

Being a good inmate: vaccination and other health interventions in county jail

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ABSTRACT

Why do covid-19 vaccine skeptics take the vaccine while living in jail? This question speaks to a broader issue of how carceral settings influence people's perceptions towards receiving health interventions while incarcerated. Drawing on 73 in-depth interviews with people living in one Bay Area, California jail, this paper explains why people who are skeptical about the covid-19 vaccine's safety and efficacy nevertheless accepted a dose while living in jail: as strategic response to carceral logic. According to interview participants, jail management rewards *good inmates*—people who are compliant with the jail's vague rules, who are needless to the point of near-invisibility, and who are even helpful to penal management—with basic resources in a setting of extreme deprivation. For vaccine skeptics, taking the covid-19 vaccine is an attempt at demonstrating manageability under these conditions, which could potentially lead them to access to resources within the jail like food, movement, and showers. These findings have implications for understanding how carceral settings and their logics influence how people living inside receive health and medical interventions more broadly. On the one hand, compliance with carceral logic can encourage the uptake of beneficial health interventions like vaccination; on the other hand, the logic encourages medical avoidance and reproduces health inequality.

KEY WORDS Coronavirus, health behaviors, jail, poverty governance, vaccination

1 INTRODUCTION

Health scholars have long understood that cultural and contextual factors influence people's health behaviors. Yet, when it comes to scholarship on health and incarceration, there is limited research on how carceral settings and their managerial logics impact people's health behavior while living inside these facilities (Simon 2000; Massoglia and Pridemore 2015). This paper theorizes why some people who are skeptical about covid-19 vaccine safety and efficacy nevertheless consent to receive a vaccine while living in jail.

This paper draws on 73 semi-structured, in-depth interviews with a diverse group of people living in one Bay Area, California jail during the height of the Omicron wave of the coronavirus pandemic. Vaccine skeptics opted to take the covid-19 vaccine in jail to demonstrate they are *good inmates*—

obedient, manageable, and even helpful to the institution. At times, *good inmates* are rewarded with resources such as food, movement, and socialization. The jail's rules, rewards, and punishments are perceived as vague, discretionary, and everchanging. Under these conditions, many people accepted the vaccine because they believed they would be eligible for basic resources, better housing, or even time off of their sentence.

These findings expand scholarly understanding of how carceral settings can influence people's health behaviors. On the one hand, compliance with carceral logic can encourage the uptake of beneficial health interventions like vaccination or health screenings; on the other hand, in other contexts, the carceral logic can exacerbate health inequality and encourage medical avoidance.

2 LITERATURE REVIEW

2.1 Health and jail

More than 10 million people experience incarceration in the United States every year (Sawyer and Wagner 2023). A robust literature points to the detrimental health consequences of incarceration (Massoglia and Pridemore 2015). First of all, the facility architecture and policies are health degrading. There is limited access to food, movement, natural light, hygiene products, medical care, and other basic needs resources (Wideman, Fitzpatrick, and Goldman 2018). Moreover, people living inside prison and jails have disproportionate health issues compared to the general population, which are then made worse by the facility living conditions (Fazel and Baillargeon 2011). The negative health impact reverberates long after someone's duration of confinement (Schnittker and John 2007), and the negative consequences spillover into families and communities (Lee and Wildeman 2021).

At the same time, health scholars and practitioners in the United States note that carceral facilities often serve as primary care providers and locations for positive health intervention (Sufrin 2017; Schnittker, Massoglia, Uggan 2022). Among people who are arrested in the United States, conditions of poverty such as homelessness, untreated mental illness, and limited access to transportation prevent people from accessing medical care outside of jail (Chen et al. 2013; Turney and Conner 2019). County jail-provided health screenings, clinician care, and vaccination programs have allowed many people who want and need medical treatment to receive much-needed care (Center for Disease Control 2011; Harmon et al. 2020).

We know that there is a tension between jail's health degrading environment and its provision of harm reduction interventions. Less is

understood about how people living in jail experience health and medical care under the uniquely unhealthy and violent conditions. This paper examines one case study in which covid-19 vaccine skeptics are influenced by penal domination to accept the vaccine while living in jail, despite their doubts about the vaccine's safety and efficacy.

2.2 Covid-19 vaccination in jail

Incarcerated people are more likely to be infected with and more likely to die from the covid-19 virus compared to the general population (Marquez et al. 2021; Wagner 2023). Jail overcrowding and unhygienic conditions catalyze virus outbreaks (Massoglia 2008), and people in jail are more likely than the general population to have underlying health issues that increase their likelihood of complications and death from illness (Binswanger, Krueger, and Steiner 2009). Due to jail churn, covid-19 outbreaks in jail spread quickly to communities living outside of jail. Illustratively, in August 2020, outbreaks in the Cook County Jail accounted for 13% of all covid-19 cases and 21% of racial covid-19 disparities in Chicago (Reinhart and Chen 2020).

