FAMM SB 36 Support.pdf
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Position: FAV

Written Testimony of Celeste Trusty
Deputy Director of State Policy for FAMM
In Support of SB 36
Maryland Senate Judicial Proceedings Committee
February 7, 2024

I would like to thank the Chair, Vice Chair, and members of the Senate Judicial Proceedings Committee for the opportunity to submit written testimony in support of SB 36, a bill that would create the Maryland Deaths in Custody Oversight Board under the Governor's Office of Crime Prevention, Youth, and Victim Services. **FAMM supports SB 36 and encourages a favorable report from the Committee.**

FAMM is a nonpartisan, nonprofit organization that advocates sentencing and prison policies that are individualized and fair, protect public safety, and preserve families. Among the policies we advocate is the establishment of independent oversight bodies for correctional facilities in each state. Most of the Marylanders who support FAMM have loved ones incarcerated in a state prison, and their top concerns while their loved one is incarcerated are their safety, health, and rehabilitation. Unfortunately, we consistently hear from our members that Maryland's state prison facilities are unsafe, unsanitary, and lack sufficient medical and mental health care, staff, and rehabilitative programming. Additionally, Maryland families almost uniformly report to us difficulties in getting information about and help for their incarcerated loved ones from the staff and administration at the DPSCS. This is simply unacceptable, especially when a life ends while in custody.

There are myriad concerning stories out of Maryland's correctional facilities about deaths of people while in correctional custody. Between 2001 and 2019, there were 1,100 reported deaths of people living in Maryland state prisons, many of which were attributed to medical issues such as heart, liver, or respiratory disease, cancer, and human immunodeficiency virus (HIV)/

acquired immunodeficiency syndrome (AIDS).[1] More than 80 of these lives lost in custody were reported as death by suicide, over 60 people died of reported drug or alcohol intoxication, nine were classified as accidents, and more than 50 were reported as homicides.[2] The Maryland Deaths in Custody Oversight Board would be charged with analyzing deaths of incarcerated individuals and making recommendations based on their findings. For each death of an incarcerated person, SB 36 would charge the Board with conducting administrative and clinical mortality reviews, evaluating the related facility, and assessing infrastructures around access to and quality of care. Importantly, the Board would include people who experienced incarceration in Maryland, family members of people currently incarcerated, representatives from community organizations, as well as medical experts.

Americans across the political spectrum understand the inherent value of increased transparency and accountability in our nation's prisons: in a recent national poll, 82 percent of people agreed that state and federal prison systems should have independent oversight.[3] The same poll showed a majority of people do not believe that agencies are able to provide reasonable, reliable, and transparent oversight over themselves.[4] Creating a Maryland Deaths in Custody Oversight Board would create the accountability and transparency that family members and the public need and deserve when a person loses their life while in correctional custody.

The results of creating such a Board have the capacity to save lives and go a long way to support corrections staff, incarcerated people, and their families in their daily concerns about health, safety, access to medical and mental health care, lack of responsiveness to complaints, and myriad other issues. Oversight encourages increased professionalism at every level of an agency. Lawmakers also benefit from this type of independent oversight into deaths of people in custody. Lawmakers need this steady feedback and insight to help craft laws and policies to best protect incarcerated people while they are under correctional supervision, and the public deserves an increased level of transparency into this devastating and critical issue. **FAMM**

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[1] U.S. Department of Justice Office of Justice Programs Bureau of Justice Statistics, Mortality in State and Federal Prisons, 2001–2019, TABLE 16 https://bjs.ojp.gov/content/pub/pdf/msfp0119st.pdf

[2] U.S. Department of Justice Office of Justice Programs Bureau of Justice Statistics, Mortality in State and Federal Prisons, 2001–2019, TABLE 16 https://bjs.ojp.gov/content/pub/pdf/msfp0119st.pdf

[3] Public Opinion Strategies, National Survey on Prison Oversight conducted for FAMM July 29-Aug. 3, 2022, https://famm.org/wp-content/uploads/FAMM-National-Survey-Key-Findings.pdf.

[4] Public Opinion Strategies, National Survey on Prison Oversight conducted for FAMM July 29-Aug. 3, 2022, https://famm.org/wp-content/uploads/FAMM-National-Survey-Key-Findings.pdf.

supports SB 36 and urges the committee to pass this piece of legislation.

Carmen and PG County SB36 and HB565.pdf
Uploaded by: DaMarqus Moore
Position: FAV

HELPING
OURSELVES TO
TRANSFORM

EDUCATING AND PROMOTING
MASS LIBERATION

5661 3rd Street NE Unit 134 Wash, DC 20011
128 College Station Drive Upper Marlboro, MD 20774

Dear President Senator Will Smith and the Judicial Committee,

I am Dr. Carmen Johnson and I reside in Anne Arundel County, Maryland. I am here to urge you to **vote favorably** for SB036/HB565, a critical piece of legislation aimed directly at the heart of a national catastrophe: the unacceptable and preventable deaths occurring within our custody system. The stark reality that our nation lacks comprehensive data on in-custody deaths is not merely an oversight; it is a glaring indictment of our moral and administrative systems. This deficiency obstructs any effort towards systemic reform, leaving us in the dark about the true scale of this crisis.

Maryland's own statistics paint a grim picture, with 885 lives lost in the Department of Corrections from January 2009 to March 2023, and an additional 180 fatalities in county detention centers between 2008 and 2019. These numbers reveal the urgency of addressing this epidemic, particularly as many victims are pre-trial detainees who never had their day in court. It is imperative that Maryland lead the way in fostering a culture of transparency and accountability, setting a new standard for the nation in the process of mitigating in-custody deaths. SB36/HB565 stands as a beacon of hope, designed to usher in a new era of openness and responsibility within Maryland's custody environment. It ensures that each death while in custody is not just a statistic but a catalyst for change, with details made public to inform and drive reform. The establishment of an independent Oversight Board is a monumental step towards achieving this goal. This board will undertake comprehensive investigations into every in-custody death, providing insights and actionable recommendations to prevent future tragedies.

The proposed legislation mandates immediate notification to the Oversight Board following any custodial death, with detailed information about the deceased. This procedure is not just an administrative task; it is a moral obligation to each individual under our care. The Oversight Board's rigorous analysis and subsequent recommendations will form the cornerstone of our efforts to honor the dignity of those we've lost and to protect those still within our system. The term "In-custody death" encompasses a broad spectrum of circumstances, underscoring the pervasive nature of this issue across various facets of law enforcement and detention. This bill is not just legislation; it is a declaration that the lives of all individuals, regardless of their custodial status, are of inherent value. I implore you to recognize the urgency of this matter and to vote favorable. It is time for Maryland to illuminate the shadows of our custody system with the light of accountability and humanity. Thank you for considering this vital cause that holds the potential to save lives and restore faith in our justice system.

Sincerely,

Carmen Johnson Ph.D.
Founder

THE PRINCE GEORGE'S COUNTY GOVERNMENT

(301) 952-3700
County Council

POSITION STATEMENT

SB 36

Senator Benson **Maryland Deaths in Custody Oversight Board**

POSITION **FAVORABLE**

This bill creates a Custody Oversight Board to make findings and recommendations related to deaths of incarcerated individuals and requires the Department of Public Safety and Correctional Services to provide information to the Board.

Prince George's County Council strongly supports this bill.

The County Council supports this bill because it addresses the crisis of deaths occurring in custody. In Maryland alone, from **January 2009 to March 2023, approximately 885 individuals lost their lives within the Department of Corrections.** Many of these tragic incidents resulted from the unnecessary use of force and neglect within the criminal legal system. We want Maryland to possess accurate data on the annual number of deaths in custody and the causes. The absence of clear, accessible information hampers the ability of policymakers, researchers, and advocates to instigate meaningful changes aimed at reducing preventable in-custody deaths. We want Maryland to set a precedent by demonstrating a commitment to transparency and accountability, with the goal of reducing in-custody deaths through improved adherence to established procedures and policies.

For the foregoing reasons, Prince George's County Council and respectfully requests the Committee's favorable consideration of the legislation.

Prepared by: Barnes International on behalf of Prince George's County Council.

Sign-On Letter for Organizations SB36_HB565 (4).pd
Uploaded by: DaMarqus Moore
Position: FAV

February 2, 2024
Dear President Senator Will Smith and Chairman Delegate Luke Clippinger
Sponsors: Senator Benson and Delegate Simmons,
Re: Maryland Deaths in Custody Oversight Board SB036 partnered bill HB565

We, the undersigned organizations, write in support of Senate Bill 36 and House Bill 565. There is an ongoing national epidemic of in-custody deaths in the United States, and the crisis in Maryland is particularly acute. According to data that was belatedly released by the Maryland Department of Public Safety and Correctional Services only a few weeks ago—in response to a Maryland Public Information Act request filed in Civil Rights Corps in 2022—approximately 885 people died while in state custody from January 2009 to March 2023.

This outrageous number can be contextualized by a recent report from the UCLA BioCritical Studies Lab, Civil Rights Corps, and Helping Ourselves to Transform, which analyzed a sample of 180 self-reported deaths in 10 city and county jails in Maryland between 2008 and 2019—a number that represents only a small portion of the total in-custody deaths in this period, which estimated to be over 1,000. The findings are staggering:

- The **majority of people—over 80 percent—who died in custody were awaiting trial**, meaning they had not been convicted of any crime at the time of their death.

- Almost half of the people in the study sample died within 10 days of being detained in jail. **More than 1 in 6 died within one day**. These findings suggest that any length of pretrial detention in Maryland could mean a potential death sentence for many people.

- The jails with the most in-custody deaths are located in jurisdictions with both high rates of poverty and large numbers of Black residents. The strong correlation between these factors indicates that when detained, **Black and low-income Maryland residents are particularly at risk of in-custody death.**

The in-custody deaths crisis in Maryland presents major questions regarding basic constitutional protections for people awaiting trial. A system that confers potential death sentences onto people, many of whom have not been convicted of any crime, without due process is inhumane and undermines the basic principles of equal justice under law.

It is likely that many of these deaths result from use of force and neglect within the criminal legal system. At best, these findings demonstrate gross negligence from Maryland officials in ensuring jail conditions meet basic safety standards. At worse, they show remarkable complicity in systemic injustice and complete disregard for the sanctity of human life.

As advocates, as loved ones, and as members of the public, we have had limited access to information regarding these deaths, as underscored by the difficulty we have experienced in even obtaining the data mentioned above. It is clear that there is a major data and information transparency problem at the heart of the in-custody deaths crisis. Insufficient reporting practices, inconsistent record keeping, and high barriers to public access of key information regarding in-custody deaths prevent meaningful action and accountability. The lack of transparency around in-custody death data is a moral and administrative failure, denying family and community members of the fundamental human right to accurately determine the cause of death of a loved one, and only serves to further hide the full extent of the in-custody deaths crisis in Maryland from public view.

Senate Bill 36 and House Bill 565 offer a clear path forward. The legislation guarantees that pertinent details regarding individual in-custody deaths will be made accessible to the public, identifying and rectifying the primary causes of such deaths while safeguarding the well-being and dignity of those in custody. In addition, the legislation will establish an independent Oversight Board that will conduct thorough reviews of all in-custody deaths in Maryland, provide recommendations for preventing similar deaths, and oversee the implementation of these suggestions.

We believe that by enacting this legislation, Maryland can set a national precedent by demonstrating a firm commitment to public transparency and accountability, as well as reducing the number of in-custody deaths through improved adherence to established procedures and policies. The in-custody death crisis in Maryland requires immediate political intervention, and state and local leaders have a moral responsibility to protect the lives of people in custody. For many Maryland residents, this is literally a matter of life and death.

