



Lifers' Group Fast Facts:  
INADEQUATE USE OF MEDICAL PAROLE FOR PRISONERS  
SENTENCED TO LWOP: More Die In Prison Than Are Paroled

ENDNOTES

Sources: Data for the table based on public records responses from the Parole Board, 2023, 2024 & 2026. Calculations by author.

1. McKillop M & Boucher A. "Aging Prisoner Populations Drive Up Costs (Pew Charitable Trusts, Washington, DC, Feb 2018).
2. For national data see Nellis A. "No End in Sight: America's Enduring Reliance on Life Imprisonment" (2021) & "A Matter of Life: The Scope and Impact of Life and Long-Term Imprisonment in the United States (2025) (both: The Sentencing Project, Washington, DC 2021).
3. Wording of M.G.L.c. 127, §119A that prisoners must be "so debilitated that the prisoner does not pose a public safety risk" has allowed the MA-DOC to require a prisoner to have "significant and serious impairment of strength or ability to perform daily life functions such as eating, breathing, toileting, walking or bathing so as to minimize the prisoner's ability to commit a crime if released". This policy severely limits medical paroles until the prisoner is almost moribund or fully incapacitated and requires institutionalization.
4. Jochem G & Barndollar H. "Death Under Watch, Mercy Delayed: How Mass. Medical Parole Leaves Many to Die in Prison" (Springfield Republican & MassLive, accessed April 14, 2026 @MassLive.com).
5. Greineder D. Based on public records from Parole Board and MA-DOC, more LWOP prisoners have died in prison each year, 2018-2025, except for 2020 and 2022.
6. Each parolee's value for time out of prison was calculated based on the average annual cost for that time as reported in Greineder D. "Lifer's Group Fast Facts: Increased Incarceration Costs in Massachusetts Dept of Correction" (Lifer's Group Inc., Norfolk, March 2026).
7. McKillop & Boucher. (note 1); ACLU. "At America's Expense: The Mass Incarceration of the Elderly" (ACLU, New York, 2012); Tina Chiu. "It's About the Time: Aging Prisoners, Increasing Costs, and Geriatric Release" (Vera Institute of Justice, New York, 2010).
8. Nellis A. "No End In Sight:" (note 2); Nellis A & Bishop B. "New Lease on Life" (The Sentencing Project, 2021); Ghandnoosh N. "Incarceration & Crime: A Weak Relationship" (The Sentencing Project, 2024); Durose MR, Cooper AD, Snyder HN. "Recidivism of Prisoners Released in 30 States in 2005" (Bureau of Justice Statistics, 2014).
9. Greineder D. "An End in Sight: A Confluence of Practical, Financial and Beneficent Strategies for Massachusetts Life Without Parole" (Lifer's Group Inc. July 2025). See also Greineder D. "The Cruel Aging of Massachusetts Life-Sentenced Prisoners" pp13-19 (Lifers' Group Inc. 2022) for a discussion about why excess incarceration does little to improve public safety since it neither deters nor prevents crime; rather the destabilizing social effect of excessive incarceration has been shown to increase crime and decrease public safety.

# # #

All Lifers' Group reports are available at [www.realcostofprisons.org/writing](http://www.realcostofprisons.org/writing) and may be freely quoted or copied provided their source is appropriately cited.

**Lifer's Group Fast Facts: INADEQUATE USE OF MEDICAL PAROLE FOR PRISONERS SENTENCED TO LWOP: More Die in Prison Than are Paroled**