While the covid-19 vaccine is safe and effective, vaccine skepticism pervades, particularly among people living inside U.S. carceral facilities (Acar-Burkay and Cristian 2022; Shearer et al. 2022; Canada et al. 2023). Research attributes vaccine hesitancy in prisons and jails to institutional mistrust, lack of access to covid-19 vaccine information, and observations that staff decline covid-19 vaccination (Author 2022; Kramer et al 2023). However, research also shows that with multiple vaccination offers, vaccine uptake in carceral settings increases. Among a sample of California prisoners who had initially declined and were subsequently reoffered vaccination, 45.9 percent accepted at least one dose (Chin et al. 2021).

Less is understood about why people change their minds about taking the covid-19 vaccine in jail or why skeptics might accept the vaccine despite their doubts. This information would shed light on how people living in jail perceive and respond to health interventions in the jail context, including other vaccination and health programs, and the broader movement towards coercive provision of health resources and medical care in criminal punishment settings (Miller and Stuart 2017).

2.3 Poverty governance and basic needs resources

Scholars have long studied how criminal justice system institutions—including as police (Stuart 2016), probation (Phelps and Ruhland 2021), and even public defender offices (Clair 2020)—manage disadvantaged constituents through hybridized provision of care and punishment. “Carceral citizens” receive barebones resources while receiving

punishment, including shelter, food, medical treatment, and access to human services (Miller and Stuart 2017). Even outside typical carceral intuitions, professionals working in hospitals (Lara-Millán 2021), ambulance crews (Seim 2020), and schools (Gleit 2023) collaborate with police, courts, and jails to triage and govern vulnerable people. Miller (2014:307) argues there is “an enduring collusion between punishment and social welfare actors ... to manage populations at the margins.” These same partnerships exist within county jails, where county hospital or contracted medical providers work alongside sheriff office employees to treat and manage incarcerated people.

Interview research with professional bureaucrats has expanded scholarly understanding of the mechanisms through which resources are distributed among subjects of poverty governance. When professionals do resource allocation, efficiency and political pressures push them to triage resources towards people who seem easiest to save rather than people who may need them the most (Quirouette 2023). Criminal courts grant leniency to accused people perceived as the most manageable or compliant with court processes (Kohler-Hausmann 2019). Additionally, we know that stereotypes and narratives about welfare stigma (Lara-Millán and Van Cleve 2017) and racialized social networks (Walker 2023) can influence resource allocation in jail settings. We know less about how people experiencing poverty governance strategize in response to these forces. This in-depth interview research builds on this line of poverty governance scholarship through capturing a diversity of perspectives in one jail context.

3 METHOD

3.1 Research access and design

This research is based on semi-structured, in-depth interviews with 73 people incarcerated in one Bay Area, California county jail between May 2021 and January 2022, just after the first covid-19 vaccinations became available to incarcerated people and during the Omicron wave. The research occurred through partnership with the jail’s medical care provider and sheriff’s office. Medical researchers brokered the author’s introduction to these two stakeholder groups; the medical researchers had been conducting a covid-19 antibody study in the jail and was interested in a qualitative perspective on how the coronavirus pandemic and jail policies were perceived by people in jail (Author 2022a; Author 2022b). Ideas for research design and goals were solicited from the medical research team’s community advisory board. The research project is IRB approved and the data are protected with a NIH Certificate of Confidentiality (information blinded).

3.2 Recruitment and interview process

The interview project research team—consisting of the author (a White woman) and two undergraduate research assistants (both Latina, native Spanish speakers)—recruited interview participants by presenting about the research project in five different housing units within the jail via videoconferencing technology. To supplement the televised presentation, we provided paper fliers that were distributed in the housing unit, which explained the research study in lay terms. On the other side of the paper flier, people could indicate their preference to attend a video meeting with someone on the research team to learn more about being interviewed for the study and then to be interviewed. One member of the jail’s programming staff collected the fliers and scheduled the video meetings. People could also sign up to participate in the study at a later time: fliers remained in the housing unit and people could submit an electronic request to program staff to meet with the researchers.

On the recommendation of community advisory board members who were currently incarcerated in the jail, interviews take place over video conference. Beyond concerns about covid-19 transmission, the board members noted that even before the pandemic, people in this jail had attended private video meetings with doctors and caseworkers from the small multipurpose room or interview room inside the housing units. During these video meetings, the person in jail is visible to custody staff and potentially to other people who live in their housing unit. But a windowed door, headphones, and computer screen usually conceal the purpose and contents of the meeting from passersby.

3.3 Data collection & analysis

The one-on-one video meeting began with a detailed informed consent process, lasting 15 to 45 minutes. The author met with 69 participants who the jail identified as English speaking, and the research assistants met with 10 participants who the jail identified as Spanish speaking. All but four of the 77 people we met with said they wanted to move forward with an interview and provided verbal consent to begin. All but two interview participants consented to our audio recording of their interview on our personal recording device for the purpose of data transcription, coding, and analysis. Interview durations ranged from 28 minutes to nearly four hours. The median interview length is one hour and seven minutes long. We never intentionally cut short an interview; however, some interviews were rushed or cut short by a housing unit deputy. We compensated participants \$20 via commissary as remuneration for their time and knowledge (for a deeper discussion of the ethical and practical challenges in this research, see Author 2023).

