

THE CRUEL AGING OF MASSACHUSETTS LIFE-SENTENCED PRISONERS:
Practical, Economic and Moral Consequences

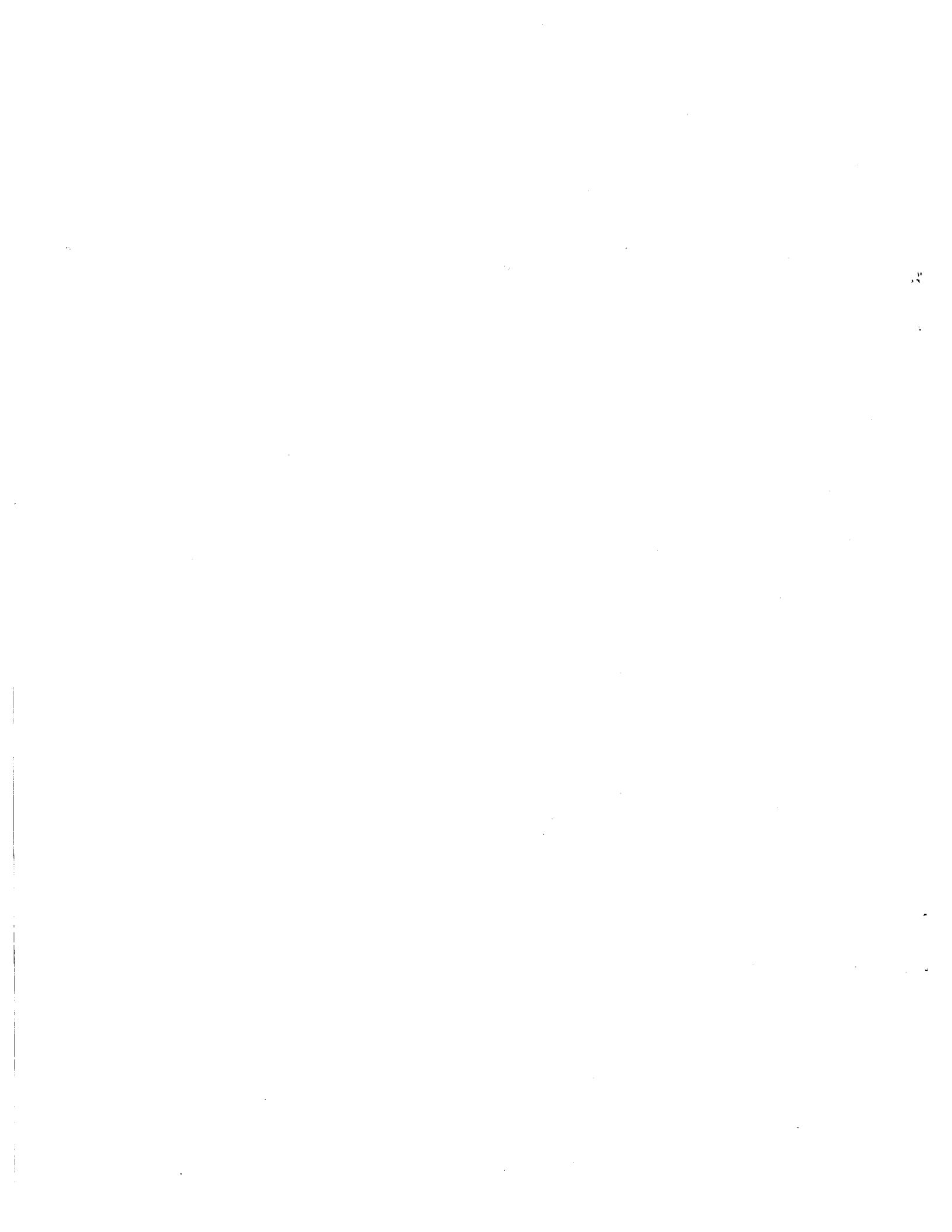
A Lifers' Group Report

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HIGHLIGHTS

- Massachusetts has the most elderly prison population in the U.S. 1
- Elderly prisoners are dying in increasing numbers 2
- LWOP sentences are fueling the aging of the Massachusetts prison population 3
- Massachusetts has the highest percentage of LWOP prisoners in the nation 3
- Census of LWOP population reveals increasing recent court reversals of faulty convictions 4
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- Massachusetts LWOP prisoners number three times those in three times larger New York state 7-9
- Massachusetts annual cost of incarceration for FY2022 exceeds \$125,000 per prisoner 10
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by Dirk Greineder
for Lifers' Group Inc., January 2022
accessible at www.realcostofprisons.org/writing

INTRODUCTION

In 2020, Massachusetts became the state that housed the greatest percentage of Life Without Parole (LWOP) sentenced prisoners while cementing its role as housing the most elderly prisoner population in the United States. This report examines some of the causes and consequences of these circumstances. Additionally, it asks about possible interventions to alleviate resulting deprivations and economic harms to Massachusetts prisoners and society at large.

I. A SURGE OF ELDERLY PRISONERS

A. The Most Elderly Prison Population in the U.S.

Massachusetts has had the oldest state prisoner population in the United States since at least 2016. At that time, the percentage of Massachusetts state prisoners aged 55 and older was 14.4% and an additional 33.1% (also highest in the country) was aged between 40-54.¹ Nationally, between 1999 and 2016, the number of prisoners aged 55 and older increased 280%.² By contrast, during the same interval, criminally sentenced prisoners aged 50 and older in the Massachusetts Department of Correction (MA-DOC), increased almost 6-fold from 4.2% to 24.5%.³

The National Institute of Corrections considers prisoners aged 55 or older as elderly because prisoners age prematurely compared to the free-world population, in part because of deficient prison health care and the stressful conditions of confinement⁴. At least in part due to the special needs of aging prisoners, it has been shown that costs for elderly prisoners are substantially higher than for younger prisoners, typically running anywhere between 2 to 5 times higher than average.⁵

Since 2016, the percentage of criminally sentenced prisoners aged 50 and older in the MA-DOC has continued to increase, reaching 28.8% on January 1, 2020 (last data point before Covid-19 skewed prison populations) (TABLE 1). Since then, in spite of a purported accelerated release of elderly and vulner-

TABLE 1
ELDERLY AND LWOP POPULATION 1999-2021^a

	1999	2009	2019	2020	2021
# Aged 50 & Over	464	1740	2280	2193	2005
% Aged 50 & Over	4.2%	16.8%	28.3%	28.8%	31.9%
# LWOP prisoners	695	938	1081	1083	1051
% LWOP Prisoners	6.2%	9.1%	13.4%	14.2%	16.7%

^a Criminally sentenced jurisdiction population on January 1 of each year. Data from "Population Trends" (MA-DOC 2009-2020).

able prisoners as well as the increased deaths of older prisoners because of the Covid-19 pandemic, the increase in elderly prisoners has accelerated so that by January 1, 2021, 31.9% of MA-DOC prisoners were aged 50 and older.⁶

B. A Silver Tsunami of Prisoner Deaths

With the progressive aging of the MA state prisoner population has come an ongoing wave of in-prison deaths among the elderly and debilitated. The MA-DOC reports 42 prisoner deaths in 2020. At least 2 more prisoners were not included on this list because they were released on medical parole only days before dying in hospital from acute Covid-19 complications and so will be added to the total.

Not surprisingly, 33 (75%) of these in-prison deaths were among those aged 60 and older (4 were aged in their 80s, 18 in their 70s, and 11 in their 60s). These deaths, apparently due to various medical conditions and Covid-19, are expected in an elderly population and also reflect that many prisoners are chronically ill and debilitated, no longer posing a risk to public safety if released. Of the remaining 11 under age 60, 4 died by homicide (1 each by hanging (suicide) and "under investigation" among those in their 50s and 30s, respectively). The other 7 apparently died of natural causes (2 aged in their 50s, 3 in their 40s, 1 in his 30s, and 1 at age 28).

