

Promote A Lifestyle of Wellness with David Marks

Fine tuning your emotional intelligence. Are you mentally fit? You do reps in the gym, but what about your mind? Here's how to boost your emotional sharpness. The skill of emotional intelligence is simply the ability to recognize your feelings and understand how you're responding to them. A few tips on how to increase your emotional intelligence. (a) When you're feeling something you don't like, such as disappointment, don't pretend you're not feeling it. Accept that you will experience difficult emotions. (b) After you identify a feeling, ask yourself what it might be telling you. Letting yourself have the feeling of frustration gives you the time and opportunity to figure out what to do about it. (c) Get familiar and personal about your feelings. The clearer you are, the more those feelings help you know the problem to address. Become more aware and comfortable with your feelings and increase your range of emotional intelligence.

- *March of this year marks our first year anniversary of the Grey Owls. We hope to continue on and progress as time passes.*
- *More members (must be 50 and older) are always welcome..*
- *Attendance at meetings is also very important. Your ideas and input is always welcome and often needed.*

Sources: Pennsylvania Prison Society. Written by: Emily Widra, August 2, 2023.
Men's Health 2022

We want to thank all the Grey Owls members and non-members, especially the Youth for taking time to read and digest these Newsletters. Also I am thankful for all the positive feedback, encouragement and support that we received from SCI Forest.

Chairman- Anthony Brown
Co-Chair- David Marks



Grey Owls - Mission Statement:

We aim to address certain issues pertinent to the more mature members of the elderly community. Through wisdom, fortitude, and resilience, we will seek to advance the physical, mental, emotional and spiritual well being of our members and in doing so benefiting our immediate community.

GREY OWLS Est. 2020 a Subcommittee of the
Lifer's and Long-Termers Committee
Founder: Anthony Brown, Co-Founder David Marks
Co-Founder: William "Cool Pop" Abbott (Deceased)


HOPE FOR CHANGE
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HFC

JUNE 2024

HOPE FOR CHANGE 6TH EDITION

GREY OWLS COMMITTEE NEWSLETTER

This sub-committee will be composed of individuals age 50 and over interested in having mature conversations on certain issues. Send all request slips to the
Attention : Anthony Brown, HFC Treasurer and Grey Owls founder.

THE AGING PRISON POPULATION: CAUSES AND CONSEQUENCES [PART 1]

New data from the Census Bureau reveals that the U.S. medial age rose to a high of 39.8 years: An increase of three and a half years in the last 23 years. This U.S. prison population is aging, too and at a much faster rate than the nation as a whole. The aging of the prison population is the result of a series of disastrous policy decisions in policing, sentencing, and reentry over roughly the last half-century. And while prisons and jails are unhealthy for people of all ages, older adults' interactions with these systems are particularly dangerous if not outright deadly.

AGING THROUGHOUT THE CRIMINAL LEGAL SYSTEM

Older adults are increasingly ensnared in all parts of the criminal legal process: According to the most recent available data on local jails across the U.S. from 2020 to 2024 - during the COVID-19 pandemic, which was particularly dangerous for older adults. Meanwhile, older people make up five times as much of the prison population as they did three decades ago: From 1991 to 2021, the percentage of the state and federal prison population nationwide age 55 or older swelled from 3% to a whopping 15%. This growth is seen even more acutely when looking at people serving life sentences; as of 2020, 30% of people serving life sentences were at least 55 years old, with more than 61,400 older adults sentenced to die in prison

THE DANGERS OF AGING IN PRISON

Prisons are unhealthy places for anyone of any age, but keeping older adults locked up is particularly dangerous. A robust body of research shows that incarceration itself accelerates aging: People face more chronic and life-threatening illnesses earlier than we would expect outside of prison, and physiological signs of aging occur in people younger than expected. In addition, a conservative estimate of more than 44,000 people 45 and older experience solitary confinement in state prison each year, in conditions that shorten lives and can be detrimental

to physical, mental, and emotional health. Years of limited resources, inaccessibility, and understaffing in prison healthcare have created a situation in which “each year spent in prison takes two years off an individual’s life expectancy”. The same factors of prison healthcare resources that jeopardizes older people’s health is not just in effective - it’s also expensive.