During the interviews, we relied on a sheriff office-approved interview questionnaire about topics related to health and the coronavirus pandemic. Using a semi-structured approach allowed us focus participants on specific issues and experiences and ask relevant follow-up questions. For example, one question we asked participants was, what were your thoughts when you first were offered the covid vaccine? We followed up to gauge how peoples' perceptions changed over time, probing for what influenced their perceptions. A substantial portion of the data in this paper are in response to this question, though not all.

After each interview, manual interview transcription, and regularly throughout the data collection process, we wrote analytical memos focused on describing participants' perceptions about jail logics, health and wellbeing, and coronavirus-related issues. Throughout the research process, engaging with extant literature on health, incarceration, and the coronavirus pandemic helped with identifying surprising patterns in the data (Timmermans and Tavory 2012). As patterns emerged, we used flexible coding and basic tabular calculations to assess the nature and scope of patterns (Deterding and Waters 2021). Notably, the author spent time volunteering in-person inside the Bay Area jail prior to the pandemic. Her familiarity with jail's culture, jargon, architecture, and people helped with understanding and contextualizing the data (Jenness 2010).

3.4 Participant Characteristics

Project participants have diverse backgrounds and identities (Table 1). In this project, approximately 20 percent of the sample identify as women (N=15) and 80 percent as men (N=58). The age distribution of project participants approximates the age distribution the adult nationwide jail population (Zheng 2023). As for participants' self-reported race or ethnic background, approximate 17 percent identified as Black, 34 percent as Latina/o, 30 percent as White, 11 percent as Asian or Pacific Islander, and 5 percent Other. 10 percent of participants (N=7) preferred to speak only in Spanish for their interview. 40 percent of participants had been to jail more than 10 times before. 59 participants (81 percent of the total sample) reported that they received at least one dose of the covid-19 vaccine, 48 of whom reported that they received their first dose ever while in involuntary detention, including prison, jail, or psychiatric hold.

[Table 1 about here]

As for criminal case status, over 50 percent of the interview sample is sentenced, as opposed to pre-plea or pre-trial. This is a large discrepancy from local and national statistics, where only one-third of the national and local jail population is sentenced (Sawyer and Wagner 2023). Additionally, among project participants, the median length of incarceration at the time

of the interview was approximately 6 months. On the other hand, the average duration of jail incarceration nationwide is 26 days (Minton and Zeng 2021). This research reflects the experience of people who are living in jail while sentenced or for an extended period of pre-plea or pre-trial detention. Additionally, according to the interview participants, they lived in the best and most coveted housing units within the jail, which are described in detail in the next section of this paper.

4 ANALYSIS

The jail's institutional logic—rewarding manageability with resources in a context of extreme deprivation—motivates many who are skeptical of covid-19 vaccine's safety and efficacy to nevertheless accept a dose. For vaccine skeptics living in this jail, taking the covid-19 vaccine does not indicate their willingness to seek other forms of medical attention in jail; rather, taking the vaccine indicates their docility and obedience. This logic spreads beyond vaccination behavior to other health behaviors, such as when to seek individualized medical attention, which can create and reproduce health inequalities within the jail setting.

4.1 Carceral managerial logic

[Figure 1 about here]

Among all research participants, there was broad consensus that the jail's managerial logic is centered around its 12 housing units, which are organized hierarchically by “freedom” or “privilege.” Martin (30s, Caucasian) helpfully visualized, “it's like a pyramid” (Figure 1). Everyone starts in the *booking unit*. If the charges stick and bail is unaffordable or no bail is set, you move to the *intake unit*, where you undergo a period of isolation and monitoring by jail classifications to determine the proper location for your longer-term housing.¹ After *intake/quarantine*, almost all research participants were reclassified into a better housing unit, including *general population* units, the *kitchen*, and *honor camp*. Tracing his own ascension, Cesar² (50s, Hispanic) explained:

As you move on in the jail, it gets better. You know, you move to like a two-man cell, but it's like bigger. And you get a little more rec time [time out of your cell in the housing unit common area]. You got two hours in the morning and two hours at night, a little bit better. You

¹ Before the coronavirus pandemic, people lived in the intake unit for a few days before classification into a longer-term housing unit. After the coronavirus pandemic began, *intake* became *quarantine*, where new arrivals lived for at least fourteen days to ensure they were not infected.

