NO TIME TO WAIT

A Case for Releasing Elders from California's Women's Prisons

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Prepared by:

- California Coalition for Women Prisoners
- Close California Women's Prisons Campaign
- UC Berkeley Law Policy Advocacy Clinic

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The **California Coalition for Women Prisoners (CCWP)** is a grassroots abolitionist organization that advocates against institutional violence in partnership with incarcerated women, transgender people, and communities of color. The **Close California Women's Prisons Campaign (#ClosureIsPossible)**, initiated by CCWP in partnership with other community organizations, conceived of this report as an initial strategy toward total decarceration, identifying sectors of the women's prison population that could be released immediately. The goal of #ClosureIsPossible is to close California's two women's prisons and reinvest in community-controlled resources to develop non-carceral, non-punitive forms of accountability.

The **Policy Advocacy Clinic (PAC)** is a legal clinic within the UC Berkeley School of Law. In the clinic, interdisciplinary teams of law and public policy students represent clients in non-litigation, community-led campaigns to reduce harmful impacts of the criminal legal system locally, statewide, and nationally.

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We dedicate this report to elders currently and formerly incarcerated in California's women's prisons.

Notes

Data: For this report, we reviewed and analyzed data from the California Department of Corrections and Rehabilitation (CDCR) and the California Board of Parole Hearings (BPH), including published data and data received through California Public Records Act (CPRA) requests. We thank UnCommon Law for sharing public data they obtained via CPRA from BPH, which we analyze in this report. We also conducted a review of relevant public health research and consulted with members of CCWP, including currently and formerly incarcerated advocates.

Language: In this report, we define "incarcerated elders" as elders aged fifty and older, unless otherwise noted. While fifty is the current age threshold for elderly parole eligibility in California, the definition of "incarcerated elder" varies across law, policy, and research at the state and national level. Additionally, we use the term "people incarcerated in women's prisons" whenever possible to refer to the women, non-binary, and transgender people who are incarcerated in California's women's prisons. Most available data categorizes incarcerated people by sex as either female or male. This categorization is administratively assigned by CDCR rather than self-reported, and does not reflect gender identity. Thus, we use the term "incarcerated women" when presenting data that CDCR has categorized using a male-female binary and/or research that uses this term.

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Executive Summary

California incarcerates 3,600 people in its two women's prisons, and one in five of them are aged fifty and older. Decades of research shows that prisons are especially harmful to older adults, whose health challenges are exacerbated by prison environments that fail to accommodate aging bodies and needs. California spends up to $300 million every year incarcerating just 740 elders. Incarcerating elders imposes high costs for the state—costs that will only grow as more incarcerated people age in prison. Yet there is no public safety benefit to keeping elders behind bars. Data from the California Department of Corrections and Rehabilitation shows that recidivism rates decline with age.

With a fiscal deficit and a legal mandate to reduce its prison population, California faces intense pressure to decarcerate. This urgency is compounded by the climate crisis, which has made prison conditions more dangerous for incarcerated people, especially elders. California can continue reducing its prison population—and carceral expenditures—safely and swiftly by prioritizing the release of elders from its women's prisons.

Continuing to incarcerate elders in California's women's prisons is unjustified. Decades of tough-on-crime policies have resulted in an aging incarcerated population. In response to advocacy and lawsuits from incarcerated people and communities outside of prison, California has expanded pathways for release, such as elderly parole, compassionate release, and additional resenting mechanisms, but these reforms still exclude hundreds of incarcerated elders.

This report analyzes pathways for release, including commutations, compassionate release, medical release, resentencing, and parole. Each mechanism features restrictions and barriers that prevent more elders from being released from women's prisons.

Drawing on California Board of Parole Hearings (BPH) data, we take a closer look at California's Elderly Parole Program. We find a gap between the program's potential to safely

decarcerate elders and its actual parole grant rates, which remain low: an average of just twelve people per year were granted elderly parole from a women's prison from 2014–2023. The program's restrictive eligibility criteria and BPH's reliance on subjective criteria that allow for conscious and unconscious bias to prevent many elderly people from being released from women's prisons.

The data shows that elders can be safely released, and California has a responsibility to do so. Advocates have succeeded in shrinking California's women's prison population over the last twenty years. Releasing elders, and redirecting funds to community-controlled resources to support safe and healthy reentry, is the next step in this process.

Introduction

"To whom it may concern enough to help..." – Cheryl

California incarcerates 3,600 people in its two women's prisons and one in five of them are elders. Decades of research has consistently shown that prisons are especially harmful to older adults, whose health challenges are exacerbated by prison environments that fail to accommodate aging bodies and needs. California spends up to $300 million every year incarcerating this population, yet the public safety risk of release is extremely low. Releasing elders from women's prisons is humane, safe, and cost-effective.

With a fiscal deficit and a legal mandate to reduce its incarcerated population, California faces intense pressure to further decarcerate its prisons. This urgency is compounded by the climate crisis, which has made prison conditions more dangerous for incarcerated people, especially elders. Mechanisms such as compassionate release, commutations, resentencing, and parole offer a pathway toward releasing elders, but data shows these reforms still exclude hundreds of incarcerated elders who could be safely released today.

This report explains that continuing to incarcerate elders in California's women's prisons is unjustified. We begin by examining how tough-on-crime policies have resulted in a rapidly aging incarcerated population. Next, we review the long-established harms of prison on incarcerated elders' health and bodies, considering the high cost of their confinement to both the individual and the state. We then turn to available mechanisms for release, with a close look at data on elderly parole hearings in California's women's prisons. The report concludes by urging California to act immediately to decarcerate elders from its women's prisons.

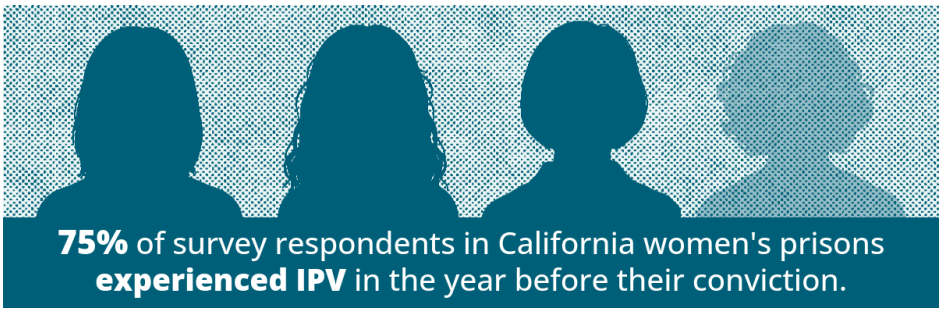
From the Tough-on-Crime Era to an Aging Crisis

As of June 2025, California state prisons incarcerate approximately 3,600 women,[1] and approximately 740 are over fifty years old.[2]

Decades of punitive sentencing gave rise to today's elderly prison population. During California's "tough-on-crime" era of the 1980s through the 2000s, lawmakers dramatically increased mandatory minimum sentences, created stackable sentence enhancements, and expanded prison infrastructure.[3] In the 1990s, California adopted some of the most punitive carceral laws in the nation, extending sentence lengths and expanding the prison population.[4]

California's aging women's prison population reflects the legacy of this now widely condemned era of draconian sentencing.[5] The average sentence length for an elder in California's women's prisons is twenty-five years, with an average of fifteen years already served.[6] The vast majority (83 percent) have been convicted of a violent felony, most commonly first-degree murder (30 percent) or second-degree murder (20 percent)[7]—convictions that typically carry life sentences, with or without the possibility of parole, depending on sentence enhancements.[8] As of 2025, 173 people in California's two women's prisons were serving sentences of life without parole (LWOP), also known as "death by incarceration," and seventeen were serving death sentences.[9]