THE HIGH COST OF INCARCERATING OLDER PEOPLE

State and Federal government spend increasingly more money on consistently inadequate healthcare for their growing populations of older adults. Considering the proportion of Pennsylvania’s prison population over the age of 50 has risen from about 4% in 1994 to 25% in 2019, and that prison healthcare spending per person has ballooned in the intervening years. The cost of incarcerating adults only appears to be growing. As long as people are in prison, they should receive the care they need to be safe and healthy. But especially at the state and local level, every dollar spent in prisons is a dollar that could have expanded and improved community health services - and provided superior care. It doesn’t make sense to spend so much money locking people up in places that are not only dangerous to their health, but more costly to care for them - especially when there is little “public safety argument to justify doing so.

LOW RISK OF RE-ARREST AND RE-INCARCERATION FOR OLDER ADULTS

The older someone is, the less likely they are to be arrested following release from prison, according to the most recent government study of recidivism. In fact, people released at age 65 or older are the least likely of any age group to be re-arrested in the five years following release.

POLICING

The criminalization of mental illness among older adults is significant as well. Three in nine people age 65 and older have Alzheimer’s dementia (one of many kinds of dementia). The most recent national data available indicate that people with cognitive disabilities are over-represented in jails and prisons: 31% of people in 2012 and 24% of people in state prisons in 2016 reported a cognitive disability. As greater numbers of older adults with cognitive disabilities encounter police, older prison populations are likely to grow.

SENTENCING

State and Federal sentencing policies from the 1970’s to the 2000’s resulted in what researchers have called “a prescription for increase in older inmates: more prisoners, more prison beds, more lifers, and less parole.” State and Federal laws enacted in this time period resulted in more incarcerated people serving longer sentences via policies that:

- Increased sentence lengths and established mandatory minimums.
- Required people to serve upwards of 85% of their sentences in prison (“Truth in Sentencing” laws) before becoming parole eligible.

- Abolished Parole
- Reduced the allowed time earned for good conduct and,
- Instituted other “Tough on Crime” sentencing laws longer and harsher sentences top the list of the most obvious mechanisms by which the national prison population exploded in the 1990’s and 2000’s, but they also created the problem of today’s aging prison population: many of the people who received these sentences are still behind bars now that they are twenty, or thirty years older, in some cases, forty years older.

TOOLS TO REDUCE THE AGING PRISON POPULATION REMAIN UNDERUTILIZED

While attention to this crisis has grown in recent years, many of the available tools - such as parole and compassionate release - have been underutilized. The failure to release older adults from prison has deadly repercussions: from 2001 to 2018, over 30,500 people aged 55 or older died in prison and almost all of these deaths (97%) were due to illness.

PAROLE

In a study of parole in PA and Maryland, the Justice Policy Institute found that between 2017 and 2021, parole grant rates are higher for people between the ages of 31 and 35 (43%) with rates declining as age increases: people over 60 are paroled at a rate of 28%. Older adults serving long sentences are often denied parole, with boards focusing on the nature of their original offense instead of their preparedness for reentry. That being said, parole is not even a option for large swaths of the prison population. Almost half of all people serving life without parole (LWOP) sentence are at least 50 years old, and one in four is at least 60 years old. Even some “geriatric” or “elder” parole laws intended to facilitate the release of older incarcerated people, needlessly exclude many old people who would otherwise be eligible.

COMPASSIONATE RELEASE

Compassionate release (often called medical parole) is an important release mechanism for older adults, but is not used nearly often enough. The application process is cumbersome, and many people die before they ever receive a decision. In addition, decisions about medical eligibility for release are often filtered through state parole boards, whose membership often includes former corrections officials, former parole or probation officers and former prosecutors. These are not vocations particularly invested in release, much less promoting individual health and well being outside the carceral system. Parole boards lack knowledge about serious and terminal illnesses. As well as the general aging process, can create significant barriers to release. Physician reluctance to offer a prognosis, parole board rejections of medical recommendations, offense carveouts and barriers to discharge planning also factor into the underutilization of compassionate release.

To be continued in the next newsletter