In this dissertation, I trace the neoliberal turn of a public healthcare program, Medicaid, and its effects on those who are involved in it: disabled care recipients and their care providers. Also examined is the emergence of an affective relationality between these individuals through their daily practices of care. In 1993, Medicaid went through a neoliberal turn that accelerated its privatization. I investigate the ways in which this turn—in company with the neoliberal transition of other welfare programs and the rise of a transnational care industry—further deployed a gendered, raced, classed, and immigration-based division of care labor that commodified and exploited the labor capacities of mostly lower-class women of color. Similarly, the neoliberal turn led to a reconfiguration of the Medicaid beneficiary criteria for disabled people such that their care needs became commodified and exploited in the interests of a maximized revenue for the care industry. As both populations come to be measured based on their capacities and needs, their wellbeing is overlooked and deteriorating. The narratives I have gathered from care recipients and providers of Medicaid long-term care programs illustrate how they are all turned into consumable and disposable populations for the industry’s capital accumulation and the state’s suppression of Medicaid expenses. Consequently, care recipients and providers are both pushed to slow death: turning the neoliberal public healthcare into necropolitical one. Yet, a closer look at these narratives also tells a story more complex than total exploitation. As much as their care practices are embedded in injustices, recursive practices of care between recipients and providers allow them to slowly adapt to each other’s distinct body and bodily movements, capacities, needs, desires, and rhythms. They begin to recognize one another’s vulnerable situations as situated within the negligent care industry, and to share vulnerable moments together. Using affect theories, I theorize how this relationality moves beyond the cognitive, marking a proprioceptive connection between recipients and providers. Developing a notion of affective relationality, I end this dissertation by arguing that this embodied, interdependent, caring, and co-capacitative relationality destructs the flows of the neoliberal public healthcare assemblage.