California's punitive sentencing laws have disproportionately impacted low-income people and people of color.[10] A 2004 study found that the felony arrest rate was 4.4 times higher for Black Californians than white Californians, and their incarceration rate was 7.5 times that of white Californians.[11] The disparity increased with the application of the Three Strikes Laws: Black Californians were sentenced to strike offenses at a rate ten times higher than white Californians and Latino Californians were sentenced to strike offenses nearly twice the rate of White Californians .[12] Today, 25 percent of California's incarcerated women are Black, though Black women are 6 percent of the state's overall population.[13] This disproportionality persists among Black incarcerated women over age fifty.[14]



During this punitive era, widespread misunderstanding of intimate partner violence (IPV) in the criminal legal system contributed to the growing women's prisons population. Research shows that people incarcerated in California's women's prisons have a high prevalence of abuse and trauma before their incarceration.[15] Stanford University researchers, who surveyed over 600 people serving sentences for murder and manslaughter in California women's prisons, found that nearly 75 percent of respondents experienced IPV in the year before their conviction.[16] Of these, 66 percent were in extreme danger of being killed by their partner.[17] For some, this abuse may have contributed to the offense for which they are serving a long sentence. A related study estimated that for about 23 percent of incarcerated women convicted of homicide in California, IPV was directly linked to their crime.[18]

However, between the 1980s and 2000s, courts rarely accepted evidence of IPV for self-defense, coercion, or duress.[19] This exclusion was especially consequential for abuse

survivors charged under California's felony murder rule. Under this rule, any person involved in the commission of a felony during which a death occurred, could be charged with first- or second-degree murder even if they did not cause or anticipate the death.[20] Such convictions carried a mandatory sentence of twenty-five years to life, LWOP, or death.[21] Without the ability to provide evidence of IPV, a survivor's coerced participation in a felony could provide the basis for a life sentence under the felony murder rule.[22]

> *"I am 65 years old, white, widowed of over 25 years, basically alone. I only defended myself against my abusive mates... One died, so I got 30 years to life."* – Anonymous

Approximately half of individuals serving LWOP sentences in California were sentenced under the felony-murder rule.[23] Nearly half of elders in the state's women's prisons carry first and second-degree murder sentences.[24] Yet, a 2018 survey of 82 women serving life sentences in California for felony murder found that nearly 72 percent did not perpetrate the homicide for which they were convicted.[25] Many aging women remain imprisoned under these extreme sentences despite posing minimal risk upon release to their communities.

Elders can be safely released

The public safety risk of releasing elders is extremely low. Data from the California Department of Corrections and Rehabilitation (CDCR) shows that among all people released in FY 2019–20, fewer than 5 percent of people aged sixty and older returned to prison within three years of release.[26] Elders who were released through the elderly parole program have even lower recidivism rates; among those released in FY 2019–20, only four people were convicted again within three years of release (a 1.8 percent re-conviction rate).[27]

Elders released after serving lengthy sentences are also unlikely to recidivate. Of the 860 people convicted of murder in California who were granted parole between 1995 and 2011, only five people (0.5 percent) returned to prison or jail by 2011.[28] A 2025 study by the California Policy Lab found that, of the people released from California prisons through resentencing after serving lengthy sentences, only 3 to 8 percent were convicted of a new offense within one year, and less than 1 percent were convicted of a serious or violent felony.[29]

Table: Three-Year Recidivism Rates by Gender and Age Group (CDCR)

Released FY 2019-20	All	Men	Women	Age 50-54	Age 55-59	Age 60+
Conviction rate	39.1%	39.8%	30.9%	26.5%	21.2%	13.3%
Return-to-prison rate	17.4%	18.1%	8.5%	9.0%	6.9%	4.9%

With recidivism rates this low, the incarceration of elders serves no public safety purpose.

California has a decarceration mandate

In addition to sustained pressure from incarcerated people and advocates who have long organized for meaningful decarceration, lawsuits over prison conditions and overcrowding spurred a series of judicial and legislative reforms in California over the past two decades.

In 2011, the U.S. Supreme Court upheld a U.S. District Court order that California reduce its prison population.[30] In response, the legislature and voters passed reforms aiming to reduce the state prison population, including AB 109 (2011), which shifted punishment for lower-level offenses to the county level; Proposition 47 (2014), which reclassified many nonviolent felonies as misdemeanors; and Proposition 57 (2016), which expanded parole eligibility and credit-earning opportunities.[31] More recent laws—including expanded resentencing and the Racial Justice Act— and releases during the COVID pandemic further reduced incarceration.[32]

Following a dramatic rise in women's incarceration across the country in the preceding decades, California reduced its women's prison population by 70.8 percent from 2010 to 2022.[33] A decline in women's prison admissions over time, along with sustained campaigning by advocates led to the closure of Northern California Women's Facility in 2003 and deactivation of the Folsom Women's Facility in 2023. Today, two women's prisons remain in operation: the Central California Women's Facility (CCWF) and California Institution for Women (CIW).

California now faces competing pressures. In 2024, voters passed Proposition 36, which increased penalties for drug possession and petty theft, signaling a possible return to a punitive policy era.[34] At the same time, decades of progress on decarceration and recent budget-driven plans to close additional prisons signal an opportunity to sustain momentum on decarceration.[35] California can continue reducing its prison population safely and swiftly by prioritizing releasing elders from its women's prisons.

Accelerated Aging Behind Bars

Elders face a loss of dignity and human rights as they navigate aging behind bars. The Eighth Amendment of the U.S. Constitution guarantees the right to be free from cruel and unusual punishment, including the right to safe and decent conditions, to rehabilitation, to just and appropriate punishment, access to adequate medical care, and more.[36] Despite these constitutional requirements, a substantial body of research shows that prisons are dangerous and inhumane for incarcerated people, and especially so for elders: they exacerbate health challenges, fail to accommodate aging bodies, and foster conditions inhospitable to people losing mobility and cognitive function.

> *"As I age, I am discovering how much I have slowed down. How many medical issues are popping up... This prison was not built to house elderly year after year. There is no 'senior living' unit. We are stuck where we are."* – Donna

Poor conditions and inadequate medical care—coupled with preexisting health challenges—speed up an incarcerated person's biological aging compared to their non-incarcerated peers, a phenomenon known as accelerated aging. One public health study found that each year of incarceration is associated with a two-year reduction in life expectancy.[37]

Each year of incarceration is associated with a **two-year reduction in life expectancy**.

Incarcerated people experience worse health outcomes such as higher rates of chronic health conditions, geriatric syndromes, functional impairment, and cognitive impairment.[38] In a survey of 3,327 elders in southern United States women's prisons, 60 percent reported having arthritis, 88 percent reported difficulty walking independently, 65 percent reported challenges with navigating stairs, and 85.8 percent needed a lower bunk.[39] Another study found that incarcerated people with an average age of fifty-nine experienced geriatric

conditions comparable to those of non-incarcerated people at age seventy-five, including reduced mobility and hearing and higher rates of co-occurring medical conditions.[40]

Many people enter prisons with preexisting health challenges

Many people who enter California's prison system have experienced health disparities shaped by childhood trauma, poverty, and racialized systemic barriers to medical care at disproportionately high rates. A study of 500 women incarcerated in California found that 84 percent experienced childhood trauma compared to 69 percent of women in the community.[41] Women enter incarceration with higher rates of traumatic brain injury history (70 percent vs. 64 percent), post-traumatic stress disorder (21 percent vs. 6 percent), and substance use disorders (72 percent vs. 57 percent) compared to men.[42] Additionally, Black women, who are overrepresented in California's women's prisons, have the shortest life expectancy of any racial group in California, and one of the lowest rates of health care access.[43] A 2022 study found that 40 percent of Black women in California and 31 percent of Black Californians overall reported experiencing poor treatment from healthcare providers due to their race.[44] Fifty percent of Black women respondents reported that a health care professional did not take their symptoms seriously on account of their race, and this was even more common for Black women on Medi-Cal, 58 percent of whom reported having this experience.[45]

Transgender and gender-nonconforming people are also disproportionately criminalized and likely to have faced discrimination in health care. One 2017 study found that transgender people were more likely to have no health insurance than cisgender people, and gender nonconforming people were more likely "to have unmet medical care needs."[47] Multiple studies show that this is due to inadequate training and discrimination from health care providers, expense, and a lack of access to gender-affirming care, among other reasons.[48] Uninsured adults, who have less access to care, experience poorer health

outcomes.[49] Nearly one in six transgender and gender nonconforming people are incarcerated at some point in their lives.[46]

Taken together, the physiological impacts of early-life adversity can lead to more severe health conditions later in life,[50] which can then be compounded by incarceration.

