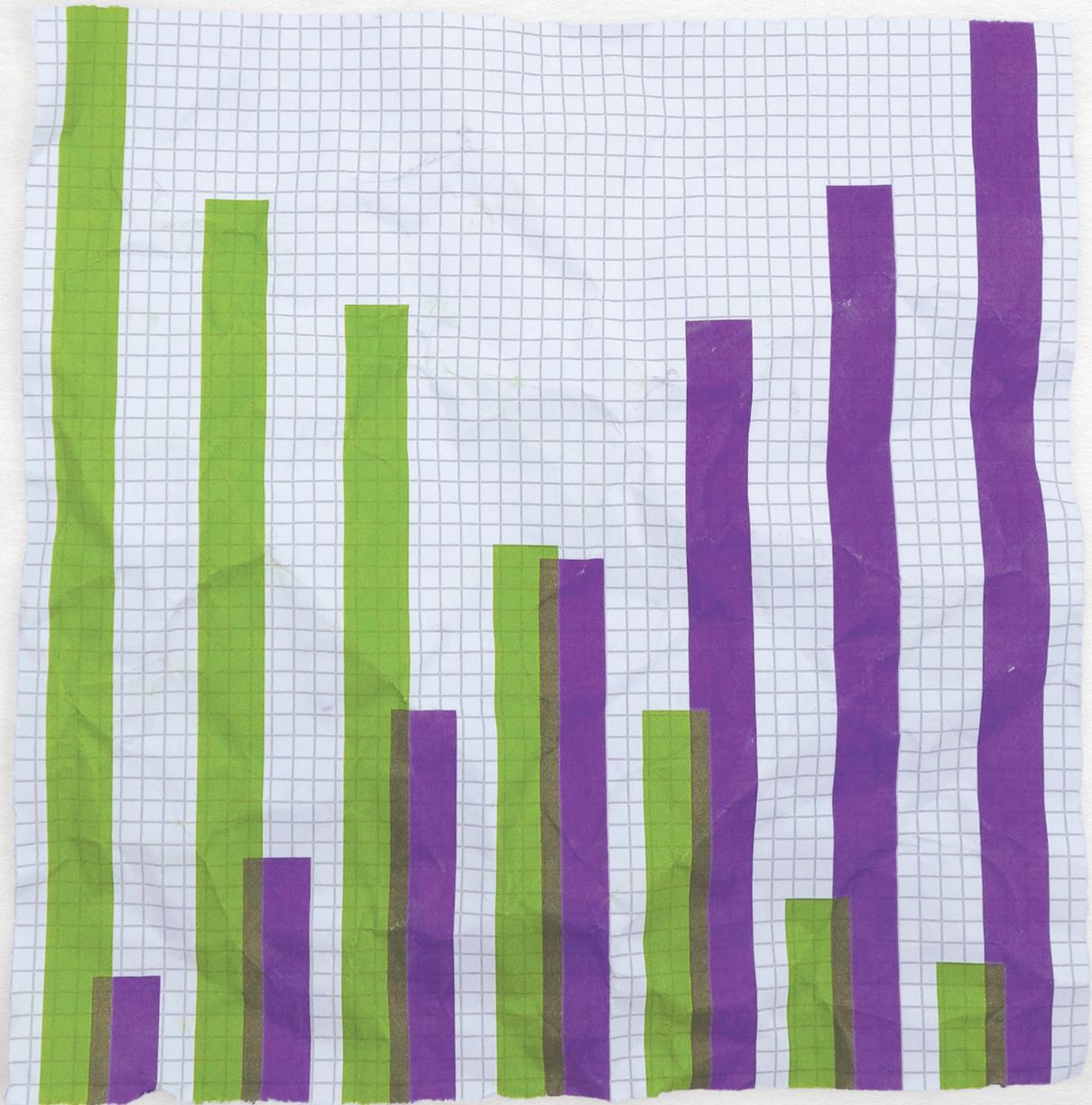


The High Costs of Low Risk:

The Crisis of America's Aging Prison Population



Executive Summary

During the past four decades, we have experienced the most sustained and widespread imprisonment binge in recorded human history. The facts are all too familiar and are finally receiving widespread, even bipartisan, attention: The United States has roughly 5 percent of the world's population, yet is responsible for nearly 25 percent of the world's incarcerated population. With an estimated 2.3 million people in confinement, one out of every 32 adults under correctional control or community supervision, and roughly one-third of all adults with some sort of criminal record, the U.S. surpasses all other countries in sheer numbers and per capita incarceration and criminalization rates. The disparate impact on people and communities of color is also part of this disturbing landscape: black youth are 5 times more likely to be incarcerated than white youth;¹ one in 3 black men is expected to spend time in prison (compared to one in 17 white men);² and close to 2/3 of women in prison are women of color.³ According to the NAACP, "If African Americans and Hispanics were incarcerated at the same rates as whites, prison and jail populations would decline by almost 40%."⁴

The population of a prison system is a function of the number of people who enter and how long they stay. Although crime rates are lower than they were 10 years ago,^{5,6} and thirty-six states have reduced their imprisonment rates,⁷ extreme sentence lengths and narrow release mechanisms have led to a growing crisis of older adults in America's prisons. **By 2030, the population of people aged 50 and older is projected to account for one-third of all incarcerated people in the U.S., amounting to a staggering 4,400 percent increase over a fifty-year span.**⁸ Addressing this crisis is perhaps one of the most salient and pressing challenges facing corrections administrators—and therefore, states and taxpayers—over the next 20 years.

In recent years, organizations working for criminal justice reform and formerly incarcerated people have called for increased attention to the issue of aging in prison. In 2014, when the Osborne Association first issued a white paper on this subject, the looming crisis had begun to receive attention in a variety of media outlets. In New York, diverse stakeholders—including direct service providers, those directly affected, City and State government agencies, and researchers—came together to form the New York Aging Reentry Task Force. This Task Force developed a unique model for case management and community-based support for older people in and returning from prison, and convened a symposium at Columbia University which resulted in the release of a comprehensive report, *Aging in Prison: Reducing Elder Incarceration and Promoting Public Safety*.⁹ Four years later, as the number of older people in prison continues to climb, much has been learned that has informed the debate. As detailed in this updated white paper, some correctional systems have begun to take steps to better support currently incarcerated older people. Several books, reports, and articles in the past few years have called into question the notion that criminal justice reform only applies to those convicted of non-violent offenses, and have recognized that warehousing individuals for decades is an entirely insufficient and counterproductive response to violent crime.

In spite of these important efforts, much work remains to be done across the country to improve conditions of confinement, encourage decarceration, and build community supports for formerly incarcerated elders. While new reports and articles increase knowledge and understanding, this crisis continues to grow with an increasing number of people dying in prison: in 2014 (the most recent year for which data was collected) 2,044 older people died in federal and state prisons, the first time in recorded US prison history that any age demographic surpassed 2,000 deaths in a single year. Given these chilling figures, this updated white paper aims to educate, but also to call to action policy makers and those in positions of power to enact meaningful and lasting changes to better support currently incarcerated older people, release them in greater numbers, and support them in their return to the community.

This report synthesizes updated research and more recent data, as well as new thinking about decarceration, violence and punishment, healing, public safety and victims' experiences and perspectives. It also draws on the voices and knowledge of older people who have come home, and the experiences of practitioners doing groundbreaking work. Within this updated framework, this paper provides the overall landscape of the issues affecting older people in prison, including how we got here and the impact this crisis is having nationally, with a particular focus on New York. **The first section** discusses the most significant contributing factors to the dramatic growth in the numbers of people aging in prison: lengthy sentences, narrow release mechanisms, and society's approach and response to violence. **Sections Two and Three** examine the experiences and challenges faced by older people while incarcerated (including the impact on corrections of providing care and custody to an aging population) and upon reentry. **Section Four** offers examples of programs and approaches designed to address the needs of older people in prison and upon their return to the community.

Section Five presents recommendations that include the full range of policy and practice reforms needed to address the crisis. Implementing these recommendations will require decision-makers to confront the current punishment paradigm which has roots in and perpetuates racial injustice, and criminalizes addiction and mental illness. The five areas of recommendations from this section include:

ONE: Improve conditions inside of prisons and jails for those aging within them, including strengthening staff capacity to recognize and address age-related issues, and adopting policies and practices that consider age-related concerns;

TWO: Improve discharge planning and reentry preparation for older people within correctional facilities;

THREE: Expand release mechanisms that have specific salience for older people, including compassionate release and medical parole, presumptive parole for older adults, and improving the quality of information parole boards receive by implementing geriatric assessments within correctional settings that inform care and release plans;

FOUR: Improve the reentry experience of older people coming home by increasing community supports and receptivity, including addressing their housing, medical/health, mental health, post-incarceration, financial, family, and employment needs.

FIVE: Shift the response to violence by expanding the range of services offered to victims and survivors of crime beyond just “more incarceration,” and reducing excessively long sentences for all crimes of conviction, including for violent crimes.

In spite of recent federal calls for more incarceration, there is persistent support for criminal justice reform and growing momentum to address the human and economic cost of aging in prison. The fields of gerontology, physical and mental health, philanthropy, and corrections have a unique opportunity to unite to identify and support innovative and effective solutions to improve the lives of those aging in prison, while also developing and implementing the necessary socio-structural architecture to effectively address long-term mechanisms of diversion, release, and reentry.

Austerity-driven approaches to shrinking budgets, new questioning of society’s addiction to punishment, and increasing public discomfort with mass incarceration create an opportunity to seriously address the epidemic of America’s graying prison population and to imbue the justice system with values and policies that are humane, cost-effective, and socially responsible. **The time is now.**

About the Osborne Association

The Osborne Association is a New York-based nonprofit organization founded more than 85 years ago by prison reformer Thomas Mott Osborne. Osborne's innovative, effective, and replicable programs offer a wide range of services at every point from arrest through community reentry, focusing on families, employment, education, and treatment. Osborne programs serve the community by reducing crime and its human and economic cost, and provide opportunities for reform and rehabilitation through public education, policy advocacy, and alternatives to incarceration that respect the dignity of people and honor their capacity to change. Osborne serves more than 11,000 currently and formerly incarcerated individuals and their children and families across multiple sites in New York City and the Hudson Valley, and in more than 30 New York State prisons and New York City jails (Rikers Island).

www.osborneny.org | info@osborneny.org

About the Osborne Center for Justice Across Generations

The Osborne Center for Justice Across Generations is the policy arm of the Osborne Association, initially focusing on two main areas: aging in prison, and children and families affected by incarceration. The Center develops and promotes solutions built on the principles of rehabilitation, restorative justice, reconciliation, relationships, and reinvestment. Supported by data and research, our solutions are grounded in decades of practitioner-based expertise within the criminal justice system as well as affected communities; our knowledge of best and promising evidence-based practices across the globe; and our close connection to and deep respect for the individuals and communities Osborne serves.

Acknowledgements

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Designed by Jedd Flanscha

A list of resources, including a PDF version of this report, is available at www.osborneny.org/aging.

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“I hope my story will get the parole board to reconsider denying older people parole and instead give them a chance to come home and contribute to society in a meaningful way.”