Although Massachusetts enacted a medical parole statute in 2018, none of these dying prisoners were timely released. The stated dual purpose of this statute is to reduce costs and provide humanitarian relief to aging prisoners. Prisons simply are not equipped to provide effective or meaningful end-of-

life care and all these prisoners died in hospital. Earlier release would have greatly reduced costs because of security needs for transportation, diagnosis, and hospitalization. These issues are discussed further below (section VII.C).

II. LIFE WITHOUT PAROLE SENTENCES FUEL THE AGING OF PRISONERS

A primary reason prisoners in the MA-DOC are the oldest in the country is the large number of prisoners serving Life Without Parole (LWOP) sentences which in Massachusetts (MA) are mandatory for all those convicted of first degree murder. Between 1999 and 2019, the percentage of LWOP prisoners in MA more than doubled, from 6.2% to 13.4%. By January 1, 2020, LWOP prisoners comprised 14.2% of the population, for the first time causing Massachusetts to surpass Louisiana as the state with the highest percentage of LWOP prisoners in the nation.⁷ Only one year later, by January 1, 2021, the percent had increased to 16.7%, although the number of LWOP prisoners had declined because of deaths, emergency releases and, very notably as shown in TABLE 2, increasing numbers of court releases due to erroneous and faulty convictions. Total prisoner numbers also decreased due to court closures from the Covid-19 pandemic. The census of LWOP prisoners 2009 to 2021 is summarized in Table 2.

Because LWOP prisoners are destined to age and die in prison, it is almost inevitable that they will be the most elderly. TABLE 3 summarizes the obvious aging of the LWOP population over the last ten years. By 2021, more than half (53%) were aged 50 and older, over a quarter (27%) were 60 or older, and 10% were 70+ years old. It is apparent that the older age groups are increasing most rapidly although the numbers for those 80 and over are skewed

TABLE 3
AGING OF LWOP POPULATION IN MA-DOC 2011-2021

Age of LWOP Pop	January 1, 2011		January 1, 2021		% Change in Percentage
	# LWOP	% Total	# LWOP	% Total	
>= 50	360	38%	557	53%	+39%
>= 60	158	16%	284	27%	+69%
>= 70	33	3%	109	10%	+230%
>= 80	4	0.4%	11	1%	+149%
Total LWOP	959	100%	1051	100%	

Data from Lifers' Group public records requests from DOC 2015-2021.

TABLE 2

ANNUAL CENSUS OF MASSACHUSETTS FIRST DEGREE LWOP PRISONERS^a

Year	2009	2010	2011	2012	2013	2014	2015	2016	2017	2018	2019	2020	Total
LWOP Census on January 1	938	957	987	1017	1042	1070	1030	1035	1056	1070	1081	1083	
# of New LWOP Commitments	39	38	26	41	40	35	24	35	21	25	24	6	354
LWOP Prisoner Deaths	11	4	7	6	8	10	8	12	4	8	8	6	92
LWOP Medical Parole	--	--	--	--	--	--	--	--	--	--	--	17 ^b	17
LWOP Court Releases ^c	2	7	1	4	4	0	8	4	6	3	10	13 ^d	62
End of Year Census	957	987	1017	1042	1070	1030 ^e	1035	1056	1070	1081	1083	1051 ^f	

^a Criminally sentenced jurisdiction population (per serial public records requests from DOC, 2011-2021).

^b Includes at least 2 LWOP prisoners granted medical parole only 1-2 days before dying while hospitalized with terminal Covid-19 infection (D. Becker, WBUR, Nov. 30, 2020).

^c Sentence or verdict vacated or revoked (Public records response, DOC, June 2, 2021).

^d Includes 1 released on parole after sentence revision (Public records response, DOC, June 2, 2021).

^e 65 juvenile first degree LWOP prisoners reclassified in 2014 based on "Diatchenko v District Attorney for Suffolk County", 466 Mass. 655 (2014), revising their sentences to ones with parole eligibility.

^f 2 additional LWOP prisoners remain unaccounted for--sentences are presumed vacated/revoked per DOC public records response, 6/2/21. [NB: 1083 + 6 new = 1089 - 36 died/released/paroled = 1053].

because of their high death rates. There were 4 deaths during 2020 among the nine 80+ year olds alive on January 1, 2020, amounting to 44% of that cohort. By contrast, among 95 LWOP prisoners aged 70-79 on January 1, only 18 (19%) died in 2020.⁸

III. HIGH COVID-19 MORBIDITY AND MORTALITY

The percentage of LWOP prisoners aged 50+ continued to rise during the Covid-19 pandemic and reached an unexpected 17.7% of prisoners by July, 2021.⁹ This was in spite of excessive MA-DOC prisoner deaths from Covid-19 infection which, similarly to national rates for prisoners, have been at least three times higher than the highest levels seen in free-world communities.¹⁰

There is evidence that the failure of the MA-DOC to heed recommendations from medical experts¹¹ and the Courts¹² to release vulnerable and elderly prisoners directly caused excessive infections from Covid-19 in MA prisons. A recent study demonstrated a 12% to 18% increase in prisoner infections for each 10% increase in the density of the Massachusetts prison population, proving that prison crowding significantly increased morbidity (long-hauler consequences) and mortality for prisoners.¹³

IV. FALLING PRISONER NUMBERS A CRUEL HOAX

A simplistic review of an apparently significant decrease in the prison population since early 2020 might suggest that the MA-DOC did, to the best of their ability, effectively reduce prison crowding during the pandemic. For instance, both the Jurisdiction and Criminally sentenced populations decreased by similar amounts during 2020: by 1444 (from 8292 to 6848) and by 1320 (from 7602 to 6282), respectively. However, Admissions and Releases data shown in TABLE 4 reveal that NONE of these decreases resulted from actions by the MA-DOC. The major factor was the closure of courts which caused a major reduction of 1181 new criminal court commitments compared to 2019. There was also a modest downturn in Parole Board detainers which, combined, reduced total admissions by 1279 persons compared to 2019.

Strikingly, review of Release data shows that overall there were 278 fewer releases in 2020 than in 2019. The only source of increased releases in 2020 was the result of the Parole Board granting paroles to 260 more persons than in 2019. Incomprehensively, the MA-DOC itself managed to release 441

TABLE 4
ADMISSIONS & RELEASES OF CRIMINALLY SENTENCED PRISONERS

	2016	2017	2018	2019	2020
<u>ADMISSIONS</u>					
New Commitments	2186	2226	2055	1924	743
Parole Viol/Detain	234	229	223	252	203
Other	158	105	98	84	35
Total	2578	2560	2406	2260	981
<u>RELEASES</u>					
Expired Sentence	1692	1601	1527	1443	1002
Release to Parole	583	514	593	609	869*
Release to Other	451	414	389	402	302
Other**	90	98	89	89	92
Total**	2816	2627	2598	2543	2265

* 368 were released April-June, 2020.

** Excludes non-DOC jurisdiction prisoners.

fewer prisoners to the community than in 2019, as well as another 100 fewer to other sentences (predominately probation), for a total of 541 FEWER prisoners released from prison confinement than in 2019. It is unclear how this was accomplished since many of these releases should have been based on immutable expirations of sentence. However, the MA-DOC suspended Earned Good Time for prisoners because of the Covid-19 lockdown, which likely had some effect. No matter the exact means, it is obvious that the MA-DOC managed to at least delay the release of some 541 prisoners compared to 2019 and prior years.

Tragically, these maneuvers which kept prisoner numbers high almost certainly increased prisoner deaths and illness rates from Covid-19. Eliminating a large portion of the beneficial decrease in new prisoner criminal court commitments which occurred during 2020 because of the paralysis of the courts as well as other Covid-19 disruptions kept prisoner densities and crowding high. This trend was discovered as early as November 2020,¹⁴ although full details had to await access to MA-DOC publication of the data now compiled in Table 4. As was discussed in section III, the increased crowding caused by the MA-DOC's callous reduction of prisoner releases at the height of the pandemic certainly added to prisoner long-haul health after-effects and increased mortality. As such, it was unconscionable.