For these reasons, we urge you to support Senate Bill 36 and House Bill 565. Thank you for your time.

Sincerely,

Helping Ourselves to Transform

Civil Rights Corps

UCLA BioCritical Studies Lab

Life After Release

Zealous

Color of Change

Robert F. Kennedy Human Rights

University of Baltimore Center for Criminal Justice Reform

ACLU Maryland

Maryland Alliance for Justice Reform

Maryland Office of the Public Defender

Progressive Maryland

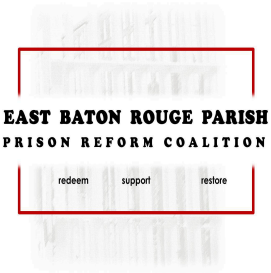
Public Justice Center

HELPING OURSELVES TO TRANSFORM
EDUCATING AND PROMOTING MASS LIBERATION

No Struggle No Success

Texas Jail Project

ALC Court Watch



East Baton Rouge Parish Prison Reform Coalition

P.R.E.A.C.H.

RHB_support SB36_HB565.pdf
Uploaded by: Dawna Cobb
Position: FAV

Return Home
BALTIMORE
Reenter. Reconnect. Rebuild.

WRITTEN TESTIMONY SUPPORTING

SB36 partnered bill HB565

Maryland Deaths in Custody Oversight Board

TO: Sponsors of the bill Senator Benson-SB0036 and Delegate Simmons-HB565

DATE: 2-6-2024

My name is Dawna Cobb. I am a co-founder of Return Home Baltimore, an online resource for formerly incarcerated people, and a Maryland resident. I strongly support **SB036/HB565** because it addresses the longstanding and ongoing national crisis of deaths occurring in custody. The need for this law is supported by the findings in a report entitled In-Custody Deaths in Ten Maryland Detention Centers 2008-2019, published in July 2023 by the. UCLA Biocritical Studies Lab and by American Bar Association.

It is unacceptable that neither the United States nor Maryland governments possesses accurate data on the annual number of deaths in custody. The absence of clear, accessible information hampers the ability of policymakers, researchers, and advocates to instigate meaningful changes aimed at reducing preventable in-custody deaths. SB36 and HB 565 rectifies this issue.

According to the UCLA Biocritical Studies Lab, 180 deaths were recorded in 10 Maryland county detention centers from 2008 to 2019. It's worth noting that county detention centers differ from state prisons in that they primarily house individuals awaiting trial or arraignment. This means that many died in-custody before a trial. Maryland must demonstrate its commitment to transparency and accountability with the goal of reducing in-custody deaths by creating a Custody Oversight Board that is authorized to investigate in-custody deaths and recommend actions to avoid further in-custody fatalities.

SB36/HB565 is designed to:

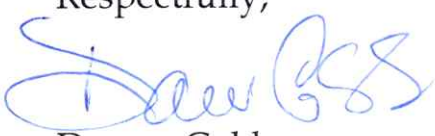
- ensure transparency and accountability within Maryland's custody system. It aims to guarantee that when an individual dies while in custody, the pertinent details become publicly accessible.
- pinpoint and rectify the primary causes of such deaths while safeguarding the well-being and dignity of those in custody.
- establish an independent Oversight Board that will review all in-custody deaths in Maryland, issue detailed reports that elucidate the circumstances leading to each fatality, recommend actions to prevent similar deaths, and oversee the implementation of these suggestions.

The bill also requires:

- The agency responsible for an individual in custody to promptly notify the Oversight Board within a certain amount of time of the person's death;
- The notification to provide specific information about the deceased individual, encompassing their name, birth date, gender, race, and ethnicity, and a comprehensive description of the circumstances surrounding the death and the rationale behind the person's detention;
- The Oversight Board to analyze each case, draw conclusions, and offer recommendations concerning the individual's death.

Thank you for offering to support this bill, which addresses an important issue for Maryland.

Respectfully,



Dawna Cobb

dawnacobb@gmail.com

410-627-0769

Incustody Deaths Oversight Board SB36 - HB565.pdf
Uploaded by: Dr. Carmen Johnson
Position: FAV

Support testimony for SB036 and HB565

Maryland Deaths in Custody Oversight Board

Vote FAVORABLE

Dear President - Senator Will Smith
Senate Bill: 036

Dear Chairman - Delegate Luke Clippinger
House Bill: 565

Hello my name is Natascha Levine,

As a dedicated resident of Montgomery County, Maryland, and a first-year student at Oberlin College majoring in Law and Justice, I bring a unique perspective to the urgent issue of in-custody deaths. My current internship with Helping Ourselves to Transform, under the guidance of Dr. Carmen Johnson, has further deepened my commitment to addressing this critical social issue.

I am compelled to voice my steadfast support for Senate Bill 0036 and House Bill 565, landmark legislation designed to confront and dismantle the systemic injustices leading to an unacceptable number of in-custody deaths. These bills shine a light on the intricate nexus of class, race, and social inequities that underpin the ongoing crisis of in-custody deaths, particularly in Maryland, where the frequency of such tragedies is not only alarming but also indicative of a broader, systemic failure.

The grim reality of in-custody deaths in Maryland—reflective of a national epidemic—underscores a glaring oversight in our legal and correctional systems, characterized by a lack of accountability and a disregard for the lives of those most vulnerable to systemic oppression. Senate Bill 0036 and House Bill 565 propose critical measures to address these issues head-on, advocating for a comprehensive review and reform of the policies and practices that have perpetuated this cycle of loss and injustice.

The enactment of this legislation is more than a procedural necessity; it is a moral imperative to uphold and protect the human rights of all individuals within the carceral system. The persistent pattern of in-custody deaths is a stark reminder of the urgent need for reform—a call to action that cannot be ignored.

The passage of Senate Bill 0036 and House Bill 565 represents a pivotal step toward rectifying the injustices that have long plagued our justice system. It is a necessary stride toward safeguarding the dignity, rights, and lives of incarcerated individuals in Maryland and beyond. As such, I urge all stakeholders to recognize the gravity of this issue and to support the passage of this critical legislation.

Thank you

Natascha Levine

nlevine1@oberlin.edu

MARYLAND REENTRY RESOURCE CENTER

February 1, 2024

Maryland Reentry Resource Center
Vanessa Bright, Executive Director
77 West St. Suite 110
Annapolis, MD 21401

Senator Benson
James Senate Office Building, Room 201
11 Bladen St.,
Annapolis, MD 21401

Delegate Simmons
152 Lowe House Office Building
6 Bladen Street
Annapolis, MD 21401

Subject: Support for Maryland Senate Bill 36 and House Bill 565 - Maryland Deaths in Custody Oversight Board

Dear Senator Benson and Delegate Simmons:

I am writing to express my strong support for Maryland Senate Bill 36 and House Bill 565, both of which seek to establish the Maryland Deaths in Custody Oversight Board within the Governor's Office of Crime Prevention, Youth, and Victim Services. I believe that the creation of this oversight board is crucial for analyzing and addressing the complex issues surrounding deaths of incarcerated individuals in our state.

It is evident that establishing a Deaths in Custody Oversight Board is a necessary step towards ensuring transparency, accountability, and fairness within our correctional system. The Board's role in analyzing and making findings and recommendations related to deaths in custody will contribute significantly to the improvement of policies and practices within the Department of Public Safety and Correctional Services.

I appreciate the foresight of the legislators in recognizing the need for an independent body to scrutinize incidents of deaths in custody. The establishment of specific requirements for the Department of Public Safety and Correctional Services to provide information to the Board is a crucial aspect of ensuring the Board's effectiveness in its oversight role.

By supporting Maryland Senate Bill 36 and House Bill 565, we are taking a significant step towards a more just and accountable criminal justice system. The Maryland Deaths in Custody Oversight Board will not only serve the interests of justice but will also help build public trust in the institutions responsible for the care and custody of individuals within our correctional facilities.

I urge you to advocate for the passage of these bills and contribute to the establishment of the Maryland Deaths in Custody Oversight Board. Your support for this legislation is vital in addressing the critical issues surrounding deaths in custody and promoting a fair and transparent criminal justice system in our state.

Thank you for your attention to this matter, and I look forward to seeing positive developments in the reform of our state's correctional system.

Sincerely,

Vanessa Bright

Vanessa Bright

Call
410-429-0107

Message
admin@mdrrc.org

Office Address
77 West Street, Suite 110,

WRITTEN TESTIMONY SUPPORTING

SB36 partnered bill HB565

Maryland Deaths in Custody Oversight Board

This is my written testimony in support of SB36/HB565. My name is DaMarqus Moore, and I reside in Maryland. I am a former juvenile lifer who spent 14 years in jail. I was fortunate to receive consideration for release through the Reentry Court in Maryland. Today, I am happily married with a young daughter, working diligently to provide for my family. Additionally, I serve as a peer-to-peer specialist at Helping Ourselves to Transform, a 501c3 organization. I visit various schools to share my story with the youth, offering them insight into why they must strive for better in their lives.

During my incarceration, I witnessed tragic incidents behind prison walls that are etched in my memory. I saw a man brutally stabbed to death by five individuals while he was working out in the yard. I witnessed a cellmate strangle another with a cable wire, and I heard a fellow inmate, who was on the verge of going home, get beaten to death in his cell, his lifeless body dragged along the tier with no one held accountable. I even saw someone hanging lifeless from their cell vent for a significant period.

I am firmly in support of SB036/HB565 because it confronts the enduring and ongoing crisis of deaths occurring in custody. Many of these heartbreaking incidents result from unnecessary use of force and neglect within our criminal justice system. It's disheartening that there is a lack of accurate data on deaths in custody, representing both a moral and administrative failure. Clear and accessible information severely hampers the ability of policymakers, researchers, and advocates to drive meaningful changes aimed at reducing preventable in-custody deaths. This oversight board will do just that. Bring understanding and accountability to lower the number of deaths in prisons and jails in Maryland.

DaMarqus Moore

DaMarqus Moore - 202-658-0568

WRITTEN TESTIMONY SUPPORTING

SB36 and partnered bill HB565

Maryland Deaths in Custody Oversight Board

February 1, 2024

Dear Sponsor Senator Benson and Delegate Simmons,

I'm Roland Carter from Upper Marlboro, Maryland. I've heard of preventable death in prisons. That's why I strongly support SB036 and HB565. These bills address the ongoing crisis of deaths in custody, often caused by unnecessary force and neglect within the criminal justice system. It's concerning that the U.S. government lacks accurate data on these deaths, representing both a moral and administrative failure. This lack of information hinders policymakers, researchers, and advocates from making necessary changes to prevent future in-custody deaths.

In Maryland, in the past 14 years 885 plus individuals died in the Department of Corrections, and 180 deaths occurred in 10 county detention centers from 2008 to 2019 in Maryland. It's essential to note that county detention centers mainly house individuals awaiting trial, many of whom have died in custody before their trials. We urge Maryland to lead by example, prioritizing transparency and accountability, aiming to reduce in-custody deaths by enhancing compliance with established procedures and policies.

SB36/HB565 aims to enhance transparency and accountability within Maryland's custody system. It ensures that crucial information regarding in-custody deaths becomes publicly accessible. The bill identifies and addresses the root causes of such deaths while protecting the well-being and dignity of those in custody. It establishes an independent Oversight Board to conduct thorough reviews of all in-custody deaths, issuing detailed reports on the circumstances of each fatality. The Oversight Board will also provide recommendations for preventing future deaths and oversee their implementation.