² This name and all names in this paper are pseudonyms. Some details have been slightly obscured to protect participant identities.

could take a longer shower and, you know, watch maybe a movie. And then you go back in [your cell]. But it gets better, you know. Then after that, I went to the kitchen, which is a lot better. Because you work all day. And you go back, take a shower, and [cell] doors are open. You know, so, yeah, it's better. And then [honor camp], which is [open cell doors] all day, you know. You could just take a shower whenever you want. And it's clean and everything. So, you know, it's probably the best part of the jail. [...] it's more like a home, not like a jail. No concrete floors, it's got carpet. Stuff like that. So, it makes it feel more like you're not in jail. And you get these clothes instead of orange.” (referencing his neutral-colored button up shirt and denim jeans)

In the best housing units, Cesar explains, you have the more access resources, including cleaning supplies, showers, television, and phones. There is also a dignitary interest in moving to a better housing unit. In “the best part of the jail” some of the most degrading aspects of incarceration—the cage-like architecture, orange jumpsuits, movement restrictions—are lessened. Generally, jail classifications units are responsible for assigning people into housing units (Walker 2016; Lara-Millán and Van Cleve 2017). Interview participants stated that classifications has general prerequisites for sorting people among the housing units, but that housing unit deputies have discretionary authority to overlook requirements and move incarcerated people they deem manageable or *good inmates* into better housing units.

For example, participants surmised that the prerequisites for honor camp include being sentenced, passing a mental health interview, having no violent charges, having a clean disciplinary record, and having a clean bill of health. However, in practice, the prerequisites are discretionary guidelines as opposed to strict rules. For example, Elaine (30s, Caucasian) lives in the most coveted housing unit, honor camp, despite not meeting all of the assumed prerequisites. She explained:

There's a lot of requirements in order to be honor camp. You can't have violent crimes, you have to, there's a requirement that you're sentenced. But sometimes they can overlook that. Like me, I'm not sentenced yet. But like, I have really petty crimes and like I haven't been in custody in a long time.

Elaine says that she was deemed manageable enough for honor camp, even though she did not meet the general prerequisite of being sentenced. Similarly, Tamir (under 20, Mexican) was living in a general population housing unit, despite gang allegations that would normally disqualify him from living there. He explained how he quietly managed this feat:

But I got stuck here [in general population] luckily cause like the elevators broke down. At [segregated housing unit], so. They had to bring all the [segregated housing unit] over here. And then they brought some people back. But then I was just one of the few—a couple of other people stayed. But then they got in fights. But I just stayed. And um. And then, it just, you get way more rec time right here, some of the staff are cool, and then you're in a tank with eight other people. And it's just cool, it makes your time fly. Just yeah, it's cool.

Beyond Elaine and Tamir, participants consistently reported that housing unit requirements were flexible at the discretion of housing unit deputies. Pearl (50s, White) quipped, “This is between you and I—I really don't think there's classifications person. And if there is, he's not here because I think the deputies just run the whole thing.” The deputies’ authority to “run the whole thing” is somewhat codified in the jail’s rule manual distributed to incarcerated people. The manual explains that noncompliant behavior is punished with resource deprivation, including by moving people into a worse housing unit. It reads, “activity that effects the safety, order, security, and the health of the facility” is subject to “zero-tolerance” punishment. Examples of possible discipline include lock down in a stripped cell, disciplinary isolation diet, loss of work assignment, housing unit reassignment for monitoring or behavior modification, and loss of correspondence and commissary privileges. The policy of punishing noncompliance with housing unit reassignment frequently played out in practice. For example, Santiago (30s, Latino), was “rolled up” from the kitchen after throwing a cup of water in the sink. He explained,

So, what had happened was I grabbed the clean cup with clean water, rinsed it out, and threw it in the sink. Which I was working in the sink because I was washing the dishes. And [the kitchen deputy] said not to do that, or don't do that, trying to just, trying to, abusing her authority. And I just clearly told her, it was a clean cup, clean water. And that, you know, I just threw it in the sink. And she didn't like that. So she said I was being defiant. And they just took me out of the kitchen. And I came back to the same place where I was at [general population].

Just like Santiago, several participants were former kitchen workers who were rehoused due to deputy-perceived noncompliance. Chris (20s, Hispanic) described how he was rehoused from the kitchen because he refused to work while sick. He explained,

I decided it was not for me. You know, really what happened was I got into it with one of the deputies. I was feeling kind of sick that morning, like just with the sniffles and stuff. And I was sneezing a

lot. And he had asked me on my day off to work. And I told him, “no, I can't do it.” I legitimately like, you know, my face was, my nose was puffy, you know, and whatnot. And you clearly see that I was under the weather. And [the deputy] was like, “Well, what you're telling me is you're refusing to work.” I was like, “I'm telling you, I'm not going to get the entire jail sick because you want me to work not only on my day off, but also while I'm actually sick.” And so, he took it upon himself to write something different in the report and just pretty much just list me as an insubordinate, you know, and just, you know. It was unfair. But what are you going to do? I'm not going to be here for a long time anyway, so I don't care. And they moved me up here to a different pod.

Chris' punishment for noncompliance—refusing to work while sick—was rehousing to a worse location in the jail. Importantly, and not codified in the jail's rule manual, is that housing unit deputies also have the authority to reward compliance with resources, including rehousing into a better location within the jail. For example, Albert (40s, Caucasian) explained how he finagled his way into the kitchen housing unit, which as he explained, had a lot of perquisites:

You need to be cleared by medical, and forensic mental health, and by classification. They want to make sure that you're in decent health, like, you're not going to go to the kitchen and not be able to pick up a box or something, right. *I didn't get to the forensic mental health part*, but I imagine they just want to make sure you're not crazy before you go to the kitchen (emphasis added).