V. A SURPLUS OF LIFE-SENTENCED PRISONERS

A. Growing Percentage of Life-Sentenced Prisoners

There can be little doubt that the large number of life-sentenced prisoners has contributed to the rapid aging of prisoners. FIGURE 1 shows the increase in the percentage of first and second degree life-sentenced prisoners in the MA-DOC between 1999-2019. The percentages have risen even more sharply since 2019, such that by the summer of 2021, 18% of MA-DOC prisoners were serving LWOP and an added 15% were serving Life With Parole (LWP).

Some might think that it makes sense to have such large proportions of prisoners incarcerated for the most serious crimes, especially murder. However, because of Massachusetts felony murder laws, these life-sentenced prisoners include many offenders who actually have never killed or even had any intention to kill.¹⁵ A recent survey of lifers at MCI-Norfolk showed that 27% of LWOP and 18% of LWP prisoners were serving life sentences under felony murder statutes even though they never killed.¹⁶ Additionally, changes to habitual offender laws in 2016 which eliminated parole and probation eligibility for many third strike offenders have added 20 new crimes besides murder which now result in virtual LWOP sentences. In short, many prisoners serving these harsh sentences have never killed or intended to kill, and many have matured and are rehabilitated and pose minimal risks to public safety if released. (See also sections IX.B & C).

B. An Unnecessary Excess of LWOP Prisoners

Evidence supporting arguments that Massachusetts is incarcerating too many prisoners with LWOP sentences is encapsulated in TABLE 5. It is noteworthy that Massachusetts, by comparison with other New England and regional states, has by far the largest number of LWOP prisoners, both in absolute numbers and by percentage of total prisoners. Perhaps most revealing is the per capita rate of LWOP sentences. The Massachusetts rate of 15 LWOP prisoners per 100,000 state population is markedly higher than the rates of the other listed states even though, as also shown, Massachusetts ranks in the middle of the range for rates of intentional homicides (a statistic that encompasses all classes of murder and non-negligent manslaughter). The number of Massachusetts LWOP prisoners is four times the number of all five other New England states combined. The disparity is even more extreme when contrasted with other regional states such as New Jersey (30% more populous) and New York (three times larger).

FIGURE 1

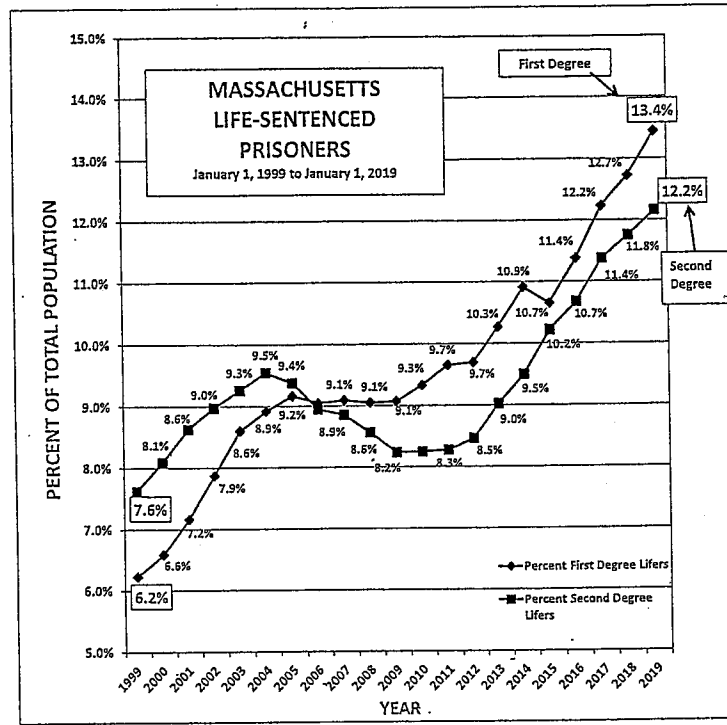


FIGURE 2

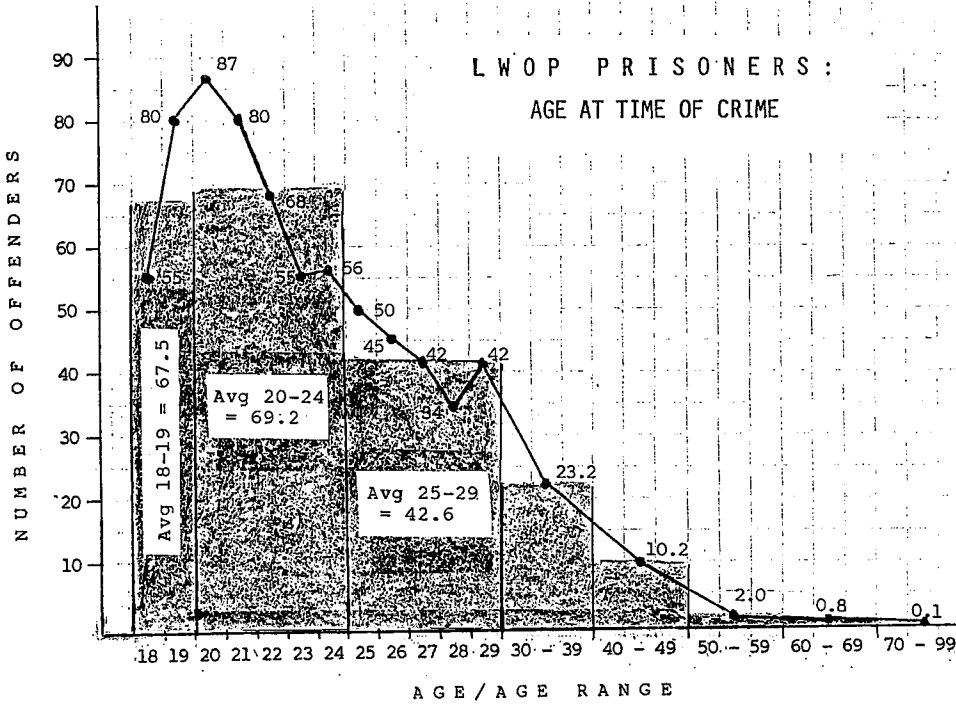


TABLE 5
EXCESSIVE LWOP SENTENCES IN MASSACHUSETTS^a

State	# of LWOP Prisoners	% of LWOP Prisoners	LWOP/100,000 Population	Int'l Homicides ^b per 100,000 Pop
Massachusetts	1057	14.1%	15.0	2.2
Connecticut	68	0.6%	1.9	2.4
Maine	62	3.0%	4.5	1.7
N. Hampshire	77	3.4%	5.6	1.4
Rhode Island	28	1.5%	2.5	2.4
Vermont	16	1.2%	2.5	1.6
New York	303	0.7%	1.5	3.0
New Jersey	94	0.5%	1.0	3.9

^a Data sources: A. Nellis, "No End in Sight" (The Sentencing Project, 2021) & 2020 U.S. Census Bureau data. Data as of 1/1/2020 is according to A. Nellis and differs marginally from data reported by MA-DOC to Lifers' Group.

^b Ten Year (2010-2019) average Intentional Homicide rate per 100,000 population includes First & Second Degree Murder and all Manslaughters. Rates calculated from <https://en.wikipedia.org/wiki>.

It is apparent that Massachusetts is an extreme outlier with regard to number, percentage, and per capita rates of LWOP prisoners. Ample evidence establishes that these high rates of incarceration are not the cause of the low rates of the associated crimes.¹⁷ Nor, with average state-wide murder rates, is there an urgent need to deter excessive rates of violent crime. Massachusetts' highest murder rate is in the city of Boston, which has long held one of the lowest rates of homicide compared to other major U.S. cities. The findings summarized in Table 5 are unchanged from those reported five years ago, establishing that this has been a persistent pattern.¹⁸

VI. YOUNG MEN MURDER BUT OLD MEN DO THE TIME

Although Massachusetts LWOP prisoners are the most elderly among criminally sentenced prisoners, FIGURE 2 reveals that murder rates are highest among young offenders. The figure reveals, as shown by the line graph, the numbers of murders committed for each year of offenders' ages for those between the ages of 18-29 and the 10 year average rates for subsequent decades. The bar graph provides rates averaged over the time intervals depicted. The median age of offense at the time of the crime for 1057 LWOP

prisoners who were in prison on January 1, 2020, is 25 years. With 53% of LWOP prisoners aged 50 and older, it follows that approximately half of LWOP prisoners had served 25 years or more at the time of the data collection.