The agency responsible for an individual in custody is mandated to promptly notify the Oversight Board within a certain amount of time of the person's death. This notification should include specific information about the deceased individual, encompassing their name, birth date, gender, race, and ethnicity. The Oversight Board will carefully analyze each case, providing conclusions and recommendations regarding the individual's death. The notification should include a comprehensive description of the circumstances surrounding the death and the reason for the person's detention.

This bill defines "In-custody death" as any fatality that occurs while an individual is detained, under arrest, during an arrest attempt, while being transported by law enforcement or correctional officers, in an institution's infirmary or hospital under the custody of law enforcement and correctional officers, during a pursuit by a government official in a motor vehicle, or while incarcerated in various types of facilities within Maryland that detain individuals on behalf of Immigration and Customs Enforcement.

Sincerely,

Roland Carter, IBEW

202-279-1758

WRITTEN TESTIMONY SUPPORTING

SB36/HB565 - Maryland Deaths in Custody Oversight Board

TO: Senator Benson and Delegate Simmons

DATE: 1-31-2024

I am Mrs. Yolanda Leak and also a Maryland resident. I personally had a family member that died in jail and for that reason I strongly support **SB036/HB565** because it addresses the longstanding and ongoing national crisis of deaths occurring in custody. Many of these tragic incidents result from unnecessary use of force and neglect within the criminal legal system. It's disheartening that the United States Government does not possess accurate data on the annual number of deaths in custody, which is both a moral and administrative failure. The absence of clear, accessible information hampers the ability of policymakers, researchers, and advocates to instigate meaningful changes aimed at reducing preventable in-custody deaths.

- In Maryland alone, from January 2009 to March 2023, approximately 885 individuals lost their lives within the Department of Corrections, and there were 180 deaths recorded in 10 county detention centers from 2008 to 2019. These figures underscore the nationwide scope of t no he issue. It's worth noting that county detention centers differ from state correctional facilities in that they primarily house individuals awaiting trial or arraignment. This means that a lot of these people have died in custody before a trial. We want Maryland to set a precedent by demonstrating a commitment to transparency and accountability, with the goal of reducing in-custody deaths through improved adherence to established procedures and policies.

SB36/HB565 is designed to ensure transparency and accountability within Maryland's custody system. It aims to guarantee that when an individual dies while in custody, the pertinent details become publicly accessible. The bill further strives to pinpoint and rectify the primary causes of such deaths while safeguarding the well-being and dignity of those in custody. To achieve these objectives, the bill proposes the establishment of an independent Oversight Board. This Oversight Board will conduct thorough reviews of all in-custody deaths in Maryland, issuing detailed reports that elucidate the circumstances

leading to each fatality. In addition to these reports, the Oversight Board will furnish recommendations for preventing similar deaths and oversee the implementation of these suggestions.
The agency responsible for an individual in custody is mandated to promptly notify the Oversight Board within a certain amount of time of the person's death. This notification should include specific information about the deceased individual, encompassing their name, birth date, gender, race, and ethnicity. The Oversight Board will meticulously analyze each case, drawing conclusions and offering recommendations concerning the individual's death. Furthermore, the notification should contain a comprehensive description of the circumstances surrounding the death and the rationale behind the person's detention.

This bill reflects "In-custody death" encompasses any fatality occurring while an individual is detained, under arrest, during an arrest attempt, while being transported by law enforcement or correctional officers, within an institution's infirmary or hospital under the custody of law enforcement and correctional officers, during a pursuit by a government official in a motor vehicle, or while incarcerated in various types of facilities within the state of Maryland that detain individuals on behalf of Immigration and Customs Enforcement.

Thank you for your time in this matter and I pray that this needed bill is voted on and passed into law.

Mrs. Yolanda Leak
alstony01@live.com

WRITTEN TESTIMONY SUPPORTING

SB36 partnered bill HB565

Maryland Deaths in Custody Oversight Board

TO: Sponsor of the bill Senator Benson-SB0036 and Delegate Simmons - HB565

DATE: 2-5-2024

I am Anne-Claire Frank-Seisay and also a Maryland resident. I strongly support **SB036/HB565** because it addresses the longstanding and ongoing national crisis of deaths occurring in custody. Many of these tragic incidents result from unnecessary use of force and neglect within the criminal legal system. It's disheartening that the United States Government does not possess accurate data on the annual number of deaths in custody, which is both a moral and administrative failure. The absence of clear, accessible information hampers the ability of policymakers, researchers, and advocates to instigate meaningful changes aimed at reducing preventable in-custody deaths.

- In Maryland alone, from January 2009 to March 2023, approximately 885 individuals lost their lives within the Department of Corrections, and there were 180 deaths recorded in 10 county detention centers from 2008 to 2019. These figures underscore the nationwide scope of the issue. It's worth noting that county detention centers differ from state correctional facilities in that they primarily house individuals awaiting trial or arraignment. This means that a lot of these people have died in custody before a trial. We want Maryland to set a precedent by demonstrating a commitment to transparency and accountability, with the goal of reducing in-custody deaths through improved adherence to established procedures and policies.

SB36/HB565 is designed to ensure transparency and accountability within Maryland's custody system. It aims to guarantee that when an individual dies while in custody, the pertinent details become publicly accessible. The bill further strives to pinpoint and rectify the primary causes of such deaths while safeguarding the well-being and dignity of those in custody. To achieve these

objectives, the bill proposes the establishment of an independent Oversight Board. This Oversight Board will conduct thorough reviews of all in-custody deaths in Maryland, issuing detailed reports that elucidate the circumstances leading to each fatality. In addition to these reports, the Oversight Board will furnish recommendations for preventing similar deaths and oversee the implementation of these suggestions.

The agency responsible for an individual in custody is mandated to promptly notify the Oversight Board within a certain amount of time of the person's death. This notification should include specific information about the deceased individual, encompassing their name, birth date, gender, race, and ethnicity. The Oversight Board will meticulously analyze each case, drawing conclusions and offering recommendations concerning the individual's death. Furthermore, the notification should contain a comprehensive description of the circumstances surrounding the death and the rationale behind the person's detention.

This bill reflects "In-custody death" encompasses any fatality occurring while an individual is detained, under arrest, during an arrest attempt, while being transported by law enforcement or correctional officers, within an institution's infirmary or hospital under the custody of law enforcement and correctional officers, during a pursuit by a government official in a motor vehicle, or while incarcerated in various types of facilities within the state of Maryland that detain individuals on behalf of Immigration and Customs Enforcement.

Thank you for your time in this matter and I pray that this needed bill is voted on and passed into law.

Anne-Claire Frank-Seisay

Anne-Claire Frank-Seisay
anneclairefrank@gmail.com

Tuesday, February 6, 2024

To Whom It May Concern:

My name is **James Henry Fowler**, for last 30 years of my life I have been sitting in prison, wrongfully convicted of a crime that I did not commit. Throughout this harsh prison journey, I've been very unfortunate and highly affected by witnessing several violent deaths firsthand and would like to share just a couple of them.

1995 Baltimore Penitentiary: While on the phone talking to my loved ones, what appeared to be two currently incarcerated individuals fighting, turned out to be one of them repeatedly stabbing the other while onlookers and staff stood and watch. The result of this incident was that the victim passed out and died while being taken to medical.

1998 Jessup Penitentiary: During a Basketball Tournament that I participated in, a ruckus breaks out on the sidelines, and I witnessed one currently incarcerated individual stabbing another at least 20 times, again while onlookers including staff stood watch. The result of this incident, the victim lay dead in a pool of his own blood.

Witnessing death firsthand in these dire conditions can really play on a person's psyche. The lack of assistance and support that we have regarding medical, mental and correctional staff is really an appalling injustice to an already atrocious and broken situation, one that is designed to foster the effort of corrective behavior.

Help is very much needed in this Penal system to help prevent ongoing deaths within the Maryland prison system The ripple effect after witnessing this goes far beyond the actual visual impact of the incident. The period of lock down, the uproot of schedule, the change in educational and vocational programming. The lack of external visitation and then one day all the doors are just popped open with the expectancy of some degree of normalcy is purely unrealistic.

We need help for the mental capacity of the population today because the lack of counseling when it pertains to occurrences such as this is what's contributing to the diminishing mental health and overall morale of the Maryland prison population.

I truly thank you for your time and I pray your ears and sound judgement in hopes that it would direct you to some form of action towards change.

Sincere and kindness regards,

James Henry Fowler III

2024.02.06 SB 36 CCJR FAV .pdf
Uploaded by: E. Flannery Gallagher
Position: FAV

UNIVERSITY OF BALTIMORE
Center for Criminal Justice Reform

TESTIMONY IN SUPPORT OF SB 36

TO: Members of the Senate Judicial Proceedings Committee
FROM: Center for Criminal Justice Reform, University of Baltimore School of Law
DATE: February 6, 2024

The University of Baltimore School of Law's Center for Criminal Justice Reform is dedicated to supporting community driven efforts to improve public safety and address harm and inequity in the criminal legal system, and we are grateful for this opportunity to submit testimony in support of Senate Bill 36.

The data surrounding in-custody deaths is chilling. Over 80% of people who died in custody were *awaiting* trial.[1] Moreover, according to one study, more than half of in-custody fatalities occurred within 10 days of being detained, and one in six of those deaths occurred less than 24 hours after the initial detention.[2] Glaringly, the jails with the most in-custody deaths are in jurisdictions with high rates of poverty and large proportions of Black residents.[3] Indeed, the data suggests that Black and low-income residents are particularly at risk of in-custody death.

In light of the tragic evidence of unacceptably high rates of in-custody death and the disproportionate impact they have on our most vulnerable communities, it is critically important to establish a balanced Oversight Board to analyze and make findings and recommendations related to deaths of incarcerated individuals. In fact, just this week the American Bar Association adopted a resolution urging states "to ensure that there is an independent investigation into the cause of any death that occurs in a correctional institution or in the custody of law enforcement."[4]

A fundamental challenge to combatting in-custody deaths is the difficulty in gathering information. Inadequate reporting practices, inconsistent record keeping, and high barriers to public access of key information prevents meaningful reform and accountability. Moreover, the lack of transparency around in-custody death data undermines the public's faith in the criminal legal system, denies family and community members the right to know what happened to loved ones, and prevents public oversight of a moral and legal responsibility of government.

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[1] Robert, A. (2024, February 5). *"Prisons Are Often Horrible Places": How can death in custody reporting act be better enforced?* ABA Journal, https://www.abajournal.com/web/article/Prisons-are-often-horrible-places-how-can-death-in-custody-reporting-act-be-better-enforced.

[2] Id.

[3] Id.

[4] See *Midyear Meeting 2024 - Resolution 506*. American Bar Association, https://www.americanbar.org/news/reporter_resources/midyear-meeting-2024/

Senate Bill 36 represents an important step towards identifying and rectifying the primary causes of in-custody deaths while safeguarding the well-being and dignity of those in custody. By enacting this legislation, Maryland can set a national precedent by demonstrating a firm commitment to public transparency and accountability, while also reducing the number of in-custody deaths through improved adherence to established procedures and policies.

For these reasons we urge your favorable report on SB 36.

ElizabethRossiTestimony.pdf
Uploaded by: Elizabeth Rossi
Position: FAV

My name is Elizabeth Rossi. I live in Baltimore City and was born and raised here. I am the proud Mom of a 2-year-old who will also grow up here, and his little brother who will arrive in a few weeks. I am also a civil rights attorney and a founding member of Civil Rights Corps. CRC is a national nonprofit dedicated to dismantling systemic injustice and ensuring the rights of people involved in the criminal legal system are protected. I'm here today because 323 Marylanders died in custody between July 2018 and March 2023, many while awaiting trial. I urge you to address this crisis by voting "yes" on SB0036 and creating a fatality review board for all in-custody deaths across Maryland.