Albert was never cleared by forensic mental health because he took an alternative route to the kitchen. He launched his plan to get to the kitchen while working inside a neighboring county jail's kitchen unit. Albert knew he would soon be transferred to this county jail on an outstanding arrest warrant, and asked his fellow workers if they knew about the managerial logics he would face in the upcoming transfer. He explained,

When I knew I was coming here from [neighboring county], I was like, “Hey, who's been to [this] county? What's it like?” You know. And, and this guy was like, “Hey, man, like, you wanna talk to Rabfogel, he's the kitchen deputy, he can get you into the kitchen. Da da da da da.” And I was like, “All right, cool.”

After Albert was transferred, he had a random encounter with Rabfogel in the intake/quarantine housing unit. He recalled the moment:

I was like, “You don't happen to be the kitchen deputy, right?” And he's like, “I am.” And I'm like, “All right. Well, here's my story. You

know, I'm probably gonna be here for like a year. And, you know, I'm a good worker. I follow directions. I'm not going to make any waves for you, you know." Cause for me, if I can if I can get a job, I can wake up and go home. But otherwise, I just sit there and I'm depressed in my funk, you know. I work out a lot, but then you can only work out for three or four hours a day, you know. And you know, you write letters home. But it's, you know, I get into a pattern of like going to work every day and then before I know it, it's, my time is up. So, he was like, "Okay, cool." So we were talking for a few minutes and he's like, "Hey, why don't you serve the lunches for me right now?" Cause I just happened to be out [for rec time] when the lunches arrived, right. So I went and I served the lunches, and by the time I got back from serving lunches, he goes, "I sent an email out, so as soon as you clear quarantine, you're going to get moved over to the kitchen." I was like, "All right!"

Albert cleverly strategized this interaction with the jail deputy, and used the opportunity to serve lunches to demonstrate that he is a manageable worker. Albert's reward is transfer to the kitchen housing unit, where he has access to a routine and freedoms that make the pains of imprisonment more tolerable.

The jail's managerial logic—rewarding manageability with resources—occurred within housing units as well as across them. Most commonly, research participants explained that by volunteering as a worker for your housing unit deputy, you could get extra "privileges," particularly food, shower access, and phone access. Not everyone who wants to be a housing unit worker gets to be a worker. Herbert (40s, Laotian), explained, "there's so many people that's willing to volunteer, so, you know, they'll get up early and bang on the glass, like 'Pick me, Pick me, Pick me.' It's like all day. Like. Yeah. They can't get enough." I asked why people want to work so badly, and Herbert replied:

So they can be out [of their cell], I guess. They let the, I don't know what they call them—cleaners, workers? They get to stay out throughout the whole day, but they actually work. Like almost like 16 hours. They have to get up, at like 6 o'clock, and pass out breakfast, pass out milk to everybody in the pod, every tank. And then they have to collect it..[other duties].. Some people just, they need to do something, you know."

While some participants like Herbert did not share an urge to do this strenuous, unpaid labor, other participants treasured the potential rewards like food, shower and phone access, and routine to dull the pains of imprisonment. Rotating housing unit deputies could choose their workers at

their own discretion. Carl (50s, Hispanic and Black), new to general population, explained:

Each deputy has the way they choose their workers. So being that I was new to this pod within the last few months, there's been some other people here that have been working, been workers before. So the deputies tend to use those guys. Some deputies will choose other people, so they'll kind of rotate through people. So that way, not just one person is always the pod worker and animosities don't get built up and stuff like that. So. In the old pod I was in before they closed it down, I worked more than not. So it was kind of cool cause you get, like I said you get more rec time out, you get extra food if you like the food. In certain cases.

As Carl alludes to, work opportunities are scarce within a general population housing unit, and there is inconsistency in whether that work will be rewarded. Pablo (20s, Mexican) reiterated that deputy worker choice is discretionary and that work is inconsistently rewarded.

Pablo: I'm a worker here when this cop comes. His name's Nicolas. He comes like three times a week. And I get to work those three times, so it's cool.

Author: Um are you getting paid at all for that work?

Pablo: Hell, no. I get paid in, in deputy food and calls all day. But I don't like, they're not free calls, so I got to pay for them. And sometimes, I haven't gotten a tray of deputy food yet, but sometimes the workers get them. So I'm hoping like, maybe they'll give me some soon.

Author: Yeah. I'm guessing the deputy trays are much better than the trays you get?

Pablo: Oh yeah, they got like soups, and like meat and stuff. Sandwiches, they're cool.

Pablo volunteers for work for the promise of food he has yet to receive. In navigating the vague and discretionary jail context, some interview participants explained that they took the covid-19 vaccine in jail, despite their skepticism of its safety or efficacy, to show their manageability in the hopes of accessing resources and better living conditions in the jail.