As of summer 2021, one in 3 state prisoners in Massachusetts was serving a life sentence and one of 5½ state prisoners was serving a LWOP sentence. And, as of January 1, 2020, more Massachusetts prisoners were serving life sentences than the total prisoner population incarcerated in the Commonwealth in 1970.¹⁹ The LWOP population in the MA-DOC increased by 56% between 1999 and 2020, from 695 to 1083. During this interval, Massachusetts and Boston crime rates, like national rates, have steadily decreased, and murder rates over the last two decades have been approximately half of rates seen before the turn of the century,²⁰ suggesting that these high and growing numbers of life-sentenced prisoners are unnecessary to protect public safety.

VII. ECONOMIC CONSEQUENCES OF AN AGING PRISONER POPULATION

A. Escalating Annual Costs of Incarceration

Among the consequences of the aging prison population has been the dramatic increases in costs of incarceration. Massachusetts state prison expenditures per prisoner have always been among the highest in the nation but have exploded in recent years. In FY2011 the MA-DOC budget was \$532 million to house 11,490 prisoners for an average cost of \$46,301/year. By FY2016 costs had risen to \$594 million and the prisoner population declined to 10,598, for an average annual cost of \$56,048.²¹ TABLE 6 summarizes annual data and costs from FY2018 through FY2022. By FY2018, the state prison population had decreased to 8,835 while the budget had soared by \$64 million to \$658 million, leading to an average annual cost of \$74,480. As shown, costs have risen steadily even as prison populations have continued to decline. Based on present data, predicted FY2022 costs will have escalated to an incredible \$127,154 per prisoner per year. An important reason for this is that MA-DOC staffing levels have not decreased commensurately with prisoner numbers. FY2018 total staff equaled 4,634 FTE including 3,366 FTE of security staff, while these numbers were 4,518 and 3,207, respectively, for FY2021.²² The minimal decrease of only 116 total staff and 159 in security staff vividly contrasts with the much larger decrease of 2,282 prisoners between FY2018 to FY2021. By FY2021, costs for security staff accounted for 71% of the DOC's budget and the ratio of staff to prisoners reached an astounding level of

TABLE 6
AVERAGE ANNUAL COST PER MA-DOC PRISONER

	FY 2018	FY 2019	FY 2020	FY 2021	FY 2022
MA-DOC Budget (in Millions)	\$658.90	\$678.56	\$730.88	\$730.61	\$763.18
Custody Pop ^a (January 1)	8,835	8,425	7,900	6,553	6,002 ^b
Avg Annual Cost/Prisoner	\$74,480	\$80,541	\$92,516	\$111,492	\$127,154
% Increase from Prior year	---	+ 8%	+15%	+21%	+14%
FY2018	---	+ 8%	+24%	+50%	+71%

^a Custody population count on January 1 each fiscal year (halfway through FY)
Data sources: DOC "Fact Cards" & Lifers' Group public records requests from
DOC 2018-2021.

^b Custody population December 6, 2021 (DOC Weekly Count Sheet).

TABLE 7
MEDICAL COSTS IN THE MASSACHUSETTS DOC

	FY 2016	FY 2017	FY 2018	FY 2019	FY 2020	FY 2021
Medical Costs (in Millions)	\$ 94.45	\$115.31	\$135.30	\$169.09	\$174.32	\$184.54
Custody Pop ^{**} (January 1)	9,479	9,015	8,835	8,425	7,900	6,553
Avg Annual Cost/Prisoner	\$ 9,964	\$12,791	\$15,315	\$20,070	\$22,066	\$28,161
% Increase from Prior year	---	+28%	+20%	+31%	+10%	+28%
FY2016	---	+28%	+54%	+101%	+121%	+181%

^{**} Custody population count on January 1 each fiscal year (halfway through FY)
Data sources: DOC "Fact Cards" & Lifers' Group public records requests from
DOC 2017-2021.

1:1.5.

B. Short-sighted Prioritization of Expenditures

A compounding problem is that even with such exorbitant expenditures, the MA-DOC appears to skimp on prisoner rehabilitative programming, which has never been a budgeting priority. Total annual expenditures for prison programming have been at or below 2% of the annual DOC budget since at least the turn of the century and during FY2016 through FY2021 have ranged no higher than between 1.2% - 1.9%.²³ This short-sighted lack of funding for rehabilitative programming deprives many prisoners of adequate opportunities to become rehabilitated. For example, in a comprehensive 2016 review of MA-DOC programs, a report by the Justice Center of the Council of State Governments found that only a minority of prisoners were able to participate in or complete their necessary programming to address their documented criminogenic needs. For the three most needed and important programs, Substance Abuse Treatment, Sex Offender Treatment, and Violence Reduction Programming, only 44%, 53% and 32%, respectively, were able to complete these programs before their release.²⁴ The most common reason for such low rates was that there were insufficient openings in programs to accommodate the demand. These failures cause offenders to return to society without the necessary skills to alleviate and control their criminogenic tendencies. Such deficits increase recidivism and overall costs while decreasing public safety.

Education, another critical component of prisoner rehabilitation, is similarly short-changed by the MA-DOC. Approximately 41% of new prisoner admissions are high school dropouts and only 46% have a high school diploma or GED.²⁵ Studies have shown that education dramatically reduces recidivism and improves the earning ability of ex-prisoners, improving long-term and successful re-integration into society.²⁶ Here again the MA-DOC fails to meet prisoners needs. Between 2015 and 2021, educational staff has been limited, comprising only 1.5% to 1.9% of total staffing.²⁷ Throughout the last five years, an average of only 79 FTE of educational staff has been available for teaching ESL, GED, academic and vocational education for all 14 to 17 MA-DOC correctional institutions. Such a shortage of teachers virtually assures that few prisoners will be able to accomplish their educational goals. This adds to inadequate rehabilitative programming and substantially disadvantages prisoners' efforts to get jobs as they strive to re-integrate after release which, in turn, increases recidivism.

C. Soaring Medical Costs

An additional factor, closely correlated with the high number of elderly prisoners, is the skyrocketing of medical expenditures for the MA-DOC. TABLE 7 reveals that annual medical costs have almost tripled from \$9,964 per prisoner to \$28,161 per prisoner in only 5 years. This expenditure is sharply higher than the average annual per capita expenditure of U.S. citizens which averaged \$9,775 in 2016 and \$10,921 in 2019.²⁸ While one might hope that such extravagant spending by the MA-DOC would reflect concierge-quality medical care, the reality is that access to health care in the DOC has never been more challenging than in the last three years. Access to minimal care is more cumbersome than ever and access to quality or specialty care is severely delayed, compromised and frequently totally unavailable.²⁹ Matters further deteriorated during the pandemic, with almost zero referrals to medical care outside of rudimentary prison-based providers between April 2020 and summer 2021. Even in-house access remains extremely slow, unresponsive and cursory.

There can be little doubt that extraordinary expenditures result from the difficult interaction between medical needs of aging and infirm prisoners and security concerns associated with incarceration. The complicated matter of balancing prison security concerns with punishment as well as compassion for aging and ill prisoners was addressed in a 2011 report.³⁰ Here, nationally recognized experts on the provision of prisoner health care noted that the average annual costs for healthcare, protective transportation and guards for some seriously-ill prisoners in California approximated \$1.97 Million per prisoner! Although there is no evidence of such huge expenditures in Massachusetts, the data summarized in Tables 6 and 7 suggest that nevertheless there may be hidden and unexplained costs associated with managing health care for prisoners in MA prisons. These considerations emphasize the need to re-assess whether such aging and infirm prisoners actually need to be incarcerated. Relieving exorbitant levels of medical and overall expenditures for incarceration also would open avenues to shift funds into other public requirements. (See section VIII.B).

