White Paper

SENTENCED TO GROW OLD:

HOW LONG-TERM INCARCERATION IS FUELING A PRISON AGING CRISIS IN ILLINOIS, IOWA, AND TEXAS

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EXECUTIVE SUMMARY

The aging of the population of incarcerated persons in the U.S. represents a policy, service-delivery and human rights challenge. Even as state prison populations in many parts of the U.S. have declined in recent years, the populations of elderly men and women in these prisons has grown – dramatically in many cases. This trend is clearly driven by the imposition of harsh "tough on crime" sentences beginning in the 1980s. Long sentences have not been racially neutral, as Black individuals have been grossly over-represented both in total state prison populations as well as in the subgroups serving the longest sentences.

The aging of the prison population has been occurring for decades in many states. Yet state prisons remain ill-equipped to deal with the many physical and mental health needs of older incarcerated persons. In addition to cardiovascular disease, cancer, diabetes and other chronic noncommunicable diseases associated with aging, prisons must face high prevalence of many forms of depression, dementia and other cognitive disorders. Older women in prison may be particularly susceptible to depression as well as health challenges related to menopause. Furthermore, the physical infrastructure of many prisons was not designed to accommodate limited mobility and the use of wheelchairs, canes or walkers.

Though not all state governments break down medical costs for older persons in prison, care for this population is much more expensive than that of younger populations. State prisons, especially financially strapped prison medical services, have found it difficult to maintain a level of services for older people comparable to care outside the prison walls. Many studies suggest that tens of thousands of dollars per person per year could be saved by state prison services if they had, for example, humane early release programs and applied them widely. There is strong evidence that criminal recidivism after release from prison is highly unlikely among people older than 55.

This report focuses on three states – Iowa, Texas and Illinois – with varying efforts to enable older people in prison to benefit from early release in some form. In Iowa, the aging prison population is recognized as a financial and health challenge, but there is no official early release program related to medical needs or disability. Texas has an

established program for people who may request early release for medical reasons, but an extremely low percentage of those requests has been granted. In Illinois, a state law effective in early 2022 similarly established a system for appealing for early release based on illness or incapacitation, but so far, few releases have been approved.

There is an urgent need for state officials to implement expansive early release programs for older incarcerated people to address the urgent healthcare needs of this population, and to remedy long-standing racial injustice. Measures to enable reform of sentencing policies are also needed. Early release and sentencing reform measures must be accompanied by programs to ensure links to respectful and effective health and social services for older people in the community.

INTRODUCTION

The rapid growth of the aging prison population in the United States presents a serious problem. While the total populations of prisons in the federal system and many states have declined in recent years, the population of elderly prisoners, including elderly women, has grown significantly. The proportion of incarcerated persons in federal and state prison over age 55 was 3% in 1991 but 15% in 2021.[1] In state prisons, the population of persons over age 55 increased 400% between 1993 and 2013, far exceeding the growth rate of that age group in the general population.[2] One estimate suggests that by 2030, one-third of incarcerated persons will be over the age of 50.[3]

The growth in the population of incarcerated women has exceeded increases among their male counterparts. Though data broken down by gender are not always readily available, it is estimated that from 1984 to 2024, the population of women in federal and state prisons grew by 834%, about twice the rate among men,[4] and this population too is

[1] Arias JJ, Morgado L, Prost SG. Forgotten and without protections: Older adults in prison settings. *Hastings Cent Rep* 2023; 53(6):17-24. doi:10.1002/hast.1540.
[2] El Hayek S, Mdawar B, Ghossoub E. Substance misuse and the older offender. *Clin Geriatr Med.* 2022; 38(1):159-167. doi: 10.1016/j.cger.2021.07.010
[3] National Commission on Correctional Health Care. Care for aging patients in the correctional setting (position statement). Chicago, 2024. *ncchc.org/position-statements*
[4] Haber LA, James JE, Williams BA. Threats to women's health in prisons and jails. *JAMA Intern Med*. 2025;185(1):5-6. doi: 10.1001/jamainternmed.2024.5066.

aging. An estimated 10-20% of women in U.S. prisons are over age 50.[5] Some 16,000 women over age 50 were in federal and state prisons in 2018, compared to about 8,600 in 2009.[6]

The rapid aging of prison populations is the result of several factors. Prisons are bearing the costs of the "tough-on-crime" laws of the 1980s and 1990s, including mandatory minimums, three-strike laws, and penalty enhancements. In some jurisdictions, "truth in sentencing" policies require a certain percentage of a prison sentence to be served, reducing or eliminating opportunities for parole.[7] During the "War on Crime" period in the 1990s, government leaders engaged in political one-upmanship, competing to determine who could be toughest on crime, and were blind to the costs of these laws to state and federal prisons. This constellation of policies made long-term prison sentences – those lasting 20 years or more – habitual. One team of researchers concluded that no other nation "has incarcerated so many individuals until death, to more than five decades of imprisonment, or both."[8]

A considerable body of scholarly research has suggested a wide range of challenges posed by the aging of U.S. prison populations. Much of this research considers incarcerated persons to be "elderly" at age 50 or 55, rather than the more traditional cutoff of 65 or 70, noting that prison itself accelerates aging.[9] Chronic conditions like cardiovascular disease and diabetes are more prevalent in older people, particularly for those who have not received adequate healthcare throughout their life. Disabilities of many kinds are also more prevalent with age. A 2024 analysis of national data on over 32,000 incarcerated persons over age 55 found that cognitive disabilities were twice as

[5] Emerson A, Li X, Zaller N, Ramaswamy M. Characterizing aging-related health in older women with a history of incarceration: Multimorbidity, polypharmacy, mortality, frailty, and depression. *J Aging Health* 2025; 37(3-4):135-147. doi: 10.1177/08982643241233322.

[6] Barry LC, Adams KB, Zaugg D, Noujaim D. Health-care needs of older women prisoners: Perspectives of the health-care workers who care for them. *J Women Aging* 2020;32(2):183-202. doi: 10.1080/08952841.2019.1593771

[7] Widra E. The aging prison population: Causes, costs, and consequences. Prison Policy Initiative, August 2023. https://www.prisonpolicy.org/blog/2023/08/02/aging/

[8] Baumgartner FR, Daniely T, Huang K et al. Throwing away the key: The unintended consequences of "tough-on-crime" laws. *Perspectives on Politics* 2021;19(4):1233-46.

[9] Augustyn RA, ten Bensel T, Lytle RD et al. " Older" inmates in prison: Considering the tipping point of age and misconduct. *Criminology, Crim. Just. L & Soc'y* 2020;21:1; see also Bedard R, Vaughn J, Murolo AS. Elderly, detained and justice-involved. *City University of New York Law Review* 2022; 25(1):161-97.

prevalent among those in prison compared to those not.[10] In the same study, disabilities affecting walking were about 36% more prevalent among those in prison, and those related to being able to care for oneself with basic tasks were almost twice as prevalent.[11]

A study of a random sample of people over age 55 incarcerated in Texas state prisons found a 35% prevalence of mild cognitive impairment and a 9% prevalence of dementia,[12] figures that far exceed those conditions among counterparts not in prison. Among people in prison over age 62, cognitive impairment was found among 45% of those surveyed and dementia among 12%. An extensive 2020 review of methodologically sound surveys found that the most frequently reported problems among persons over 50 in prison were alcohol use disorders, substance use disorders, depression, anxiety and dementia.[13] The authors conclude that prevalence of these conditions is much higher than in non-justice-involved populations and that screening of older adults in prison for these conditions and programs to address them are crucial.