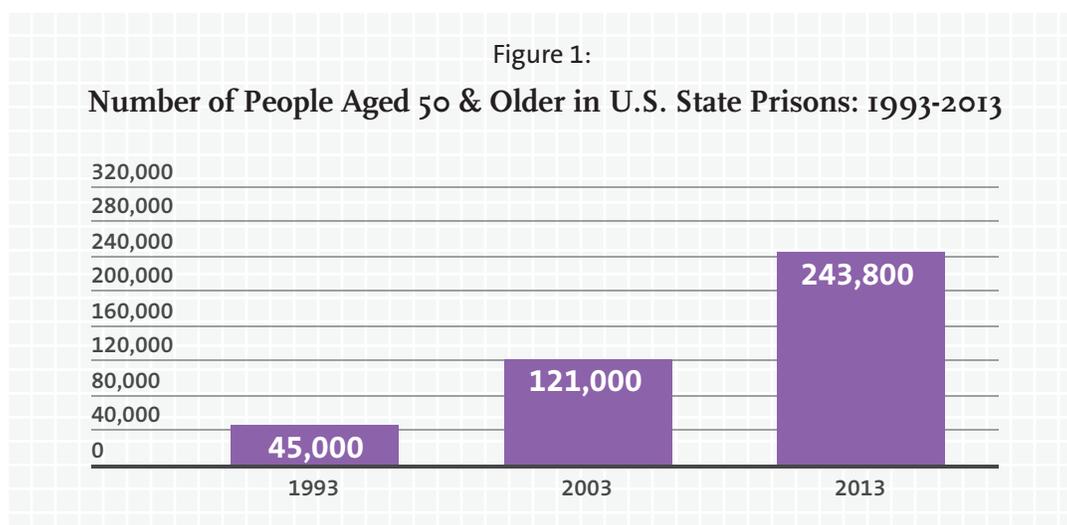
Gloria Rubero

**Member of the Aging Reentry Task Force
Age: 67 | Years in prison: 26**

Introduction:

The National Crisis of Graying Prisons

The aging prison population represents a national, human-made, systemic epidemic that has been decades in the making. Although there is no commonly agreed-upon age at which an incarcerated individual is “old”—definitions range from 50 to 65—medical practitioners and corrections professionals agree that adverse life circumstances both during and prior to incarceration lead to accelerated aging. Put simply, people who have been incarcerated very often have the physiological attributes of much older people.¹⁰ Given existing trends and projections, it is clear that the number of older people in prison will continue to rise unless meaningful action is taken. Most older people in prison (disproportionately people of color) have already spent decades behind bars, pose little or no risk to public safety, and often require significant age-related medical care. Numerous reports and articles in the last four years document and discuss various aspects of this issue (see Bibliography in **Appendix A**). It should be noted that while this report focuses on the majority of incarcerated older people who entered prison at a younger age and have served long terms behind bars, there has been an uptick in the number of people arrested at age 55 or older. This group of older people tells a different story and further research is needed to better understand the underlying causes of this disturbing trend, which may reflect other issues such as chronic or recent homelessness, mental illness, or addiction.



The sharp increase of older people in prison has occurred within the context of small, yet significant reductions to the overall population of people incarcerated in federal and state prisons, and as crime nationwide has decreased. According to a 2018 analysis by the Pew Charitable Trusts, 35 states reduced crime and imprisonment simultaneously between 2008

and 2016.¹¹ Since 1999, New York State has seen a significant drop in crime and reduced its prison population by more than 30 percent, yet during the same time period its incarcerated population aged 50 and older nearly doubled.¹² Nationally, from 1993 to 2013, the U.S. state prison population aged 55 or older nearly quadrupled from 26,300 (3% of the total population) to 131,500 (10% of the total population).¹³ Furthermore, the record-breaking numbers of incarcerated elders are sure to continue to increase as the majority of currently incarcerated middle-aged people are serving sentences that will carry them well into their older years while in prison.¹⁴

By 2030, the population of incarcerated people aged 55 and older in state and federal prisons is projected to be over 400,000. This is more than one-third of all people in prison in the United States, amounting to a staggering 4,400 percent increase over a fifty-year span (and this doesn't include those age 50 to 54).¹⁵

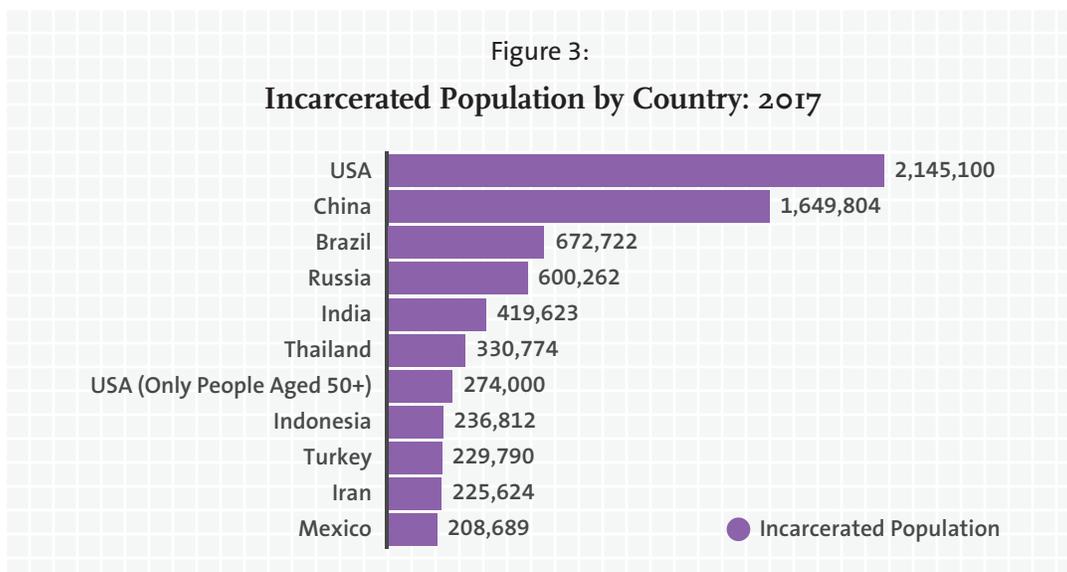


By comparison, the estimated 274,000 people aged 50 or older in U.S. state and federal prisons is greater than the entire incarcerated populations of nations like Mexico, Iran and Indonesia, all large countries that incarcerate at a relatively high rate.¹⁶

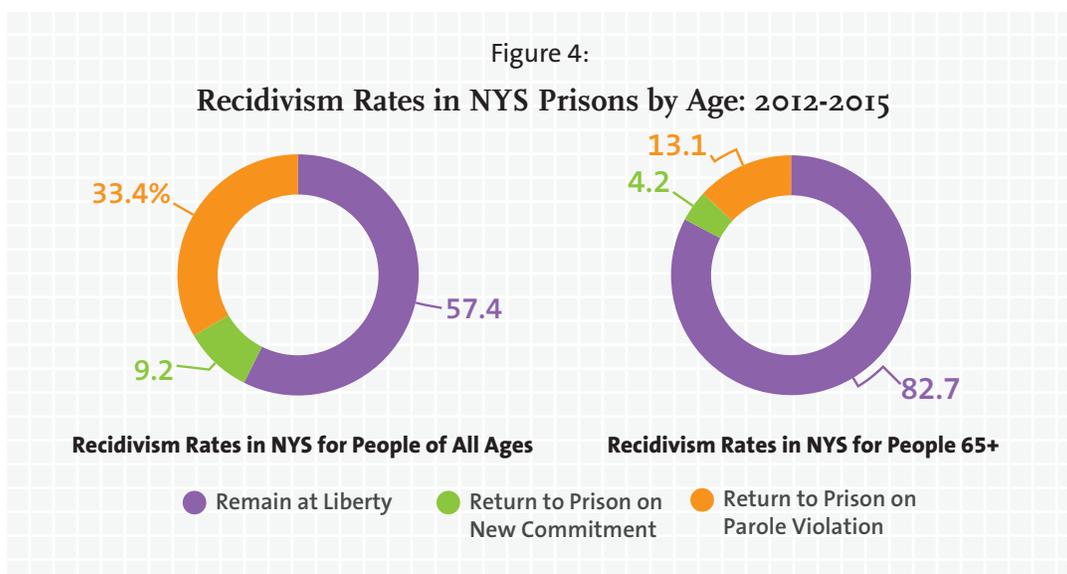
If older people in state and federal prisons in the U.S. comprised their own prison system, they would be the 7th largest prison system in the entire world lagging behind only Thailand, India, Russia, Brazil, China and the entire U.S. system.¹⁷

Within the United States, the states with the biggest prison populations have seen the most significant increases in the number of confined older people. We have observed this firsthand in New York State, where the Osborne Association provides direct services and programs in 27 prisons and 8 jails. New York alone has 10,337 incarcerated older people¹⁸ and is among five states in the union with an incarcerated older population in excess of 10,000 people, including Texas (28,502), California (27,806), Florida (21,620), and Pennsylvania (10,214).¹⁹ Furthermore, in New York, California, Pennsylvania, Michigan, Texas, Georgia, Ohio, Florida and Illinois, roughly 20

percent of the entire prison population is comprised of older people, a rate that is only expected to rise unless states begin releasing higher rates of older people.²⁰ Such numbers and percentages of older people are a relatively new phenomenon and a direct result of the combination of four decades worth of lengthy sentences and unforgiving release decisions.



As astounding as these numbers are, their implications become more troubling when considering the circumstances of many older incarcerated people. Most aging people in prison were sentenced in their teens,²¹ twenties and thirties; most were the victims of violence and/or experienced trauma before they committed harm. After decades of incarceration, older people present little to no public safety risk. In fact, older people have the *lowest* recidivism rate of any age cohort in U.S. prisons.²² Nationwide, 43.3 percent of all released individuals recidivate within three years, **while only seven percent of those aged 50-64 and four percent of those over 65 return to prison for new convictions—the lowest rates among all incarcerated age demographics.**²³ Similar rates can be found across almost all states. For instance, in New York, those aged 65 and older released in 2012 (the most recent year for which data is available) and followed for 3 years had a new commitment rate of just 4 percent,²⁴ as illustrated in **Figure 4**.



Source: DOCCS 2012-2015 Recidivism Data²⁵

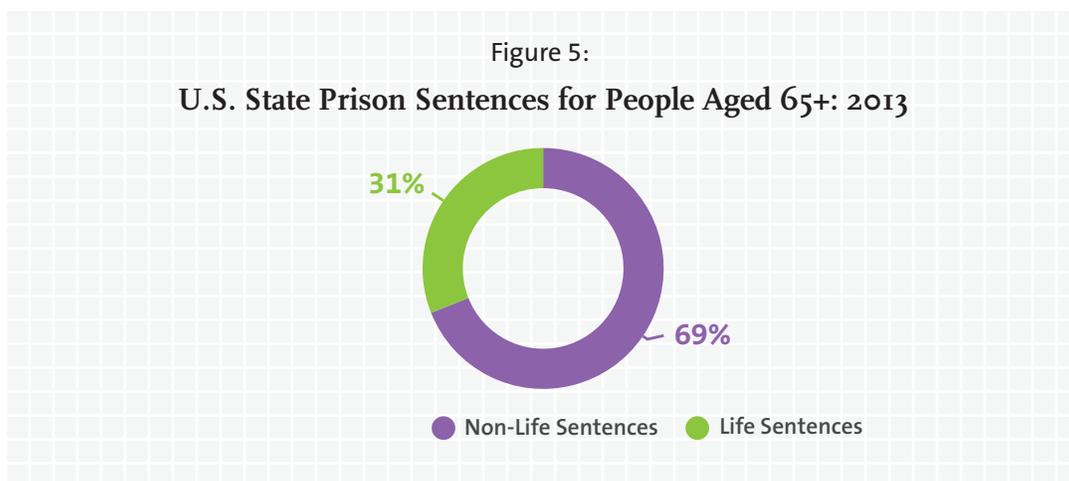
Part I: The Roots of the Crisis

Far from an inexplicable anomaly, the soaring aging prison population is the logical consequence of three forces operating simultaneously and with a racially disparate impact:

1. extreme sentencing,
2. limited opportunities for release, and,
3. a punishment paradigm that is especially unrelenting in its response to violence.