LWOP Medical Paroles 2018-2025		
Date Released	Status or Date Died	Time on Release
11/01/2018	11/24/2018	23 days
11/06/2018	08/08/2018	9 mos
03/18/2019	07/09/2020	16 mos
03/22/2019	11/24/2020	20 mos
11/08/2019	02/04/2022	27 mos
01/08/2020	05/04/2022	28 mos
02/05/2020	11/04/2020	9 mos
03/04/2020	In Community	73 mos
04/02/2020	02/09/2021	10 mos
04/06/2020*	In Community	69 mos
04/06/2020	08/18/2025	64 mos
04/10/2020	08/09/2023	40 mos
04/17/2020	03/02/2021	10 mos
05/15/2020	04/29/2022	23 mos
06/19/2020	01/27/2021	7 mos
06/19/2020	05/17/2023	35 mos
06/26/2020	09/23/2020	3 mos
06/30/2020	01/07/2021	6 mos
07/02/2020	10/12/2022	27 mos
07/13/2020	12/30/2022	29 mos
07/23/2020	03/24/2023	32 mos
08/18/2020	08/20/2020	2 days
09/03/2020	02/25/2025	54 mos
09/03/2020	12/23/2022	27 mos
09/04/2020	11/12/2021	14 mos
11/13/2020	In Community	66 mos
11/20/2020	11/24/2020	4 days
11/24/2020	12/01/2020	7 days
11/25/2020	In Community	66 mos
01/27/2021*	In Community	64 mos
02/22/2021	11/17/2021	9 mos
03/16/2021	01/27/2022	10 mos
04/26/2021	09/25/2025	54 mos
06/09/2021	09/18/2021	3 mos
08/05/2021	In Care Instit	57 mos
10/01/2021	07/15/24	34 mos
12/09/2021	12/28/2021	19 days
12/30/2021	In Care Instit	52 mos
03/28/2022	In Care Instit	49 mos
06/06/2022	09/13/2022	3 mos
07/06/2022*	In Community	42 mos
07/20/2022	In Care Instit	45 mos
08/15/2022	In Community	41 mos
08/17/2022*	In Community	39 mos
09/06/2022	01/04/2023	4 mos
09/15/2022	09/30/2022	15 days
12/01/2022	03/29/2024	16 mos
12/02/2022	In Care Instit	39 mos
12/05/2022	In Care Instit	39 mos
02/27/2023	11/03/2025	32 mos
03/01/2023	10/13/2024	31 mos
05/15/2023	12/09/2023	7 mos
07/21/2023	In Community	34 mos
09/18/2323	In Care Instit	32 mos
11/10/2023	12/04/2023	24 days
11/29/2023	11/26/2024	12 mos
05/02/2024	In Care Instit	24 mos
05/28/2024	02/22/2025	9 mos
07/09/2024	In Care Inst	22 mos
09/06/2024	02/12/2025	6 mos
10/21/2024	In Care Instit	19 mos
12/26/2024	In Care Instit	17 mos
02/18/2025	In Care Instit	15 mos
02/24/2025	02/06/2026	12 mos
02/25/2025	In Care Instit	15 mos
03/31/2025	In Community	13 mos
06/04/2025	06/13/2025	9 days
08/18/2025	In Care Instit	8 mos
10/24/2025	11/20/2025	26 days
11/17/2025	In Care Instit	6 mos

\*Tech Violation & re-release (time on release may be shortened)

Massachusetts prisons have the oldest prisoners (1) and the highest percentage of Life Without Parole (LWOP) sentences in the U.S. (2). In 2018 a medical parole statute was at last enacted that allows release of terminally ill (life expectancy under 18 months) and permanently incapacitated prisoners, but because of limitations in the law and the DOC's determination to limit its use, hopes for humanitarian and financial benefits, most important for LWOP prisoners, have been very limited (3). Paroles continue to be denied until harmless debilitated and aging prisoners require nursing home placement or are close to death. Fewer than 14% of petitioners are granted parole while aging and chronically ill LWOP prisoners continue to die in prison (4). Between 2018-2025, excluding 2020, only 46 LWOP prisoners were granted medical parole while 58 vulnerable LWOP prisoners were denied and died in prison. In 2020, under emergency orders from the SJC during the height of the Covid-19 pandemic, 24 got medical parole. Three of them, previously denied, died in their hospital beds only days after being paroled. Six other LWOP prisoners also died in prison that year. In 2021, Covid still raging, only 9 LWOP prisoners were granted medical parole while 13 died in prison (5).

- >> Of the 70 releases (Table), 45 (64%) have died;
  - 9 (13%) within 1 month of being granted parole
  - 19 (27%) died between 1 to 18 months
  - 17 (24%) died between 18 to 64 months
- >> 25 (36%) LWOP prisoners are currently on medical parole;
  - 10 (14%) are living in the community
  - 15 (21%) are housed in care institutions
  - Since February 2021, only 5 parolees are living in the community and 15 are in nursing homes
  - 19 (27%) have been on parole between 18 to 73 months
  - 6 (9%) have been released less than 18 months
- >> None have committed a new crime while on medical parole.
- >> More than \$18 Million dollars (\$18,261,296) of cumulative savings have accrued through 2026 from even this restricted use of medical parole (6). Costs were calculated at the annual rate for average prisoners, but savings are likely much greater because elderly or sick prisoners cost 2-5 times the average (7) because of special accommodations and health care.

Consensus evidence shows that prisoners over 55 years old as well as those convicted of murder have the lowest rates of recidivism (8). Liberalizing compassionate medical parole for older LWOP prisoners will not decrease public safety but can greatly reduce costs (9). International and US law recognize that prisoners retain the essence of human dignity, and thereby validate requiring medical parole for permanently incapacitated and terminally ill prisoners. Currently proposed legislation, if enacted, would greatly benefit such compassionate humanitarian and financial outcomes.

[ENDNOTES on reverse]

D. Greineder for Lifer's Group Inc. (April 2026)  
P.O. Box 43, Norfolk, MA 02056