With respect to ambulatory disabilities, many researchers have noted how unsuited prison facilities and activities are for people needing assistance in moving about. Many prisons have stairs. Many may require frail older people to climb up to a top bunkbed.[14] Staff may not be trained to deal with frequent falls. Prisons may see canes and walkers as potential weapons and be resistant to providing them.[15] Noncarceral nursing homes for the elderly find all of these disabilities challenging enough; most prisons and jails were clearly not built to cater to the frail elderly or those who are alterabled.

[10] Miller KEM, Shen K, Yang Y et al. Prevalence of disability among older adults in prison. *JAMA Netw Open* 2024;7(12):e2452334. doi: 10.1001/jamanetworkopen.2024.52334.
[11] Ibid.
[12] Baillargeon J, Linthicum LC, Murray OJ et al. The prevalence of cognitive impairment and dementia in incarcerated older adults. *J Gerontol B Psychol Sci Soc Sci*. 2023;78(12):2141-2146. doi: 10.1093/geronb/gbad136.
[13] Solares C, Dobrosavljevic M, Larsson H et al. The mental and physical health of older offenders: A systematic review and meta-analysis. *Neurosci Biobehav Re*. 2020;118:440-450. doi: 10.1016/j.neubiorev.2020.07.043
[14] Bedard et al., op.cit.
[15] Augustyn et al., op.cit.

"I've seen a woman with one leg, in her wheelchair heading to chow one day in the Texas heat over 100 degrees. She was struggling to push herself and no one was allowed to help her either. It took her hours to get there. Another woman was forced to remove her prosthetic leg to be strip searched. This was done in a group of 50 ladies, while the officers screamed at her to hurry up."

- Alexa Garza, Texas Policy Associate, Ed Trust

The special needs of older women merit particular attention in research and policy. A 2025 study based on National Office of Aging data compared women over 50 who had been incarcerated with those who had no involvement with the criminal legal system.[16] Women who had been incarcerated, though younger on average than other women, had poorer physical health and took more medications, were more frail, and suffered much more physical pain than those never incarcerated.[17] They were also more likely to suffer from depression and sleep disorders. Menopause among incarcerated older women is another health challenge. A qualitative study in North Carolina found that women in prison had little access to medical or palliative relief of severe menopause symptoms, including excessive bleeding, and that their menopause-related concerns were often dismissed by prison staff.[18]

Older persons in prison may be more vulnerable to mistreatment by prison personnel than their younger counterparts. While elder abuse has been studied and is sometimes monitored in nursing homes and other residential facilities, it is rarely a policy or program priority in prisons in spite of the aging of carceral populations.[19] People in prison do not have access to the legal complaint mechanisms available to older persons in residential care facilities. The Prison Litigation Reform Act of 1997 may make filing complaints of abuse or neglect particularly difficult for older people.[20] That law requires that people file grievances internally to their departments of correction before they can bring a legal case to court. Incarcerated persons are generally not allowed to seek help in making these complaints, which persons with visual or cognitive impairment may

[16] Emerson, 2025, op. cit.
[17] Ibid.
[18] Jaffe EF, Palmquist AEL, Knittel AK. Experiences of menopause during incarceration. *Menopause* 2021; 28(7):829-832. doi: 10.1097/GME.0000000000001762.
[19] Arias et al., op.cit.
[20] Ibid.

find especially challenging.[21] People in prison may also be well justified in fearing retaliation against whatever complaints they may express.[22]

Women, men, and gender-nonconforming individuals of all ages may be subjected to sexual violence while incarcerated. The Prison Rape Elimination Act (PREA) of 2003 was meant to eradicate sexual violence in all types of carceral settings. An unintended consequence of PREA is that prison workers may be reluctant to provide certain kinds of care to prisoners for fear of being accused of sexual assault, and older persons are more likely than others to need hands-on care.[23]

The racial disparities present throughout the carceral system also hold true among older men and women in prison. According to 2019 Bureau of Justice Statistics findings, there are 5.3 times as many incarcerated Black men over the age of 50, than there are white men.[24] It was estimated in 2022 that Black women were incarcerated at a rate 1.6 times that of white women and Latina women 1.2 times more.[25] A study of psychological and cognitive disorders in older incarcerated people found that among those who had been diagnosed with depression, Black and Latino people had a higher prevalence of mild cognitive impairment and dementia.[26]

Naturally, carceral institutions incur greater costs to provide for the needs and rights of elderly incarcerated people than for the young, but the estimates of those costs in the published literature vary widely. A 2015 report from the Columbia University Center for Justice concluded that the cost of incarcerating someone over the age of 50 is two to five times the cost for a younger person, largely due to costly healthcare expenditures,

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[21] Ibid.
[22] Christopher Blackwell, "The Prison Grievance System Is Broken and Unjust," The Progressive Magazine, June 19, 2021, https://progressive.org/latest/prison-grievance-system-unjust-blackwell-210618/.
[23] Ibid.
[24] Jones A. New BJS data: Prison incarceration rates inch down, but racial equity and real decarceration still decades away. Prison Policy Initiative, Washington, DC, Oct. 2020. https://www.prisonpolicy.org/blog/2020/10/30/prisoners_in_2019/
[25] Budd KM. Incarcerated women and girls. Sentencing Project, 2024. https://www.sentencingproject.org/fact-sheet/incarcerated-women-and-girls/
[26] Baillargeon et al., op.cit.

many of which require the engagement of specialized health services outside the prison system.[27]

The American Civil Liberties Union (ACLU) estimated in 2012 that broadly applied state-level compassionate release programs for older people could save between $28,000 and $66,000 per year per incarcerated person, depending on a number of factors.[28] It is doubtful that these figures would be lower in 2025. Marques et al. cite an annual cost of $70,000 for incarceration of older persons compared with $35,000 for a younger person,[29] but these figures are also not recent. A review of state prisons annual reports suggests that medical costs for elderly people in prison are generally not reported as such and certainly not with detailed information on age, gender or race.

This report examines the issue of the aging incarcerated population in three states – Iowa, Texas, and Illinois – including the sentencing patterns that drive this trend and the measures being taken to address it. Based on these realities, this report also makes recommendations to confront the issue.

IOWA: AN AGING PRISON POPULATION WITH NO EARLY RELEASE PROGRAM

The state of Iowa has a population of some 3.2 million, of which about 90% are white, 7.4% Latino/Hispanic and 4.5% Black.[30] An estimated 18.5% of the state's population is over age 65. As of July 2025, 8,426 persons were in Iowa state prisons of whom 61% are white, 28% Black – a gross over-representation – and 8% Latino/Hispanic [31] As depicted in Figure 1, of those in state prisons, about 23% are over age 50, 16% are over the age of 55, and 5.4% are over the age of 65.