Long Sentences

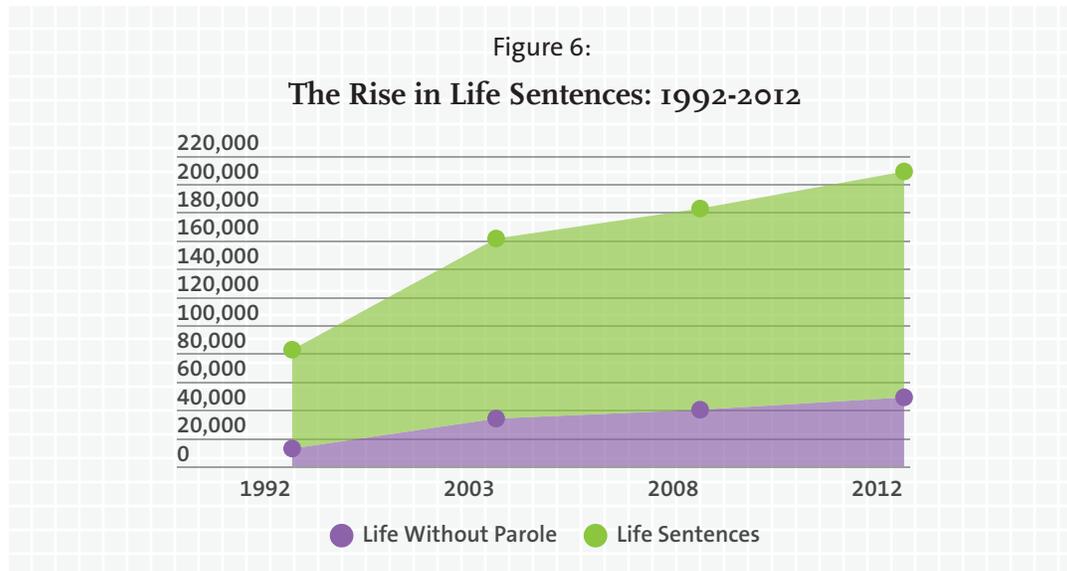
In 1973, New York Governor Nelson Rockefeller proposed strict sentencing guidelines that came to be known as the Rockefeller Drug Laws. This “tough-on-crime” approach became a national movement, and by the 1980s the federal government and many states had adopted mandatory minimum sentencing policies, including so-called three-strikes laws. Despite the growing body of research showing that long sentences are limited in deterring future crimes and promoting public safety, the number of people serving life sentences more than quadrupled since 1984.²⁶



A recent report by the Sentencing Project entitled *Life Goes On: The Historic Rise in Life Sentences in America*, found that “by 2012, one in nine people in U.S. state and federal prisons—nearly 160,000 people—were there under life sentences.”²⁷ This increase in life terms is not exclusively due to decades-old punitive policy, but to more recent policy changes as well. The report found that despite recently popularized efforts to reform the justice system for so-called “nonviolent” individuals, life sentences increased by 11.8 percent between 2008 and 2012.

Moreover, the use of life without parole (LWOP) has increased more than 22 percent since 2008, encompassing 49,081 people at the time of the report’s publication in 2013.²⁸ As a result, more than 31 percent of currently incarcerated people in state prison ages 65 and older are serving life sentences or death sentences.²⁹

These figures draw attention to the fact that criminal justice reform that only focuses on those incarcerated for non-violent crimes will not address the crisis of those aging in prison. Furthermore, the increase of life sentences is inconsistent with research and science that demonstrates “aging out of crime” by the time people reach their 40s.³⁰ It underscores the need to address our underlying emphasis on endless punishment for violent crime.³¹



Source: Sentencing Project: *Life Goes on: The Historic Rise in the Life Sentences in America*

The number of people serving life sentences
has more than quadrupled since 1984.

Like long sentences, underused or largely ignored release mechanisms—primarily, parole and compassionate release—exacerbate this crisis.

Discretionary Parole and Compassionate Release

Throughout the country, even as the number of parole-eligible older people in prison has skyrocketed, states and the federal government are generally reluctant to grant parole release, all but ensuring that large numbers of people will grow old in prison.

Restrictive parole practices and policies vary greatly from state to state. Whereas the federal government and fourteen states³² have eliminated parole release mechanisms, most states allow for at least some incarcerated people to be paroled by way of a Board of Parole—an



“...when I think back to 1987 and today is 2016 and how 25 years of my life was spent inside those prison walls, it seems like a lifetime. I spent half of my life in prison. I cannot believe that happened, that I spent 25 years in there.”

The crime is the crime and it is serious, but you are sentenced for that crime in court and you do the time for it. The board is resentencing us. They need not be allowed to resentence us. They resentenced me... And I don't minimize what happened. I have to live with it every single day. I always took responsibility for what happened. It's on me.... I made my 8th parole board and was released at 55. It was surreal.”

Louise

**Age: 59 | Years in prison: 25
Sentenced to 15 to life; denied parole 7 times**

administrative body made up of some number of members or commissioners (and sometimes the state's Governor) who determine whether an individual is granted parole release followed by community supervision.

“Nine denials turned into an extra 18 years for a total of 43 years in prison. [A life sentence] became more real with every parole board denial; there was less and less hope.”

Richard

Age: 63 | Years in prison: 41

Although many older people in prison have spent years working to transform their lives by completing institutional programming, earning advanced college degrees, and becoming assets to society, parole boards often and repeatedly judge them based on immutable events and past circumstances, rather than whom they have become.³³ From in-prison program participation, to victim and prosecutorial input, to algorithmically based risk and needs assessments, parole boards have a great deal of discretion when evaluating which factors to weigh most heavily. However, despite the relatively large number of factors parole boards must legally consider, boards nationwide typically rank three completely static factors as most significant in their decision making process: the nature of the offense for which an individual is incarcerated, the severity of the offense, and prior criminal record.³⁴ Placing such disproportionate weight on these three factors while virtually ignoring rehabilitation, remorse, and redemption is ultimately what leads to high rates of parole denials, often adding years to the sentence intended by the court, and disproportionately affecting those with parole-eligible life sentences and older people.

Low rates of release have been well reported in New York, Missouri, Georgia, Texas and other states throughout the country. In California, where state prisons house more people serving a parole-eligible life sentence than any other state in the country (34,000), the parole board granted release to only three to sixteen percent of life-serving applicants between 2000 and 2009.³⁵ After each parole board denial, people frequently wait multiple years—and in some cases, decades—before they are able to reappear in front of the board. Such long periods of time between parole board hearings significantly contribute to the increase of aging and older people in prison.

Another release mechanism available in 36 states and the federal prison system is compassionate release, also known as medical parole. Though details vary, eligibility generally requires that individuals have a terminal illness, or non-terminal but debilitating and chronic illness (usually with exclusions for certain types of convictions). As the numbers of those aging in prison have risen nationally, one would expect to see rising rates of release through compassionate release, but use of this release mechanism have remained quite low. In New York, the number of people granted medical parole have remained consistently small during

the first 22 years (1992 through 2014) that medical parole was available, despite significant and consistent increases in the number of people age 60 and above who are incarcerated.³⁶ Another barrier can be the bureaucratic processes and timeframes that may not correspond or respond to medical prognoses, including an individual's sudden or unexpected decline. In New York, during the first twenty-two years of medical parole, 21% of people who filed a medical parole application died before it was even reviewed.³⁷



Herman Wallace

1941-2013 | Years in prison: 41

Herman Wallace, one of the 'Angola Three' who spent 41 years in solitary confinement, was released from prison on October 1, 2013, due to his severe medical conditions and advanced liver cancer. He died less than three days later.³⁸ After more than 40 years in confinement and with seriously ailing health, 89-year-old Mohaman Koti died only two months after he was released to a nursing home in New York.³⁹

Calls for increased use of compassionate release at the federal level have been steadily increasing. In 2016, the Inspector General issued a report examining older incarcerated individuals within the Bureau of Prisons (BOP). The report's complete recommendations are included here as **Appendix B**. Their investigation "determined that aging [incarcerated people] engage in fewer misconduct incidents while incarcerated and have a lower rate of re-arrest once released; however, BOP policies limit the number of aging [incarcerated people] who can be considered for early release and, as a result, few are actually released early."⁴⁰ In early August 2017, a bipartisan group of United States Senators called on the federal Bureau of Prisons to explain why, despite a 2013 report by the Department of Justice Inspector General recommending expanded use of compassionate release, none of the 203 applications from older incarcerated individuals for compassionate release in the 13 months following the report were approved.⁴¹

The underuse of compassionate release mechanisms can be attributed in part to narrow and exclusionary criteria.^{42,43,44} Eligibility for compassionate release is often limited to those over a

certain age or convicted of certain offenses, leaving vast numbers of individuals in the prison population—including those convicted of certain violent crimes—excluded from consideration. Overall, the majority of older people in prison do not qualify for medical parole because of the extreme health requirement (near death or near total physical or cognitive impairment).



“The very people whose release from prison would not threaten public safety are being kept behind bars as they age and grow infirm.”⁴⁵

Mujahid Farid

Co-founder of the Release Aging People in Prison (RAPP) Campaign

Age: 68 | Years in prison: 33

Sentenced to 15 to life; denied parole 10 times

Extremely long prison terms that lead to aging and dying in prison are not only driven by the requirements of the laws of parole and sentencing as carried out by judges and parole boards, but by the influence and virtually unfettered discretion of prosecutors. While practices vary, prosecutors have historically largely sought the longest possible sentences, with some then actively opposing parole release years or decades later.⁴⁶ In addition to parole opposition on individual cases, some district attorneys oppose statewide parole reform efforts, as seen in Michigan in 2015.^{47,48} However, recent examples of district attorneys adopting a different approach provide hope: Philadelphia’s newly elected district attorney has stated he aims to shift “from a culture of seeking victory for prosecutors to a culture of seeking justice for victims.”⁴⁹

Questions of Violence and Risk

Long sentences and parole denials are intertwined with the U.S. national stance and approach to violence: how we understand it, approach it, heal from it, and prevent it. Without first grappling with such questions, it is unlikely that the population of older people in prison will decrease.