Elders experience inadequate medical care, abuse, and neglect in women's prisons

Despite the Eighth Amendment's guarantee of adequate medical care for incarcerated people, prisons across the country have a well-documented legacy of deficient medical care and medical abuse.[51] One national study found that only one in five people with chronic illnesses in state carceral facilities received medical examinations while incarcerated, and only about 30 percent of people in federal and state prisons who were taking medication when their incarceration began reported getting access to prescriptions once inside.[52] In a study of elders in women's prisons in the southeast U.S., 78 percent of survey respondents reported that they were afraid of dying from an illness contracted in prison because of neglectful experiences with health care providers.[53]

> *"As an incarcerated Registered Nurse, I am appalled to see and experience medical treatment far, far below the standard of care available in the free world... often falling within the categories of cruelty, negligence, and malpractice, causing unnecessary illness and/or injury."* – Cheryl

California's prisons are no exception. Since the early 1900s, California state-run institutions have sterilized more than 20,000 people and incarcerated people have reported being sterilized without consent as recently as 2014.[54] In 1995, women incarcerated in CCWF and CIW filed a class action lawsuit over the abysmal quality of their medical care,[55] prompting the creation of the California Coalition for Women Prisoners (CCWP). Despite a settlement agreement, health care in the two facilities improved very little. In 2005, a federal court

placed California's prison healthcare system in receivership, citing unconstitutional medical care, again in response to a lawsuit brought by incarcerated people.[56]

In addition to general health challenges, older women in prisons face a complex array of age-related health conditions that the prison health care system is structurally ill-equipped and sometimes unwilling to adequately address. For example, elders who are incarcerated may be at higher risk of developing dementia compared to those in the community. Yet in prisons, the types of behaviors associated with dementia such as impulsiveness and physical aggression as well as difficulty fulfilling basic activities like eating can place people at risk of disciplinary infractions, placement in restrictive housing, and abuse.[57]

> *"[They] sent my dentures out for a reline because I had lost so much weight when I had COVID. They ruined them and replaced them with junk. I only have an upper plate now."* – Alyce

Additionally, emerging research has uncovered insufficient treatment and management of menopause symptoms in prisons. Incarcerated people lack access to accurate information and supplies to self-manage menopause symptoms, and social stigma may lead them to avoid seeking care.[58] They also encounter suspicion and inadequate treatment from prison health care staff, who may themselves lack training on menopause care.[59]

Prison conditions and procedures can "reproduce criminalization" in prisons when someone is experiencing symptoms related to menopause.[60] Increased temperatures, particularly during the summer months, exacerbate menopause symptoms like hot flashes. Yet in some prison systems, uniform requirements do not allow for layered clothing which means something as minimal as rolling up one's sleeves can result in a disciplinary write-up.[61] Additionally, emotional outbursts from sudden mood swings—another common symptom of menopause—can also result in a disciplinary action.[62]

For transgender and gender nonconforming incarcerated people, a lack of gender-affirming care can have severe physical and psychological consequences. Though in the last ten

years California introduced guidelines that set standards for gender-affirming surgery in state prisons, the state has been slow to provide the care when requested.[63] Denial of gender-affirming care can lead to higher rates of depression, anxiety, and suicidal ideation.[64]

> *"Health care at CCWF is a difficult process at almost every level... People who have never seen me rule over my care."* – Dana

Elders incarcerated in California's women's prisons also report experiencing violence, abuse, and neglect while in prison. A survey conducted by Health in Partnership found that elders incarcerated in CCWF experienced high rates of medical neglect, sexual and gender-based violence, and discrimination and abuse based on gender identity or expression, as seen in the chart below.[65]

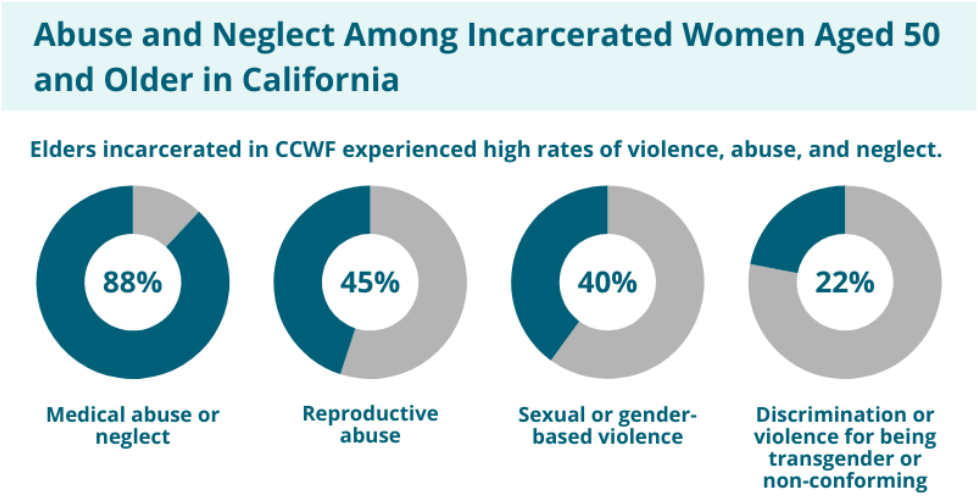


Chart: Policy Advocacy Clinic, Berkeley Law; Survey Data: Mitchell and Akemi Piatt, "From Crisis to Care."

Recent reports of widespread sexual abuse have raised alarms about ongoing human rights violations inside CCWF and CIW.[66] In January 2025, a former guard at CCWF was convicted on sixty-four counts of sexual abuse which he had perpetrated against incarcerated women during the twelve years he held that position.[67] In February 2025, six people incarcerated at CIW filed a lawsuit alleging that the staff gynecologist physically and sexually abused them during medical appointments, and withheld medical treatment in

retaliation against "those who crossed him."[68] Before his removal, elders at CIW would have been forced to seek treatment from an abusive doctor or forgo necessary screenings and menopause care.