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[27] Roberts SK, ed. Aging in prison: Reducing elder incarceration and promoting public safety. Columbia University Center for Justice, Nov. 2015. https://search.issuelab.org/resource/aging-in-prison-reducing-elder-incarceration-and-promoting-public-safety.html

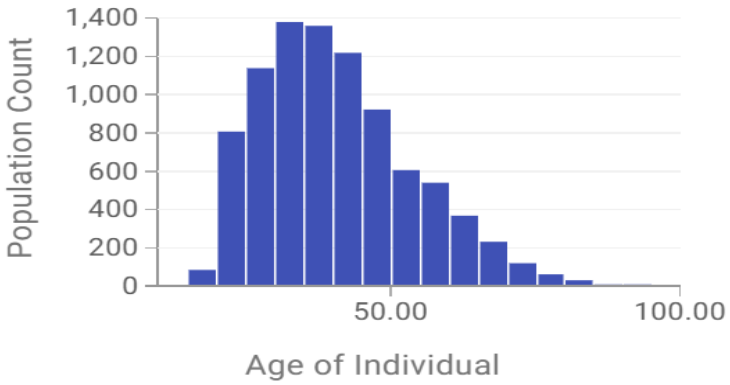
[28] American Civil Liberties Union. *At America's expense: The mass incarceration of the elderly.* New York, 2012. https://www.aclu.org/files/assets/elderlyprisonreport_20120613_1.pdf

[29] Marques et al., op.cit.

[30] US Census Bureau. Quick facts – Iowa. July 2024. https://www.census.gov/quickfacts/fact/table/IA/PST045223

[31] Iowa Correctional System data, https://data.iowa.gov/stories/s/e7er-326q.

Figure 1: Age distribution of persons incarcerated in Iowa, 2025



Data from the Iowa Department of Corrections indicate significant growth in the population of older persons in the state's prisons in recent years. In 2012, persons over age 50 represented 14% of the state prison population,[32] compared to the 2025 figure of 23%. The Iowa Department on Aging notes a tripling in the state prison population over the age of 50 from 1993 to 2013 and predicts a 60% increase from 2022 to 2032.[33]

The significant numbers of older incarcerated persons in Iowa are clearly linked to the length of sentences that have been imposed, including sentences handed down when the people in question were very young. According to analysis by the Justice Policy Institute, as of August 7, 2025, 32% of emerging adults (those under age 25) were serving sentences of 20 years or more in Iowa.[34]

Figure 2 shows that 30% of those currently incarcerated are serving sentences of 10 to 20 years, and 25% of those in state prisons are serving sentences of 20 to 40 years. Some 12% of this population are serving a sentence of 40 or more years, and 13% have been sentenced to life in prison.

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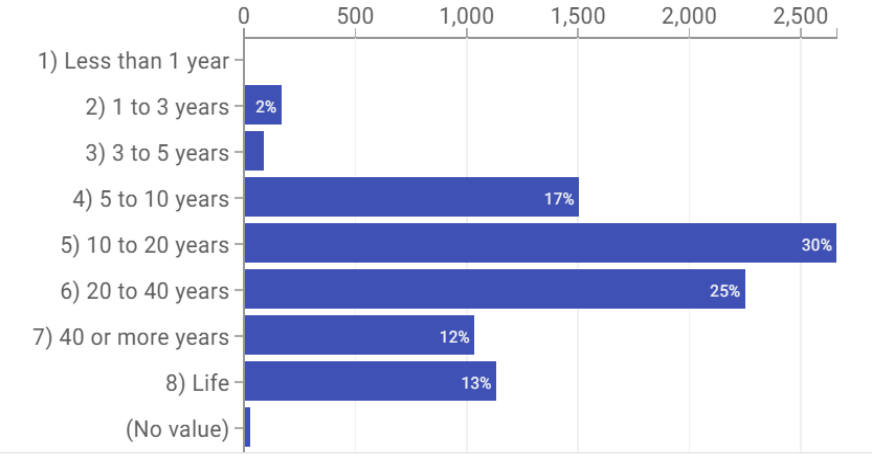
[32] Greenfield J, :Aging issues in corrections" (PowerPoint presentation), undated. https://hhs.iowa.gov/media/12525/download?inline

[33] Iowa Department of Aging. Iowa state plan on aging, federal fiscal years 2022-2025. Des Moines, 2022, https://hhs.iowa.gov/media/14251/download?inline

[34] This analysis is based on data provided by the Iowa Department of Corrections, available at iowa.data.gov. The analyst downloaded data on the "Prison Population by Sentence Length," and creating three age cohorts: Emerging Adult (15 to 24), Adult (25 to 49), and Older Adult (50 and above).

Figure 2: Iowa state prison population by sentence length, 2025[35]



An estimated 71% of those serving long prison terms are 55 years of age or older. Of those serving long sentences, 30% were Black individuals. Of those currently under age 25 who are serving long sentences, 96% were convicted of violent offenses.

According to Jerome Greenfield, MD, a psychiatrist and former director of the health service of the Iowa Department of Corrections, the aging of the state's prison population is a major medical and financial challenge. Prison medical services are overburdened by chronic conditions common amongst older adults like cardiovascular disease, diabetes, emphysema, but also a wide range of psychiatric conditions, including many forms of dementia and memory loss.[36] He noted significant increases in medical costs with the aging of the prison population, including for items such as cancer chemotherapy, biologicals to treat cancer and autoimmune diseases, blood products, and the many pharmaceuticals, diagnostic tests and counseling services needed to address mental health issues. Hospitalizations in this population also drive up costs dramatically. The frequency of fractures and falls, for example, increases with age.

Among the psychiatric medicines and diagnostics mentioned by Dr. Greenfield are some particularly costly items. For example, neuroimaging in the form of a brain MRI can cost over $10,000 in the U.S., depending on facility-level factors.[37] Rivastigmine, a

[35] Iowa Correctional System data at https://data.iowa.gov/stories/s/e7er-326q
[36] Greenfield, op.cit.
[37] Costaide, "How much does brain MRI cost", 2022, https://costaide.com/brain-mri-cost/

medicine used to treat Alzheimer's and other forms of dementia, can cost over $400 per month in transdermal patch form; generic versions of the capsule form cost less.[38] Regular psychological counseling and testing depend on dedicated and sustained time from specialized personnel.

Dr. Greenfield has estimated the cost of dementia in the total population of Iowa to be on the order of $20 billion per year.[39] In the general population, an estimated 10% of persons over age 65 have mild dementia, and 5% are affected to the point of being unable to care for themselves.[40] There is every reason to suppose that these figures are even more alarming in the prison system, though population-level data are unavailable. It is estimated that the risk of Alzheimer's in the Black population is twice that of whites in Iowa.[41] As noted above, the proportion of Black people in Iowa prisons is six times greater than its share of the general population.

All facilities in the Iowa prison system have mental health services at some level. It is notable that the publicly available budget of the Iowa Department of Corrections does not break down medical costs separately from "personal services" and salaries or in budget lines such as "professional and scientific services".[42] Thus there is no available breakdown of costs related to the conditions prevalent in older populations. It is also striking that the Iowa state strategy on dementia does not make any mention of psychiatric needs in the prison system.[43] The Iowa Department of Aging notes the growing population of older persons in prison but does not mention programs or budget allocations particularly meant to serve this population.[44]

As in other states, Iowa could save considerable prison costs by allowing older persons to access some form of early release. In its 2021 state-by-state analysis of what it termed

[38] Drugs.com, Rivastigmine prices, https://www.drugs.com/price-guide/rivastigmine
[39] Greenfield, op.cit.
[40] Ibid.
[41] State of Iowa Department of Health and Human Services. State strategic plan: Alzheimer's disease and related dementias in Iowa. Des Moines, 2022. https://publications.iowa.gov/51538/1/Print_Alzheimers%20Dementia%20StatePlanReport2022%20%282%29_updated.pdf
[42] State of Iowa. Iowa Budget Report 2025 – Department of Corrections Budgets. Des Moines, 2025. https://publications.iowa.gov/48631/1/FY2025_corrections_budgets.pdf
[43] Iowa strategic plan on dementia, op.cit.
[44] Iowa Department of Aging, op.cit.

compassionate release programs, Families Against Mandatory Minimums (FAMM) found that Iowa was the only state with no official form of compassionate release from its prisons.[45] FAMM quotes the Iowa Board of Parole as asserting that it "does not grant parole due to medical reasons or for family hardship cases".[46] The report notes that a woman with end-stage inoperable breast cancer was released from prison in 2013, but the Board of Parole was quick to note that this was not compassionate release but simply parole.