People who grow old in prison are typically convicted of violent or relatively violent crimes and given long sentences as young people in their teens, twenties and thirties. According to a recent report by The Sentencing Project, “Most people serving life sentences were convicted of serious violent crimes: 64% have homicide convictions and 14% were convicted of aggravated assault, robbery, or kidnapping.”⁵⁰ When individuals with convictions for violent crimes are considered for parole release often decades later, the “nature of the crime” tends to override their current risk assessment score, essentially freezing their level of risk to public safety at the age of conviction, rather than their *current* age and risk (or lack thereof), denying them their freedom as a result. According to a months-long investigation by The Marshall Project:

“...in many states, parole boards are so deeply cautious about releasing prisoners who could come back to haunt them that they release only a small fraction of those eligible—and almost none who have committed violent offenses, even those who pose little danger and whom a judge clearly intended to go free.”⁵¹

Perhaps counter to popular belief, the low risk of recidivism for older people described earlier holds true for people who are convicted of the most serious acts of violence, particularly homicide-related offenses.⁵²

As the number of older people in prison continues to rise, many observers recognize that our current criminal justice system inadequately, and often counterproductively, addresses the causes of violence in society. In her recent report, *Accounting for Violence: How to Increase Safety and Break Our Failed Reliance on Mass Incarceration*, victim’s rights advocate, Danielle Sered writes:

“...Incarceration treats violence as a problem of ‘dangerous’ individuals and not as a problem of social context and history. ...Most violence is not just a matter of individual pathology—it is created.”⁵³

Both Sered and many other victim’s advocates agree that instead of stemming from inherent dangerousness and aggression, individual violence is driven by trauma, poverty, inequity, lack of opportunity, shame, isolation, and proximity to violence—all of which are also core features and practices of our current system of incarceration.⁵⁴

Nearly everyone who commits violence has also survived it.⁵⁵ Exposure to violence is especially prevalent amongst those aging behind bars, though decades may have elapsed since such harm was both survived and committed. Although a person’s survival and victimization does not excuse violence against others, it does highlight the preventive potential of providing resources and opportunities to address earlier trauma. Recognizing the importance of addressing trauma and victimization, Michigan recently became the third state in the country to offer a trauma

center for victims of crime within a hospital in Flint to promote healing and prevent future crime.⁵⁶ There is growing recognition that our reliance on incarceration as the main response to violence ignores earlier trauma and also provides little opportunity for healing and justice for the victims of crime.⁵⁷

“To talk responsibly about violence, it is essential to place the people who survive it at the center. This does not currently happen. Legislators have enacted draconian criminal justice laws in the names of survivors. Others have drawn on crime victims’ stories to motivate sympathy, horror, and outrage. But the one thing rarely done is to ask the full range of survivors what they want.”⁵⁸

Danielle Sered

One former NY State Parole Commissioner reflected on thousands of individuals who came before her for parole hearings:

“I would guess that 80% of 77,000 interviews I participated in as a commissioner were with people who suffered early life traumas such as sex abuse, violence, and concussions. Our older imprisoned have gained maturity, non-violent adaptive behaviors and more often the punishing effect of their crimes on them and their families, leading them to introspection over time. They become different people by demonstrating different responses.”⁵⁹

This also raises the question of how effectively we respond to the needs of victims of crime. The Alliance for Safety and Justice, a national organization that brings together diverse crime survivors to advance policies that help communities most harmed by crime violence, quantified the wants, needs, and beliefs of crime survivors in their 2016 report: *Crime Survivor’s Speak: The First-Ever National Survey of Victims’ Views on Safety and Justice*. Results from the survey found that half of all crime victims have been a victim of a violent crime and that two of three victims reported “not receiving help following the incident, and those who did were far more likely to receive it from family and friends rather than the justice system.”⁶⁰ This survey also found that the majority of victims preferred holding people accountable through options beyond prisons, and supported shorter prison sentences and more spending on prevention and rehabilitation.⁶¹

Despite better understanding of the causes of, cures for, and responses to violence, current criminal justice “reforms” that focus primarily on “nonviolent” crimes often harden punishment for those convicted of violent crimes by increasing sentence length and decreasing opportunity for redemption and release. For example, in New York, many of the same state elected officials advocating for less punitive responses to so-called non-



“I saw my mother sober once. She wore a dress and makeup and looked presentable, and she sat us down and said, ‘I am your mother. I drink. I am not going to stop.’ For the next ten years, she embarrassed me. She would come around drunk, and our relationship was built on trying to protect her. My brother and I were very protective of my mother. Everyone in the neighborhood knew that we would hunt you down and beat you senseless if you made fun of her or did not render her any assistance if she needed it. Early childhood trauma, there was much of it.”

Ismael with his wife, Reina

Age: 56 | Years in prison: 29

violent and drug crimes are simultaneously pushing for longer sentences and more punitive responses for people convicted of the most serious crimes—even if such crimes were committed decades ago and the convicted person is now old and infirm.⁶² Such calls for more punishment are often enacted on behalf of crime survivors, although the broad range of survivors are rarely asked what they want and need.⁶³

At a rate of 3 to 1, crime victims prefer holding people accountable through options beyond prison.⁶⁴

The current approach is shortsighted, counterproductive, and will only exacerbate the graying of U.S. prisons, all but ensuring that the issue plagues the nation for decades to come. By doing so, we will continue to be forced to spend billions on incarcerating the aging, elderly, incapacitated, immobile, and infirm, in spite of their mounting physical, mental, and social needs, and the minimal risk to public safety they pose.

Part II: The Impact

We have now reached what Fordham University Professor Tina Maschi calls a “critical omega point,”⁶⁵ in which both the sheer number and the specialized needs of the aging prison population have begun to surpass correctional facilities’ capability to provide effective and humane care. This sustained incarceration of older people bears major ethical, social, communal, health, safety and economic implications—and without decisive action, our criminal justice system is at serious risk of collapsing under its own weight.

Health and Accelerated Aging

Compared to their non-incarcerated peers, aging individuals in prison present with an array of serious medical issues that are exacerbated by their incarceration. Individuals aging in prison experience health challenges that correlate with socioeconomic factors. That is, the same demographic groups that are disproportionately arrested and incarcerated—people of color and individuals with little to no socioeconomic capital—are also more likely to be at risk for poor health *prior to* their incarceration. Thus, the composition of, and relative health status within today’s prison population has been called a “distorted reflection of the general population” in that its constituents typically enter prison having had less access to primary care, a greater likelihood of co-morbid factors such as substance use, and greater health needs.^{66,67} Within prison, we see a high prevalence of communicable and chronic diseases (including hepatitis, HIV, tuberculosis, arthritis, hypertension, ulcer disease, prostate problems, respiratory illnesses, cardiovascular disease, strokes, Alzheimer’s, and cancer) in the older prison population compared with the overall prison population. Elders in prison also demonstrate a greater risk of injury, victimization, ailing health, and death than their younger counterparts.⁶⁸

Incarceration not only compounds existing health issues and heightens the risk of further health problems, but causes incarcerated people to age at a much faster rate than people in the community.⁶⁹ The phenomenon of *accelerated aging*, which can be attributed to the prevalence of environmental stressors coupled with a lack of access to holistic healthcare in an individual’s life both before and during incarceration, means that the body of an incarcerated 50-year-old often has a “physiological age” that is 10 to 15 years older.^{70,71} Furthermore, correctional facilities rarely—if ever—provide education about healthy aging, or provide access to key components of healthy aging (nutrition, exercise, family, and community).⁷²

While incarcerated people in the United States are the only citizens with a constitutional right to healthcare, they often do not receive the necessary breadth or quality of care. People in

prison are dependent on staff for their medication, face limited dietary choices, and can have greater difficulty with self-care and disease management practices. People with diabetes, for example, are typically prohibited from keeping glucose monitoring devices, insulin, or syringes. Especially detrimental to incarcerated older people is their limited access to physical activity. Exercise is vital for the overall health of all people, and this is especially the case for the aged, as adequate exercise is associated with better health outcomes, slowed aging, and the prevention, stagnation and reversal of disease and disability.⁷³

“When you don’t have no hope and you think this is just going to be it for you, it obviously affects you mentally and, in some cases, physically. I’ve seen individuals stop taking care of theirself, and they develop all kinds of crazy diseases, diabetic, high blood pressure.”⁷⁴

Stanley Mitchell

Age: 63 | Years in prison: 35

Was released from a Maryland state prison in 2013

Mental health is a similarly serious concern among this population.⁷⁵ One study found that 40 percent of older incarcerated people had a diagnosis of cognitive impairment, a prevalence rate that far exceeds their peers in the outside community.⁷⁶ Higher rates of depression, anxiety, trauma, and stress have also been found among older incarcerated adults.^{77,78} Furthermore, the poor physical and mental health of aging people in prison places them at greater risk for dementia and other severely debilitating forms of cognitive impairment. Unfortunately, mental health diagnoses among older incarcerated people remain both underreported and undertreated.^{79,80} Data from the Bureau of Justice Statistics indicate that roughly 40-60 percent of imprisoned individuals aged 50 and older are reported to have a mental illness, yet only one in three have access to treatment.⁸¹ Existing research shows that corrections officers have reported cognitive impairment in older incarcerated people at nearly five times the rate as that reported by prison officials, displaying a critical knowledge disparity within the bureaucracy that bears potentially serious consequences for currently incarcerated older people who may not receive the care they need.⁸² At the same time, early warning signs for the onset of dementia and other mental health diagnoses can be hidden by the rigid routine of prison life. Cognitive, visual, and aural impairment (for example, failing to hear the orders of a correctional officer) can lead to behaviors mistaken for disobedience or aggression, and can subject individuals to institutional punishment, such as solitary confinement—further compromising the well-being of those most in need of care.⁸³

Individuals with profound dementia are sometimes incapable of understanding that they are incarcerated (let alone understanding *why* they are there or whether they are remorseful) and must be reminded of their crime prior to a parole hearing.⁸⁴



“Two years after I went inside all the kids moved out of state. From then on it was difficult for them to visit. After they moved they didn’t come. For 15 years I didn’t see my kids. It’s very difficult when you can’t see your kids. It’s important to keep contact and communicate with your family while you’re inside.”

Patty

Age: 64 | Years in prison: 18

Familial and Social Costs:

While the most palpable consequences of incarceration affect the individual at the psychophysical (body and mind) level, they also ripple outward to affect individuals, families, communities, and social structures in ways that are less immediately tangible. Incarceration leads to disrupted, fragmented communities, and the continued imprisonment of elders (who are often parents and grandparents) bears a significant cross-generational impact on children, families and their incarcerated loved ones. In places where housing affordability may force people to move including out of state, maintaining family ties can be particularly difficult. Visiting can be onerous enough for many living in the state in which their incarcerated loved one is confined, as the remote locations of many prisons require long-distance travel. This obstacle becomes even more difficult when family members and the incarcerated person are in different states. With sentences that span decades, the likelihood of family members moving away increases.

“My mom died a week before my release and I was unable to attend the funeral. I miss her. My mom was my life. My mom was my everything-just like I am with my kids.”

Patty

Death may be the biggest strain on families and communities. Many incarcerated older people remain in prison as their parents, siblings, and loved ones die “on the outside.” At the same time, many children of incarcerated older people have never known their parents outside of confinement, nor ever will



Ebony Underwood

Founder and CEO of #WeGotUsNow

“Having had my father in prison for over half of my life, the most pressing experience has been the loss of time. My father was sentenced to life without parole for drug conspiracy charges. As a young person, I could never fully grasp the full meaning of such a conviction on our lives. More than 25 years later, I’ve experienced the emotional roller coaster of such a devastating sentence. I am one of four children and my father has maintained a solid, connection with us all despite prison walls. He has always encouraged us to do better and be better people. In addition, his actions have modeled those words by being a model incarcerated person and never having had any infractions in his over 25 years in federal prison. Therefore, as a tight-knit family we have collectively experienced the high hopes of the changes in laws only to be let down by the lack of retroactivity in those same laws, thereby, making it impossible for my father to obtain relief in his sentence.”

What’s also been difficult is to watch my dad age through the years—remembering him as a young, vibrant man in his early 30s at the beginning of his sentence to see him now as a gray-haired elder who the younger incarcerated people refer to as Mr. Underwood. The most heart-wrenching experience has been watching my paternal grandmother crying on visits with my dad. Her one wish was for her son to come home, especially because so much time had passed. Sadly, she passed away in the fall of 2016 and I believe it was due to a broken heart, that she would never see her son outside of prison walls again.

Life without parole is a treacherous experience that my family has had to endure for decades. It has been a way of life for my siblings and I as children and now, we are adults, with children of our own who, too, must experience visiting their Grandparent in prison. Prison life extends beyond the prisoner. It is the family who is also imprisoned, emotionally and physically, attached to our loved ones like a ball and chain. My one question for this so-called system of corrections is: In a system of corrections, at what point is someone considered corrected? What does a life sentence really mean in a system entitled, ‘corrections?’ For me, it has meant a complete loss of time that I will never, ever get back with my father.”