Abuse and neglect are never lawful punishments, yet they are a direct consequence of incarceration in prisons where guards have unchecked power. Numerous community-led campaigns, lawsuits, and reports have pressured CDCR to address its culture which allows corrections officers to sexually abuse incarcerated people with impunity and retaliate against those who report their actions.[69]

Prisons are not designed for elders

Prison environments pose severe challenges for elders, many of whom have chronic conditions including mobility issues. Elders must navigate bunk beds and tight spaces, as well as a lack of appropriate infrastructure for those with limited mobility such as grab-bars and high toilet seats.[70]

> *"The asphalt … has multiple potholes. This means rough riding and walking safely for the elderly, those with walkers and wheelchairs are concerned."* – Donna

Emergency horns that sound multiple times a day require incarcerated people to drop to the ground immediately or face disciplinary action—a movement that can be inaccessible and even dangerous to elders.[71] Additionally, cognitive decline, hearing loss, and other age-related disabilities can impair an individual's ability to understand and follow orders.[72] This is most starkly evident in people with dementia who no longer have the capacity to understand why they are incarcerated, let alone comply with prison rules.[73]

Prison staff often lack the training to identify and navigate these needs and the staffing capacity to support people who require more hands-on help for everyday tasks such as

bathing, dressing, and walking.[74] Additionally, although California prisons are required to comply with the Americans with Disabilities Act, the state's women's prisons continue to fall short of meeting basic medical needs, accessibility requirements, and standards of humane care.[75]

> *"Officers we do not know are assigned to our housing unit unprepared to manage the medical needs of what is supposed to be a unit dedicated to our care."* – Dana

Not only do incarcerated elders with limited mobility lack the support they need to complete everyday tasks, but the prison may also assign them to a job that puts undue strain on their bodies. "Every able-bodied" incarcerated person in California prisons is required by law to work regardless of age.[76] However, prisons do not always assign jobs based on an individual's abilities. For instance, incarcerated elders who require walkers to stand have reported receiving job assignments to mop and sweep floors.[77] Elders assigned to physically demanding jobs or laboring under unsafe conditions could be at higher risk of injuries. According to data shared with CCWP, CDCR paid out nearly $9.5 million in workers' compensation for injuries incurred by incarcerated workers aged fifty-five and older between 2020 and 2024.[78]

If an incarcerated elder is unable to perform their duties due to medical reasons, they may request a waiver to be medically unassigned, but this status is difficult to achieve, often requiring a recommendation from an outside specialist.[79] Some elders may choose not to visit outside specialists because all incarcerated people are shackled when traveling to medical appointments, increasing the risk of falling and sustaining serious injuries.[80] These policies force elders in women's prisons to choose between working strenuous jobs or risking injury to qualify for a medical exemption that could still be denied.

73-year-old GG ***"fell on a medical visit*** *due to shackling and is now, a month later, in a wheelchair, awaiting a comprehensive diagnostic to assess her injuries".*

– Dorotik, Release Elderly Lifers

Prisons also often fail to provide relevant services, employment, skills, or recreation programming for elders.[81] For example, programming is often unavailable to elders incarcerated in CCWF's Skilled Nursing Unit, an on-site infirmary for those with terminal illnesses or requiring round-the-clock care, where women report feeling isolated and lonely.[82] Though CDCR has broad requirements to provide programming that implements the Department's mandated rehabilitative mission, the only programs required at every institution are those that improve literacy.[83] CDCR's Operations Manual states that prisons will offer social services "designed to meet the casework and program needs of inmates."[84] However, the programs offered and their capacities are at the discretion of the specific institution's warden.[85]

The climate crisis is worsening conditions for incarcerated elders

As conditions worsen for incarcerated elders, CDCR facilities are ill-prepared for the climate crisis, and elders are especially vulnerable to climate emergencies.[86]

Elders are more likely to face serious health consequences in extreme heat and may be unable to move quickly during an evacuation. According to a report from the Ella Baker Center, aging buildings and populations, remote sites, and overcrowding expose many CDCR prisons to climate threats related to high temperatures.[87]

As the aging incarcerated population grows, so do the instances of extreme weather and conditions. Between August 2023 and December 2024 alone, California prisons

experienced an extreme heat wave, a tsunami warning, and a near-evacuation for a wildfire.[88] Each year between 2020 and 2024, Chowchilla (the city where CCWF is located) reached 105 degrees on at least seven days; in 2024, it reached 105 degrees on twenty-eight days.[89] CDCR reported that, on eighty-six days in 2024, indoor temperatures in at least one California prison reached more than 90 degrees. On forty-six of those days, the indoor temperature reached 95 degrees.[90] As of July 2024, California's Occupational Safety and Health Standards Board requires that workplaces provide cooling when worksites reach 82 degrees. However, California has exempted state prisons and local jails from compliance due to the governor's protests over cooling implementation costs to the state.[91]

Adrienne Boulware died in CCWF custody on July 4th 2025. After suffering heat exhaustion following extreme heat exposure while waiting in the sun for medication, she was returned to a facility that lacked air conditioning.

Adrienne, a mother of four and grandmother of eleven in her forties, was set for release in 2025.[92]

Advocates from inside and outside prison have proposed cooling systems to protect against the dangers of extreme heat in CCWF and CIW. Yet, the legislature slashed funds that would have been invested in cooling systems across the state, opting instead for a pilot system that will not see effects until 2029.[93] Experts stress, however, that the risk of death from heat exposure can only be reduced through installing cooling systems. Other measures such as fans, ice, or showers do not meaningfully lower mortality risk and, in some circumstances, can actually worsen risk of heat-related illness.[94]

"On 7/2/23, I personally suffered dizziness, confusion and other signs of heat stroke locked in a 99 degree cell... on a day the outdoor temperature was 108 degrees because A-wings' swamp cooler was out of order. No treatment!" – Cheryl

The punitive sentencing schemes under which elders were first incarcerated are unjustified, and the conditions they are continuously subjected to are indefensible. The ongoing exposure to inhumane living standards and work requirements, the prevalence of abuse, and deprivation of adequate medical care far exceed any lawfully imposed punishment. The state does not merely permit these harms; it pours hundreds of millions of taxpayer dollars each year into continuing the inhumane incarceration of elders.

The High Cost of Incarcerating Elders

Incarcerating elders in California's women's prisons is costly and unnecessarily exacerbates the state's years-long budget shortfall.[95] Their incarceration is costlier than the general population's due to the extensive health needs of aging people and the distinct medical needs of incarcerated women.[96] Releasing elders from women's prisons would immediately reduce expenditures.

The state spends up to $300 million annually to incarcerate the 740 elders in California's women's prisons.[97] The California Legislative Analyst's Office (LAO) estimates that it costs two to three times more to incarcerate an elderly person compared to the general population,[98] meaning the annual cost of incarcerating elders is $255,000 to $383,000 per person.[99] The costs of incarceration include fixed costs, like facility operations. But even if elder decarceration does not result in prison closure, the state would immediately save between $31 million and $47 million if it released all people fifty years of age and older from women's prisons.[100]

Two unavoidable and rising cost factors are health care and climate change responsiveness. The state has a responsibility to provide adequate medical care in prisons and to protect incarcerated people from the deadly effects of climate change. Yet fulfilling these duties will cost increasingly more as prison populations age and temperatures rise.

Even for the general incarcerated population in California, healthcare is the second highest cost category, amounting to over $40,000 annually per incarcerated person.[101] Though California's prison population has declined over the last decade, CDCR's budget continues to increase, driven in part by rising prison health care costs.[102] Research shows that a larger share of incarcerated elders is associated with increased prison healthcare spending.[103] Women generally, especially elder women, have specific health needs and require more

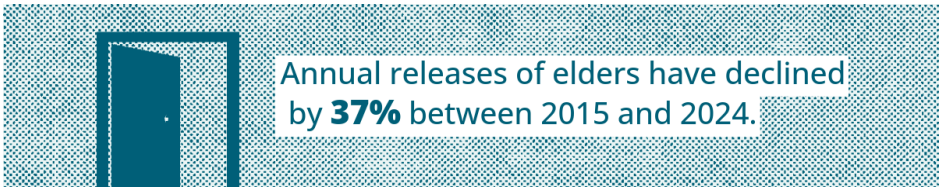
health care services than men, generating more costs.[104] Research inside prisons shows that incarcerated women also require more access to care.[105]

Additionally, elders in prison are more vulnerable to climate impacts. But protecting incarcerated elders from rising temperatures may come with a staggering price tag: CDCR estimates that statewide implementation of air conditioning in prisons would cost $6 billion.[106] Rather than adequately cooling prisons across the state, CDCR is implementing a limited $38 million pilot program at just three prison sites.[107] All incarcerated people deserve to be protected from dangerous conditions, and the most effective and cost-efficient strategy to mitigate the harms of climate change on elders is decarceration.