TEXAS: RELIANCE ON LONG PRISON SENTENCES INCURS HIGH COSTS

The population of the state of Texas in 2025 was an estimated 31.85 million, making it the second most populous state in the U.S. Approximately 40% of Texans are non-Hispanic whites, 12% are Black, and 5.3% are Asian, while Native American and Hawaiian/Pacific Islander make up less than one percent combined. Of the nearly 40% of the population that identifies as Hispanic of some race, 14% are white, 16.3% are bi- or multi-racial, and 8.2% identify as "other."[47]

As of August 2024, the number of persons in Texas state prisons was 127,822, and they were serving an average sentence of 19.9 years.[48] Their average age was 41.5 years. Of those in state prison, using the state's categories, 33% were Black individuals, 32.6% were white, and 34% Hispanic. Some 64% of these persons had been convicted of violent offenses. The incarceration rate in Texas as of 2022 was 452 per 100,000 population – that is, about 42% higher than the rate of 264 per 100,000 in Iowa, for example.[49]

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[45] See FAMM, Clemency and compassionate release: Resources by state – Iowa, 2022, https://famm.org/wp-content/uploads/2018/06/Iowa_Final.pdf ; see also Wheeler C. Iowa remains the only state without a compassionate release program. *Iowa Public Radio,* Oct. 31, 2022. https://www.iowapublicradio.org/ipr-news/2022-10-31/iowa-remains-the-only-state-without-a-compassionate-release-program

[46] Famm, ibid.

[47] World Population Review – Texas. https://worldpopulationreview.com/states/texas

[48] Texas Department of Criminal Justice. *Statistical Report – Fiscal Year 2024*. Austin, 2025. https://www.tdcj.texas.gov/documents/Statistical_Report_FY2024.pdf

[49] World Population Review. Incarceration rates by state, 2025. https://worldpopulationreview.com/state-rankings/incarceration-rates-by-state

Of all persons in Texas state prisons in 2024, 25.5% were over the age of 50 and 9.9% were 60 years of age or older.[50] Of men in state prisons, 26.4% were over age 50 and 10.5% were over 60. Of women, who make up 7% of the state prison population, 19.5% were over 50 and 5.8% over age 60.

For comparison with earlier years, Table 1 shows the age distribution of currently held persons in the Texas prisons in three fiscal years. From fiscal year 2005 to fiscal year 2024, the proportion of people over age 60 in Texas state prisons increased almost fourfold. The population over age 50 – which, given prison conditions, would already be experiencing significant physical and mental health needs – increased by 65%. The average age of people in the state prisons increased over this period by 12%. A calculation in *Prison Legal News* showed that in the period 2012 to 2019, the state prison population declined by 3% but the proportion of the prison population over age 54 rose by 65%.[51]

Table 1: Age of persons currently in Texas state prisons as percentage of total prison population by fiscal year, men and women combined[52]

Age Range	**FY 2005** (% of prison pop)	**FY 2015** (% of prison pop)	**FY 2024** (% of prison pop)
Up to 50 years	88.1%	79.7%	74.5%
51-60	9.4%	15.1%	15.6%
61+	2.5%	5.2%	9.9%
Average Age	37 yrs	38.8 yrs	41.5 yrs

The aging of the state prison population is directly related to the length of sentences imposed and served by these persons. As of 2024, as noted in Table 2, about one-third of individuals in Texas state prisons were serving sentences of 21 years or more, with another 20.5% serving sentences of 11 to 20 years.

[50] Ibid.
[51] Clarke M. Texas prison health care costs at record high despite population reduction. *Prison Legal News*, May 1, 2020. https://www.prisonlegalnews.org/news/2020/may/1/texas-prison-health-care-costs-record-high-despite-population-reduction/
[52] Texas Department of Criminal Justice, Statistic report for FY 2024, op.cit., and analogous reports for 2015, https://www.tdcj.texas.gov/documents/Statistical_Report_FY2015.pdf, and 2005, https://www.tdcj.texas.gov/documents/Statistical_Report_FY2005.pdf

Table 2: Persons on hand in Texas state prisons by sentence length, 2024[53]

Offenses		Violent	Property	Drug		Other
Prison	2 Years	2,406	564	1,058	2,074	6,102
	3 to 5 Years	10,565	2,347	4,595	7,166	24,673
	6 to 10 Years	15,099	2,692	5,104	6,057	28,952
	11 to 20 Years	17,822	1,844	3,896	2,698	26,260
	21 to 30 Years	9,994	672	1,338	1,073	13,077
	31 to 40 Years	6,563	381	466	381	7,791
	41 to 59 Years	5,208	234	243	163	5,848
	60 Years and More	4,680	252	232	199	5,363
	Life	5,673	181	91	115	6,060
	Capital Life	1,908	N/A	N/A	N/A	1,908
	Life Without Parole	1,612	N/A	N/A	N/A	1,612
	Death	176	N/A	N/A	N/A	176
	Total	81,706	9,167	17,023	19,926	127,822

To illustrate trends in duration of sentences currently served by those in Texas prisons since 2005, Table 3 shows that the average prison sentence imposed in Texas is over 19 years – and has remained so for two decades, a high figure compared to many other states. The proportion of those serving the longest sentences of 30 years or more rose by almost 15% over this period.

Table 3: Percentage of currently incarcerated persons in Texas state prisons by length of imposed sentence[54]

Fiscal year \ Sentence length	FY 2005	FY 2015	FY 2024
Up to 20 years	69.1%	69.6%	67.3%
21-30 years	11.3%	9.9%	10.2%
30+ years to life	19.6%	20.5%	22.5%
Average sentence	19.6 yrs	19.1 yrs	19.9 yrs

[53] Texas DOCJ statistics for FY 2024, op.cit., page 26.
[54] Texas DOCJ statistics for FY 2024, FY 2015 and FY 2005, op.cit.

Of those admitted to state prison in fiscal year 2024, only 5.5% had received sentences of 21 years or more and another 7% with sentences of 11 to 20 years.[55] Of this population admitted in 2024, the average sentence for violent offenses was 10.7 years.[56] Those persons new to prison in 2005 received an average sentence of 9.2 years for violent offenses,[57] and those admitted in 2015 an average of 9.7 years,[58] so the sentencing average for this category of offenses has increased slightly over the years.

Of the 6,452 people who completed their sentences and were released from Texas state prisons in 2024, there were only 56 people, or less than 1%, who had served 21 years or more.[59] Some 338 (or 5%) of those released had served 11 to 20 years. Thus the great majority of those released were people serving sentences well below the average sentence in the system, suggesting that the prison population will continue to age more quickly than the general population.