This bill emerged through the work of a diverse group of formerly incarcerated Marylanders, community organizers, scientists, academics, attorneys, and advocates. We drafted this bill out of sadness and outrage after investigating 180 deaths in 10 Maryland jails. Let me tell you our top findings:

1. Nearly 50% of the people in our study died within 10 days of admission, proving that the first few days in jail are the deadliest.

2. Most people who die in custody are presumed innocent. Over 80% of the people who died in our study were awaiting trial, and had never been convicted.

3. In-custody death is a problem born of poverty and racism. Most of the in-custody deaths involved people from neighborhoods with high poverty rates and a significant proportion of Black residents.

4. There are compelling reasons to believe the Maryland Office of the Chief Medical examiner is misclassifying deaths as "natural" when they are actually due to violence or neglect, especially medical neglect.

5. Massive structural barriers conceal key information about in-custody deaths from both the public and the deceased's loved ones.

As our findings demonstrate, any hope for change will begin with radically increasing transparency through an independent fatality investigation board. The Board created by SB0036 will raise public awareness, provide family members the facts about why their loved ones died in jail, and give us the facts and data we need to address this crisis of in-custody deaths.

Too many people are dying in government custody in this state. Worse, Maryland residents know very little about what's happening to their loved ones. You can help: support our bill today, and vote "yes" on SB0036.

In-Custody Deaths Letter.pdf
Uploaded by: Elizabeth Wheaton
Position: FAV

WRITTEN TESTIMONY SUPPORTING

SB0036 and partnered bill HB565

Maryland Deaths In-Custody Review Board

To: Sponsors of the bill, Senator Benson-SB0036 and Delegate Simmons-HB565

Date: February 2, 2024

My name is Elizabeth P. Wheaton, M.D. and I am a Maryland resident.

I am a retired physician and a volunteer for, Courtwatch PG, an organization that monitors bail hearings in Prince George's County. We work to ensure that defendants are awarded their rights during these hearings. We document comments and actions on the part of the judges and attorneys that interfere with the defendants' rights to a fair trial, and we detail this information in accountability letters that we send to key players such as the judges and attorneys who participate in the hearings as well as the chief of police and attorney general of the county.

I am also the Medical Advisor for Helping Ourselves to Transform, an organization that works on behalf of reentry needs of incarcerated and formerly incarcerated individuals. Based on these two volunteer efforts, I have become much more aware in the past two years of the negative effect the criminal justice system can have on an individual awaiting trial or following conviction.

I am supporting **SB036/HB565** because too many people die in jail with no State accountability. This fact is consistent with the lack of medical attention paid to defendants that we witness almost daily during the bail hearings. An oversight board to review Maryland in-custody deaths would shine a light on the lack of procedures and solutions in Maryland detention centers that increase the risk of death for individuals prior to being undergoing trial.

This legislation intends to address the high number of in-custody deaths in detention centers in the state of Maryland by the establishment of a review board and by a clear outline of this board's specific areas of oversight. An important study conducted by by a collaboration of DMV-based non-profit organizations

and the Biocritical Studies (BCS) Lab at the University California-Los Angeles outlines the glaring statistics regarding in-custody deaths in Maryland detention centers, in particular, deaths in the pre-trial period. Some of these statistics include:

- Detention centers with the most in-custody deaths in the study sample are in jurisdictions with high rates of poverty and large numbers of Black residents;
- The average age of in-custody deaths in the study officially designated as "natural" is substantially lower than the life expectancy of the non-jailed population, possibly indicating misclassification attributable to violence and/or negligence as "natural" by the Maryland Office of the Chief Medical Examiner;
- Over 80% of the deaths in this study took place while the individual was in the pretrial process, meaning they had not been convicted of any crime at the time of death;
- Of those who died, about half died within the first 10 days of being detained while a sixth died within the first day;
- There currently exist high barriers preventing public access to key information regarding deaths in Maryland detention centers.

For these reasons, I urge you to pass these bills so that there can be more transparency for the public and specific action plans that can be taken to address in-custody deaths at specific detention centers.

Thank you for your time and I strongly hope that this legislation is passed into law.

Elizabeth P. Wheaton, M.D.,

Medical Advisor and Board Member, Helping Ourselves To Transform; volunteer, Courtwatch PG

epwheaton@yahoo.com/ 240-393-2538

ElloraIsraniTestimony.pdf
Uploaded by: Ellora Israni
Position: FAV

My name is Ellora Thadaney Israni, and I'm an attorney at Civil Rights Corps in Washington, D.C. Civil Rights Corps litigates and wins civil rights lawsuits challenging unconstitutional practices in the criminal legal system around the country. I am currently fighting alongside hundreds of Marylanders locked behind bars in Prince George's County in violation of their constitutional rights. Through my work, I have personally seen how Maryland's default lack of transparency around jails conceals the horrific dangers of incarceration. I'm here today to urge you to vote "yes" on SB0036, and help shed light on the tragedies happening beyond public view in Maryland jails.

The current lack of transparency around in-custody deaths is part of what makes jails so deadly. In 2021, I accompanied a medical doctor inspecting the Prince George's County Jail as part of a lawsuit about lack of medical care in the jail. I personally saw people experiencing visible medical crises whose requests for medical attention were completely ignored. I saw blood smeared on cell walls and black mold on the ceilings. The doctor performing that inspection concluded that the medical care provided in the jail was grossly deficient.

Beyond those incarcerated, too few people have seen what I saw. It took a federal class action lawsuit to gain even a few days of access to inspect a single facility. There are over 30 other Maryland jails and prisons. Bringing costly, time-intensive lawsuits to inspect every facility would be impossible. This is why transparency must be the default, not something only permitted after years of extensive litigation and avoidable deaths.

A recent Maryland report estimated that 85% of individuals who died in custody died awaiting trial. These people are presumed innocent. That makes their deaths all the more avoidable and devastating. The lengths my team had to take to get a look inside show there is no reason to think jails will accurately or willingly tell the public what really happens behind those thick, tall walls.

Incarcerated Marylanders, their family members, and state taxpayers deserve to know why their loved ones are dying in custody. I urge you to support this bill. Thank you.

InCustodyDeathinTenMarylandDetentionCenters_August

Uploaded by: Jade Eaton

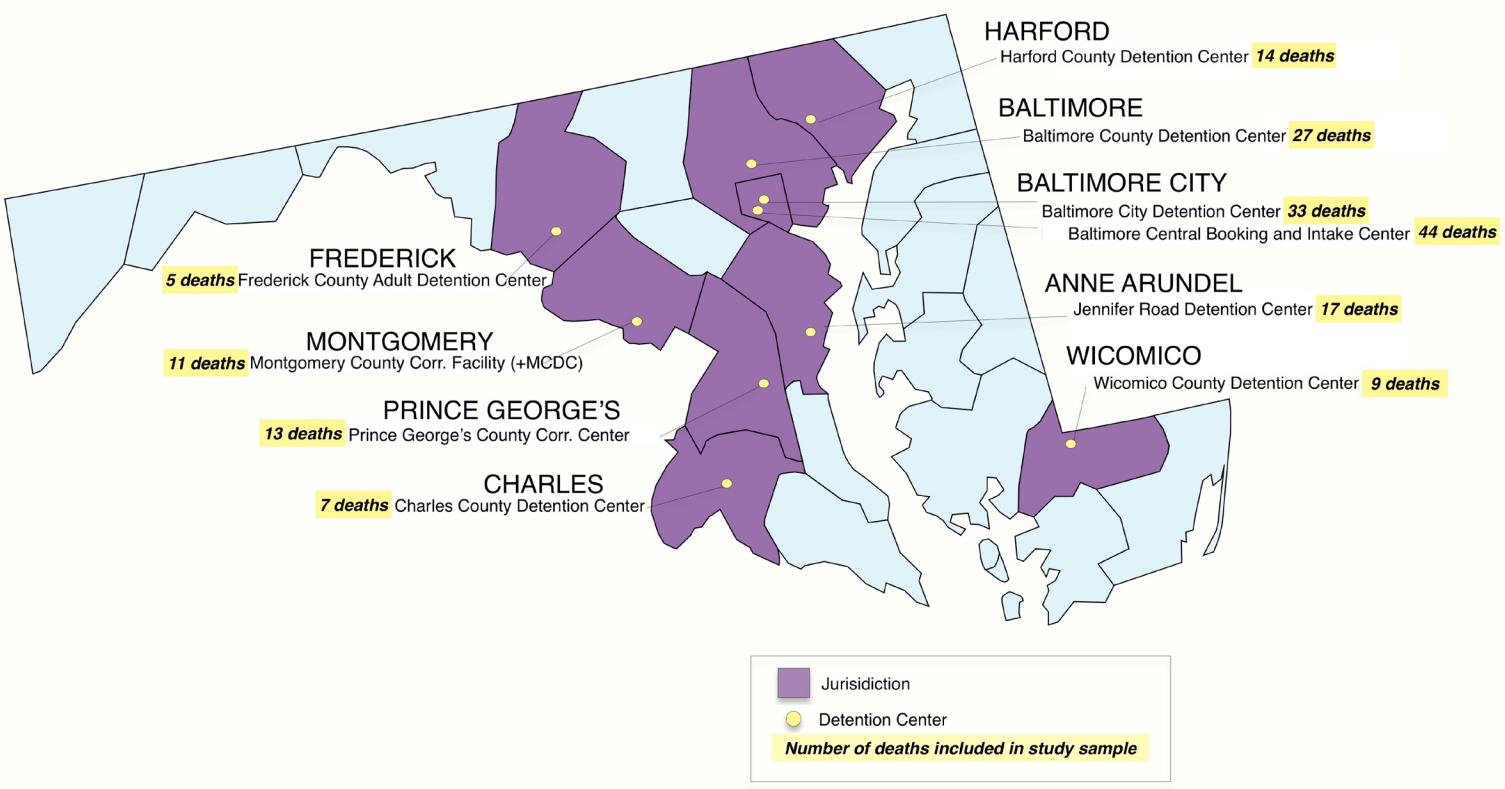
Position: FAV

In-Custody Deaths in Ten Maryland Detention Centers, 2008-2019

Carmen Johnson, Ph.D.
Terence Keel, Ph.D.
Alexander Li
Anna Robinson-Sweet
Elizabeth Rossi
Grace Sosa
Jonah Walters, Ph.D.

August 2023

For correspondence contact: Dr. Terence Keel
at biostudieslab@ucla.edu



The BioCritical Studies Lab

After Release

HELPING OURSELVES TO TRANSFORM
EDUCATING AND PROMOTING MASS LIBERATION

CIVIL RIGHTS CORPS

ZEALOUS

Table of Contents

Executive Summary

The BioCritical Studies Lab analyzed a sample of 180 deaths in 10 city and county detention centers in Maryland between 2008 and 2019. These detention centers are distinct from state correctional facilities in that they primarily confine persons who are awaiting trial or arraignment. Our study sample reflects only deaths self-reported by these 10 city and county detention centers to the Bureau of Justice Statistics (BJS) during this time period. Our sample represents only a portion of all in-custody deaths known to have taken place throughout Maryland during the study period.

Our analysis produced five key findings:

- First, the detention centers with the most instances of in-custody death in our study sample are situated in jurisdictions with both high rates of poverty and large numbers of Black residents. The confluence of these two factors is strongly correlated to in-custody death.