4.2 Good inmates take the vaccine?

Larry (30s, Filipino) was one of 23 interview participants who said they took the vaccine to be perceived as manageable and potentially get access to resources in the jail. Larry explained that he thought the covid vaccine was “the state’s reason just to keep track of me” or “a manmade thing to do with population control,” but he nevertheless accepted the vaccine in jail.

I didn't want to take it. Because of what other people was telling me. But I guess when they started talking about, “Oh, you cannot, you cannot be a worker, you cannot go to the kitchen if you're not vaccinated.” So basically there's limits to it for you. If you don't get it. You're going to be segregated from other people, you can't mingle with people if you're not vaccinated.

Larry took the vaccine for fear that he would be in worse housing units otherwise. Additionally, Cesar, introduced above, was hesitant at first to take the covid-19 vaccine. He explained:

I was like, oh. I don't know, I don't know what I'm getting, you know. Especially when you're in jail, you're like, holy shit I don't know what I'm gonna get right now. It could be, for all I know, they could be giving me, putting a bug in me or something. I don't know. You know. It's kind of weird, you know. So yeah, I didn't feel too good about it. But like I said, they started saying, “Oh, you'll be able to go into the kitchen, [honor camp], and this and that. So if you get it you'll be one of the first to go and all that.” So I said, “Okay, go ahead.”

Cesar reflected, “if I was on the outside, I probably wouldn't have got it. Because I really didn't, was against it, but. I guess I changed my mind in here.” Frank, also introduced above, similarly viewed vaccination as a form of compliance with jail managerial logic. He said, “I got vaccinated when I got here. I wasn't vaccinated, but I said, ‘Well, I know how to maneuver in jail.’ And I'm like, ‘If I'm going to get a job, because I'm probably going to be here for a couple of months, I'm going to have to get vaccinated.’” Frank’s belief about vaccine compliance is not based on a specific policy, but rather the notion that in general docility and obedience are rewarded.

Notably, several vaccine skeptics took the shot because they erroneously believed it would impact their length of time in the intake/quarantine housing unit. Huey (40s, Black or African American) emphasized, “[i]f you're not vaccinated, they keep you in quarantine. So. That's a big thing. You have to be vaccinated before you leave quarantine.” Huey was mistaken, as the jail cannot force vaccination, and 14 people in the interview sample reported that they lived in general population and were never vaccinated. Peter (30s, Filipino) also took the vaccine because he thought it could get him out quarantine early. Peter described denigrating conditions of

intake/quarantine as overwhelming his desire to remain unvaccinated. He explained:

I got vaccinated there, actually. Because I thought maybe it'll get me out of quarantine. Like, cause you're only out [of your cell] for 30 minutes every day. So you're in the cell for 23 and a half hours. ... usually when you come to jail, right, it's not like that. Like pre-covid, right, I'd be able to go out and I would talk to the other Asians, and when you first get there, they give you a bag [of commissary items] to look out for you, right...But when we come out [during quarantine] it's not with everybody. So I can't like, you know, like try to find food or whatever. So like we're starving. For the first two weeks until we get commissary. But at the same time, right, like you need time out of the cell to use the phone to try to get some money on the books or have somebody order you a package. So if you can't get it done within that 30 minutes, you're pretty much fucked. So that was that was kind of hard, too, because they would like, let you out the cell like early in the morning when everyone's at work so no one can answer the phone at that time.

Peter and Huey ultimately accepted the covid-19 vaccine in jail despite their vaccine skepticism because they perceived taking the vaccine as a demonstration of compliance with a possible, vague, or nonexistent jail rule. Notably, Elbert (20s, Black) accepted the vaccine because he thought it might help get him out of involuntary psychiatric confinement (also referred to by its California penal code number, 5150). He shared:

I first had the covid vaccine when went 5150. But they told us, like, we had to take the covid vaccine. They kind of like didn't really give us an option. They said, like, if we didn't take it, that we're going to have to stay there longer. And I didn't want to stay there, so I just took it to get it over with.

Elaborating, Elbert explained that people in 5150 have to prove that they're "not crazy" in order to be released: "when we were in 5150, they said if you don't follow the rules there, like take the medication that they gave you, it would go against you and you would have to stay there longer." Elbert's experience signals that carceral managerial logics influence vaccination uptake in other settings, whether or not there is an explicit rule about taking the vaccine to get access to better living conditions.

Moreover, imagined benefits from covid-19 vaccination in this jail extended beyond housing assignment to rewards such time off of your sentence or access to the scarce program opportunities in the jail, like education or vocation programs constrained by capacity limits. When I asked Herman (40s, Black, African American) if he was involved in any jail programs, he

responded by explaining how covid-19 vaccination might impact his enrollment.

Author: Are you involved with any programs or work at the jail?