The fiscal year 2024 budget of the Texas Department of Criminal Justice (TDCJ) was approximately $4.4 billion.[60] The sum of $3.74 billion was allocated to "incarceration of felons," thus indicating the cost of the state prison system. The budgeted amount of the prison system in 2012, by comparison, was $2.5 billion.[61] The 2024 budget report noted that a supplemental appropriation of $148 million for managed health care was needed in light of "rising medical costs coupled with an aging prison population."[62] In 2020, it was estimated that people over age 55 comprised about one-eighth of the state prison population but accounted for almost half of the TDCJ's hospitalization costs.[63] Prison health care costs were estimated to rise from about $500 million in 2012 to about $750 million in 2019, largely due to the aging of the prison population.[64]

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[55] Ibid., page 39.
[56] Ibid.
[57] Texas Department of Criminal Justice, *Statistical Report -- Fiscal Year 2005,* Austin, 2006. https://www.tdcj.texas.gov/documents/Statistical_Report_FY2005.pdf
[58] Texas Department of Criminal Justice, *Statistical Report -- Fiscal Year 2015,* Austin, 2016. https://www.tdcj.texas.gov/documents/Statistical_Report_FY2015.pdf
[59] Texas Department of Criminal Justice Statistical Report FY 2024, op.cit., page 51.
[60] Texas Department of Criminal Justice, *Agency Operating Budget 2024*. Austin, 2024.
[61] Vera Institute. The price of prisons – Texas (fact sheet). New York, 2012. https://vera-institute.files.svdcdn.com/production/downloads/publications/the-price-of-prisons-40-fact-sheets-updated-072012.pdf?dm=1647370632
[62] Texas Department of Criminal Justice, *Agency Operating Budget 2024*, op.cit, page 1.
[63] Clarke, op.cit.
[64] Ibid.

One remedy for this rising cost would be implementation of some form of early release, yet Texas remains one of the most punitive states in the nation. Many incarcerated individuals, especially those convicted of certain violent or aggravated offenses, are required to serve "day-for-day" time, meaning they are not eligible for parole consideration until they have served at least 85% of their sentence, regardless of age, behavior, or medical condition. Typically, good behavior and work time credits do not reduce the percentage served requirement, particularly for those convicted on the most serious felonies (which include murder, sexual assault, aggravated robbery, etc.).

Even older and seriously ill incarcerated people are generally unable to gain early release in Texas, in spite of the significant research indicating low likelihood of criminal recidivism among older persons. The Texas Correctional Office on Offenders with Medical or Mental Impairments (TCOOMMI) makes determinations of eligibility for early release of persons needing "medically recommended intensive supervision" (MRIS) who "pose minimal public safety risk," but the eligibility requirements are severely limiting.[65] Only individuals who are over 65, terminally ill or severely mentally ill, developmentally disabled, diagnosed with an organic brain disorder, in a vegetative state, or in need of long-term medical care are eligible. Even so, most people convicted of violent or sexual offenses remain ineligible, unless they are in a permanent vegetative state. Even when a person is deemed eligible, only a medical provider from outside the TDCJ may complete the medical portion of the application – meaning an incarcerated person must already be connected to and under the care of an outside provider to even begin the process.[66]

In the unlikely event that a person in custody is already under the care of an outside provider, the TDCJ also typically requires that a person be released directly to a hospice or intensive care facility. Without insurance or Medicaid, this often proves financially unfeasible. Even if an individual can afford the cost of care, many heathcare facilities

[65] Texas Correctional Office on Offenders with Medical or Mental Impairments (TCOOMMI), online description, https://www.tdcj.texas.gov/divisions/rrd/tcoommi.html
[66] Texas Prisons Community Advocates (TPCA), "Compassionate release, MRIS /EMR", online at https://www.tpcadvocates.org/compassionate-release-mris

also impose restrictions based on the type of offense, and may refuse to accept someone based on their criminal record.

Even when all medical requirements are met, release is not guaranteed. The parole board generally chooses to err on the side of public safety, giving greater weight to the nature of the offense rather than an individual's health. A strong application must show how release would benefit both the individual and the state of Texas, by demonstrating that there is family support, medical stability, and a low risk of reoffending.

Due to these extreme requirements, MRIS is a narrow and underutilized parole mechanism.

Texas Prisons Community Advocates (TPCA) has criticized the TDCJ for its minimal use of compassionate early release, particularly in view of the aging prison population. TPCA attributes the poor health of older people in prison to poor prison conditions, including temperatures well over 85 degrees in the Texas summer.[67]

> *I have personally witnessed the devastating toll that long sentences and limited parole opportunities take on older people in Texas prisons, especially when it comes to their health, safety, and dignity. I've seen people who were dying, begging for a medical release so they could get proper care, only to die while waiting for an answer. I've seen individuals with no limbs forced to sleep on concrete beds in 100-degree heat with no accommodations, expected to take care of themselves. I've seen women crawling to medical while passing gallstones because the officer on duty didn't believe they were really in pain. I've seen other women step in to help, even going so far as to start physical fights just to force the officer to call for backup so the sick person would finally get the medical attention they needed. I've seen people after surgery given nothing but aspirin for the pain. I've seen people die in their beds, not because help wasn't available, but because they believed, often rightly, that going to medical would only make things worse.*
>
> *These are not rare events. This is the daily reality for many aging and seriously ill individuals in Texas prisons. The system is not just failing to provide care. It is actively*

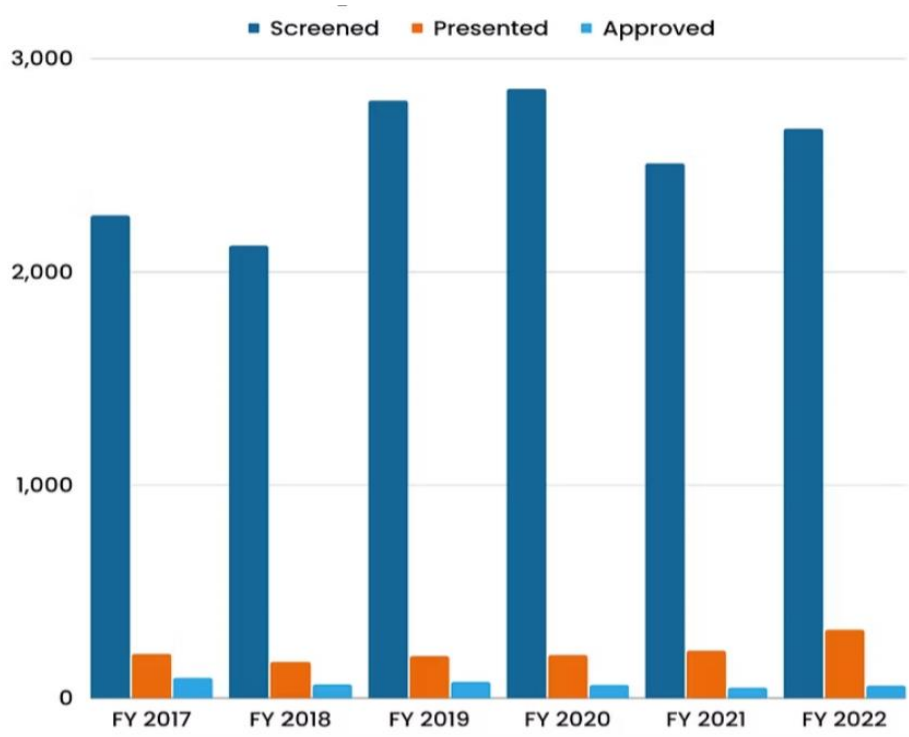
[67] Texas Prisons Community Advocates (TPCA), op.cit.

creating harm. And when people are left to suffer and die this way, what we're really witnessing is the loss of basic human dignity.

