the final tilting of the paper cone, I realize through my body, my muscle memory, that water deprivation is routinized following arrest.

Further, I come to realize that these acts of caring are invisible in the electronic records of the interaction. There will be no digital trace of this resistance. The newly arrested person's thirst does not have a diagnostic code, it is an accepted denial of bodily needs. It is a need that is worsened by the arresting officers' practice of telling people that they should just "say no" to all the medical screening questions asked. This results in the arrested person being unable to even ask for the water that they need. Similarly, if they are not screened further then they are unable to ask the nurse to request that the arresting officer loosen the cuffs that have restricted circulation and caused red welts in the tissue around them. Further, when a person is asked whether they have asthma, they can receive an inhaler before being taken before the arraignment judge.<sup>39</sup> However, if the person takes the officer's advice, then their need for an inhaler will go unheeded. It is in the act of resistance through assistance, here the amelioration of thirst, that make structures of deprivation apparent. In these acts, there is some amount of friction produced that gives the burst of light from which to see the outlines of that which is punitive standard operating procedure.

The jails are also places of strange juxtaposition. In the background, a female officer is talking to a group of officers gathered around her describing how she told one incarcerated man that he "had to go into the cell, but it was his choice whether to go in as man or a bitch."<sup>40</sup> The officers around her start laughing. Later, she will scream at the men in the clinic intake pens using similar language and numerous threats. This is not the exception, but the norm. Officers often shout at the people in the pens using language that cannot be included here. It is from this accepted violence that the simultaneous encounter stands in contrasts.

The nurse is taking a man's blood and will be giving him medications. The man is crying, and all the while the nurse is speaking with him quietly in Spanish and English. She remarks on his thyroid levels and tells him that he has to be sure to take his medications. She also asks him about the hospital when she notices that he has a hospital bracelet on his wrist. She draws blood and enters information in his chart. She talks to him about his thyroid deficiency and tells him that it is important for his to take his medication every day so that he doesn't get a goiter. She explains that he can get a fancy pill case from one of the public hospitals that has reminder alarms that will even sync with his phone. He says that they were going to send a nurse to his house to be sure that he takes his medication, and she says that would be good as well. He notes that he went into a coma before because he wasn't taking his medications. She counsels him about social services, and he thanks her numerous times as he leaves.

She goes on to explain to me that "on a daily basis everything changes and that it is so unpredictable, but she says that in part this is true because the work itself is unpredictable and that "what works today might not work tomorrow." There is one more patient who needs to be seen for the last part of the intake so that he can be housed.



The expediting officer asks if she is able to squeeze him in (as he is having alcohol and opioid withdrawal symptoms including diarrhea and needs Librium and methadone). It has just turned 2:00 so she says that she will need to call the charge nurse. The charge nurse has written her up for not taking a lunch and she tells her that she can't see the patient and that she has to take her lunch. She apologizes and says that she will try to see him after her lunch break if she can get the sharps counts done in time. She then tells me that she understands why it was written, but that she hates to have to tell patients that they might have to wait until the next shift when they are suffering.<sup>41</sup>

This points to the very real challenges that come from trying to prioritize incarcerated people. This nurse is profoundly generous and caring, but this comes at a considerable cost to herself, putting her own job in jeopardy. There is also an emotional toll that is heightened in carceral settings. The events above reflect the stringency and monitoring of staff in ways that reflect the high levels of surveillance and make the strictures of carcerality apparent well beyond the incarcerated population. The backlash of the rigid bureaucracies makes visible staff surveillance and punishment for deviation, even when that deviation is in line with what they understand to be their professional ethics.

While these acts of care can ameliorate some immediate bodily needs, the role of the health-care worker in these spaces is a shoring up of biomedicalization that comes with its own intrinsic carceralities, surveillances, and demands for compliance.<sup>42</sup> Moreover, the history of Western biomedicine is inextricably linked to the criminological and penological understandings of *homo criminalis*, or "criminal man."<sup>43</sup> The deeply imbricated fields of medicine, public health, criminology, and penology reflect that acts of care are not enough. Abolition must also eschew the carceralities deep within their attendant epistemological frameworks.

Acts of care are also reflected among some officers who advocate for the people in intake. However, this conflicts with the structure of intake itself.

I am walking with an incarcerated man from the intake area to the clinic and I am stopped by a reverend who is leaving a medical cubicle with an incarcerated man. He begins talking to me and explains that he was a corrections officer in the facility for decades but came back part-time as a reverend almost twenty years ago.

Now, he is there three times a week to meet with both incarcerated people and corrections officers. He explains that in this role, he is now able to pass along the complaints and concerns of incarcerated people and assist with visits. He talks about performed a wedding earlier that day and explained that he was just meeting with someone who had made an allegation of sexual assault while incarcerated. He explains that they are obligated to have Catholic, Protestant, Jewish, and Muslim services at least once a week and there are chaplains available from each. He explained that he is often able to advocate for inmate needs as he still has a badge (which he is wearing around his neck). He also notes that officers often

have trouble in their personal lives, and he is there to help them as well, and has the experience to understand some of the stressors of the job.<sup>44</sup>

This points to the ways in which the religious leaders can advocate for incarcerated people in ways corrections officers cannot. In this role, he is no longer in the strict hierarchy of the Department of Corrections but has the experience of what that feels like. The work of care in the jails often means going against the structure of jail intake and can have a harmful impact on staff's social acceptance and career trajectory. In his current position, the reverend serves as a Band-Aid for a festering wound. He is able to help some, while remaining aware of the scope and scale of the hardships for officers and incarcerated people.

The implication of this labor of care is a conflicting and a conflicted one. On the one hand, if it remains within the framework that the work being done is in service of "reforming criminals," then the labor of care can read as shoring up existing carceral systems. On the other hand, the labor of care is at times a form of friction that can make visible the structural violence that give rise to, and is baked within, racialized mass incarceration. Here, oppressions and multiplicities of duress pool in these sites of cruelty and degradation. Friction from the labor of care has the potential to make visible the carceral structures from which calls for abolition can be rooted.

### Abolitionist Futures

Today, mass incarceration masquerades in the language of justice and rehabilitation. Despite this, experiences in correctional facilities reveals their systematized dehumanization and punitiveness. This paper has attended to the multiplicities of duress across the labor of incarcerated people, corrections officers, and health-care workers. This duress enrolls the labor that maintains the existence of correctional facilities and, in turn, mass incarceration. Moreover, it reveals that while we assume correctional facilities are there for the management of incarcerated people, in fact, they inflict similar techniques upon staff and jail visitors. Of course, this does not end at the jail gates, but seeps into the fabric of our carceral society. To dream of an end to the carceral-industrial-complex, such nodes of duress must be both acknowledged and traced well beyond the bounds of correctional gates. Additionally, attending to the labor of care in the jails provided further insight into the harms of incarceration and to the need not for reform but for abolition. It revealed systems of violence and punishments that arose from attempts at resisting the carceral status quo. The accounts of care here point to the resistance that take place in New York City jails. And yet, the diminishment of harm for others within the correctional facility cannot be enough. To care within the New York City jails can displace harm, but it cannot be sustained in a system designed to inflict violence.

As abolitionist scholars have noted, abolition is frequently dismissed out of hand as being a utopian vision that lacks real world applicability.<sup>45</sup> This paper has illustrated that mass incarceration is, in part, a set of structures, procedures, and practices, and as such, it can and must be undone. Intake in New York City jails reflects one small slice of the vast carceralities that surround us and seep into our daily lives. This is a call for a radical reckoning and resistance as we imagine a future *otherwise*.

## Notes

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