VIII. THE COLLATERAL ECONOMIC BURDENS OF INCARCERATION

A. Substantial Costs Beyond Money Spent on "Corrections"

Even as the scale and cost of U.S. incarceration have expanded exponentially over the past fifty years, costs have typically been assessed

exclusively through the budgets of corrections departments. Additional research, however, has found that the actual real costs far exceed this simplistic assessment.³¹ There are substantial costs beyond DOC budgets to communities, families, and society in general that need to be considered. A comprehensive and carefully documented report from Washington University in St. Louis lays out an argument that true aggregated costs total approximately ten times the budgetary expenditures of correctional institutions.³² This report meticulously calculates overall costs of incarceration by including costs that impact multiple domains in communities, social structures and necessities. The analysis found that the direct budgetary costs of corrections amounted only to 9% of the total. An additional 39% was attributed to costs to the incarcerated population and the largest fraction, 52% of total costs, was incurred by communities, families and children.

The authors showed that nationally the 2016 costs attributed to the running of correctional institutions amounted to \$90 billion. Approximately \$393 billion more were attributed to costs borne by the incarcerated. The largest components of these derive from reductions in lifetime earnings of prisoners during and after incarceration (about \$300 billion) with the remainder attributed to the higher mortality of previously incarcerated prisoners as well as injuries to prisoners. The largest fraction, about \$530 billion, was due to costs borne by society at large, including communities, families and children. Here the authors attributed the most important piece to the criminogenic consequences of incarceration in society, which accounted for some \$285 billion. This and other studies have shown that incarceration likely increases crime by "reinforcing behaviors and survival strategies that are maladaptive outside...prison",³³ as well as removing large numbers of persons from their communities, which weakens overall social structure and income. There are also costs due to the increased rates of criminality of children of incarcerated parents which accrue an additional \$130 billion, with the remaining balance attributed to costs incurred by families, homelessness, reentry, and severe family and social disruptions.

Although carefully documented and referenced, this study is, of course, not necessarily definitive. It is almost certain, however, that the basic principles and assessments are valid, and that the true costs of incarceration far exceed the much more modest direct budgetary costs spent by corrections departments themselves. Even assuming that only a few of these assessments

apply to Massachusetts, it is likely that the true costs of incarceration here are substantially above the approximately \$1.5 billion budgeted annually for the MA-DOC and Sheriffs' departments in MA. And, if the societal necessities impacted and consumed because of incarceration rise to the levels suggested by this study, urgent action would be advisable. One immediate consideration should be to decrease the numbers of aging life-sentenced prisoners that no longer pose meaningful risks to public safety. (See comments in section IX).

B. Diversion of Financial Resources From Societal Needs due to Incarceration.

The substantial direct and collateral costs of incarceration have additional serious consequences. There is inevitably a substantial diversion of limited resources from other urgently needed societal requirements, such as K-12 and Higher Education, Public Health, Local Aid, Employment Security, Transportation and Community Investment. State budgets are limited and costs incurred by each sector necessarily affect the others. It is well documented that over the last two decades, state and county correctional spending in Massachusetts has seen disproportionate increases at the expense of most other public sector requirements.³⁴ These reports clearly document the ongoing shifting of public funds in MA from other necessary areas of public needs even as correctional budgets have disproportionately increased.

Additionally, the many societal and family costs documented by the 2016 Washington University study emphasize the urgent need for ongoing and robust financial support of the community and societal needs. And, it is these exact needs that simultaneously are exacerbated and cannibalized by the societal disruptions which are created by the excessive levels of incarceration.

IX. CONSIDERATIONS REGARDING RECIDIVISM AND RELEASE OF AGING PRISONERS

A. Recidivism in U.S. Correctional Systems

Recidivism is purported to be the most commonly applied, results oriented, measure of successful outcomes of incarceration. This would seem to imply that the U.S. "Correctional System" considers rehabilitation a prime objective. However, after briefly considering requiring rehabilitation an important aspect of incarceration, the U.S. Supreme Court, in the late 1970s, reversed course to abandon the goal of prisoner rehabilitation. Instead, the Court chose to focus on sequestration, deterrence, and retribution as the main functions of imprisonment.³⁵ Although Massachusetts laws require the

Commissioner of the Department of Correction to provide prisoner education and rehabilitation,³⁶ this requirement has never been enforced.

Additionally, the multitude of divergent criteria that are used to define recidivism continue to substantially complicate the understanding of this important measure. Federal agencies generally measure arrests as the signal for re-offense, while Massachusetts typically measures re-imprisonment. However, because Massachusetts also routinely includes technical violations as a trigger for confinement, this measure implicates simple violations of the rules of parole or probation which typically represent non-criminal acts. These may be trivial, easily violated and occasionally onerous rules which generally are irrelevant as measures important for public safety. In fact, a large fraction of the U.S. measures of recidivism fail to reasonably assess whether the triggering violations implicate public safety, which neglects an important recommendation made by the United Nations 1994 report on life imprisonment.³⁷

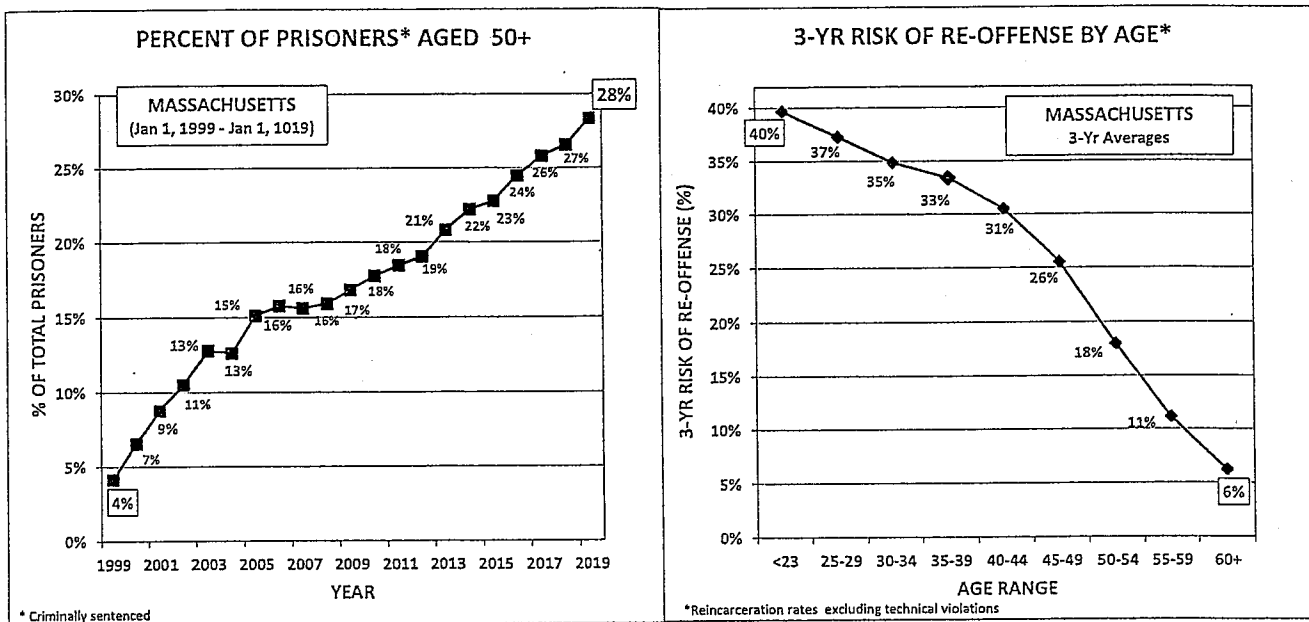
While it is natural to question what went wrong when prisoners released from prison recidivate, most U.S. agencies have falsely concluded that recidivism is the result of not enough punishment. Consequently, sentence lengths are increased rather than improving rehabilitation. The latter is a central component of incarceration in most other Western countries which achieve much lower rates of re-offense.³⁸ Further, it has been shown that longer sentences fail to prevent future offenses and do not correlate with the deterrence of crime.³⁹ Nevertheless, lengthening sentences has been the knee-jerk but counter-productive history of U.S. jurisprudence over the last 50 or so years. And, this has caused both rampant mass incarceration and the inexorable aging of prisoners.