-Alexa Garza, Texas Policy Associate, Ed Trust

Figure 3 shows the number of people in state prison whose cases were screened for presentation to the parole board, heard by the parole board and, eventually, approved. These would include people over age 65. As noted by TPCA, the approval numbers are very small compared to those screened for eligibility, but the large drop-off is between those screened and those deemed appropriate for presentation to the parole board. It is unknown why so many cases were deemed inappropriate for presentation, and the parole board ought to make public the criteria for consideration.

Figure 3: MRIS considerations and approvals by the Texas parole board, FY 2017-2022[68]



	FY 2017	FY 2018	FY 2019	FY 2020	FY 2021	FY 2022
Screened	2,263	2,122	2,803	2,858	2,508	2,670
Presented	207	169	196	201	222	320
Approved	94	63	76	61	48	58

[68] "Compassionate Release: MRIS/EMR," Texas Prisons Community Advocates, accessed August 12, 2025, https://www.tpcadvocates.org/compassionate-release-mris.

The most urgent changes needed within the TDCJ are:

1. **Improved medical care** - the TDCJ needs to overhaul its medical system, ensuring sufficient qualified medical staff, and providing timely compassionate care that does not minimize or ignore people's pain. No one should have to crawl to medical care or be given aspirin after surgery. There must be accountability for staff who dismiss or delay treatment, and there should be an easier, safer process for individuals to report medical issues without fear of being punished, moved or neglected.
2. **Accessible housing appropriate for aging individuals** - there must be proper housing for aging and disabled individuals. That includes beds that are not on concrete slabs, units with air conditioning, wheelchair accessibility, and assistance for daily living tasks like using the restroom or taking medication. Right now, too many elderly people are in general population units that do not meet their basic physical needs.
3. **Comprehensive geriatric and medical parole reform** - the TDCJ and the parole board must expand and accelerate the release process for aging people, especially those who are no longer a threat to public safety. There needs to be a functional and humane medical parole system, one that allows individuals to be released before they die on a waitlist. Decisions should be made faster, and medical professionals – not just parole officers – should play a central role in those decisions. The TDCJ should also limit the number of people growing old in prison by expanding opportunities for parole. The TDCJ should implement earned time credits for those who demonstrate good conduct and rehabilitation, and enact "Second Look" policies that permit incarcerated people to petition for a sentencing revision after serving a portion of their sentence.

Until these changes are implemented, the TDCJ will continue to force people to age, suffer, and die in conditions that are inhumane and completely avoidable. These reforms are needed to restore basic human rights in Texas prisons.

ILLINOIS: ATTEMPTING TO ADDRESS OVER-INCARCERATION AND NEEDS OF OLDER PERSONS

The population of the state of Illinois is about 12.8 million, of which 58% are non-Hispanic whites, 14% are Black, and 6% are Asian, 9% are multi-racial, 1% are Native American and 9% identify as some other race. Approximately 18% identify as Hispanic of some race.[69] The adult population in Illinois state prisons as of mid-2024 was 29,083 persons, of whom 31.8% were noted as white, 54.4% as Black, 0.4% Asian and the rest of other races.[70] In addition to the egregious over-representation of Black people in the state's prisons, it was estimated in 2023 that 60% of those serving sentences of 15 years or more were Black individuals.[71]

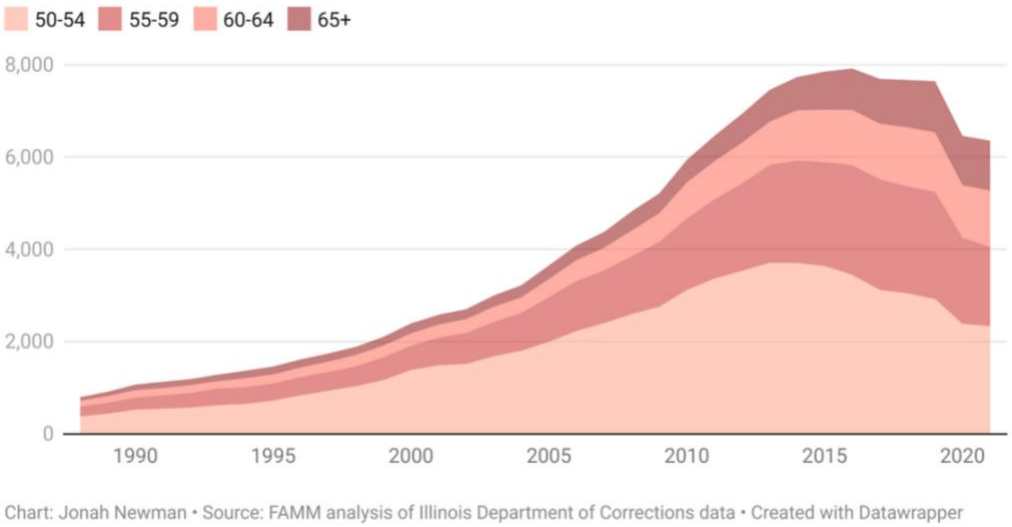
The prison population of 29,083 adults in 2024 is about the same as in fiscal year 1991. The population grew steadily from that year until it reached a peak of 49,401 in 2013, from which time it declined to the current level. Significant declines were experienced during COVID-19. The population in FY 2019 was 39,306, and in FY 2020 it was 32,167.[72] However, prison rights advocates concluded that only 4% of those released in the spring of 2020 were over age 60.[73]

The Illinois Department of Corrections (DOC) keeps statistics separately for incarcerated persons over the age of 50. As of 2024, there were 6,646 people 51 years old or older among the 29,083 adults in state prisons, or about 24% of the total. A more detailed age breakdown of those over 50 in Illinois prisons from 1988 to 2020 is shown

[69] Illinois Department of Public Health. Population by race for Illinois and its counties. Springfield, 2020, https://dph.illinois.gov/data-statistics/vital-statistics/illinois-population-data/population-race.html
[70] Illinois Department of Corrections. Adult individuals in custody on June 30. 2024 (FY24 fact sheet). https://idoc.illinois.gov/content/dam/soi/en/web/idoc/reportsandstatistics/documents/factsheets/FY24-Fact-Sheet.pdf
[71] Ballesteros C. 'I call it pretend freedom': Older adults coming out of Illinois prisons face steep roadblocks in their reentry journey. *Injustice Watch,* June 8, 2023. https://www.injusticewatch.org/criminal-courts/reentry/2023/older-adults-prison-reentry/
[72] Ibid.
[73] Hoerner E. Hundreds of Illinois prisoners released as COVID-19 spreads, but few elderly see reprieve. *Injustice Watch,* May 6, 2020. https://www.injusticewatch.org/criminal-courts/illinois-prisons/2020/hundreds-of-illinois-prisoners-released-as-covid-19-spreads-but-few-elderly-see-reprieve/

in Figure 4. People aged 50 and older comprised about 4% of the prison population in 1988, compared to 24% in 2024.