Economic Vulnerability

As Bruce Western and others working at the intersection of sociology and economics have demonstrated, there is a clear loss of economic productivity and family stability that stems from incarceration: approximately two in three imprisoned men were the main earners for the households prior to their incarceration and are likely to have difficulty securing employment upon release due to their conviction status (especially if it is classified as violent), lack of social capital, and inexperience with technology essential to the modern-day workforce. Those who are able to find work will earn on average 40 percent less than those without a criminal conviction.⁸⁵ Outside of the absence of vital financial supports, incarcerated older people who are grandparents and great grandparents are not able to provide the essential relief that many in the outside community rely on, including childcare and school supports. These compounding factors are further complicated other consequences of very long sentences: lack of family ties, employer discrimination, and minimal work prospects give many older people no choice but to rely on limited public benefits for housing, healthcare, food, and other basic needs.

While incarcerated, older people—like all those incarcerated—are required to work in prison jobs in which pay can range on average from \$0.14 to \$0.63 an hour.^{86,87} There is no age at which they can stop working and the meager “salaries” do not provide enough to defer the costs to their families of their absence nor the costs of maintaining ties to them.

Strain On Correctional Systems

Unsurprisingly, large-scale incarceration of older people has proven to be enormously expensive. If the prison population continues to age at the same rate, and available release mechanisms are not used, correctional systems could soon find themselves in unsustainable financial territory, resulting in cost-cutting measures that lead to overcrowding and compromise their ability to provide sufficient health care, as has been well-documented in California’s prisons.⁸⁸ While it is not necessarily malicious that incarcerated older adults do not always have their needs met, it is indicative of the systemic shortcomings inherent to these correctional structures.

It is conservatively estimated that the United States currently spends more than \$16 billion annually on incarceration for individuals aged 50 and older.⁸⁹ Existing analyses calculate that, on average, it costs approximately twice as much to incarcerate someone aged 50 and over and in some cases, may actually cost up to five times more.⁹⁰ According to a Pew Charitable Trust report (2016), “In 2013, nearly half the \$58 million that Virginia [Department of Corrections] spent on off-site prisoner health care went to the care of older prisoners.”⁹¹ The April 2017 report by the Office of the New York State Comptroller, *New York State’s Aging Prison Population*, noted that while costs associated with health care for older adults are not readily available, healthcare costs generally rise as people age.⁹² In New York, where annual prison healthcare costs are approximately \$380.6 million, it is estimated that the cost of incarcerating an older person can rise to between \$100,000⁹³ and \$240,000 per individual.⁹⁴ The annual cost of a bed on the Unit for the Cognitively Impaired in New York State’s Fishkill Correctional Facility—the first of its kind in the country—is \$93,000, compared to \$41,000 for the general population.⁹⁵

A separate analysis by the U.S. Department of Justice’s Office of the Inspector General found that health care costs were much higher for older incarcerated people than younger incarcerated people in the federal Bureau of Prisons.⁹⁶ These runaway costs cannot be attributed to any single factor, but are the expected consequence of current policies imposed upon a population that has significant physical, medical, and other emotional and social needs.

Security adds an additional layer of cost, planning, and complexity, as medical procedures that cannot be provided on-site require a secure trip to a medical facility under the constant and costly supervision of corrections officers. Once there, it costs approximately \$2,000 per 24 hours to guard individuals receiving medical care outside of prison.⁹⁷ In short, the unique needs of elders and the commensurate costs for their care are compounded by additional and unavoidable expenses of correctional supervision.

Prisons were *simply not designed* to be long-term care facilities, as there are architectural limitations that pose significant problems to the aging population: stairs, narrow doorways, wheelchair inaccessibility, and the lack of handrails are just a few ways in which prisons are structurally unequipped to deal with the needs of this population. Cafeterias, medical units, and other necessary facilities may be spread far apart within a prison, making daily life difficult for individuals with mobility impairment. Aging individuals may also require additional time to eat meals or struggle getting to and from their bed, especially on a top bunk. Geriatric incontinence and other physiological difficulties unique to old age can be extremely difficult to handle with dignity in an environment lacking privacy, leading to harassment and feelings of shame, isolation, and depression.⁹⁸ What’s more, it would be extremely expensive to adequately retrofit prisons or construct new age-appropriate facilities.

Even if prisons are made more “age-friendly,” most people and the communities from which they come would be better off with people returning home. However, many older adults continue to face challenges *once they are released*. As strong community pressure and media attention results in the release of some currently incarcerated older people, and the release of many more depends in part on the success of those already home, it essential that community based and senior serving organizations understand and address the unique needs of recently released older people.

“By establishing innovative policies providing for early release of more of the elderly prison population, leaders in New York State can effect important change in addressing the problem of mass incarceration in the United States—effecting considerable cost-savings while ensuring the safety of the community.”⁹⁹

Brian Fischer

**Former Commissioner, New York State Department
of Corrections and Community Supervision (DOCCS)**

In addition to these measurable costs, there is hidden and hard-to-calculate spending by states on repeated parole denial appeals by or on behalf of older people, attorneys' fees, court proceedings, and new parole hearings.

Dying In Prison

In addition to the health, family, and economic costs resulting from the incarceration of elders, many aging people pay the ultimate price of continued imprisonment: death. Life sentences and multiple parole denials have proven fatal for many older people throughout the country. A recent report by The Sentencing Project states:

In California, death before parole is not an uncommon outcome for lifers. A press spokesman for the corrections department has stated that 'most lifers will die in prison before they get out on parole,' and state records reveal that more lifers with murder convictions died in prison than were paroled between 2000 and 2011.¹⁰⁰

The same report cites a 1998 press release titled "More Violent-Crime Lifers Die in Prison than Are Paroled" in which the Georgia State Board of Pardons and Parole stated: "Parole for a life sentence is a rare commodity."¹⁰¹ In New York, although people aged 55 and older represented a small minority of people incarcerated between 2009 and 2012, they represented the majority of people who died in prison.¹⁰² In total, between 2009 and 2012, 501 incarcerated people died while in confinement in a New York State prison, a number more than double the 184 people who were capitally punished nationwide during the same four year period.¹⁰³

Such staggering numbers across separate prison systems are even more striking when looked at as a whole: **more than 29,500 people age 55 and older died in federal and state prisons between 2001 and 2014.**¹⁰⁴ **In 2014 (the most recent year for which data was collected) 2,044 older people died in federal and state prisons, the first time in recorded U.S. prison history that any age demographic surpassed 2,000 deaths in a single year.**¹⁰⁵ Releases can be rare even when individuals can no longer walk or physically attend to their daily activities of living, raising questions about the public safety threat they would pose if released. Between 2010 and 2015, Pennsylvania only granted 9 compassionate releases despite a state prison population of over 50,600; 1 of these were granted in 2015 when the incarcerated geriatric population numbered 6,458.^{106,107} Each year about 180 people die in Pennsylvania's prisons.¹⁰⁸

“It shouldn’t be acceptable that my patient, who posed no danger to the community and who had a family who loved him, should have died incarcerated. He deserved the chance to make peace at the end of his life, to be with family. If we value sparing other people this kind of death, we need a fairer, more functional and quicker system that makes compassionate release a real possibility.”¹⁰⁹

Rachael Bedard

MD, geriatrician/palliative care specialist whose nearly paralyzed patient died of liver cancer while imprisoned in New York

Although older incarcerated peoples’ physical ailments are what most commonly lead to death, individuals’ psychological well-being is often similarly devastating. In some cases, the effects of dementia become so pronounced that individuals have difficulty even remembering why they are incarcerated.¹¹⁰ As is the case in the outside community, serious cognitive impairment among those aging in prison is a growing issue. High rates of dementia and similar mental health difficulties associated with old age have led some prison systems to open full units dedicated to meeting the unique needs of the population before they are released or die. For instance, the NYS system has a separate unit dedicated exclusively to address the needs of the seriously cognitively impaired.¹¹¹

The death of John MacKenzie in 2016 in a New York State prison draws attention to how the psychological impact of multiple parole denials can turn parole-eligible life into a death sentence.¹¹² Though many believe that John MacKenzie was an exceptional person, his experience of growing old and dying in prison is all-too-common.

*“Legitimate hope is laudable...
false hope is utterly inhumane.”*

John MacKenzie



John MacKenzie

1946-2016 | Years in prison: 40

In 1975 John MacKenzie was sentenced to 25 years to life in prison after fatally shooting a police officer. Shortly after being sentenced, MacKenzie sought opportunities to atone. He earned college degrees, mentored other incarcerated people and was not cited for a single disciplinary infraction since 1980. MacKenzie was perhaps best known for the extraordinary degree to which he took responsibility for his crime and expressed his remorse. In the 1990s he started an in-prison program that gave victims of crime the opportunity to speak directly with incarcerated people about the impact of homicide-related crimes. However, after becoming parole eligible in 2000, MacKenzie was denied parole ten times, adding an additional 15 years to his sentence for a total of four decades behind bars. The parole board always denied his parole request in the same way, stating that MacKenzie's crime showed "a serious disregard for the law." Despite the board's frequent denials, MacKenzie's personal transformation did not go unnoticed: the New York State Court of Appeals twice ordered *de novo* (new) hearings after MacKenzie had been denied parole. The second time, State Supreme Court Judge Maria Rosa held the Board of Parole in contempt of court and issued a fine of \$500 per day until the board held a new hearing for MacKenzie. The judge stated, "It is undisputed that it is unlawful for the parole board to deny parole solely on the basis of the underlying conviction. Yet the court can reach no other conclusion but that this is exactly what the parole board did in this case. No other basis has been stated by the parole board for the denial of parole in either of its determinations in December 2014 or December of 2015."

Despite the contempt order and issuance of a second *de novo* hearing, MacKenzie was denied parole the 10th time he went to the board. He died by the act of suicide nine days later at the age of 70.^{113,114,115}

John MacKenzie pictured above with one of his two daughters

Photo Credit: "After Being Denied Parole 10 Times, Elderly Prisoner Allegedly Commits Suicide at Fishkill Prison." *Democracy Now!*

Part III: The Reentry Experience

In 2013, an interdisciplinary group came together in New York City to form the Aging Reentry Task Force, focusing on the reentry needs of older people coming home and developing solutions. The Task Force’s Steering Committee included the NYC Department for the Aging, Release Aging People in Prison (RAPP), Be the Evidence Project/Fordham University, Columbia University’s Center for Justice, the Osborne Association, and formerly incarcerated individuals. The larger task force also included representatives from the fields of corrections, gerontology, philanthropy, health, and reentry. This Task Force convened a symposium at Columbia University in 2014 that led to the issuing of a comprehensive report and the development of one of the nation’s first case management models for currently incarcerated older people, and a community-based program model for older people upon reentry.¹¹⁶

What the Task Force concluded—and many other articles and reports concur—is that while reentry is full of challenges for most individuals of all ages returning from prison, older adults face additional obstacles and heightened complexities including greater rates of homelessness, low employment, increased anxiety, fragmented community and family ties, chronic medical conditions, and increased mortality rates.^{117,118,119}

“I lost my parents and all my aunts, uncles and cousins while I was inside. I receive \$251 for rent from public assistance. I’m 62 years old and all I want is a decent place to live, a job and to drive again.”

Elvin

Housing

Though recently released older people are not a monolithic population and recognizing the wide diversity of experiences is important, there are some commonly faced obstacles, including access to housing. Family is often the *de facto* reentry program, providing newly released people with a place to live. However, given the general lack of social connectedness and fractured family ties that often results from long-term incarceration, finding safe, secure, age-appropriate, affordable housing is next to impossible for recently released older people.