B. Aging Out of Crime

Allowing the indiscriminate aging of prisoners highlights another issue which ignores that people naturally age out of criminal behaviors. The Age-Crime Curve concept, that the incidence of all crimes is highest during late teen and early twenties, then fairly rapidly decreases as people age, is well studied and tested.⁴⁰ The progressive decline as potential offenders age is equally true for all types of crime, including murder (see, for example, Figure 2, the aging-murder curve of Massachusetts LWOP prisoners, which mimics the age-crime curve for other types of offenses).

The same facts apply to the propensity of prisoners to recidivate after

FIGURE 3



release from prison. The highest rates of recidivism are seen among the young with notable reductions as prisoners age.⁴¹ FIGURE 3 depicts in the right panel the rapid decrease in recidivism rates as prisoners age. The left panel summarizes the progressive aging of the MA prisoner population, 1999–2019. These data highlight serious questions about the necessity or even advisability of very long or life-long sentences for the elderly which currently keep prisoners in prison at great expense long after they no longer pose meaningful risks to public safety.

C. Murderers Rarely Kill Again

Substantial data support arguments that those convicted of violent crimes, especially murder, are the least likely to reoffend.⁴² A large national study (272,111 released from 15 states) found that of those released after homicide convictions (including murder and manslaughter) only 1% were re-arrested for a second killing.⁴³ Another Bureau of Justice Statistics report of over 400,000 prisoners released from 30 states showed that only 2% of those released after a homicide conviction were arrested for another killing during five years following release.⁴⁴ Also noted was that homicide offenders were the least likely to be arrested for any crime compared to those

convicted of all other crimes. It is important to note that the re-arrest rates cited in these two federal studies inflate negative outcomes. This is because many of the arrests do not result in convictions or re-imprisonment. Both the latter study and another study about recidivism of federal prisoners report that rates of eventual imprisonment or conviction are only half of re-arrest rates. Federal data also shows that the re-arrest rates for homicides among all released prisoners is only 1.3%.⁴⁵

Many other studies of recidivism reported by states support the same low levels of re-offending for murderers. One expert has opined that "[i]ndividuals who are released on parole after serving sentences for murder consistently have the lowest recidivism rate of any offenders".⁴⁶ In some instances, murderers who were originally considered to be the worst kind of offenders and who gained release only due to court and procedural errors that forced reversal of their convictions, were the very ones demonstrating these lowest rates of re-offending. These include, for example, almost 243 death row inmates released under Furman v Georgia,⁴⁷ and 188 elderly lifers released unexpectedly in Maryland under Unger v State,⁴⁸ all of whom had very low rates of serious offenses after release. Additionally, authors reporting on the Furman cohort also separately reported in 1989 that of 11,532 murderers released between 1971-1975 only 26 (0.2%) had killed again.⁴⁹ Similarly, in a study of prisoners aged 55 and older convicted of homicide in New York who were released between 1991 and 2014, only 0.2% were re-imprisoned for a subsequent homicide.⁵⁰ And, in a 2011 report of 368 convicted murderers released in New York State 1999-2003, only 1.6% were re-imprisoned for any felony and none of them committed another murder.⁵¹ Also, data from a large cohort of 860 murderers released in California found "minuscule" rates of re-offense and no repeat homicides even though many were released at relatively young ages when higher rates of recidivism might have been expected.⁵²

A comprehensive study of older prisoners reported that national numbers of arrests for murder among those aged 55 and older made up only 3% to 4% of total murder arrests during the years of 1993, 2003, and 2013.⁵³ This study also showed that murder rates/100,000 were 10-19 times lower among those 55 and older compared to young age groups.

There is also international evidence supporting lower rates of recidivism as well as improved outcomes with much shorter sentences than prevalent in the U.S., some of which was recently summarized by Nellis &

Bishop.⁵⁴ Taken together, all of these data provide strong arguments in favor of shorter sentences and for the timely release of even those convicted of violent crimes, including homicide.

Many states have noted that a majority of elderly prisoners aged 50+ are first offenders who have aged in prison.⁵⁵ For example, Ohio reported in 2009 that among prisoners aged 50 and older, 71% of all prisoners and 72% of prisoners committing crimes against persons, were first time offenders.⁵⁶ Massachusetts, however, has not reported data on rates of first offenders.

Massachusetts also fails to consistently track or report recidivism data or subsequent crimes for the many second degree murderers released on parole. However, review of 214 second degree life-sentenced prisoners (the vast majority convicted of murder) released on parole in MA since 2009 has shown low rates of recidivism.⁵⁷ The most common cause for reincarceration was for technical violations and only one killed again, for a rate of 0.5%.⁵⁸

A cohort of 21 Massachusetts juvenile first degree murderers who were juveniles under the age of 18 at the time they committed their crimes have been released on parole. These offenders were originally sentenced to LWOP, but because of a decision by the Supreme Judicial Court in 2014, they became eligible for parole. While some had aged in prison before the decision, overall most in this cohort were released at relatively young ages and all have defied any youthful tendencies to re-offend with serious crimes.⁵⁹ Their success and uneventful re-integration into society provide evidence that amending LWOP sentences can result in positive outcomes.

In short, these and other related data show that even those convicted of murder and other violent crimes are able to be released safely without substantial risks to public safety. Notably, the data for release are most robust and convincing for the release of murderers who have become elderly and have naturally aged out of meaningful criminal tendencies.

X. NEEDS AND ROLES OF CRIME SURVIVORS

The release of criminals, especially those convicted of murder and violent crimes is often fraught with concerns about the expectations of survivors of these crimes, including family and friends. It can be especially difficult for survivors when society considers modifying sentences originally held to be permanent, such as death or LWOP. Nevertheless, such changes previously have been successfully instituted for the abolition of death

penalties, juvenile LWOP sentences and, as practiced in Western European countries, the virtual abolition of LWOP sentences. Thus we find that "[t]hroughout Europe, all life sentences must include reasonable expectation of release and the details of possible release are discussed at sentencing."⁶⁰ Importantly, none of these changes in policies have resulted in significant societal disruptions. For example, in the U.S., invalidating the application of the death penalty as punishment for crimes other than homicide (Kennedy v Louisiana 2008), for the intellectually disabled (Atkins v Virginia 2002), for those under age 18 (Roper v Simmons 2005), or for the retroactive restriction on mandatory LWOP sentences for juveniles under 18 (Miller v Alabama 2011 and Montgomery v Louisiana 2015) have not roiled courts or unsettled society. Responding to these "evolving standards of decency", in fact, may be said to strengthen and increase respect for the criminal justice system as it seeks to mitigate excessive punishments previously enacted upon some citizens.

Furthermore, although the criminal justice system voices strong expectations for the finality of its decisions, these now may run counter to the changing views of victims and survivors. There is little doubt that currently the needs of victims and survivors of crime are poorly met by the criminal justice system. This is amply corroborated by a survey uniquely directed to survivors of crime.⁶¹ This study showed that two out of three victims received no help following their incident, and seven out of ten wanted prosecutors to focus on solving neighborhood problems rather than seek more convictions and long sentences. Survivors also preferred, by margins of over 10 to 1, investments in education and job creation rather than more prisons. And, by margins of 2 to 1, they preferred a system that focused on rehabilitation over punishment, as well as shorter prison sentences and more spending on prevention of crime. In short, the survivors' survey revealed a general rejection of tough on crime and mass incarceration trends that still dominate criminal justice. Danielle Sered, director of Common Justice in New York, has expressed similar concerns about current practices and suggested some remedies.⁶² However, Sered has also emphasized that "...a survivor-centered system is not a survivor-ruled system. Valuing people does not mean giving them sole and unmitigated control. The criminal justice system maintains a responsibility to safety, justice, and human dignity that it should uphold even when those interests run contrary to survivors' desire".⁶³

Multiple surveys of a wide range of diverse citizens taken during the last five years confirm that the public at large, including conservatives and liberals, Republicans and Democrats, are ready for reform of current criminal justice policies. They favor more crime prevention and rehabilitation rather than long-term punishment and imprisonment.⁶⁴

Moreover, it has become clear that many families and survivors of murder and violent crime have evolving views regarding just punishment and have undergone transformations that cause survivors initially supporting harsh penalties to later work to undo their effect. We end this discussion with excerpts of poignant testimony by a murder victim's daughter at legislative hearings about ending LWOP sentences:⁶⁵

My life was forever changed 22 years ago...when my mother was brutally murdered. The pain of this loss is immeasurable. Every day I face the sadness of her absence from my life... But over the years, I have been continually inspired and energized by what my mother taught me and that is a firm belief that when bad things happen, ...then it is our responsibility to use that opportunity to make the world a better place.