Overview of Existing Mechanisms for Elder Release

California spends hundreds of millions of dollars incarcerating elders who are a minimal risk to public safety. Several recent reforms have attempted to provide better avenues for release, including by expanding eligibility for resentencing and parole. Available mechanisms for elder release include compassionate release, commutation, resentencing, and parole.

California releases elders from its women's prisons at a low rate relative to how safe this population is to release. Between January 2015 and June 2025, 25,340 women were released from California state prisons.[108] Thirteen percent, or 3,260, were elders aged fifty or older.[109] Despite efforts to improve decarceration pathways, annual releases of elder women have declined by 37 percent between 2015 and 2024.[110]



The following section provides an overview of existing mechanisms for releasing elders from California's women's prisons, including context regarding eligibility and utilization.

Compassionate Release

California law authorizes courts to recall and resentence people under the compassionate release program.[111] CDCR must recommend that an incarcerated person's sentence be recalled if they: 1) have a serious and advanced illness with "end-of-life trajectory" or 2) are "permanently incapacitated with a medical condition or functional impairment that renders them permanently unable to complete basic activities of daily living."[112] People sentenced to death or LWOP are not eligible for compassionate release.[113]

Because eligibility is narrow, not many people are granted compassionate release, and even fewer are women.[114] In 2024, 140 people were referred, including nine incarcerated

women, and 120 of the total people referred were aged fifty or older.[115] Eighty-seven percent of those referred were released and 22 percent were denied.[116] Ten people died while awaiting recall of their sentences, including one incarcerated woman.[117]

Medical Parole

Though the program was recently halted, medical parole—which went into effect in 2011 following a court order and was expanded in 2014 to support state decarceration efforts—allowed for incarcerated people to be placed in a health care facility if they were "permanently unable to perform activities of basic daily living…requiring 24-hour care".[118] People serving LWOP or death sentences or who were convicted of first-degree murder of a peace officer were not eligible.[119]

BPH notes that the use of the term "parole" is misleading: "approval for medical parole is not a finding of parole suitability. Rather, those on medical parole are placed in a community setting for medical reasons and may be returned to prison if their condition improves or for other reasons."[120] If a person becomes eligible for a parole hearing while on medical parole, they may receive a parole suitability hearing.[121]

While forty-six states and the District of Columbia have some kind of medical parole law in place, these parole options are rarely used due to strict eligibility and remarkably low approval rates.[122] California requires the individual to be medically incapacitated, excluding elders with many disabilities and medical conditions from benefiting from the program.[123] Between 2011 and 2020, BPH held 271 medical parole hearings, approving 183 people and denying 88 people.[124]

A person's approval by the parole board is contingent on CDCR identifying a suitable health care facility.[125] But in April 2025, California ended its sole contract with a qualified nursing home facility.[126] According to news reports, CDCR returned approximately twenty people to prison and recommended compassionate release for thirty-six people.[127] Of those

recommended, twenty-six people were granted release, eight were denied, and two died in custody.[128] Although state law continues to permit a medical parole program, CDCR does not currently run an active program.

Commutation

The California Governor has broad clemency power, granted by the California Constitution and state law.[129] The Governor can grant pardons (forgiveness of the crime and restoration of rights) and reprieves (temporary delays in executing a sentence).[130] The Governor can also commute (reduce) the sentence of an incarcerated person, including those sentenced to LWOP or death,[131] to make them eligible for an earlier parole hearing, eligible for parole if they previously were not eligible, or for immediate release without a parole hearing.[132]

Between 2019 and 2024, Governor Newsom granted 141 commutations, 205 pardons, and 779 reprieves (737 of these reprieves were granted in 2019 in the form of a moratorium on the death penalty).[133] His predecessor, Jerry Brown, issued at least 246 commutations and more than 1,330 pardons between 2011 and 2018.[134]

Though the exercise of clemency varies from state to state and from governor to governor, legal scholars have argued that modern clemency can be exercised as a public policy tool (rather than a gift of mercy or political favor), in the interest of justice and public safety.[135] For example, Oregon Governor Kate Brown commuted the sentences of seventy-three people convicted as youths, because they would not otherwise benefit from recent youth justice reforms, and others, including Governor Brown and Illinois Governor JB Pritzker, exercised clemency power to pardon or expunge tens of thousands of marijuana convictions.[136]

Resentencing

California legislators have passed several reforms allowing some people to have their sentences reviewed and reduced to reflect current sentencing practices. However, there are still hurdles preventing some from accessing those opportunities.

California law allows certain authorities, including CDCR and local District Attorneys, to recommend people to be resentenced by the court.[137] Though the statute does not exclude any sentence type from eligibility for resentencing, CDCR regulations state that people sentenced to death or LWOP may not be referred by CDCR for resentencing.[138]

CDCR-Initiated Resentencing: CDCR lists the following criteria for a resentencing recommendation: 1) demonstration of "exceptional conduct;" 2) when there is a "substantial likelihood of a sentencing discrepancy;" 3) when there is a change in sentencing law and; 4) when a referral is received from the court, prosecutor, or head of a law enforcement agency.[139] State law currently requires a presumption in favor of resentencing, but this reform went into effect in 2022.[140] Analysis by the California Policy Lab shows that, between 2018 and 2024, CDCR referred more than 2,200 people to the court for resentencing, but fewer than half were resentenced.[141] During this time period, 152 women were referred by CDCR staff to the secretary, but nearly 25 percent of them were denied and not referred to the court.[142] Among women who were approved by the secretary, only 48 percent were resentenced.[143] Still, the California Policy Lab's analysis shows that women made up a larger share of referrals (17 percent) compared to their share of the incarcerated population (4 percent).[144] However, CDCR's policy of not referring LWOP cases for resentencing excludes many elders serving LWOP sentences in women's prisons who have few other options for release.[145]

Prosecutor-Initiated Resentencing: In 2018, California became the first state to allow prosecutors to recommend people to be resentenced, and is currently one of only five states that broadly allow it.[146] Individual local prosecutor offices have discretion to develop criteria for reviewing cases for resentencing. In an evaluation of nine pilot resentencing

counties, researchers found that the percentage of incarcerated women that prosecutors considered for review roughly corresponded to the general California prison population (about 4 percent), and that counties initially tended to consider people aged fifty or older for review, though they began to select younger people over time.[147] Prosecutors tended to focus on strike sentences—43 percent of referred cases were third strike sentences and another 13 percent were second strike sentences.[148] Though CDCR does not refer people with LWOP for resentencing, some prosecutors do. The evaluation found that 5 percent of cases referred for resentencing by pilot county DAs were LWOP cases (aligning with the proportion of people incarcerated in those counties who were serving an LWOP sentence).[149] However, advocates have raised concerns that too few incarcerated women have benefited from prosecutor-initiated resentencing, in part due to screening criteria developed by local prosecutors.[150] For example, if a prosecutor decides to categorically exclude violent offenses, they will fail to consider many women for whom intimate partner violence (IPV) was linked to their crime.[151]

