## HB 157/SB 98- Correctional Services – Geriatric and Medical Parole

**Oral Testimony** 

## Raya Elfadel Kheirbek, MD, MPH, FGSA

Thank you for this opportunity. My name is Raya Elfadel Kheirbek. I am speaking in favor of Geriatric and Medical Parole on behalf of the incarcerated patients under my care.

As Chief of Geriatrics and Palliative Medicine at the University of Maryland School of Medicine in Baltimore, as well as a Professor of Medicine, I have a duty to relieve suffering, uphold human dignity, and protect and care for patients based on an evidence-based clinical assessment.

I have cared for dying prisoners. Our teams across the Medical Center scramble though administrative hurdles to fast-track compassionate release, but often we fail to ensure human dignity and unite inmates with their loved ones. No one deserves to die with their feet shackled to a bed, accompanied only by two fully armed guards.

Compassionate release is often the most humane and ethical course of action for elders and terminally ill inmates. These individuals usually carry a low public safety risk and low rate for recidivism due to accelerated biological aging, advanced illness, and poor physical health. They could be released to the care of their loved ones or local community programs, including inpatient hospices. Incidentally, it would be at substantially less cost for Maryland taxpayers.

Our seeming indifference to the healthcare needs of incarcerated persons is a violation of the 8th amendment of the United States Constitution and is cited in *Duvall vs Hogan*. Within the Maryland Correctional Health System, access to geriatric care for inmates is limited at best; the same is true for palliative medicine and hospice care. Appropriate access to care for inmates is both a moral obligation and a legal requirement.

Thank you for allowing me the time to speak. I have also submitted written testimony for your consideration.