Herman: Well, I just took the covid shot. I don't know if, you know, to get inside. I was told that you get time off, extra time off, or I wouldn't have took it. But to go work in the kitchen, you know what I'm saying. So my arm is pretty hurting right now, just took it, a couple hours, about an hour ago. The Jensen or whatever, Johnsons and Johnsons, or something? I mean I don't know how it's supposed to affecting, but I watch the news a little bit, periodically when I can, you know what saying. In here. But it's like, some work, some don't, you know what I'm saying. And I just read the outcomes of it. And be like, it says, it's not CDC approved and things. I did it so I could get some days off. And now they saying you don't get days off. So now I'm upset about it because I had covid and I don't know what they just put on my body... And so I took it and stuff, cause you know, I have no violence in my in my history, or things like that. So I don't know. I just thought it would benefit me. And I was like, why not? You know, so now I took it. And, um, hope I don't turn to a zombie.

Herman acquiesced to taking the vaccine, despite fear over its safety, under conditions of rule uncertainty, to generally access to rewards in the uniquely punishing setting. Notably, taking the covid-19 vaccine in effort to comply with vague jail rules despite vaccine skepticism was especially common among Spanish speakers, almost all of whom expressed that vaccine policies were generally unclear to them. Emilia (40s, Español) described:

They told me here if we wanted to get vaccinated, it wasn't mandatory. But there was like, it was more difficult because well, I am not sure if this is what they said or not, right? But the girls interpreted that, like I said, I am not sure if that is true or not, but they said if you didn't get vaccinated, well you wouldn't be in any class. And it is so difficult. Because I said "well, oh well, I have to get vaccinated." And although the vaccine causes fear sometimes, I get scared to get vaccinated too, even though I am scared of COVID too. But here I went to get vaccinated, hopefully nothing happens to me later on. (translated from original Spanish)

For Emilia and others, vaccination was a possible signal of manageability, and therefore it was worth overcoming fears about vaccine safety and efficacy. Describing his frustration with covid-19 vaccination, Augusto (20s, Hispano) expressed, "I still believe that it's not necessary, but if they do, if they do give it, I will follow the protocols as necessary. I don't want something to happen to me for not doing it as well. Do you understand me?"

(translated from original Spanish). Likewise, when asked why he decided to take the covid-19 vaccine, Marcos (30s, Latino) said, “Ah well, not decide... it’s just that, well, I don’t lose anything by getting it” (translated from original Spanish). The experiences of Spanish speakers reflect a broader point: that it is more difficult from some people in jail to understand the rules and perform compliance than others. This pattern could extend, for example, to people with mental illness. This points to the importance of understanding how jail managerial logic impacts other health behaviors.

4.2 The good inmate in other health contexts

Bobby (30s, White) coined the term *good inmate* for this research paper. Bobby had spent over 20 days housed in the intake/quarantine unit without explanation. He was extremely distressed and confused. Bobby explained, “typically, when I come to jail, I come right to honor camp just because, you know, I cooperate. *I’m a very good inmate...* I was like, kind of losing my shit because it didn’t make sense. It felt like I was being extra-ly punished.” From his prior incarcerations, Bobby knows the jail managerial logic well: compliance is rewarded with resources and noncompliance is “punished” with deprivation.

Good inmates—because they are compliant and needless to the point of near invisibility—are awarded with more freedom, privileges, and resources within the jail. Norman (30s, White) attributed his quick ascent to honor camp to his almost invisibility. He reflected, “Yeah, it was weird. Cause I stay out the way, I know how to do time. The less they hear from you, the better off you are...I don’t make noise or none of that. I don’t do nothing unless I have to. So. Yeah. I guess unseen is the best way to live in here.”

Going “unseen” applies to all sorts of behavior in the jail. When I spoke with Frederick (30s, Pacific Islander or Asian), he shared that early on during his incarceration, he had gotten several teeth pulled and was also taken to the hospital twice with stomach pain. Now, having lived in the jail for over a year, Frederick stopped asking for medical attention because he wants to remain in his current housing unit. When I asked Frederick about his recent experiences with jail clinicians, he said:

They don’t really check us like that unless we ask for them. So I stopped asking. And stopped, you know, I try to do my time low. I don’t try to interrupt with these people, because if they don’t like you, they don’t like you. They just roll you up. So I’m just doing my own time, you know, riding along with the waves.

Frederick describes medical need as an interruption to jail staff, which could lead to staff disliking you and moving you (“roll you up”) to a worse housing unit. As previously mentioned, medical clearance is sometimes

thought to be a requirement for moving into better housing units within the jail. For example, Harrie (50s, White) explained how she did not pursue treatment for a foot injury in jail so that she could live in honor camp.

I have metal in my foot. So, I'm bottom bunk, bottom tier. And with that, I never saw anyone. But they sent me to the X-ray technician. To get a picture of my foot. And my doctor at home said I was supposed to have my metal removed to have surgery, right. But here they said, "Oh, it's fine," when they took the X-ray. And the only person that looks at the X-ray is the X-ray technician, not the doctor. So I was like, okay, I'm not going to fight it cause I want to go to honor camp, and if I wanted to go there and I had to be healthy. You couldn't have any situations. They don't allow that. So I'm healthy, yeah, to get here. When they approve me. But in reality, if I was to go home, my doctor would be like, you need to have your operation. Take that metal out. But classifications, they said I'm healthy to get, to go where I'm at now.