Resentencing for IPV Survivors: Other reforms allowed eligible people to petition for judicial review, including people sentenced under California's felony murder rule.[152] One study of the impact of five of the most significant resentencing policies created between 2012 and 2022 found that women made up a larger share of those resentenced under felony murder reform (11 percent) than any other reform.[153] People released through felony murder resentencing also had the lowest recidivism rate (3 percent within one year) of the five resentencing mechanisms studied.[154]

Other than resentencing under the felony murder reform or at the discretion of CDCR or the District Attorney, criminalized survivors of IPV in California have few options to pursue resentencing. Aside from resentencing, under California law, survivors may petition the court to vacate their sentence if they were convicted without the admission of expert testimony related to IPV and there is a "reasonable probability" that the admission of such evidence would have resulted in a different outcome.[155] However, only those convicted of certain violent felonies that occurred before 1996 are eligible to petition for this review,[156]

excluding survivors who were not allowed to admit such expert testimony after 1996.[157] Even eligible petitioners face difficulties proving that expert opinion would have been substantially impactful, since this requires that documentation of the IPV itself was admitted on the record. Because IPV was widely misunderstood, a petitioner might have little record to point to now.[158]

Though research shows that people released through resentencing have low recidivism rates, this tool has not benefited enough elders incarcerated in women's prisons. For elders serving LWOP and death sentences, and for criminalized survivors of IPV who may have been unjustly treated by the criminal system, resentencing or commutation may be their only option for release.

Parole

When an incarcerated person becomes eligible for a parole hearing, they go before a panel of BPH commissioners, who assess whether the person is suitable for parole.[159] The commissioners are legally required to grant parole unless they determine that the person "will pose an unreasonable risk of danger to society if released from prison."[160] Commissioners use a "Structured Decisionmaking Framework" (SDMF) to analyze an individual's risk.[161]

Though the law requires this presumption in favor of release, in practice, California's parole rates are extremely low.[162] One nationwide assessment of each state's parole release systems gave California an "F" grade.[163]

California law currently provides several paths to a parole suitability hearing, including:

- General Parole, which is determined by a person's indeterminate sentence and can be expedited through time credits;
- Youth Offender Parole, which extends parole eligibility based on age of conviction and time served;

- Nonviolent Parole Review, which extends parole eligibility to people serving certain nonviolent determinate sentences; and
- Elderly Parole, which expands parole eligibility based on age and time served.[164]

Upon denial, people can be forced to wait up to fifteen years between suitability hearings.[165] For someone who first becomes eligible for parole at an advanced age, any additional time they have to wait risks substantial cognitive and physical decline at their next hearing, jeopardizing their chances of release. The state's parole system is in need of reform, including a stronger standard for assessing aging-related factors in elders, expanded eligibility criteria, and greater scrutiny of agency and executive discretion.

Despite these available pathways for release, far too many elders remain incarcerated in women's prisons. These reforms have failed to release elders at a scale that matches the common sense nature—and urgency—associated with their decarceration. The following section takes a closer look at California's Elderly Parole Program and how it has failed to release more elders from women's prisons.

A Case Study on Elderly Parole

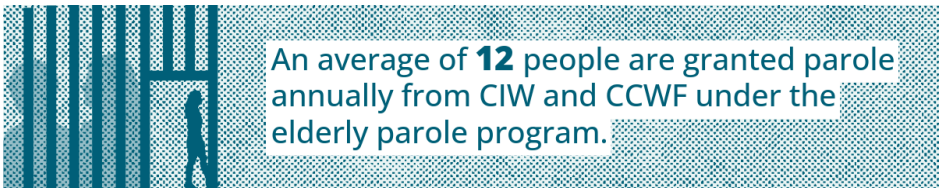
In 2014, California established the Elderly Parole Program pursuant to a U.S District Court order to reduce the state's prison population in response to litigation about overcrowding and poor health care.[166] Following *Plata v. Brown* and *Coleman v. Brown*, CDCR established a parole process for incarcerated people who were sixty years of age or older and had served a minimum of twenty-five years of their sentence.[167] In 2017, the California legislature codified this process, adopting the same requirements as the court-ordered program.[168] Subsequent legislation in 2020 offered a path for eligibility to those fifty years and older with a minimum incarceration term of twenty years.[169]

In addition to general criteria for parole suitability, the Elderly Parole Program requires BPH to make special consideration of a person's advanced "age, time served, and diminished physical condition" when contemplating their suitability for parole.[170] In this section, we delve deeper into California's Elderly Parole Program—the only mechanism with an explicit focus on elders—and present an initial analysis of data on parole suitability hearings scheduled at CIW and CCWF from 2014 to 2023.[171]

This data set comprises information on all parole hearings held in California state prisons between 2012 and 2023, including hearing outcomes, hearing designations (such as elderly parole or youth offender parole), and characteristics of parole applicants (such as gender, race, age at hearing, and controlling county). We analyze hearings starting in 2014, the first year of the elderly parole program. Hearing outcomes can include a parole grant and parole denial, but they can also include outcomes that are neither grants nor denials, such as waivers, stipulations, postponements, cancellations, and continuations. When calculating grant rates, we compared the number of parole grants to the number of parole hearings scheduled in a given calendar year. We considered waivers, stipulations, postponements, cancellations, and continuations to be equivalent to a denial, because the ultimate outcome—continued incarceration—is the same.[172]

Elderly parole excludes many women over fifty

Elderly parole was meant to alleviate the pressures of over-incarceration. But in the decade since the program's inception, BPH has averaged fewer than fifty elderly parole hearings at California's women's prisons each year.[173] Although half of all parole suitability hearings scheduled at CIW and CCWF between 2014 and 2023 involved women over fifty, only about 15 percent of all hearings at CIW and CCWF were elderly parole hearings, where the parole applicant would have been given consideration of their age and diminished capacity.[174] Across all ages, an average of fifty-five people are granted parole from CIW and CCWF each year.[175] An average of just twelve women are granted parole annually under the elderly parole program.[176] As the population of elders continues to grow in women's prisons, such a low grant rate indicates that the elder parole program may not be achieving its goals.



The program's restrictive criteria is one reason many elders are not accessing elderly parole hearings. A large portion of incarcerated elders do not meet the program's eligibility requirements. In addition to requiring twenty years served, the elderly parole program excludes many elders based on their sentences, including:

- Elders who were sentenced to LWOP;
- Elders sentenced to death;
- Elders who were sentenced under California's "Three Strikes" law for a second or third strike; and
- Elders convicted of first-degree murder of a law enforcement officer.[177]

The elderly parole program's broad exclusions around sentence-type and years served leave many of California's incarcerated elderly women ineligible.[178] Though public data on the sentences of elders aged fifty and older in women's prisons is not comprehensively

available, as of June 2025, 13 percent of elderly women were serving second or third strike sentences.[179] As of 2025, 173 people in CIW and CCWF were serving LWOP and seventeen were condemned.[180]

Finally, available data from 2019–2023 shows that an average of only 17 percent of the total elderly population in CIW and CCWF had a parole hearing each year, and elders who were granted elderly parole each year represented just 2 percent of the total elderly population at CIW and CCWF.[181] Categorical eligibility restrictions ensure that release through elderly parole remains an exception rather than the rule.

Eligible elders are overwhelmingly denied parole

Despite a statutory presumption in favor of release, elderly parole grant rates remain low. On average, women granted any form of parole were fifty-one years old and had served twenty years of their sentence.[182] Women granted elderly parole were on average sixty-six years old and had served twenty-eight years.[183]

White women represented, on average, 34 percent of the women who had parole hearings scheduled, and 36.5 percent of the women who were granted parole. Black women represented 28.4 percent of women who received parole hearings and 27.6 percent of those who were granted parole.[184]

Parole Grant Rates at CIW and CCWF, 2014-2023

Elderly parole grant rates at CIW and CCWF have decreased since the program began.