- Second, the average age of in-custody deaths officially designated as "natural" is substantially lower than life expectancy among the non-jailed population, possibly indicating the widespread misclassification of deaths attributable to violence and/or negligence as "natural" by the Maryland Office of the Chief Medical Examiner.

- Third, over 80% of the deaths in our sample took place while the decedent was awaiting trial, meaning they had not been convicted of any crime at the time of death.

- Fourth, about half of the decedents included in our sample died within 10 days of their admission to the detention center, and more than one sixth died less than two days after their admission, suggesting that even short stays in detention present a significant risk of premature death.

- And fifth, there currently exist high barriers preventing public access to key information regarding deaths in Maryland detention centers that place comprehensive study of this social problem out of reach.

We conclude by making several recommendations as to how policymakers might address the problems described in this report, including systematically reducing jail populations through the elimination of pretrial detention, establishing an explicit mandate for the Office of the Chief Medical Examiner to investigate all instances of in-custody death, and codifying new standards for publicly reporting information about in-custody deaths when they occur.

Background

Across the United States, encounters with law enforcement are reliably correlated with adverse health outcomes and elevated rates of premature death, especially for people of color, members of low-income communities, and unhoused individuals. National data provides statistical evidence of the crisis: Black Americans are 3.5 times more likely to be killed by law enforcement than their white counterparts, and nearly 60 percent of police-involved deaths of Black Americans went unreported to federal authorities between 1980 and 2019.[1] A series of widely publicized police killings between 2015 and 2020 stoked a nationwide protest movement calling for the defunding of local police departments, investments in community-based and non-carceral solutions to violence and harm, and a permanent end to deaths during arrests. While this movement has brought substantial attention to the crisis of fatal police encounters on the streets of U.S. cities, a similarly dire crisis of premature death inside jails and prisons has received comparatively less attention.

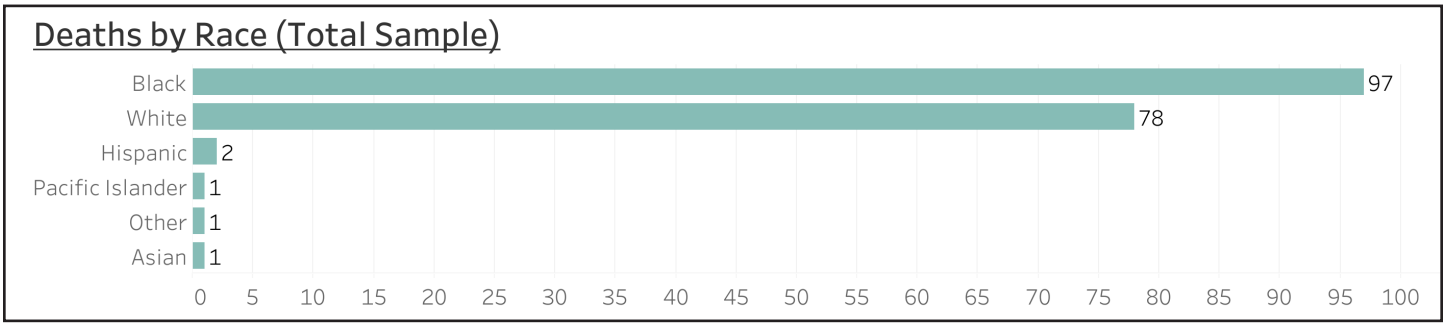
The BioCritical Studies (BCS) Lab, founded and directed by Dr. Terence Keel of the University of California–Los Angeles, has been studying the crisis of in-custody death in counties across the United States since 2020. Using a wide range of publicly available data, the BCS Lab works to identify evidence of law enforcement violence and medical negligence in in-custody death cases, not only by analyzing aggregate data as in this report but also by evaluating autopsy and toxicology records produced by coroners and medical examiners.

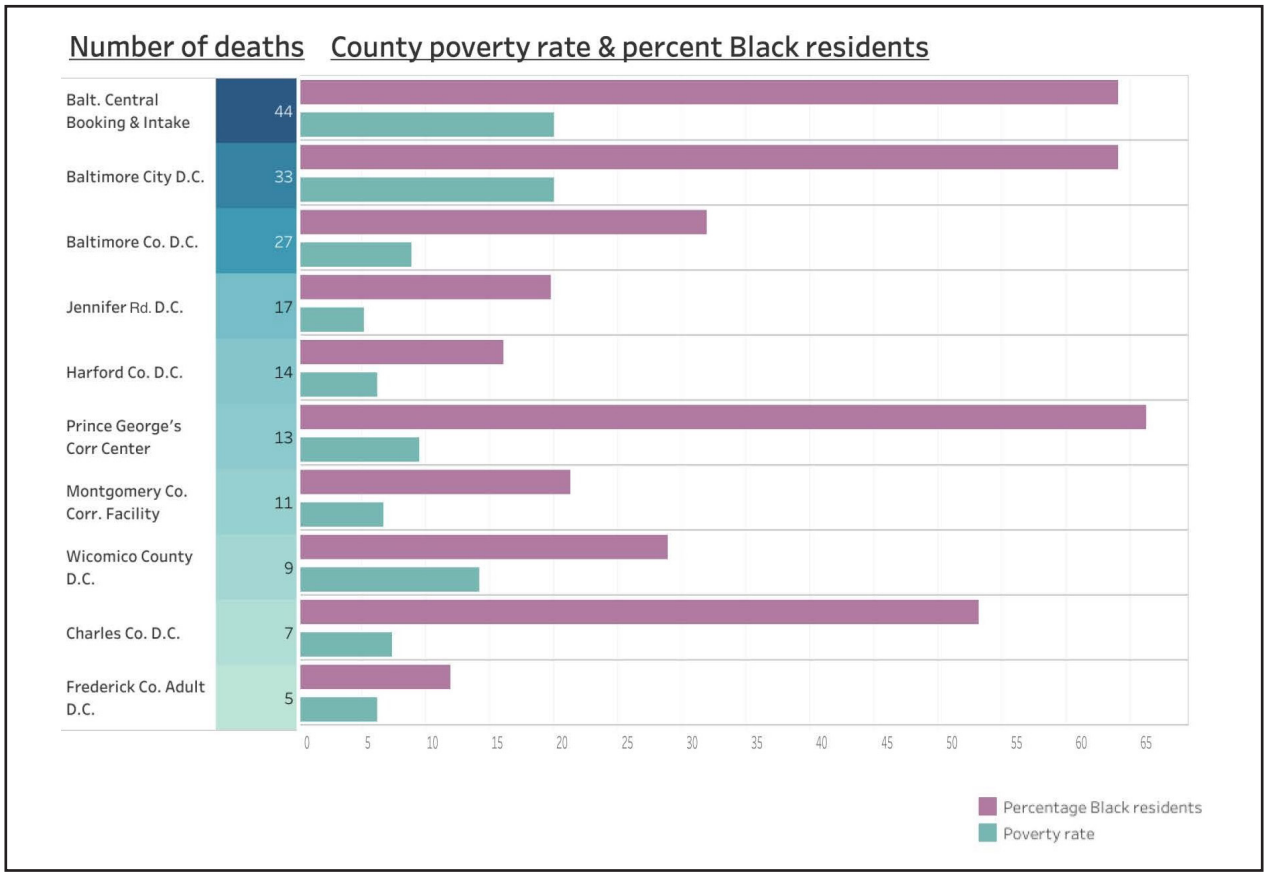
This report resulted from a collaboration between multiple organizations committed to criminal justice reform, including DMV-based non-profits Helping Ourselves to Transform (HOTT) and Life After Release (LAR), as well as Civil Rights Corps (CRC), a national organization based in Washington, DC. LAR, led by formerly incarcerated Black women, is dedicated to organizing directly impacted people with the goal of exposing and dismantling the criminal punishment system. HOTT is dedicated to building bridges between newly released loved-ones and their communities, including businesses and elected officials, to move us closer to a cure for mass incarceration that brings mass liberation. CRC is a non-profit law firm that works in close partnership with impacted communities and grassroots organizations to use litigation, policy, and narrative storytelling in support of abolitionist visions for the future. Together these groups worked with the BCS Lab to examine deaths in local detention centers, state prisons, and during street encounters with police in Maryland. And Zealous is a national advocacy and education initiative that harnesses the power of media, technology, storytelling, and the arts to topple the imbalance of power over criminal justice media and policy. This report, focusing on in-custody deaths in local detention centers, is the first product of that research collaboration.

1 Romero, M. "Law Enforcement As Disease Vector." SSRN Scholarly Paper. Rochester, NY, October 11, 2020. https://papers.ssrn.com/abstract=3617367.

Major Findings

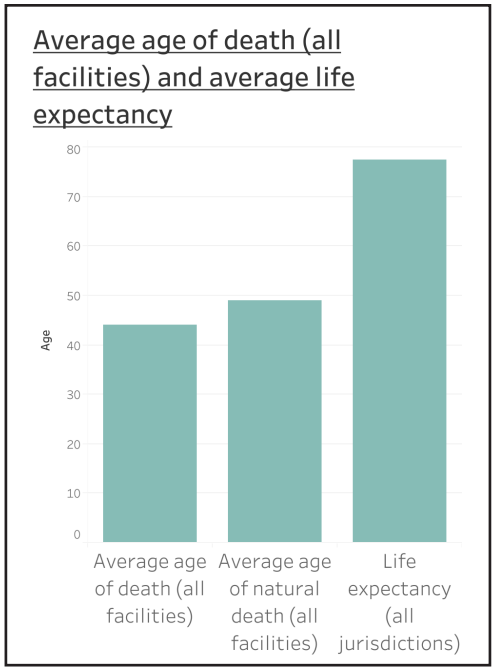
1. The detention centers with the most instances of in-custody death in our study sample are situated in jurisdictions with both high rates of poverty and large numbers of Black residents.*





*Local poverty rate data from "Poverty Rates for Maryland Jurisdictions, Annual Estimates, 2010-2020" (table), U.S. Census Bureau: Small Area Income and Poverty Estimates, December 2021. Local racial demography data from "Quick Facts: Maryland" (web portal), U.S. Census Bureau, 2020, https://www.census.gov/quickfacts/fact/table/MD

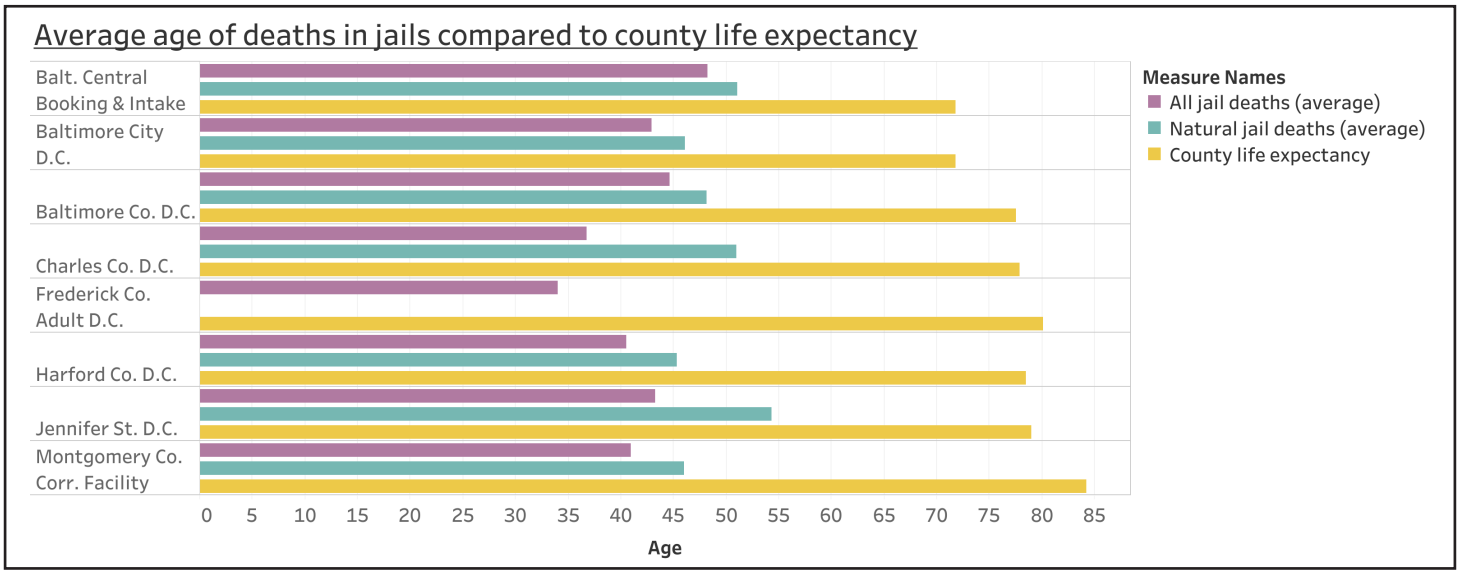
2. In every detention center, the average age of in-custody death was substantially lower than the average life expectancy in that city or county, as determined by the Maryland Department of Health.*



This finding remains true even when in-custody deaths officially designated as accidents, drug overdoses, homicides, and suicides are omitted and when controlling for race and gender.

