

# Care for Aging Inmates Puts Strain on Prisons

By ASHBY JONES  
AND JOANNA CHUNG

Prison systems in the U.S. have an aging problem, one that has nothing to do with steel bars and cement walls.

The fastest-growing population in federal and state prisons are those 55 and older, a trend that is forcing cash-strapped local governments to wrestle with the growing cost of caring for the aging inmates. Some experts are pushing states to take the controversial step of releasing certain older prisoners before their sentences are up.

According to a study being released Friday by Human Rights Watch, a New York-based advocacy group, the number of state and federal prisoners 55 or over nearly quadrupled to 124,400 between 1995 and 2010, while the prison population as a whole grew by only 42%.

Some legal experts cite the drug wars of the 1980s and 1990s, which sent away thousands of young men to decades-long prison sentences. In addition, tougher sentencing laws, including the abolition of parole in many states and the advent of three-strikes-you're-out laws in others, have fueled the growth in the overall prison population.

"Prisons are facing a silver tsunami," said Jamie Fellner, the author of the Human Rights Watch study. "Walk through any prison and you'll see a surprising number of wheelchairs and walkers and portable-oxygen tanks."

At current rates, a third of all prisoners will be 50 or older by 2030, according to a study to be released next month by the American Civil Liberties Union.

"It's a simple calculation—during the last 30 years, more people went to prison for longer

periods of time," said Martin Horn, a professor at John Jay College of Criminal Justice in New York and the former commissioner of New York City's Department of Correction. "Those people are getting older now."

All prisoners are guaranteed under the U.S. Constitution adequate health care and the basic necessities of life. But according to some prison-system experts, prisons aren't equipped to handle many of the most predictable woes that come with aging, like problems with seeing, hearing and moving around, and age-related illnesses. Basic activities, such as washing or climbing out of a narrow bunk bed, become difficult, if not impossible, they say.

"Heart problems, diabetes, cognitive impairment and end-stage liver disease from hepatitis or cirrhosis, these are becoming increasingly common problems in our nation's prisons," said Robert Greifinger, a former chief medical officer for the New York City department of correction.

Several states have established medical facilities on or near prison grounds to treat problems most closely associated with aging. In 2006, for instance, New York opened a facility that specializes in treating inmates with dementia. Prisons in Mississippi, Texas and California have centers that offer specialized treatment for geriatric medical problems.

Still, the costs associated with care for elderly prisoners are high and growing. States spend on-average \$70,000 a year to incarcerate someone 50 or older, nearly three times what it costs to house a younger prisoner, largely because of the dif-

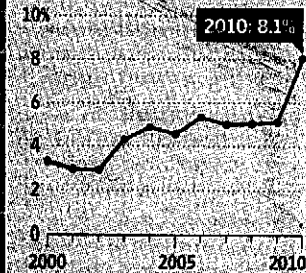


Human Rights Watch

A 69-year-old inmate at the Colorado Territorial Correctional Facility.

## Doing Time

Percentage of state and federal prisoners who are 55 or older\*



\* With a sentence of more than one year  
Sources: Human Rights Watch; Bureau of Justice Statistics  
The Wall Street Journal

ference in health-care costs, according to the National Institute of Corrections.

Some legal experts and academics think it doesn't make sense to keep the old and infirm incarcerated until they die.

"Any state facing an overcrowding situation or budget crunch has to think about releasing, and it makes sense to release older inmates who pose less of a risk of re-offending, as long as attention is paid to the crime they committed," said Rachel E. Barkow, a professor at the New York University School of Law.

Some conservative groups are behind the notion. Marc Levin, a director at the Texas Public Policy Foundation, based in Austin, applauds the small handful of states, like Oklahoma, that have used so-called medical-release laws to free ailing patients that have served much of their sentences.

"We're getting better at determining which inmates are at

a low risk of offending," Mr. Levin said. "There's a lot of opportunity here to help states by freeing those who couldn't pose a threat to anyone."

But the thought of letting people walk out of prison simply because they are ill or old strikes many as bad policy. "That sends the wrong message to younger offenders," said Michael Rushford, president of the Criminal Justice Legal Foundation, a pro-law-enforcement group in California. He and others who oppose early release of prisoners also say that lengthy incarceration has been one factor in the decrease in crime rates to historically low levels.

Scott Burns, executive director of the National District Attorneys Association, said it wouldn't necessarily solve the cost problem either. "Taxpayers are going to have to pay for the aging and health costs for these individuals whether they are in prison or whether they are on the street," he said.

The Wall Street Journal  
January 27, 2012