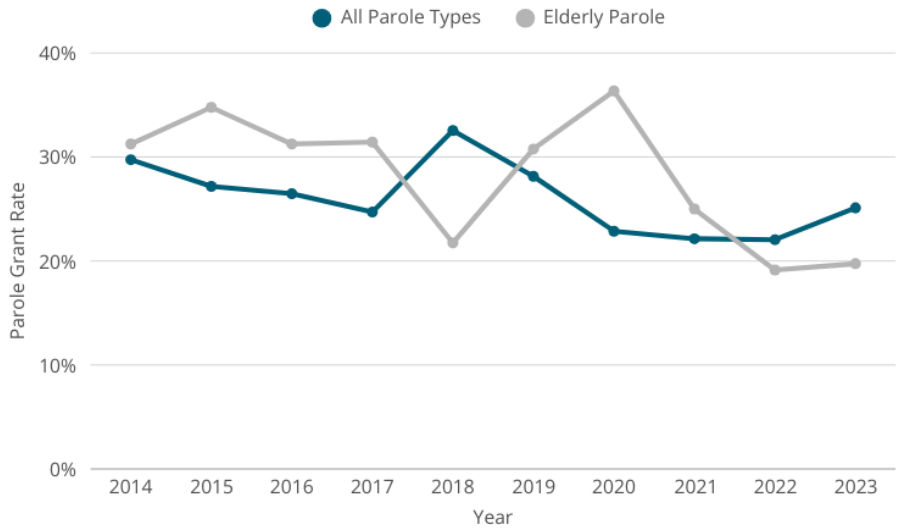


Chart: Policy Advocacy Clinic, Berkeley Law; Data: Board of Parole Hearings

The parole grant rates for women have decreased since the program began. Between 2014 and 2024, there were 572 elderly parole hearings scheduled for people incarcerated in CIW and CCWF.[185] The average annual grant rate for elderly parole during that ten-year period was 28 percent, ranging from 31 percent in 2014, the first year of the program, peaking at 36 percent in 2020, and falling to just under 20 percent in 2023.[186] Low grant rates in 2022 and 2023 correspond with a greater number of hearings scheduled (115 in 2022, and seventy-six in 2023, where the average number of hearings scheduled each year was forty-six). Though more people had elderly parole hearings in those years than in previous years, BPH did not grant parole at a similar rate.[187]

Parole applicants considered under elderly parole are supposed to be given special consideration of their age, time served, and diminished physical capacity to pose a public safety threat. Age is categorically mitigating, as we discuss above: recidivism rates for elders aged fifty and older are consistently low, as are recidivism rates for people who served lengthy sentences. However, BPH data shows that elderly parole grant rates are essentially the same as grant rates for all other parole types. From 2014 to 2023, 26

percent of elderly parole applicants were granted parole, compared with 25 percent of applicants for any parole type.[188] Parole applicants and their attorneys have argued that BPH commonly denies elderly parole to applicants with significant physical and/or mental disabilities that should be mitigating factors.[189]

As discussed above, our grant rate calculations compare the number of applicants granted parole with the total number of hearings *scheduled*, which includes hearings that are cancelled, postponed, or otherwise not held, resulting in continued incarceration. However, when isolating just hearings that resulted in either a grant or deny decision, we find that 59 percent of elderly parole applicants in CIW and CCWF between 2014 and 2023 were denied parole, a similar denial rate for all types of parole at CIW and CCWF (58 percent are denied).

BPH has substantial discretion over who is granted elderly parole

California law grants BPH a high degree of discretion over how to apply suitability criteria. In every hearing, the panel of commissioners must consider nine criteria indicating suitability for parole and six criteria indicating unsuitability: the person's criminal record, social history, mental health, motivation for committing the crime, plans for the future, whether the person acted in response to intimate partner violence (IPV), and whether they sufficiently exhibit "signs of remorse" for their actions.[190] Commissioners are required to consider "all relevant and reliable information" available to them in assessing suitability.[191]

In practice, commissioners rely on the SDMF first implemented by BPH in 2019.[192] The SDMF requires commissioners to weigh the parole applicant's Comprehensive Risk

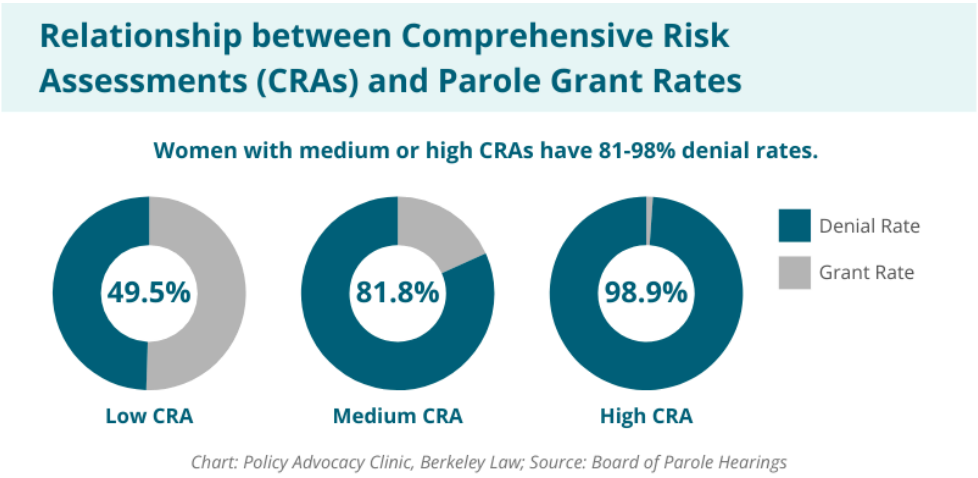
Assessment (CRA) and seven "risk areas": "(1) criminal history, (2) self-control, (3) programming, (4) institutional behavior, (5) personal change, (6) release plan, and (7) case-specific factors."[193] Only after weighing the CRA and risk areas does BPH then weigh additional factors, including elderly parole factors.[194]

These nebulous criteria leave ample room for bias. For instance, the California Penal Code expressly bars BPH commissioners from weighing a parole applicant's testimony about IPV against considerations of their insight into the crime.[195] However, a Stanford University study examining parole transcripts of women in California incarcerated for an IPV-related homicide found that BPH commissioners frequently discuss IPV as an aggravating factor *against* release.[196]

The law does not specify how BPH should assess signs of remorse, often called "insight," allowing commissioners to demand that the person performs "deference, humility, and remorse" in their hearing.[197] And though the law prohibits commissioners from requiring that a person admit guilt, they may "consider the *plausibility* or reasonableness of any version of events presented by the incarcerated person."[198] This punishes factually innocent people and those who cannot show "insight" to the satisfaction of the commissioners.[199] An individual may not be able to do so for a variety of reasons, including those commonly experienced by elders incarcerated in women's prisons, such as age- and illness-related cognitive decline or past trauma.

Our data analysis suggests that CRA evaluations may play an outsized role in BPH commissioners' decisions to grant or deny parole. A few months before their hearing, the individual eligible for parole will meet with a BPH psychologist, who then prepares a report for the commissioner panel with their evaluation of the individual's future "risk of violence."[200] While BPH psychologists use clinical assessment tools that are accepted in the broader psychology community, these tools incorporate subjective analysis by the administering psychologist into the resulting scores, and allow each psychologist discretion in how they weigh each factor to determine the risk level.[201] CRA reports contain a summary

of the parole candidate's interview with the psychologist during which they discuss their life prior to their conviction, the context of the offense, conduct in prison, and plans for after release.[202]



The results of a CRA can vary significantly depending on the opinions and biases of the individual BPH psychologist completing it, despite the veneer of objectivity a report from a psychologist provides.[203] However, the CRA is the strongest indicator of whether a person will be released at their parole suitability hearing, according to BPH data.[204] A woman with a low CRA has a predicted grant rate of 50.5 percent, whereas women with medium or high CRAs have a rate of 18.2 percent and 1.1 percent respectively.[205] Furthermore, the fact that nearly 50 percent of incarcerated women with low risk scores are still denied reflects BPH commissioners' broad discretion in weighing suitability criteria, including supposedly objective factors like a risk assessment.