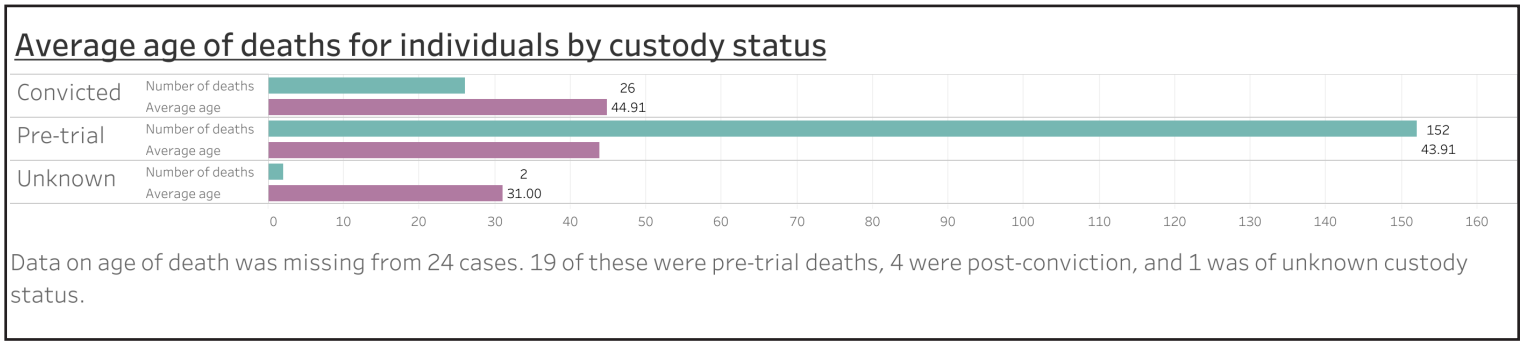
The average age for all deaths in our study sample is 43.97 years, which is 33 years younger than the average life expectancy for the non-jailed population in Maryland (77.3 years).

The average age for "natural" deaths in our study sample is 49.09 years, which is 28 years younger than the average life expectancy for the non-jailed population in Maryland."

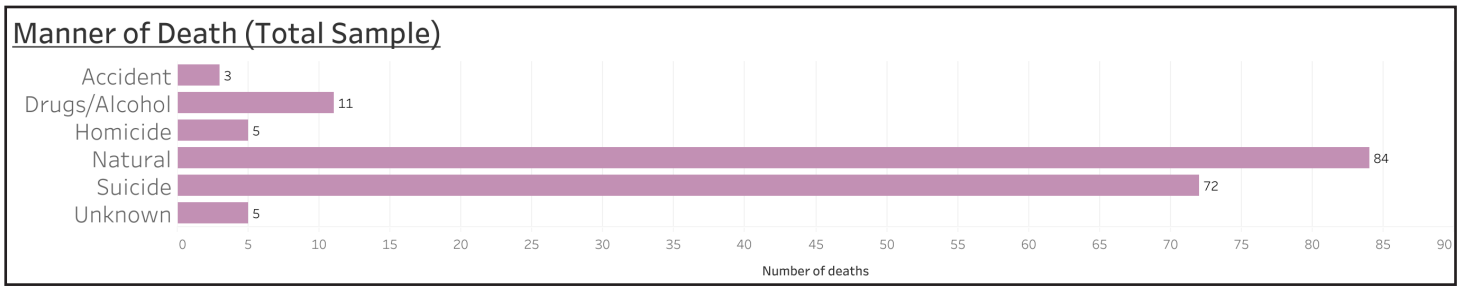


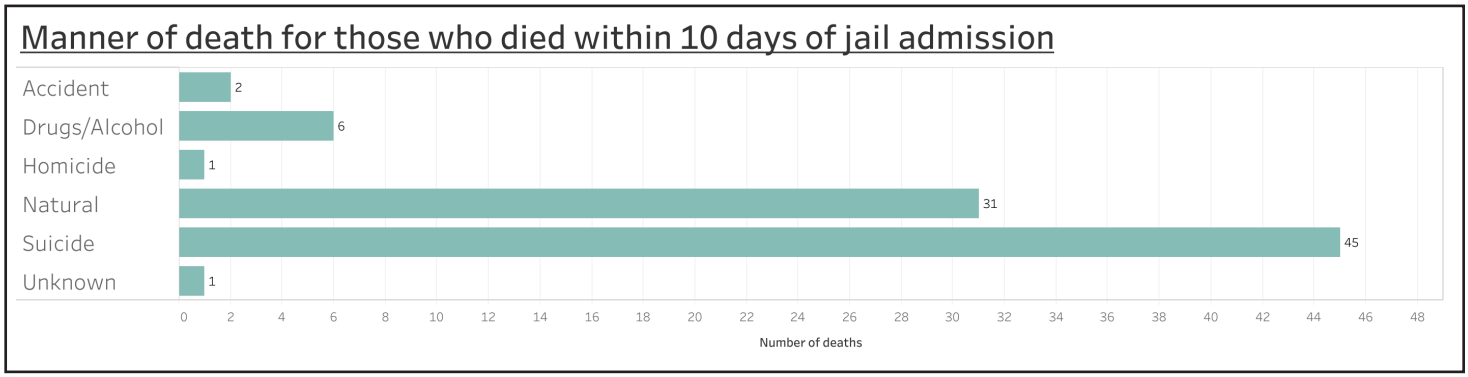
*The ages of 24 decedents included in our study sample are unreported and incalculable, as no date of birth and/or date of death was reported. These decedents are omitted from this finding. General life expectancy data from Schrader, D.R., S.L. Hurt, and C.D. Weaver, "Maryland Vital Statistics Annual Report, 2020," Maryland Department of Health, 2021.

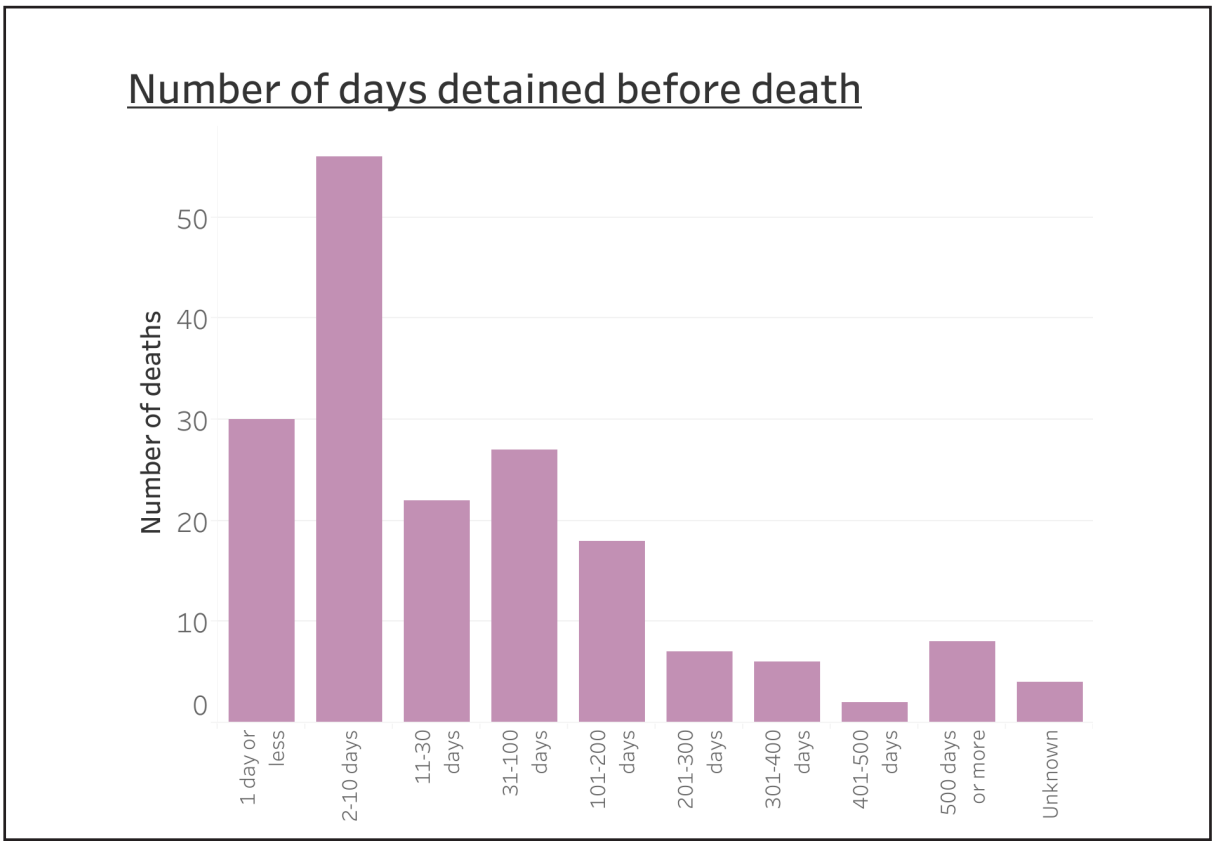
3. Four out of five decedents in our study sample (85.39%) were detained pretrial at the time of their death, meaning they had not been convicted of any crime.



4. Almost half of the decedents in our study sample (47.78%) died within 10 days of their admission to the detention center. More than one in six (16.67%) died less than two days after their admission to the detention center.







5. The number of in-custody deaths contained in our sample is much lower than the numbers estimated by legal advocates and community organizations based on other sources of data. The scope of this discrepancy suggests that Maryland detention centers may tend to underreport in-custody deaths to higher authorities such as the U.S. Bureau of Justice Assistance.

Public understanding of in-custody deaths has been substantially limited by insufficient reporting practices and inconsistent record keeping. Our review of additional sources of data obtained by community partners through Public Records Act requests suggests that our sample represents a small portion of all in-custody deaths in Maryland during the study period.