While Harriet was able to conceal her medical condition, but many other people could not conceal their illness or disability. For example, Alexander (50s, non-Hispanic White) said that a deputy encouraged him to apply to honor camp because he was a "model inmate." But Alexander's requests for rehousing were ignored, which he credits to his needing a cane for walking. Alexander explained:

I've been denied, I applied three times. First time I applied they denied me for medical reasons. They can't do that. That's a violation of the Americans with Disabilities Act. They cannot do that. If they offer a program in jail or in a county setting or whatever, it has to be available to everyone regardless of their physical condition. I already know that. So they said they'd take another look if I re-applied. I re-applied, never heard another word about it. And I know why, because they already, on paper, refused me for medical, for a medical reason. And I know what that is cause the deputy told me. It's my cane.

Alexander's experience reflects the widely held idea that having medical need is a strain, disruption, or even a form of noncompliance. Good inmates are quiet and needless. When Angela (20s, Hispanic) first arrived at the jail, she was unable to be either. Angela reported that she needed psychiatric medication but was not receiving it.

In the beginning, when I first got here, I told them I need my meds. I need my psych meds. They didn't care. Instead what they did, because I was acting up, kicking the door because I needed my meds, they took it as me being defiant when all I really needed was medical attention. I needed my meds. So they sent me to another section [of the jail] where they put the people that act up or they're a danger to

others and whatnot because I was kicking the door. They put me over there. And once I was over there, like during the first week, they gave, they started to get me on my psych meds again. And all the other deputies, they would keep telling me, like, why are you in here? And then I would explain to them. And they'd be like, you don't belong in here.

Angela was eventually transferred from the stripped isolation cell to general population. She explained that when she needs medical help now, she is reluctant to ask for fear of being viewed as defiant: “if you're asking for all your needs to be met, for them it's nagging and for you asking too much.” Angela is articulating that when it comes to health and medical need, good inmates are not those with health-seeking behavior, rather good inmates are needless or invisible.

5 CONCLUSION

This paper began with a puzzle: why do covid-19 vaccine skeptics take the vaccine while living in jail? The findings show how jail managerial logic—inconsistently rewarding compliance with basic needs resources in a setting of extreme deprivation—can motivate many who are skeptical of covid-19 vaccination safety and efficacy to nevertheless accept a dose. But to be clear, for these individuals, taking the covid-19 vaccine is not a health-seeking behavior, nor demonstration of neediness for health service, nor a burden on scarce resources. Rather, taking the covid-19 vaccination is a demonstration of quiet compliance—an eagerness to be manageable in order to access better living conditions.

Carceral logics reproduce unequal distribution of resources within the facilities themselves. The data show that people living in jail who preferred to speak Spanish were disproportionately confused about the rules and rewards related to covid-19 vaccination, and may have also been confused about rules, rewards, and punishments in other situations. Moreover, consider how individualized health need limits people's ability to perform as a good inmate. People who have more difficulty concealing their illness or injuries may be less likely to be perceived as manageable and rewarded as such. This comports with research showing how professionals in punishment-welfare settings triage resources to people who are most manageable rather than those who are suffering the most.

These findings add nuance to a burgeoning narrative that United States jails are a locus for positive health interventions for an enormous number of vulnerable people (Turney and Conner 2019). On the one hand, compliance with carceral logic can encourage uptake of beneficial health services, such as covid-19 vaccination. On the other hand, examining the carceral logic motivating individual behavior shows how *good inmates* may avoid asking

for much-needed individualized medical services, even if they are receptive to a scaled and incentivized health intervention program. Additionally, the perversity of carceral settings and logics will permeate all health interventions, creating and reproducing inequalities.

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Table 1. Participant Self-Reported Characteristics

	<i>N</i>	%
Gender		
Women	15	20.55
Men	58	79.45
Age		
18-24	9	12.33
25-34	23	31.51
35-44	22	30.14
45-54	11	15.07
55-64	6	8.22
65+	2	2.74
Race or Ethnicity¹		
Black	12	16.44
Latina/o	25	34.25
White	22	30.14
API	8	10.96
Other	4	5.48
Interview Language		
English	65	89.04
Spanish	7	9.59
Both Spanish & English	1	1.3
Prior Incarcerations		
0	8	11.27
1	5	7.04
2-4	16	22.54
5-9	11	15.49
10+	31	43.66
Case Status		
Pre-plea/trial	24	32.88
Post-plea/trial + unsentenced	2	2.74
Post-plea/trial + sentenced	41	56.16
Did not say	8	8.22
Months Since Arrival at Intake		
1-3	17	23.29
4-6	24	32.88
7-9	11	15.49
10-12	9	12.33
13-24	9	12.33
25-48	3	4.11
Housing Unit at Time of Interview		
General population units	57	78.08
Honors housing units	15	20.55
Other units	1	1.37
Total Sample	73	100

Figure 1. Housing Hierarchy Pyramid