This problem is compounded in places where gentrification, lack of affordable housing, and homelessness can unite as the perfect storm against finding appropriate housing. In New York State in 2014, 59 percent—1,635 people—of released older people were “undomiciled” or *homeless upon release*, meaning they were released directly to a shelter, halfway house, hotel, motel, or community-housing placement.¹²⁰ This problem has persisted; in 2016, 1,699 released older people were classified by DOCCS as “undomiciled,” 1,198 of whom went directly from a prison to a homeless shelter.¹²¹

In 2016, 1,198 people aged 50 or older in NYS were released directly from prison to a homeless shelter.

Figure 7:
Homelessness among people age 50 and older released from a NYS prison to NYS community supervision: 2014-2016

Type of Homeless Placement	Release Year			Total Releases
	2014	2015	2016	
Shelter	751	1,025	1,198	2,974
Non-Shelter	884	540	501	1,925
Statewide	1,635	1,565	1,699	4,899

Source: NYS DOCCS (2017)¹²²

The complexity of this problem differs by region. Despite the fact that the majority of people in New York State prisons now hail from areas outside of New York City, most recently released older people return to the metropolitan area.¹²³ While those returning to big cities like New York City face tremendous challenges finding an affordable place to live because of soaring housing prices, others returning to potentially more affordable rural and suburban areas also face significant challenges, including finding stable housing and accessing supportive services. A recent report, *The Long Road Home in Rural America*, surveyed adult community corrections staff in rural areas, and finding stable housing emerged as the most prevalent reentry challenge.¹²⁴

Housing needs still persist even for those returning home to family and community networks. People in need of long-term geriatric-appropriate housing may find that families are not equipped or willing to handle the staggering medical expenses, and that a high level of care is required for chronic health conditions.¹²⁵ Furthermore, aging individuals with criminal records are often discriminated against or stigmatized by nursing homes and hospice care, leaving them with few options and unmet needs. Such discrimination and inaccessibility often leaves older people no choice but to seek refuge in inadequate, unregulated halfway houses that may be headed by predatory landlords who fill living spaces well beyond legal capacity, and do not provide conditions at all conducive to the well-being of older people.¹²⁶

Access to Benefits and Healthcare

While care within correctional facilities is beginning to garner greater attention, there are still too few models of care for formerly incarcerated elders living in the community. Large gaps in knowledge regarding the health and healthcare needs for this population persist, and the existing evidence has not been effectively communicated to community healthcare providers.¹²⁷ Older adults with cognitive impairment or mental illness are likely to experience even greater difficulty transitioning to the community.

Older people coming home from prison after serving long sentences are eligible for some benefits, but they may not know how to enroll in benefits and entitlements and can experience months-long delays before they are finally covered.¹²⁸ The limited supply of medication provided upon release by state correctional departments can run out prior to a community-based initial healthcare visit.¹²⁹ For those re-entering from jail or a shorter prison sentences, benefits may be able to be reinstated or renewed, but this is the minority of older people transitioning back from incarceration.

Benefits such as Social Security and Supplemental Security Income are suspended during incarceration and compensation for work in prison is staggeringly low. As a result, opportunities to build a meaningful financial cushion to help prepare for reentry are all but nonexistent. Many who have been in prison since their young adulthood may not have paid into the Social Security system long enough to be eligible for Social Security or Medicare upon release, and even those who would be eligible for Medicare are not able to receive care under the program as long as they are under parole supervision.¹³⁰

Low income—including food insecurity—is likely to exacerbate existing health conditions and increase the reliance on expensive, inefficient emergency services as a substitute for primary care: a 2008 Urban Institute study found that one-third of returning individuals used emergency services within the first year of release.¹³¹

Technological Change

For all the needs and challenges facing people coming home from prison, modern-day technology is essential to accessing support (and employment, as discussed in the previous section). Yet nearly all older people are released without ever having had the opportunity to use a cell phone, the Internet, or a contemporary computer during their confinement. Critical technology has changed so significantly that the elder reentry experience can become even more difficult, frustrating, and intimidating. Technological changes have also transformed the pace of life and greatly reduced interpersonal interaction. Many returning older people find the fast-pace of life alarming. Returning from prison to find the majority of people looking down at their cell phones, plugged into music or appearing to talk into the air while connected to a Bluetooth earpiece can increase a sense of isolation, disconnectedness, and lack of belonging.¹³² Trying to navigate a bureaucracy via automated phone systems or the internet can frustrate even the healthiest digital native, and can be traumatizing for an older person who may just give up.

The fast-paced, digital environment is entirely foreign to older people returning home after 25 or more years and becomes an added barrier to employment (discussed further below). Job searches and applications are all online, and employers look to see which computer programs applicants have mastered. With the exception of individuals coming home from the federal system (where there is email access), formerly incarcerated older people will have no experience completing tasks that are now basic requirements in many jobs: composing an email, scheduling a meeting on Outlook or Google, or scanning or sending an attachment.

“Everything surprised me. Everything was new. Everything was different. Flat-screen TVs. Laptops. Going to the bank with a card. Trying to ride the train. Filling out paperless applications. Going to the grocery store and scanning my own food, checking my own self out. Getting in a car and watching it have a camera to see how you’re backing up. Everything. I felt like I just landed here and I had to learn everything all over again.”¹³³

Ramona Brant

Ramona Brant served 21 years in prison on a life without parole sentence. Granted clemency by President Obama in 2016, she was released at age 51, and passed away 2 years later.

Employment

The barriers to employment for people with a criminal record are well-documented, including less employment and lower wages.¹³⁴ The stigma of incarceration, coupled with limited work histories, can stifle employment prospects for any returning individual, let alone an older person. While 18 states and 150 cities and counties have embraced Ban the Box and other Fair Chance policies, more than 90% of companies still use background checks in their hiring decisions.¹³⁵

For many older people who went in as teenagers or young adults, the employment they seek at age 50 or 60 or older is their first professional employment. Going on a job interview is not only anxiety-provoking because of the experience and stigma of incarceration, it is actually a foreign experience. When this is the case, the resume they present may only consist of jobs they held in prison, none of which would have included using recent technology: email, social media, or cell phones, or the internet.

Compounding these barriers, the effects of accelerated aging can turn even the mundane activities of daily life into significant challenges. Jobs that might be more open to hiring formerly incarcerated people may also require standing all day, manual labor, or travel between multiple sites per day. Additionally, the age discrimination faced by all older people when seeking employment is exacerbated by a criminal record and a history of incarceration.

Despite the myriad factors that can make finding employment difficult for recently released older people, parole stipulations and social welfare programs often require individuals to work and to find work within a relatively short timeframe, a mandate that becomes exceedingly more difficult with an increase in age and time served.

Trauma of Long-Term Incarceration

Even if one is technologically savvy and adequately supported with basic needs met, the trauma that long-term incarceration inflicts can be especially palpable for older people. Decades worth of confinement in an environment that is designed to create social isolation and distrust can have a long-lasting impact beyond prison walls. Older people may grow anxious in public spaces and have difficulty adjusting. Such responses may be challenging for friends, family, and people offering community support to understand, and can lead to insensitive reactions and misunderstandings.

Despite the myriad difficulties faced by currently and formerly incarcerated elders before, during, and after confinement, there are a growing number of programs and organizations that seek to: 1) improve conditions for older adults inside correctional facilities; 2) advocate for increased releases; and 3) connect them to quality community support services and opportunities upon their release. The following section examines these emerging models in order to provide a road map for further successes, beginning with the work being done behind prison walls.

“Even after I got home and had been in the house, I still went through a lot of different changes. Every time somebody knocked at the door, I would assume it was the police coming to get me, that they made a mistake. I was having these terrible dreams. I’d wake up in the middle of the night soaking wet, screaming.”¹³⁶

Stanley Mitchell

Part IV: The Work Being Done From The Inside Out

As of 2007, fewer than 5 percent of state correctional institutions in the U.S. provided any form of geriatric-specific services, and there continue to be few evidence-based models targeting aging individuals within correctional facilities.¹³⁷ Ten years later, only 75 U.S. prisons (4.1 percent of the 1,821 total state and federal prisons) provide hospice services for dying incarcerated people.¹³⁸ Despite a small increase in services within correctional facilities, the continued lack of quality programming can be attributed to inadequate funding, limited institutional understanding of the needs of older adults in prison, and a sentencing and parole system that encourages extremely long sentences while discouraging community receptivity.

While current federal reentry policy under the Trump administration is not yet fully articulated, there are indications that in a number of areas that affect older adults returning from incarceration—including housing, health care, and other benefits and entitlements—cities and states may need to increase funding to make up for shrinking federal funds. Regardless of these changes to federal policy, funding to reentry programs and advocacy to support the release of currently incarcerated older people lags far behind what is needed to address and reverse this growing crisis.

Nonetheless, a growing number of correctional administrators, criminal justice agencies, and social service providers are working to address the increasing numbers and needs of elders in the justice system. While some programs add reentry services to an agency that already serves older adults, others add a geriatric lens to a criminal justice organization. Efforts may be focused on making prisons more age-friendly, on facilitating release, on post-release re-settlement, or on all of these, spanning the entire continuum: improving conditions of confinement, developing release plans, expanding post-release services, and supporting families and communities as they welcome returning citizens home.

Examples of programs that address one or more of these goals:

- Incarcerated individuals at **California's Men's Colony** offers the Supportive Care Services program,¹³⁹ and incarcerated individuals can become "Gold Coats," receiving training from the Alzheimer's Association to care for the daily needs of fellow incarcerated people living with dementia and to recognize and report on changes in their behavior.¹⁴⁰
- Based in **San Francisco**, the **Senior Ex-Offender Program** (SEOP) is the first reentry program in the U.S. that exclusively focuses on the aging population. SEOP's wraparound services include transitional housing, case management, pre- and post-release counseling, transitional support groups, health and mental health services, access to a certified substance use specialists, and useful provisions such as clothing and hygiene products. Participants engage in services for an average of 3 to 12 months.¹⁴¹

- **Ohio's Hocking Correctional Facility** was closed in the month prior to publication of this report.¹⁴² Prior to this, in collaboration with the Area Agency on Aging, chronic disease self-management and diabetes self-management programs were implemented at the facility. Created at Stanford University, these six-week peer-led programs are grounded in empirical research and have had positive outcomes.¹⁴³ Similar programs have also been implemented in New Jersey and Oklahoma. In addition to robust in-prison services, HCF offered a one-stop pre-release program providing older individuals with age-appropriate information on housing, employment training and job searching skills, self-care, available benefits and educational opportunities. HCF trained staff in managing the unique issues affecting geriatric populations and strived to ensure that they had the proper supports and resources available for successful reintegration, including placement in nursing homes when necessary.¹⁴⁴
- **Nevada's** volunteer-driven **True Grit** program provides a daily structured living program intended to address the physical, mental, spiritual, and emotional needs and well-being of the elders in prison. Activities and services include physical therapy and recreation, group and individual counseling, therapy dogs, musical groups, choir, theater, a published journal, and craft-making designed to slow the onset of osteoarthritis through fine-touch movements. An evaluation shows that the program has decreased the number of doctor visits and medications used by older people while concurrently enhancing levels of social support and well-being.¹⁴⁵
- **Virginia's Deerfield Correctional Center**, a medium security prison designed to serve the elderly and handicapped, provides assisted living services and programming, including peer tutoring, horticulture, and a library that offers assistance for blind and visually impaired individuals.¹⁴⁶
- **Angola State Prison's** hospice program trains prison staff and incarcerated volunteers to care for those dying behind prison walls in accordance with national standards for community hospice programs.¹⁴⁷ The prison's partnership with University Hospital Community Hospice in New Orleans allows these services to be provided at no additional cost. Similar hospice services are provided in at least 75 other prisons in 40 states.¹⁴⁸
- In **New York** in 2017, Governor Cuomo announced the creation of a **Senior Living Dorm** at the Ulster Correctional Facility for fifty men aged 55 and older, offering programs and services that are age-appropriate and prepare older adults for successful reentry.¹⁴⁹
- **Release Aging People in Prison (RAPP)** is a New York based project led and founded by formerly incarcerated leaders that aims to mobilize currently and formerly incarcerated individuals, their families, and allies in efforts designed to break down the punishment paradigm by increasing parole release for aging people in prison.¹⁵⁰ Since 2013, RAPP has worked in coalition with a diverse network of individuals, advocates, communities, faith-based groups, and organizations across the country to raise public awareness about the aging prison population, encourage the increased use of release mechanisms, and advocate for better housing and supportive services for formerly incarcerated older people. For more information, visit: <http://rappcampaign.com>