In addition to our 180-decedent sample derived from Bureau of Justice Statistics data, the BCS lab also consulted a dataset titled "Maryland Deaths in Custody 2003-2020," obtained via PIA request and provided to us by community partners. This spreadsheet includes the names and demographic information of 1,313 decedents (832 decedents during our time period of interest), but does not report on the setting of death (street or carceral). The BCS Lab was able to identify the location of some of these deaths by cross-checking with the other data sets utilized in this report. The BCS Lab also combined the "Maryland Deaths in Custody 2003-2020" dataset with an internal dataset maintained by the Lab, called the List of Lost Lives, which combines data compiled by the news organization Reuters with data compiled by the non-profit organization Fatal Encounters. Using the List of Lost Lives, the BCS Lab identified 91 names of individuals who died in the custody of law enforcement on the streets of Maryland between 2008 and 2019. Of these 91 names, 66 were not found in any other database. Full names were included for only 50 of the 180 individuals contained in the BJS dataset that comprise our sample, thus making it extremely difficult to cross-check identifying variables with other datasets.

A complete review of all datasets in our collection suggests that there were at least 1,078 in-custody deaths in Maryland during the 2008-2019 study period. After accounting for the 91 confirmed street deaths and 180 confirmed jail deaths, we estimate that there remain at least 807 in-custody deaths reflected in our overall data for which we cannot determine a setting (i.e. street, jail, or prison).

The insufficiency of available data demonstrates that in-custody deaths are inconsistently documented by officials at multiple levels of government. This makes it incredibly difficult to identify risk factors for death during detention or interaction with law enforcement, which in turn inhibits accountability, community input regarding solutions, political intervention by elected officials, and social change. Enhancing internal and public reporting requirements related to in-custody deaths is a necessary but insufficient first step to addressing the present crisis of in-custody deaths in the short term. Indeed, it is the bare minimum Maryland residents deserve. We conclude that far more transparency is required to ensure adequate community participation in policy reforms and also to meet the minimum standards of public accountability established by Maryland and federal statutes.

Methods

To complete this report, the BCS Lab created a research sample (n=180) using information from the Bureau of Justice Statistics' (BJS) "Mortality in Correctional Institutions" dataset. Our research sample contained specific demographic, circumstantial, and personally identifying information for 180 decedents who died between 2008 and 2019 in 10 Maryland detention centers. We partially anonymized this data by omitting names but preserving the race, gender, age, date of admission, date of death, location of death, cause of death, and manner of death for each decedent. From this data, we expanded all abbreviated data points and labeled all missing data points as "Unavailable." We standardized all categories under each variable. To determine age, we used Google Sheets' "DATEDIF" function, which calculates the number of days, months, or years between two dates. For our purposes, the function calculated the number of years between the date of birth and the date of death of each decedent, both of which were generally included in the BJS dataset.

We then produced visualizations related to a number of key variables for each detention center and for the research sample as a whole, specifically: 1) racial demography of decedents; 2) age and manner of death; 3) portion of decedents convicted/unconvicted; and 4) length of detention prior to death. We also identified the most commonly occurring natural and non-natural causes of death in each detention center included in our research sample. Finally, we compared the results of this analysis with several variables related to the overall (i.e. non-jail population) demographics of the jurisdiction in which each detention center is located, using data from the Maryland Department of Health and the U.S. Census. These variables include racial population demographics in each county, life expectancy in each county, and relative rates of poverty in each county.

Limitations of the Study

The information analyzed in this study is limited to data self-reported by individual detention centers to the Bureau of Justice Statistics between 2008 and 2019 and included in the BJS's "Mortality in Correctional Institutions" dataset. The quality of these data varied greatly between detention centers. Two detention centers included in our sample failed to provide data suited to calculating age. Four detention centers in our sample failed to report cause of death data adequate to inclusion in this report. Individual data points related to age, date of admission, and trial status were omitted by three detention centers in our sample.

Furthermore, the cause of death data that is included varies substantially in quality, with some detention centers reporting formal pathological diagnoses (e.g. "Atherosclerotic Cardiovascular Disease") and others reporting only vague and/or euphemistic causes (e.g. "cardiac issues"). For this reason, it is impossible to determine with a high degree of confidence any patterns related to cause of death from the data provided. Such an analysis would require detailed review of the autopsy and toxicology reports produced in each case by the Maryland Office of the Chief Medical Examiner, which are currently unavailable to the researchers.

Finally, we were constrained by the lack of usable data from the most recent three-year period (2020-2022). For this reason, our study can capture trends only as they existed prior to the end of 2019. However, we have seen nothing to suggest that these trends have improved following the study period. In fact, in-custody deaths increased nationwide between 2020 and the present, a period that saw the onset of a global pandemic that ravaged in-custody populations and Black communities more broadly.

The present study is relevant to what we regard as a current and ongoing crisis of premature death in Maryland detention centers. Our efforts to obtain data for the 2020-2022 period are ongoing and may be analyzed in future reports.

Conclusions & Recommendations

Conclusion:

Even very short periods of detention pose significant risks of premature death to persons who are detained.

In-custody death in Maryland detention centers represents a grave human rights crisis that requires immediate political intervention. The overriding policy goal must be to reduce the overall number of people admitted to detention centers across the board. Police, commissioners, judges, and pretrial services agents all must exercise a much greater degree of restraint when deciding whether to place someone under arrest or to detain someone pretrial.

Recommendation:

Legislation, executive order, and/or court rules greatly narrowing the scope of charges that can give rise to pre-trial detention.

All reforms should be oriented towards maximizing the total number of people released after arrest on their own recognizance, meaning that they are released without conditions on the basis of their promise to appear for court.

Policymakers should limit the type of charges that are eligible for detention. Narrowing the detention net must be accomplished without a corresponding expansion in the use of electronic monitoring and/or home confinement.

Conclusion:

The Maryland Office of the Chief Medical Examiner (OCME) may tend to misclassify in-custody deaths attributable to violence and/or neglect as "natural."

We reach this conclusion based on: 1) discrepancies between general life expectancy and age of in-custody deaths designated as natural; and 2) short durations between initial detention and death. This tendency fits a pattern that the BCS Lab has documented elsewhere in the United States, notably in the Los Angeles Office of the Chief Medical Examiner.

Recommendation:

Legislation requiring the Maryland Office of the Chief Medical Examiner to conduct full investigations, including autopsy, for all in-custody deaths. Such legislation may require that the OCME convene public inquests for the purpose of determining cause and manner of death in all in-custody death cases.

The statute establishing the Maryland Office of the Chief Medical Examiner (Md. Code Ann., Health–Gen. § 5-305) includes no mandate that all in-custody deaths be investigated by the OCME. In this respect, Maryland is unique among its neighbors. Similar statutes in Delaware, Pennsylvania, Virginia, Washington, D.C., and West Virginia each mandate that coroners and/or medical examiners investigate all incidents of in-custody death.

As currently constituted, Maryland law contains sufficient ambiguity to functionally grant sheriffs, police, and other law enforcement officials the discretion to determine whether an in-custody death constitutes a medical examiner's case, and therefore whether it must be reported to the OCME (Md. Code Regs. 10.35.01.18). Maryland law also grants the OCME the discretion to determine, based on subjective criteria, whether an in-custody death reported to its office requires investigation and autopsy (Md. Code Regs. 10.35.01.18). This ambiguity and resulting discretion must be corrected and new rules established to unambiguously require full investigation of all in-custody deaths by the OCME.

The existing pathways through which qualified members of the public may appeal cause and manner of death determinations (Md. Code Regs. 10.35.01.13) are insufficient in cases of in-custody death.

Conclusion:

Officials have established unreasonably high barriers to public access of key information regarding in-custody deaths.

The stipulation that an OCME investigation report "constitutes an individual file of the Chief Medical Examiner not subject to disclosure" (Md. Code Regs. 10.35.01.18-4) greatly reduces transparency in in-custody death cases. This rule is contrary to the public interest in that it places comprehensive study of in-custody death out of reach, especially for community advocates. This lack of transparency also makes it virtually impossible for affected communities to hold officials accountable in individual cases of in-custody death.

Recommendation:

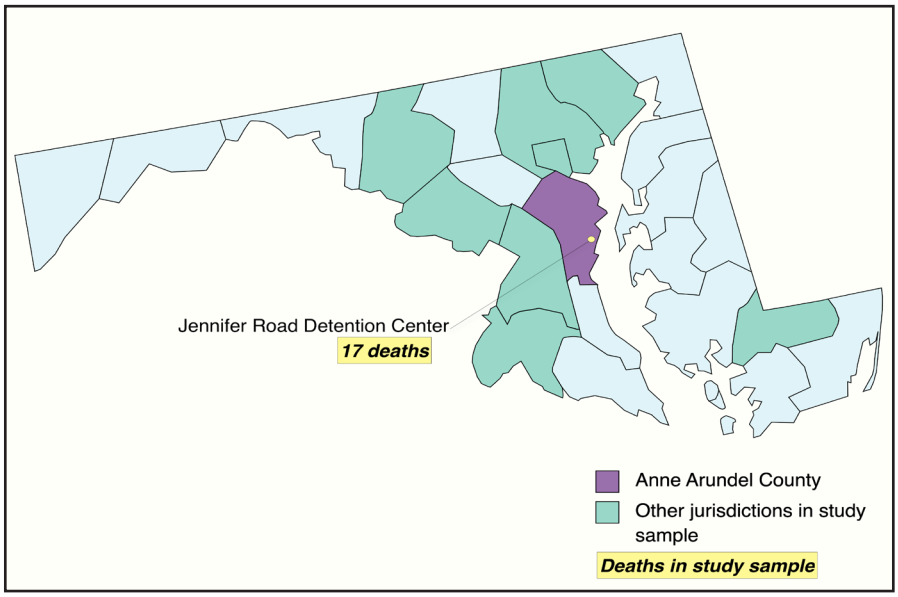
Legislation establishing a public reporting requirement for all cases of in-custody death, possibly including mandatory public inquests and/or indication of in-custody status on the public death certificate.

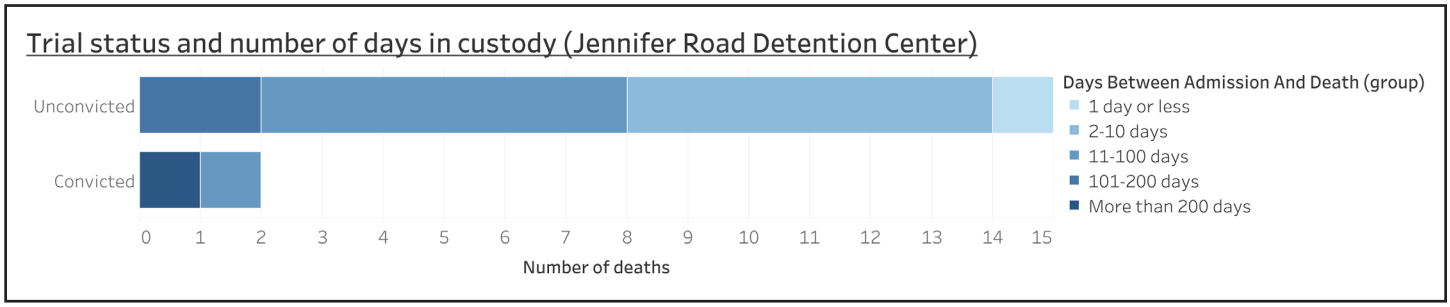
Such legislation would be consistent with existing laws in other jurisdictions. In California, for example, a law passed in 2022 (CA AB 2761) mandates that death certificates indicate that a decedent died in custody subsequent to police use of force. This law further mandates that relevant authorities publicly release key information within 10 days of each in-custody death.