Additionally, misunderstood factors or factors out of the person's control—such as minor disciplinary actions, unpaid restitution, limited appropriate reentry housing, and more—may impact someone's case, even if an individual had no control over their ability to carry out these requirements to BPH's satisfaction.[206] BPH considers a person's release plan as one of the seven "risk areas" of the SDMF, but elders with no family to return to could be unfairly penalized in this area.[207] Commissioners are ultimately required to evaluate

whether applicants pose a current, unreasonable public safety risk;[208] unpaid restitution or a lack of surviving family members do not necessarily point to this standard. Groups and stakeholders adversarial to the release of incarcerated people, such as victims' rights groups and district attorneys, can also pressure BPH, whose members are appointed by the Governor and confirmed by the California Senate.[209]

Procedural barriers may also explain the low grant rates under the Elderly Parole program. The parole process is opaque: it can be difficult for a person to know when they are eligible for parole and how best to prepare for their hearings. Every person scheduled for a parole suitability hearing has a right to attorney representation.[210] However, an individual's ability to pay can impact their likelihood of release: people with private representation have higher parole grant rates than those with state-provided attorneys.[211] State-provided attorneys are appointed, trained, and paid by BPH—a potential conflict of interest—and a Legislative Analyst's Office report found that BPH-appointed attorneys may not be providing adequate legal services.[212]

The Governor's unusual power of review compounds the problems

> *"I hope the governor takes compassion, instead of harsh judgments on our charges... not all charges are accurate."* – Anonymous

California law furnishes the Governor with extraordinary powers of review over parole grants.[213] The Governor has the ability to challenge BPH decisions by an outright veto or by initiating an en banc review.[214] Though the California Constitution allows the Governor to review parole grants, denials, revocations, or suspensions, Governors have historically used this power to reverse only parole grants.[215] This power does have limits, as the California Supreme Court has held that the Governor may not reverse a BPH suitability determination

based only on the "immutable circumstances of the offense."[216] Nonetheless, these additional reviews consume scarce administrative resources and extend the period of uncertainty for incarcerated people, compounding the emotional and practical toll of waiting to learn if they can go home. Only California and Oklahoma afford their governors this authority.[217] In 2024, California held 453 en banc hearings, representing nearly 40 percent of all parole grants that year.[218]

Length of Parole Denials for Women Aged 50 and Older

Women denied parole waited an average of 3.7 years until their next BPH hearing.

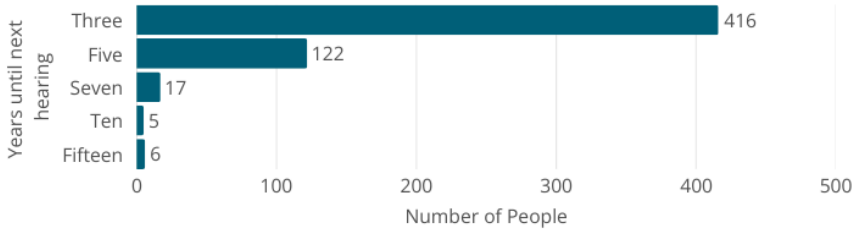


Chart: Policy Advocacy Clinic, Berkeley Law; Data: Board of Parole Hearings

California's low parole grant rate has serious consequences

If BPH denies parole, a person can be forced to wait between three and fifteen years for their next hearing, and people with lengthy sentences are often reviewed and denied over and over again. At least three women between 2012 and 2023 have had to wait fifteen years between parole hearings.[219]

Given their advanced age and medical vulnerabilities, a parole denial for an additional three or more years (let alone fifteen) is significant for an elder, who could risk developing cognitive decline or other challenges brought on by accelerated aging that could impact their ability to adequately prepare for their next hearing. According to the BPH data, since 2012, three women over the age of fifty have died in CIW and CCWF after being denied

parole, and one died awaiting an initial hearing. Two of these women had served more than twenty years, which likely would have made them eligible for elderly parole. They each died within one to six years of their parole denial, awaiting another chance to be considered for release.[220]

In addition to the personal costs of parole denials, another three to fifteen years of incarceration is costly to the state—between $765,000 per person for a three-year denial and $3.8 million per person for a fifteen-year denial.[221]

Process barriers, limited eligibility, and subjective decisionmaking in the Elderly Parole Program restrict the promise of relief for most elders aging in women's prisons. BPH's broad discretion over parole decisions, vague suitability criteria, subjective assessments of remorse, and heavy reliance on potentially biased psychological evaluations open the door to further denials. California created the Elderly Parole Program in response to a mandate for decarceration, but parole grant rates remain low, leaving hundreds of elders in women's prisons behind.

> *"[I want to] live the rest of my life in dignity and grace, please. With respect and in peace. That is what most of us elderly want [for] the remainder of our lives."* – Jóanlisa

Releasing Elders from Women's Prisons is Within Reach

"I want to go home without any more scars inside as well as out."
– Jóanlisa

Meeting of the Silver Foxes at CCWF; Paper Trail (the CCWF internal newspaper)

The ongoing incarceration of elders in California's women's prisons is unjustified, inhumane, and costly. Many elders were sentenced during California's tough-on-crime era, and their continued incarceration today reflects an unjustified adherence to punitive norms that the state itself has since begun to reform. California has introduced additional pathways for release, but they remain difficult-to-navigate, restrictive, lengthy processes, with low rates of release. Meanwhile, California spends up to $300 million each year to incarcerate elders in its women's prisons. This cost will continue to grow as California's prison population ages and as the climate crisis intensifies, requiring retrofits and emergency responses to make already dangerous facilities survivable for elders.

California's women's prisons place elders at risk. Incarceration is known to reduce life expectancy by roughly two years per year of incarceration, and California's women's prisons expose elders to inadequate medical care, staff abuse, and extreme environmental conditions that accelerate physical and cognitive decline.

The research is clear: elders can and should be safely released to the community. Fewer than eight percent of people aged fifty and older return to CDCR custody within three years of their release, a rate that decreases with age and is lower for women. Continuing to incarcerate elders imposes significant fiscal burdens on the state while providing no benefit to public safety. Money saved by releasing elders could be reinvested in appropriate

community-controlled resources that facilitate healthy reentry for elders and truly make communities safer.

California has taken steps toward decarceration by establishing mechanisms such as elderly parole, yet the persistence of hundreds of aging women behind bars shows that these efforts are not enough. Elderly parole grant rates remain stubbornly low over the past decade, and the program still excludes the majority of currently incarcerated elders, including those sentenced to death and to death-by-incarceration. Resentencing opens the possibility of relief to more elders, including those ineligible for parole, but remains underused.

If the state used elderly parole and resentencing more expansively, more elders could be released. California has begun building many promising tools, but elders who can be safely released do not have time to wait for the state to offer minor reforms that require them to surmount procedural hurdles and decisionmaker bias. Every minute behind bars is precious time. Releasing elders should be treated like the emergency that it is.

California must act now to stop needless suffering and high costs for taxpayers by using every available mechanism to release all elders in its women's prisons. Elders should age in their community, not in CDCR custody.

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