Figure 4: Age distribution among persons over 50 in Illinois state prisons, 1988-2020[74]



In 2023, it was estimated that more than two-thirds of those over 50 in the state prisons were serving sentences of more than 10 years.[75] As shown in Table 4, incarcerated people over the age of 50 include a higher percentage of people convicted of murder and thus serving very long sentences than in the general prison population (31.7% vs. 20.8%). A significant percentage of both groups were convicted of Class X felonies, which by Illinois law are crimes considered to be the most serious short of first-degree murder. These include aggravated kidnapping, aggravated battery, aggravated robbery and arson, and aggravated sexual assault.[76] By statute, Class X felonies carry a mandatory sentence of 6 to 30 years. But according to the DOC, in 2024 those convicted of a Class X felony served an average sentence of 9 years – thus on the lower end of the possible range – as opposed to 26 years for those convicted of murder.[77]

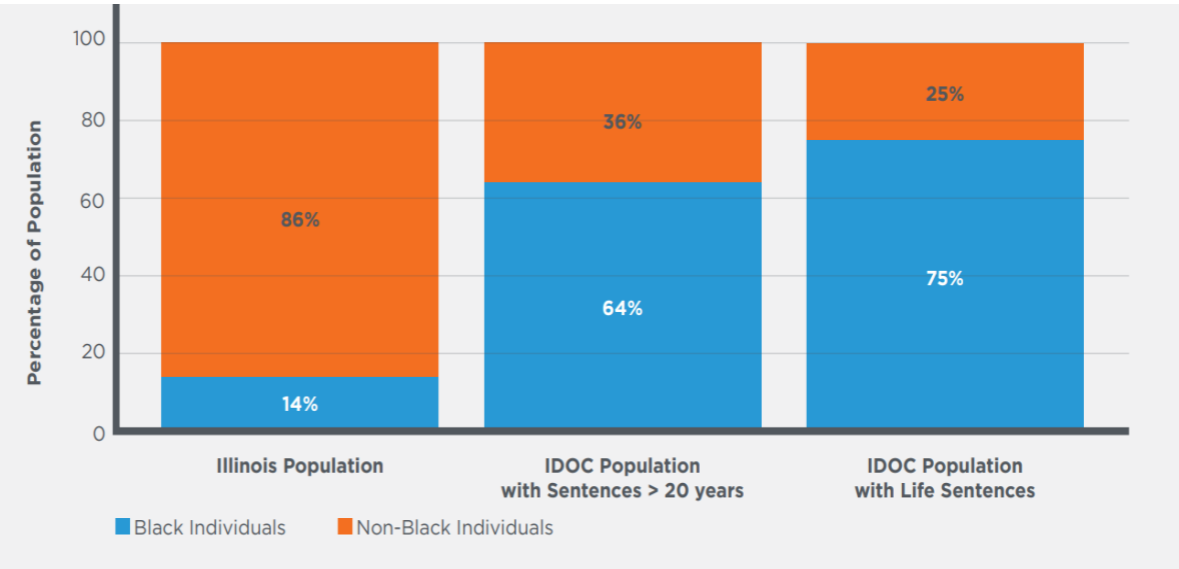
[74] Cited in Ballesteros, op.cit.
[75] Ibid.
[76] Criminal Lawyer Illinois. What is a Class X felony in Illinois? (undated) https://www.criminallawyerillinois.com/2021/05/03/what-is-a-class-x-felony-in-illinois/
[77] Illinois DOC, Adult individuals in custody, op.cit.

Table 4: Sentencing classes of total state prison population & people over 50 years old

Holding Offense Class	Total Population		People 50+ Years Old	
	Number	Percentage	Number	Percentage
Murder (20-60 years)	6,055	20.8%	2,104	31.7%
Class X (6-30 years)	9,596	33.0%	2,399	36.1%
Class 1 (4-15 years)	3,698	12.7%	666	10.0%
Class 2 (3-7 years)	5,695	19.6%	788	11.9%
Class 3 (2-5 years)	2,201	7.6%	330	5.0%
Class 4 (1-3 years)	1,701	5.8%	263	4.0%
Sexually Dangerous Persons (SDP)	137	0.5%	96	1.4%
Contempt of Court	0	0.0%	0	0.0%
Total	**29,083**	**100.0%**	**6,646**	**100.0%**

Sentencing patterns in Illinois are far from race-neutral. As shown in Figure 5, as of 2024, Black people, incarcerated overall at seven times the rate of white individuals, are also hugely over-represented among those in state prisons with sentences longer than 20 years and life sentences.[78]

Figure 5: Racial disparity in sentencing in Illinois state prisons, 2024[79]



[78] Impact for Equity. *Pathways to a future beyond mass incarceration in Illinois.* Chicago, 2025. https://impactforequity.org/report/pathways-to-a-future-beyond-mass-incarceration-in-illinois/

[79] Ibid., page 7.

One estimate suggests that about one-third of the 2023 state prison population will be 50 or older at the time of their release, more than half of them Black individuals.[80] Illinois has sought to address the important issues of early and compassionate release for older persons in prison more than in most states, though advocates assert that more should be done. The state's Joe Coleman Medical Release Act, effective January 2022, allows people in prison "suffering from a terminal illness or medical incapacitation" to apply for release.[81] Medical incapacitation is defined as any "diagnosable medical condition" unlikely to improve in the future, including dementia, that "prevents the individual in custody from completing more than one activity of daily living without assistance or that incapacitates the individual in custody to the extent that institutional confinement does not offer additional restrictions."[82] The bill's namesake was a decorated Army veteran who died of cancer in prison at age 81.

The law was hailed by prison rights advocates and introduced to the public with great fanfare as an example of humane administration of criminal justice. By August 2023, however, the Prisoner Review Board had received 146 requests and denied 94 of them, roughly two-thirds.[83] More than half of the denials involved people over age 60, and half had been in prison for at least 15 years. Two of those who submitted requests died in prison; one person just a few days before his request was denied.[84]

The most recent DOC report on the Coleman Act reported 37 approved releases in 2023, but deferred to the Prisoner Review Board for information on the number of requests received and demographic information.[85] In 2022, the Prisoner Review Board report on the Coleman Act for 2022 found that of 78 applications, 50 were denied – just under two-thirds of all applications.[86] Of the 28 approvals, all but five were persons over the

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[80] Ballesteros, op.cit.
[81] State of Illinois, Prisoner Review Board, Medical Release Act (Joe Coleman Act), https://prb.illinois.gov/medical-release-joe-coleman-act.html
[82] Ibid.
[83] Heffernan S, Qin A, Ballasteros C. Dying and disabled Illinois prisoners kept behind bars, despite new medical release law. *Injustice Watch* with WBEZ, August 30, 2023. https://www.wglt.org/illinois/2023-08-30/dying-and-disabled-prisoners-kept-behind-bars-despite-new-medical-release-law
[84] Ibid.
[85] Illinois Department of Corrections. Joe Coleman Medical Release Act Annual Report, Jan. 1 – Dec. 31, 2023. https://idoc.illinois.gov/content/dam/soi/en/web/idoc/reportsandstatistics/documents/other-reports/joecoleman/CY23-Joe-Coleman-Act-Annual-Report.pdf
[86] Illinois Prisoner Review Board, Joe Coleman Act (Medical Release) – 2022 Annual Report (PowerPoint), https://prb.illinois.gov/content/dam/soi/en/web/prb/documents/22JCanlrpt02.pdf

age of 50; 25 were for men and 3 for women; and 17 were granted to Black people, 7 to whites and 4 to people listed by the board as Hispanic. Of the 50 denials, 35 involved Black individuals and 15 whites, and all but 14 were submitted by people over the age of 50.[87] The board also reported that it received 182 applications that it disqualified as not conforming to the medical criteria stated in the law.