I am here today, because I want you to understand that my sadness and loss are in no way mitigated by the fact that her alleged perpetrator ...has been in jail for over 20 yrs. His never-ending punishment does not lessen my pain because it will never bring my mother back. There is a perception that victims' families want and/or need these prolonged sentences, but this is simply not true. By keeping people in jail without the opportunity for parole, we create more sadness, more loss and more suffering. These lifelong restrictions do not help me to heal and they do not protect me. Instead, they prevent incarcerated individuals from having the opportunity to demonstrate their capacity for change and ultimately, leave them to languish and suffer in prison cells without the care that they need as they become elderly. As a victim's daughter, who knows the immense pain of devastating loss, I implore you not to justify our current restrictions as a means of supporting victims--it is wrong and only adds to our anguish.

XI. CONCLUSION

There is no doubt that prison populations in the U.S., and especially so in Massachusetts, are aging rapidly. This has resulted from the confluence of more than 50 years of "tough on crime/drugs" thinking and the dramatic proliferation of life sentences which have increased five fold since 1984.⁶⁶ And, while crime rates surged between the 1950s and 1980s, the rates were already moderating as harsh and useless life sentences continued to proliferate. Violent crime rates peaked in 1992, but the persistent increase in life sentences did not peak until 2016, a quarter century later.⁶⁷

In part, the increase in life sentences was fueled by the mistaken

perception that rehabilitative penal policy was a failure, with the concomitant transition of the U.S. criminal justice system to an almost purely retributive model. Here, sequestration, deterrence and punishment rule almost exclusively. That this is a failed system is revealed by the dramatically more successful outcomes of rehabilitative systems that dominate criminal justice in Europe and many other developed nations.⁶⁸ There the crime waves of the second half of the 20th century abated as or more effectively than in the U.S. without the explosive growth of incarceration and associated societal disruptions which swept this nation.

However, the utility and acceptability of the extant U.S. retributive system is significantly undermined when offenders are elderly or debilitated. Deterrence and incapacitation, hallmarks of the system, become unnecessary once a prisoner is physically or mentally no longer a threat or has naturally aged out of criminal behavior. Moreover, the steep financial and moral costs of endless incarceration rapidly exceed any residual benefits. That these circumstances are integral to the current penologic structure is supported by the material presented in this report. Further, we have seen that a majority of the public, including even survivors of violent crime, no longer support the maintenance of the status quo (see Section X).⁶⁹

Even LWP sentences are increasingly extended because parole boards, responding to misguided political and media sensationalism, fail to release prisoners who because of aging and rehabilitation, no longer pose risks to public safety. And, even though most recipients of life sentences have committed violent or potentially violent crimes, re-offense rates for these offenders are extremely low, with homicide offenders the least likely to commit violent offenses upon release (see Sections VI & IX).

The severe economic, moral and societal damage done by long term incarceration is well documented. And, by diverting resources from other public necessities (see Section VIII), excessive incarceration damages social structures, perpetuates crime in disadvantaged families, children and communities, and actually decreases public safety. Costs of incarcerating Massachusetts prisoners have escalated to astounding levels. With 25 years as the median age of those currently serving LWOP sentences, residual lifetime costs for each such prisoner is now between \$4 to \$6 million (assuming the unlikely premise of no further increases). This represents a tragic loss of resources for public health, education, and community revitalization, all of

which are documented to reduce crime, rather than increase it.

Finally, prisons are not equipped to deal with the elderly, aging and infirm prisoner population which increasingly encounters inadequate health care. The failures of prison health care are legion and beyond the scope of this report. As health care costs in the community soar, these escalate even more frighteningly in prison settings beset with security concerns. Costs are rapidly becoming unmanageable, leading to unacceptable compromises in quality. Suffice it to conclude that prisons are notoriously unable to provide humane or morally defensible health care to prisoners requiring end-of-life care. And, that will be an inevitable requirement for those serving very long term or LWOP sentences.

It is past time to reconsider a failed system and begin to provide meaningful opportunities for release of all prisoners, especially those serving LWOP or virtual life sentences. The evidence is strong that this can be achieved without threat to public safety--and possibly even reductions in future crime.

ENDNOTES

1. McKillop M & Boucher A. "Aging Prisoner Populations Drive Up Costs" (Pew Charitable Trusts, Washington DC, Feb 2018).
2. Ibid.
3. MA-DQC, "Population Trends" for years 2009-2020 (MA-DQC, Milford, MA). Data about prisoner populations were gathered by the Lifers' Group through public records requests. Because age ranges are published by 10 year intervals, long-range data are limited to those 50 and older.
4. Anno BJ. "Correctional Health Care: Addressing the Needs of Elderly, Chronically Ill and Terminally Ill Inmates" (Washington DC, Dept. of Justice, Nat'l Inst. of Corrections, 2004).
5. McKillop & Boucher. (note 1); ACLU. "At America's Expense: The Mass Incarceration of the Elderly" (ACLU, New York, NY, 2012); Greineder D. "Massachusetts Incarceration of the Elderly: Morally Questionable, Costly and Unnecessary for Public Safety" (J Prisoners on Prisons, 27:17-54, 2018); Tina Chiu. "It's About Time: Aging Prisoners, Increasing Costs, and Geriatric Release" (Vera Institute of Justice, New York, NY 2010).
6. MA-DQC. "Population Trends" 2016-2020 (MA-DQC, Milford, MA).
7. Nellis A. "No End in Sight: America's Enduring Reliance on Life Imprisonment" (The Sentencing Project, Washington DC, 2021).
8. MA-DQC. Public records request response, Feb 24, 2021.
9. MA-DQC. "Fact Cards" July 2021 (MA-DQC, Milford, MA).
10. Saloner B, Parish K, Ward JA et al. "Covid-19 Cases and Deaths in Federal and State Prisons, JAMA (2020) 324:602-603; Jimenez MC, Cowger TL, Simon LE et al. "Epidemiology of Covid-19 Among Incarcerated Individuals and Staff in Massachusetts Jails and Prisons" JAMA Netw Open, (2020) e2018851.doi:10.1001; Greineder D. "Excessive Rates of Covid-19 Cases and Deaths in Massachusetts State Prisons (Lifers' Group, Aug 2020); Marquez N, Ward JA, Parish K, et al. "Covid-19 Incidence and Mortality in Federal and State Prisons Compared With the U.S. Population, April 5, 2020-April 3, 2021" JAMA (2021) 326:1865-1867.
11. Ibid. note 10 references.
12. Foster & Others v Commissioner of Correction & Others No 1, SJC-12926, June 2, 2020; Prison Legal Services. PLS Notes "PLS Continues to Litigate for Relief Amidst Covid-19 Pandemic" Winter 2020, p4.
13. Leibowitz AI, Siedman MJ, Tsai AC. "Association Between Prison Crowding and Covid-19 Incidence Rates in Massachusetts Prisons, April 2020-January, 2021" JAMA Int Med, online Aug, 9, 2021, doi:10.1001/jamainternmed.2021.4392.
14. Greineder D. "Falling State Prisoner Numbers: Incidental to Pandemic Court Closures or Real Expedited Release?" (Lifers Group, Nov 2020).
15. Under Massachusetts felony murder rules until 2017, "a person who knowingly participates in one crime as part of a joint venture is 'ipso facto also guilty' of [murder] committed by an accomplice in furtherance of the joint venture. Comm v Brown, 477 Mass. 805,823 (2017).
16. Greineder D & Wilkerson W. "MCI-Norfolk Lifer Survey: Disciplinary History and Frequency of Felony Murder Convictions" (Lifers Group & AACC, Nov 2021).