- The **Tulane Project for Older Prisoners (POPS)** employs a risk assessment approach to help older incarcerated adults obtain parole, pardons, and alternatives to incarceration.¹⁵¹ Law student volunteers assess recidivism risk among eligible individuals aged 55 or older by conducting interviews and working with candidates identified as low risk to prepare them for their parole hearing and even advocate the case before the parole board. For more information, visit: <http://www.law.tulane.edu/PublicInterest/index.aspx?id=12416>
- **The Osborne Association's Elder Reentry Initiative (ERI)** was launched in 2015 after more than a year of planning work by the multi-disciplinary Aging Reentry Task Force (see page 29). ERI has partnered with the New York State Department of Corrections and Community Supervision (DOCCS) to assist older people to prepare for parole consideration and release, including geriatric assessment, age-specific discharge planning, and ongoing care management once individuals are home.¹⁵² ERI care managers support currently and formerly incarcerated older people in gaining access to housing, nursing homes, employment, medical care, and benefits. Originally designed to target people who have served 10 years or more in prison on a parole-eligible sentence and plan to return to New York City following release, ERI has expanded to serve older men and women in NYC jails. For more information, visit: <http://www.osborneny.org/programs.cfm?programID=56>
- **In 2017, The Connecticut Department of Corrections** received the first-ever certification by the Centers for Medicare and Medicaid Services (CMS) for a nursing home that houses older people who have been paroled because of physical or mental illness or disability.¹⁵³ According to the Department, the certification gives older people with terminal illness the opportunity to be released on parole in order to receive more appropriate care in the outside community. The certification allows the state to receive federal Medicaid and Medicare matching funds and resources and is hailed by many correctional health officials as a potential treatment model for incarcerated older people with serious disability or terminal illness.
- The **Senior Community Service Employment Program**, often referred to as Title V, is a federal program that provides job-training opportunities for people aged 55 and older and may offer a viable work-training option for formerly incarcerated people.¹⁵⁴
- **Bostick Nursing Center** is a new 100,000 square foot nursing center in Milledgeville, Georgia, privately developed and managed by CorrectHealth LLP in Atlanta on the grounds of a former prison. Equipped with a 280-bed geriatric care facility, many of the facility's patients are formerly incarcerated older people who are medically frail and have no families or homes to return to upon release. Other patients are individuals with severe psychiatric and behavioral health conditions that typically restrict them to a state institution.¹⁵⁵
- **The Resettlement and Care for Older Ex-Offenders and Prisons (RECOOP)** is a program that promotes care, resettlement, and rehabilitation for currently and formerly incarcerated older people in the United Kingdom with support services, advocacy, financial advice, mentoring, housing, and healthcare.¹⁵⁶ In 2017, RECOOP hosted Osborne Association delegates, as part of a joint project that included the Brookdale Center for Healthy Aging at the Hunter College School of Social Work, to develop and strengthen programming that supports communities to better integrate re-entering older adults.

Part V:

The Work To Be Done: Recommendations

The issue of aging people in prison can be interpreted through several lenses: an unintended consequence of “tough on crime” policies, a human rights crisis, a matter of economic urgency, a public health crisis, an extension of a racialized punishment paradigm, or a reflection of the critical shortcomings of our criminal justice system. Any serious and sustainable attempt to resolve this crisis must address the needs of those aging in prison and increase their opportunities to rejoin their families and communities with adequate support. Any solution must also grapple with the roots of this crisis, which includes shifting how we respond to violence. While we know enough to act now, research to better understand emerging trends (such as an increasing number of older people being arrested, often not for the first time) is also needed. This section primarily focuses on those who have become older while incarcerated for lengthy sentences and provides concrete and immediate recommendations across the continuum of incarceration, discharge planning, release, and lasting reentry. It also includes some recommended improvements that are not specific to older people, but would benefit incarcerated people of any age.

The recommendations are organized into five sections:

1. **Improving conditions inside of prisons and jails** for those aging within them, including strengthening staff capacity to recognize and address aging issues, and adopting policies and practices that are age-considerate;
2. **Improving discharge planning and reentry preparation** for older people within correctional facilities;
3. **Expanding specific release mechanisms for older people;**
4. **Improving the reentry experience of older returning citizens** by increasing community supports and receptivity, including addressing their housing, medical/health, mental health, post-incarceration, financial, family, and employment needs.
5. **Shifting our response to violence** by expanding the range of services offered to victims and survivors of crime, and reducing excessively long sentences for all crimes of conviction, including for violent crimes, that drive the crisis of aging in prison.

The first section is the most extensive in part because the aging crisis was first felt inside of corrections forcing a growing awareness of the disconnect between correctional systems and the needs of older adults and leading to an understanding of needed reforms as detailed here. Despite the detail provided in section one, the solutions to addressing this crisis lie largely *outside* of corrections so that the needs of older adults can be met in the community and with family.

Recommendation One:

Improve conditions inside of prisons and jails for those aging within them, including strengthening staff capacity to recognize and address aging issues, and adopting policies and practices that are age-considerate;

Policies and Protocols

- Define and universalize the age at which an incarcerated person is considered ‘aging’ and encourage correctional systems to recognize this population as a unique sub-group with specialized needs.¹⁵⁷
- Develop and integrate models and best practices for geriatric care into the National Commission on Correctional Health Care standards.¹⁵⁸
- Consider and adapt the World Health Organization’s 8 domains of age-friendly communities for the correctional setting.¹⁵⁹
- Design and implement geriatric assessments and care plans within correctional settings that evaluate the needs of older adults starting at age 50, and just prior to their release to connect them with appropriate community-based service providers. Geriatric assessments should be re-administered at regular intervals consistent with the community standard.
- For those over the age of 50 detained in jail and pre-trial, utilize geriatric assessments to consider alternatives to incarceration that meet the underlying issues including those related to aging (like possible onset of dementia).
- Offer advanced care planning and health care proxies for those over age 50.
- Amend the disciplinary process to consider administering dementia screenings for anyone over age 50 who receives a “ticket” (disciplinary charge) if they have no infraction history within the prior 10 years.
- Allow older incarcerated people to “retire” and be provided a pension-like retirement benefit—to be allowed to stop working at age 65 while permitting program participation upon request, and continuing income based on prior work and earnings history.

“Health care professionals and criminal justice administrators should be coming together ...to evaluate people for release... We need to develop different approaches to their parole that are informed by their medical state.”¹⁶⁰

Brie Williams

Brie Williams, MD, Professor of Medicine and Director of the Criminal Justice & Health Program at University of California at San Francisco, and Director of the Criminal Justice and Aging Project of Tideswell, UCSF

Program Enhancements

- Introduce support groups for older adults and geriatric counseling for stress and trauma.
- Maximize age-appropriate exercise opportunities and age-friendly, illness informed diets to prevent earlier onset of aging, disease, disability and terminal illness.
- Promote cross-generational learning by allowing younger people newly admitted into prison to teach older people about technological and transportation updates, and encourage older long-term incarcerated individuals to “mentor” younger newly admitted individuals.
- Test and measure interventions that decrease medical costs while maintaining healthcare quality, incorporating existing gerontological models.

Age-friendly environments

- Modify structural conditions within correctional institutions through age-appropriate retrofitting¹⁶¹ and conduct additional research into architectural modifications that may produce positive outcomes for aging individuals, e.g. minimizing risk of falls.¹⁶²
- Identify activities of daily living that are prison-specific in order to recognize functional impairment among the incarcerated population.¹⁶³
- Research the benefits of segregating versus integrating incarcerated older people from the general prison population to help develop effective and appropriate correctional housing models.¹⁶⁴

Staff Training

- Train correctional staff in geriatric care techniques and empower them with the knowledge to respond to the physical, mental, emotional, and gender-specific needs of the aging population.¹⁶⁵
- Incorporate ongoing feedback from correctional officers, medical staff, and other on-site providers.¹⁶⁶
- Train medical providers in the application process for medical parole and compassionate release.

Recommendation Two:

Expand and implement specific release mechanisms for older people.

- Implement and expand specific release mechanisms for older people, including presumptive parole, which assumes that parole-eligible applicants are suited for release unless they are deemed as posing an unreasonable risk to public safety based on institutional history, risk assessment, or other validated measure.
- Mandate that parole boards interview all older parole applicants in person rather than by video, a practice that is particularly confusing and disorienting to older people.
- Ensure that parole boards are trained in the effects of long-term incarceration and aging in prison (including accelerated aging and the low risk to public safety), and take into account the age at which an individual is appearing in front of them, as well as the age at which they were sentenced.
- Increase utilization of compassionate release and medical parole policy by broadening eligibility criteria and streamlining the process for approval, including the availability of “fast-tracking” medical parole, should the individual’s condition significantly or suddenly decline.
- Provide enhanced Medicaid rates to nursing homes for formerly incarcerated elders and guarantee that in-prison medical units are equivalent to hospital stays for the purposes of Medicaid reimbursement.

Recommendation Three:

Improve discharge planning and reentry preparation for older adults.

- Ensure correctional staff have access to up to date community resources including senior centers, nursing homes, assisted living, and affordable or supportive housing for older adults, in order to create tailored discharge plans for older adults.
- Apply a family-focused discharge planning model to identify, engage, and incentivize family members who may be able to support the older person's reentry, including offering mediation, enabling a reconnection following years or decades of separation.
- Increase access to and training with modern technology, such as cell phones, computers, email, and the Internet to ensure that incarcerated older people have meaningful access to and practice with essential technology prior to their release.

“We need to foster an environment of trust and engage in frank dialogue with the community to allay fears or concerns people may have regarding formerly incarcerated individuals who are reentering the community. We...encourage all community members to view our patients in the same manner as other patients and community-based care recipients”¹⁶⁷

Lynn Cortella

RN BSN, CCHP, CCM, Formerly of NYS
Department of Corrections and Community Supervision

Recommendation Four:

Improve the reentry experience of older people coming home by increasing community supports and receptivity, and addressing their post-incarceration housing, medical health, mental health, financial, family, and employment needs (ensuring that the 8 domains of age-friendly communities are realities for older people returning home from incarceration).¹⁶⁸

- Partner with housing advocates and housing providers in order to increase the supply of supportive housing that meets peoples' age-specific and reentry-related needs.
- Provide financial subsidies for families to house and better support their recently released loved ones through a kinship reentry program (similar to kinship foster care).

- Ensure continuity of care through specialized transitional planning and follow up for the aging population, including connection to geriatricians, health insurance and care coordinators.¹⁶⁹
- Engage the academic and medical establishments that focus on aging to conduct research and expand services that identify the needs and concerns of the aging reentry population and the communities to which they will return.
- Develop infrastructure within communities to receive and serve returning elders, including enhancing the capacity of senior centers, Naturally Occurring Retirement Communities (NORCs), community centers and houses of worship that offer activities geared toward older adults.
- Expand community-based reentry services to rural and suburban areas to meet the increasing needs of older adults returning to traditionally under-resourced areas.
- Utilize the assets of older adults who want to work post-release, including allowing them to provide care for others, removing restrictions for working in home health care, hospice and other jobs for which there are typically blanket bans for individuals with felony records.