As of July 2025, Illinois Prison Project estimated that one-third of applications had been rejected since the law went into effect, noting however that 60% of those represented by legal counsel in the application process were granted release but only 19% of those who had no lawyers.[88] The Illinois Prison Project provides training and a handbook for lawyers on representing people in their Coleman Act appeals. In addition to the problem of lack of access to counsel, Chicago-based Injustice Watch reports that some people have difficulty making Coleman Act requests because the health professionals who should be able to make determinations of their medical or disability status do not have time to review their cases, or are listed as "not available" in the prison system.[89] People seeking a medical evaluation may wait months even to have contact with a person qualified to judge their condition against the criteria in the law.

Advocates have noted that even if older people are able to secure a medical release, their prospects for appropriate care after release are bleak. As reported by Injustice Watch, nursing homes in Illinois are permitted to reject people based on a criminal conviction.[90] People who have served long sentences will not qualify for significant Social Security or Medicare benefits, which are based on lifetime wage totals. They may also be excluded from subsidized housing or eligible only for housing without accommodation for those with limited mobility or other disability.

More expansive implementation of the Coleman Act and other early release policies could save the Illinois Department of Corrections millions of dollars. A detailed 2025 report by Chicago-based Impact for Equity asserts that the real total cost of maintaining one person in state prison in Illinois is over $80,000.[91] The report details many ways in

[87] Ibid.
[88] Illinois Prison Project, Joe Coleman Medical Release Act CLE, https://illinoisprisonproject.networkforgood.com/events/88304-joe-coleman-medical-release-act-cle
[89] Heffernan et al., op.cit.
[90] Ballesteros, op.cit.
[91] Impact for Equity, op.cit.

which savings could be achieved without undermining security in prison or in the community, including increased use of early release and parole mechanisms and revisiting policies such as "truth in sentencing" and mandatory minimum. Impact for Equity notes that funding shortages combined with poor working conditions and other factors have resulted in a 29% staff vacancy rate in the DOC, including vacancies of health professionals who could help address the manifold needs of older persons in prison.

CONCLUSIONS AND RECOMMENDATIONS

In Iowa, Texas and Illinois, the prison populations are quickly skewing towards old age. This has enormous implications not only for the mental and physical health of incarcerated people, but the legal and financial burdens on the state to address these needs. Long prison sentences, a legacy of long-standing "tough on crime" policies, are clearly driving the growing presence of older persons in state prisons. Black people are dramatically over-represented in the general prison populations in all three states and, where data is available, significantly over-represented among those serving long prison terms.

The measures taken by the states to address the needs of older persons in prison and the costs thereof vary considerably. As of this writing, Iowa has no institutional mechanism for early release based on medical or disability factors. Texas and Illinois have established official procedures for medical and disability-related release, including an unusual statutory development in Illinois, but approvals of applications for these releases in both states have been few compared to the need.

In all these states, the costs associated with addressing the medical, psychological and logistical needs of an older prison population are very high. As health services in state prison systems tend to be underfunded under the best of circumstances, and health professionals may be difficult to recruit, it is in the financial and moral interest of all states to find ways to release older persons while ensuring that they are linked to effective community-based care. There is overwhelming evidence that older people pose little security risk to the community, particularly those over age 65.[92]

[92] See, e.g., the recidivism and age analysis of Prescott JJ, Pyle B, Starr, SB. *Notre Dame Law Review* 2020; 95(4):1643-98.

Positive developments to correct long prison sentences, especially in Illinois and to a lesser degree Texas, though far from perfect, have been due in part to robust civil society monitoring and advocacy. At a time when civil society organizations working on justice issues in the U.S. face many constraints and a difficult political environment, it is important to recognize the essential contribution of this sector.

The challenge of aging prison populations is not limited to these three states. These concerns face prison officials throughout the country. We offer the following categories of recommendations that pertain to all state prison authorities.

Expansive use of all possible release mechanisms: State prison authorities, as well as those responsible for executive and legislative oversight, should do everything possible to establish and maximally use mechanisms for release of people in prison over age 50, especially those who have served lengthy sentences. This should include such measures as expanded parole; revisiting "truth in sentencing" laws; revisiting mandatory minimums and sentence enhancements related to factors such as gun possession; reforming accountability laws to adjust sentences of persons who played minor roles in serious offenses; community service leave; and second-look policies that allow people to appeal for sentence modification based on the age at the time of conviction, rehabilitation activities in prison, excessiveness of the sentence and other factors.[93] Executive-branch authorities and legislative committees should also follow through to ensure retroactivity of new laws that may enable revision of long sentences. People who are convicted of offenses at older ages should be considered for diversion programs to the greatest degree possible. Persons eligible to apply for early release should be ensured adequate access to legal counsel and to health professionals who can evaluate their condition. Numbers of people benefiting from these measures should be reported in user-friendly formats to the general public, including information on cost savings.

Links to adequate post-release care: Expanded early release programs should be coupled with programs to ensure that older people are released to adequate care in communities and families. Links should be made with medical and psychological services in the community that have the expertise and resources to assist people who

[93] See, e.g. Impact for Equity, op.cit., for a detailed description of these measures.

have been incarcerated for long periods, as well as reliable social service institutions to help with housing and other basic needs. Current services may not be prepared to meet the needs of older people reentering the community and may need to consider changes, particularly by increasing services for those with limited ability to work with significant medical, housing, and daily living support needs.

Addressing a travesty of racial injustice: Black individuals in particular are grossly over-represented in every aspect of mass incarceration in the U.S., and to this day are more likely to receive long sentences and enjoy fewer opportunities for release. As a part of reconciliation and reparations examinations to address criminal law-related injustices, state authorities should pay particular attention to racial disparity in harsh sentencing. This should also be applied to policies like felony murder laws that affect young Black people disproportionately.[94]

For older persons remaining in prison: Even with the most robust reforms, many older persons, even those who are ill and disabled, will remain in state prisons. Conditions in prisons with older populations should be studied to ensure that there are age-appropriate programs in all domains, including education and sports, as well as physical facilities that accommodate limited mobility and physical strength. Humane, medically-sound protocols to care for incarcerated people with aging-related dementia should be established, and prisons must be furnished with adequate resources to follow these protocols. Prison health services should have adequate gerontology expertise. People with wheelchairs, canes and walkers should not have to struggle to get from place to place or to climb into an upper bunkbed. Women undergoing menopause and post-menopausal syndromes should have access to the same level of care available in the community.

Demographic and cost information: Government agencies should be required to maintain and publish more complete data records on the type of services, costs, and inequities in the care of older people in prisons. Prison services should make clear in their regular reports the special services that are instituted for older people and their cost as well as the measures taken to enable early release or sentence adjustment and the cost savings derived from these measures. Data should be broken down by age,

[94] Ibid.

gender and race/ethnicity to the greatest degree possible. Decision-making in this area as well as public awareness are undermined by the paucity of specific data related to older prison populations.

Civil society monitoring: Civil society groups with experience in prison and criminal law issues can be important independent observers of actions taken or not taken to address the needs and rights of older prisoners. The state must guarantee their access to prisons and to related policy-making processes.

Older incarcerated people have a right to the same level of services as in the communities surrounding prisons. If achieving this goal is not possible, measures must be found to link older people to specialized services outside prison, including through some form of parole or early release. Prison authorities must be held accountable to provide for the urgent health and social service needs of aging populations and address racial injustice in this subgroup and all parts of the carceral system.

Justice Policy Institute is dedicated to reducing the use of incarceration and the justice system by promoting fair and effective policies.