17. Nellis A. "No End in Sight" (note 7); Nellis A & Bishop B. " New Lease on Life" (The Sentencing Project, Washington DC, 2021).
18. Greineder D. "Excess Incarceration of Life Without Parole (LWOP) Prisoners in MA" (Lifers' Group, January 2020).
19. Nellis. "No End in Sight" (note 7).
20. Boston Globe. "Violent Crimes Declined in 2021" (Boston Globe, 1/7/22, B2); McDonald D. "Homicides, Shootings Are Down in Boston" (Boston Globe, 12/8/21, A1); Andersen T & Vaccaro A. "Homicides Drop Sharply in Boston" (Boston Globe, 1/1/2020, A1). See also Endnote 1 in Greineder, Mass(achusetts) Incarceration of the Elderly" for long-term trends. (note 5).
21. Forman B & Widmer M. "Getting Tough on Spending: An Examination of Correctional Expenditures in Massachusetts" (MassINC, Boston, MA, 2017).
22. Haas G. "MA-DOC Expenditures and Staff Levels for FY____" (six annual reports for FY2016-FY2021 were reviewed) (Lifers' Group, Norfolk, MA).
23. Ibid.
24. Justice Center. "Working Group Meeting 4, Interim Report, Oct 20, 2016" (Council of State Governments, New York, NY).
25. Rand Corp. "Report on the Influence of Education on Recidivism" (http://www.rand.org/pubs/research_reports/RR266.html).
26. Ibid.; Davis LM. "Higher Education Programs in Prison: What We Know and What We Should Focus On Going Forward" (Rand Corp., Santa Monica, CA, 2019).
27. Haas G. "MA-DOC Expenditures and Staffing Levels FY2016-2021" (note 22).
28. World Health Organization. "Global Health Expenditures Database" (http://apps.who.int/nha/database/Country_Profile/Index.en).
29. Greineder D. Personal knowledge.
30. Williams BA, Sudore RL, Greifinger R, Morrison RS. "Balancing Punishment and Compassion for Seriously Ill Prisoners" *Ann Int Med* (2011) 155:122-126.
31. Pew Center on the States. "One in 100: Behing Bars in America, 2008" (www.pewtrusts.org/reports/sentencing_and_corrections/onein100.pdf.pdf); Western B. "Punishment and Inequality in America" (Russell Sage Foundation, New York, NY, 2006); Wildeman C. "Parental Imprisonment, the Prison Boom, and the Concentration of Childhood Disadvantage" *Demography* (2009) 46:265-280; McLaughlin M, Pettus-Davis C, Brown D, et al. "The Economic Burden of Incarceration in the U.S. (Washington Univ Inst for Advancing Justice Research and Innovation, #AJIO72016 (2016)).
32. Ibid.
33. Ibid.
34. Forman B & Widmer M. "Getting Tough on Spending" (note 21); Engel L & Atkisson J. "Priorities and Public Safety: Reentry and the Rising Costs of Our Correctional System" (Boston Foundation, Boston, MA, 2009); Greineder D. "Mass(achusetts) Incarceration of the Elderly" (note 5).
35. Cartwright ME. "The Silver Tsunami: Aging Prisoners, Early Release, Guardianship and Prisoner Advocate Initiative for Long Term Care Beyond the Prison Walls" *J of Aging, Longevity, Law and Policy*, (2016) 1:54-95; Gregg v Georgia, 428 U.S. 153 (1976).

36. Mass. General Laws, chapter 124§1(e): The Commissioner of Correction is to "establish, maintain and administer programs of rehabilitation, including but not limited to education, training and employment...".
37. Van zyl Smit & Appleton C. "Life Imprisonment Worldwide: A Global Human Rights Analysis (Harvard Univ Press, Cambridge, MA 2019).
38. Nellis A & Bishop B. "A New Lease on Life" (note 17).
39. Wright V. "Deterrence in Criminal Justice: Evaluating Certainty vs Severity of Punishment" (The Sentencing Project, Washington DC, 2010).
40. Nellis A. "No End in Sight" (note 17); Nellis A & Bishop B. "A New Lease on Life" (note 17); Ghandnoosh N. "A Second Look at Injustice" (The Sentencing Project, Washington DC, 2021).
41. Ibid. references in note 40; Hunt KS & Dumville R. "Recidivism Among Federal Offenders: A Comprehensive Overview" (U.S. Sentencing Commission, 2016).
42. Ibid. references in note 41; Durose MR, Cooper AD, Snyder HN. "Recidivism of Prisoners Released in 30 States in 2005" (Bureau of Justice Statistics, 2014).
43. Langan PA & Levin DJ. "Recidivism of Prisoners Released in 1994" (Bureau of Justice Statistics, 2002).
44. Durose MR, Cooper AD, Snyder HN. "Recidivism of Prisoners Released in 30 States in 2005" (note 42).
45. Hunt KS & Dumville R. "Recidivism Among Federal Offenders" (note 41).
46. John Carner, former spokesperson for NY Division of Criminal Justice Services, quoted in Nellis A & Bishop B. "A New Lease on Life" (note 17).
47. Marquart TW & Sorensen JR. "A National Study of the Furman Convicted Inmates: Assessing the Threat to Society from Capital Offenders" Loyola of Los Angeles Law Rev 23:5-28 (1989).
48. Unger v State, 427 Md 383 (2012) cited in Ghandnoosh N. "The Next Step: Ending Excessive Punishment for Violent Crimes: (The Sentencing Project, Washington DC, 2019).
49. Marquart TW & Sorensen JR. "A National Study of the Furman Convicted Inmates" (note 47).
50. Prescott JJ, Pyle B & Starr SB. "Understanding Violent-Crime Recidivism" Notre Dame Law Rev 95:1643-98 (2020).
51. Abraham R. "Advocates for Aging Prisoners Look To Force a Debate on Parole" (City Limits, Aug 20, 2019).
52. Weisberg R, Mukamal DA & Segall J. "Life in Limbo: An Examination of Parole Release for Prisoners Serving Life Sentences With the Possibility of Parole in California" (Stanford Criminal Justice Center, Stanford, CA, 2011).
53. Carson A & Sobol WJ. "Aging of the State Prison Population, 1993-2013" (Bureau of Justice Statistics, 2016).
54. Nellis A & Bishop B. "A New Lease on Life" (note 17).
55. ACLU. "At America's Expense" (note 5).

56. Id.

57. Haas G. "Parole Decisions for Lifers" Annual reports 2009-2020 (Lifers' Group, Norfolk, MA) ; Greineder D "Recidivism of Massachusetts Life-Sentenced Prisoners: Reoffending at Minimal Rates" (Lifers' Group, Norfolk, MA, 2019). Data collected and analyzed from the above reports by D. Greineder, 2022.

58. Ibid.

59. Greineder D. "Recidivism of Massachusetts Life-Sentenced Prisoners" (note 57).

60. Van syl Smit & Appleton C. "Life Imprisonment Worldwide" (note 37).

61. Alliance for Safety and Justice. "Crime Survivors Speak: The First Ever National Survey of Victims on Safety and Justice" (2016).

62. Sered D. "Until We Reckon: Violence, Mass Incarceration, and A Road to Repair" (The New Press, New York, NY, 2019).

63. Sered D. as quoted in Ghandnoosh N. "A Second Look at Injustice" (note 40).

64. Clarke M. "Polls Show People Favor Rehabilitation over Incarceration" (Prison Legal News, Lake Worth, FL, Nov 2018), citing surveys by Vera Institute of Justice (2018); ACLU "A Campaign for Smart Justice" (2017); Justice Action Network (2018).

65. Engel K. Personal communication of testimonies presented at MA legislative hearings to abolish LWOP and reform Medical Parole, Nov 2021-Dec 2021.

66. Nellis A. "No End in Sight" (note 17).

67. Ibid.

68. Ibid.; Nellis A & Bishop B. "A New Lease on Life" (note 17); Ghandnoosh N. "The Next Step" (note 48); Carwright ME. "The Silver Tsunami" (note 35).

69. Alliance for Safety and Justice. "Crime Survivors Speak" (note 61); Clarke M. "Polls Show People Favor Rehabilitation Over Incarceration" (note 64).



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