Recommendation Five:

Shift our response to violence by expanding the range of services offered to victims and survivors of crime, and reducing excessively long sentences for all crimes of conviction (including for violent crimes) that drive aging in prison.

Victims must be offered more than one way of seeking justice. Our justice system should empower victims by providing them with meaningful avenues to voice their needs. We must also invest in other responses to violent crime besides long-term incarceration that prioritize survivors' well-being by promoting true accountability and reducing recidivism.¹⁷⁰

- Provide crime survivors with options beyond incarceration to hold those who committed harm accountable, including alternatives to incarceration programs, shorter prison sentences, restorative practices, and expanded prevention and rehabilitation services.¹⁷¹
- Create forums where policy makers and the public are presented with the latest research about what the broad cross-section of crime victims and survivors are saying they want, and ensure that these voices are informing policy development and criminal justice responses, including ending the reliance on extreme sentences that fail to provide healing and safety for victims while contributing to the growing crisis of those aging in prison.

While no single recommendation will serve as panacea to the challenges facing the aging prison population, a shift to embrace *any* of the above recommendations will move the needle toward a more compassionate, fair, and humane justice system. With support from key stakeholders, many of these recommendations can be piloted or fully implemented within a realistic timeframe.

Conclusion: Toward a New Paradigm of Justice

The aging prison population is a logical conclusion of retributive criminal justice policies that have led the United States to incarcerate more people than any country in the world. These well-entrenched policies—the result of a confluence of attitudes, ideas, and events, and grounded in the now bankrupt (though recently reinvigorated) “tough on crime” ideology—have brought us to the precipice of an unmitigated human-made disaster.

The traditional criminal justice framework of the United States holds that punishment serves four distinct functions: retribution, deterrence, rehabilitation, and incapacitation. As this report and others have made clear, the perpetual incarceration of aging people does not justifiably fulfill these purposes. **Retribution**—ensuring that the punishment fits the crime—is glaringly undermined by the fact that many individuals have already served more than their minimum sentences, often more than the sentencing judge would have imposed were it not for stringent mandatory minimum guidelines. The use of long sentences as effective **deterrence** is undermined by longstanding research showing that long sentences do little, if anything, to deter crime.¹⁷² Furthermore, the older incarcerated person suffering from dementia and chronic illness who cannot recall their crime has little to gain from **rehabilitative programming**, and most other incarcerated elders have already completed all available programming far before their minimum sentences expire. Finally, the physical and mental impairments and deteriorating health that accompany old age (accelerated by the years spent in prison and adverse living environments prior to incarceration) essentially function as a debilitating force, rendering further **incapacitation** via continued incarceration unnecessary and inhumane.

If the goal of the criminal justice system is public safety and the point of incarceration is retribution, deterrence, rehabilitation, and incapacitation, then we gain little by keeping people behind bars up until and through older age.

When this paper was first published in 2014, changes were on the horizon. Policy makers at all levels of government were expressing the many shortcomings of existing criminal justice policy and repeatedly advocating for significant reform for those with non-violent and drug-related convictions. It is only more recently that calls for reform have pointed out that meaningful reductions in incarceration require confronting the role violence plays, in regards to both victims and those aging in prison, while serving lengthy sentences for violent crimes.

Clearly, aging people in prison experience greater hardships and worse health outcomes while incarcerated, and have unique needs that place enormous strain on correctional institutions. Older people comprise the *most expensive* cohort to incarcerate while posing the *least danger* to public safety. While architectural and programmatic modifications within prisons are necessary

components of meaningful change, merely making living conditions more amenable to the needs of the infirm and frail is not a comprehensive nor cost-effective solution. At the same time, releasing people *en masse* without a comprehensive plan for their reentry will simply create a new humanitarian crisis.

The complexity of the crisis that surrounds currently and formerly incarcerated elders requires a strategic response that is versatile and multifaceted, addressing the issue at multiple points of intervention with involvement from diverse stakeholders. When the Aging Reentry Task Force convened stakeholders in 2014, it demonstrated the importance of the leadership of formerly incarcerated older people, as well as the involvement of the criminal justice, corrections, health and mental health, aging, and philanthropy sectors. Such expertise, leadership, and participation, of directly affected individuals was critical to the Task Force's success and to continued efforts to address what is least effective in our criminal justice system.

Looking ahead, the fields of gerontology, philanthropy, health, workforce development, and corrections are uniquely positioned and qualified to collectively inform and implement short-term and long-term solutions to this issue. There are new opportunities to join forces with those addressing the shifting demographics of the United States—every 8 seconds an American turns 65 (almost 4 million per year)¹⁷³—and the 215 communities, cities and counties across 41 states and Puerto Rico that are considering what it means to become “age-friendly.”¹⁷⁴ Armed with critical interdisciplinary/intersectoral knowledge and backed by investment from the philanthropic community, collaborative partnerships possess unparalleled opportunity to make lasting contributions to the policies and best practices affecting the aging prison population. This joint stakeholder alliance is particularly well suited to enrich the reentry process, first by identifying those factors that older, formerly incarcerated people require in order to thrive upon their release to the community and, subsequently, by creating resources and pathways for their success. The result will be tremendous cost savings, improved public health outcomes, economic growth, a commitment to human rights and the vibrancy and valuable contributions of older people, and the freedom for our elders to live the remainder of their lives in their communities and to die with grace in the presence of friends and family.

Appendix A

Bibliography of Research on Currently and Formerly Incarcerated Older People: Reports and Substantive Articles: 2014-2017

Reports:

Supporting America's Aging Prison Population: Opportunities and Challenges for Area Agencies on Aging. *National Association of Area Agencies in Aging* (February 2017). Available at: [https://www.n4a.org/Files/n4a_AgingPrisoners_23Feb2017REV\(2\).pdf](https://www.n4a.org/Files/n4a_AgingPrisoners_23Feb2017REV(2).pdf)

A Matter of Time: The Causes and Consequences of Rising Time Served in America's Prison. (2017). *The Urban Institute*. Available at: <http://apps.urban.org/features/long-prison-terms/reform.html>. The online resource offers the latest data and impact on long and life sentences in U.S. prisons, and includes how long sentences lead to aging in prison. The tool also offers narratives from people who served long sentences, as well as policy recommendations.

New York State's Aging Prison Population (2017). *Office of the New York State Comptroller*. Available at: <http://www.osc.state.ny.us/reports/aging-inmates.pdf>. The report offers some of the fiscal implications of having such a high number of older people in NYS prisons.

Caged In: Solitary Confinement's Devastating Harm on Prisoners with Physical Disabilities (2017). *American Civil Liberties Union*. Available at: https://www.aclu.org/sites/default/files/field_document/010916-aclu-solitarydisabilityreport-single.pdf. The report offers national data and information on people with disabilities in solitary, and incorporates the disability difficulties that older people face leading up to, in, and after solitary.

Still Life: America's Increasing Use of Life and Long-Term Sentences (2017). *The Sentencing Project*. Available at: <http://www.sentencingproject.org/publications/still-life-americas-increasing-use-life-long-term-sentences/>. This report builds off of the Sentencing Project's 2013 report, "Life Goes On: The Historic Rise of Life Sentences in America," both of which provide national data and analyses on the increase of life sentences in the U.S., and incorporate and cite older people and aging as a direct result of the increase in sentences.

Aging in Prison: A Human Rights Problem We Must Fix (2017). *American Friends Service Committee*. Available at: https://www.afsc.org/sites/afsc.civicactions.net/files/documents/Aging%20in%20prison%20report%202017_new.pdf. The report briefly reviews the aging in prison crisis by the numbers, and has a particular focus on the issue in New Jersey.

Aging of the State Prison Population, 1993-2013. (2016). *Bureau of Justice Statistics*. Available at: <https://www.bjs.gov/content/pub/pdf/aspp9313.pdf>. The DOJ report outlines the increase in older people in state prisons throughout the U.S. over a 20-year period. It provides data on

by age, sentence, crime of conviction, race, and highlights some of the reasons for the large increase in the older population.

The Impact of an Aging Inmate Population on the Federal Bureau of Prisons (2016). *The Office of the Inspector General*. Available at: <https://oig.justice.gov/reports/2015/e1505.pdf>. The report outlines the older prison population at the Federal level with an analysis of the difficulties the BOP has had as a result. They also offer recommendations including in increase in the use of compassionate release, oversight and training of the BOP, and the development of age-specific programs.

Mortality in State Prisons, 2001-2014. (2016). *Bureau of Justice Statistics*. Available at: <https://www.bjs.gov/content/pub/pdf/msp0114st.pdf>. The report provides statistics on data on death and dying in State and Federal prisons between 2001 and 2014. It highlights older people as the age demographic with the highest rates and whole numbers of deaths inside. The report also highlights that older people deaths have exponentially increased over the last 13 years, compared to overall decreases in deaths of all other age demographics.

False Hope: How Parole Systems Fail Youth Serving Extreme Sentences. (2016). *American Civil Liberties Union*. Available at: <https://www.aclu.org/report/report-false-hope-how-parole-systems-fail-youth-serving-extreme-sentences>. The report takes an in-depth look into the U.S. legacy and impact of Life and Life-Without Parole sentences on people convicted as juveniles, and covers the impact of how these punitive sentences lead directly to people growing old in prison.

Delaying a Second Chance: The Declining Prospects For Parole on Life Sentences (2016). *The Sentencing Project*. Available at: <http://www.sentencingproject.org/wp-content/uploads/2017/01/Delaying-a-Second-Chance.pdf>. The report documents the devastating impact of increasingly punitive parole policy and practice for people with life sentences, and mentions older people, with specific pullouts on New York and John MacKenzie.

Aging in Prison: Reducing Elder Incarceration and Promoting Public Safety. (2015). *The Center for Justice at Columbia University*. Available at: http://centerforjustice.columbia.edu/files/2015/10/AgingInPrison_FINAL_web.pdf. The report outlines the topic, the work being done to combat the issue, and recommendations for future work.

Aging Behind Bars: Trends and Implications of Graying Prisoners in the Federal Prison System. (2014). *The Urban Institute*. Available at: http://www.urban.org/research/publication/aging-behind-bars-trends-and-implications-graying-prisoners-federal-prison-system/view/full_report. The report offers data and trends of the increase of older people in prison in the Federal Prison System and the implications of such trends. The report also offers recommendations including, greater research and monitoring of the issue.

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Additional reports available at <http://rappcampaign.com/reports/>

Appendix B

Justice Department Inspector General's 2016 recommendations to address the impact of an aging incarcerated population within Federal prison

(Available at: <https://oig.justice.gov/reports/2015/e1505.pdf>)

Recommendations

To ensure the BOP continues to provide safe, humane, and cost-efficient care within its institutions and to further assist the BOP in managing its aging inmate population, reducing overcrowding, and reducing incarceration costs, we recommend that the BOP:

1. Develop national guidelines for the availability and purpose of inmate companion programs.
2. Consider the feasibility of placing additional Social Workers in more institutions, particularly those with larger populations of aging inmates.
3. Provide all staff training to identify signs of aging and assist in communicating with aging inmates.
4. Reexamine the accessibility and the physical infrastructure of all of its institutions to accommodate the large number of aging inmates with mobility needs.
5. Study the feasibility of creating units, institutions, or other structures specifically for aging inmates in those institutions with high concentrations of aging inmates.
6. Systematically identify programming needs of aging inmates and develop programs and activities to meet those needs.
7. Develop sections in release preparation courses that address the post-incarceration medical care and retirement needs of aging inmates.
8. Consider revising its compassionate release policy to facilitate the release of appropriate aging inmates, including by lowering the age requirement and eliminating the minimum 10 years served requirement.

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