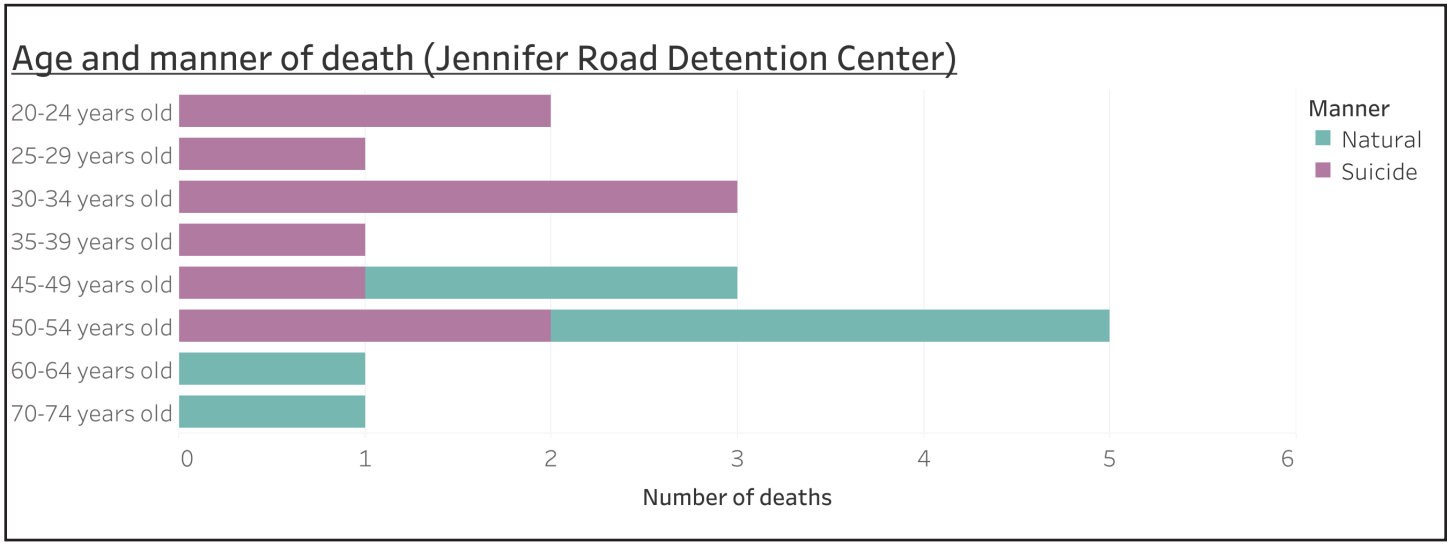
Appendix:
Fine-Grained Analysis by Facility

Jennifer Road Detention Center (Anne Arundel County)

Our sample contained a total of 17 deaths in Jennifer Road Detention Center (Anne Arundel County). Of these decedents, 4 were identified as Black men, 10 as white men, 1 as a Black woman, 1 as a white woman, and 1 as a man of unspecified ("other") race. The most common manner of death was suicide (n=10), followed by natural (n=7). The overall most common cause of death was hanging (n=10), while the most common cause of natural death was atherosclerotic cardiovascular disease (n=2). The average age for all deaths was 43.29 years (n=17), while the average age for natural deaths was 54.29 years. The median length of stay in the detention center prior to death was 15 days (min: 0 days; max: 416 days). 88.24 percent of decedents (n=15) were unconvicted/ awaiting trial at the time of death.



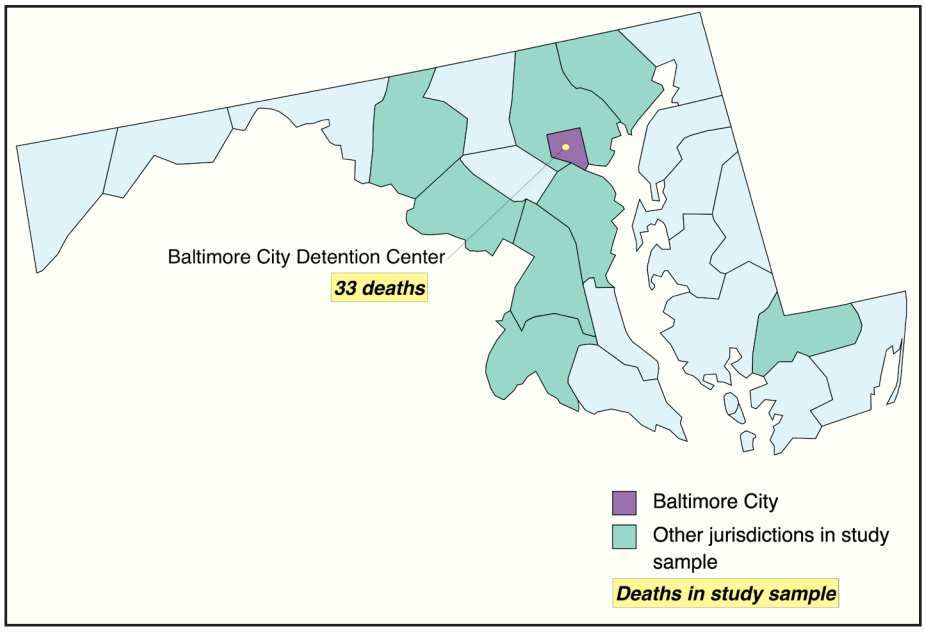


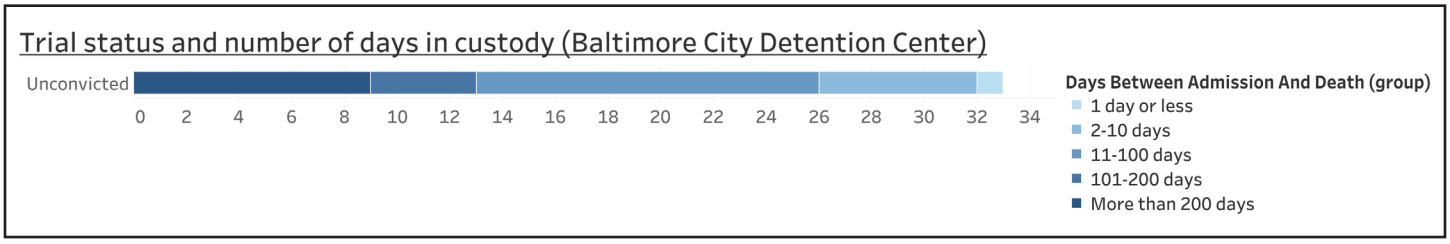


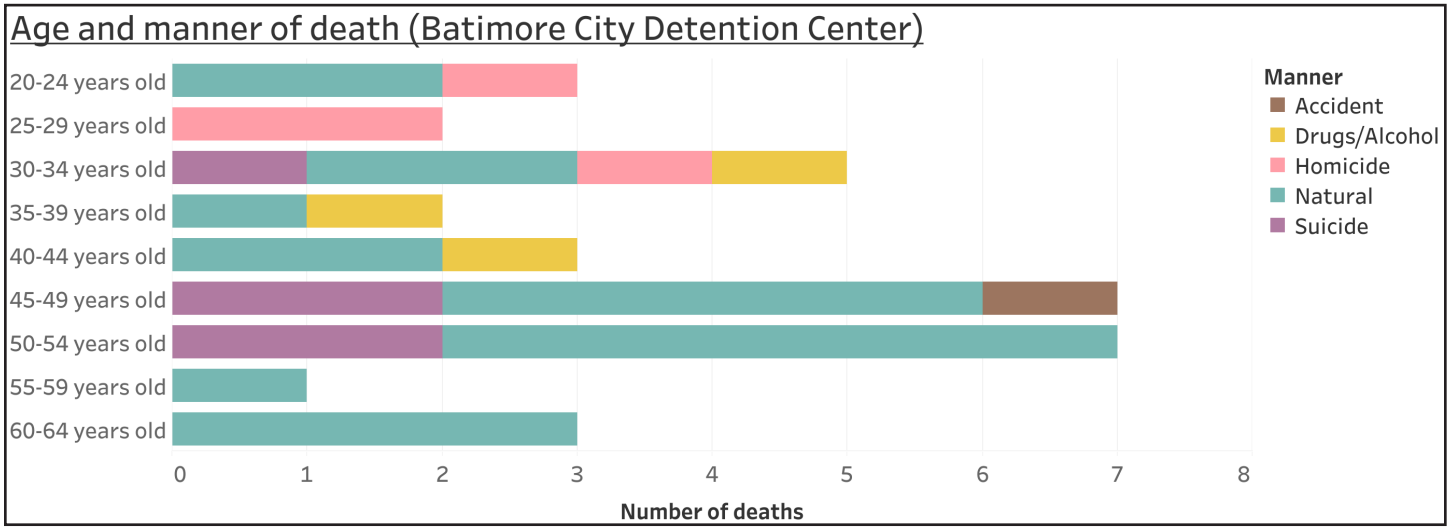
Baltimore City Detention Center

Our sample contained a total of 33 deaths in Baltimore City Detention Center.* Of these decedents, 20 were identified as Black men, 5 as white men, 5 as Black women, and 3 as white women. The most common manner of death was natural (n=20), followed by suicide (n=5), homicide (n=4), drugs/alcohol (n=3), and accident (n=1). The overall most common cause of death was asphyxia-hanging (n=5), while the most common causes of natural death were all related to cardiac distress (n=8). The average age for all deaths was 42.94 years, while the average age for natural deaths was 46.1 years. The median length of stay in the detention center prior to death was 70 days (min: 0 days; max: 925 days). All decedents (100 percent; n=33) were unconvicted/awaiting trial at the time of death.

Baltimore City Detention Center was permanently closed in 2015. All deaths in our study sample occuring in that facility took place between 2008 and 2015.



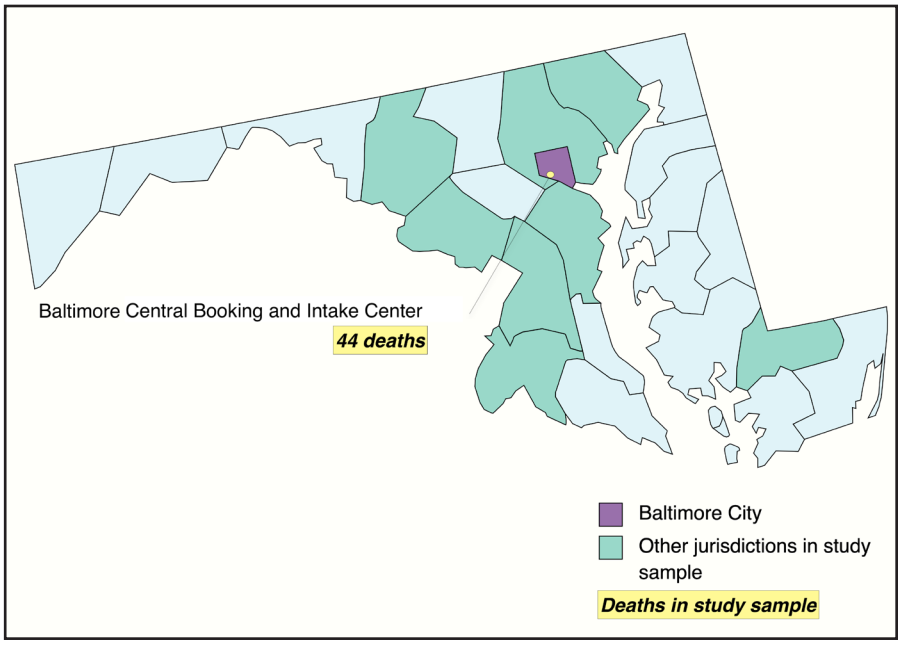


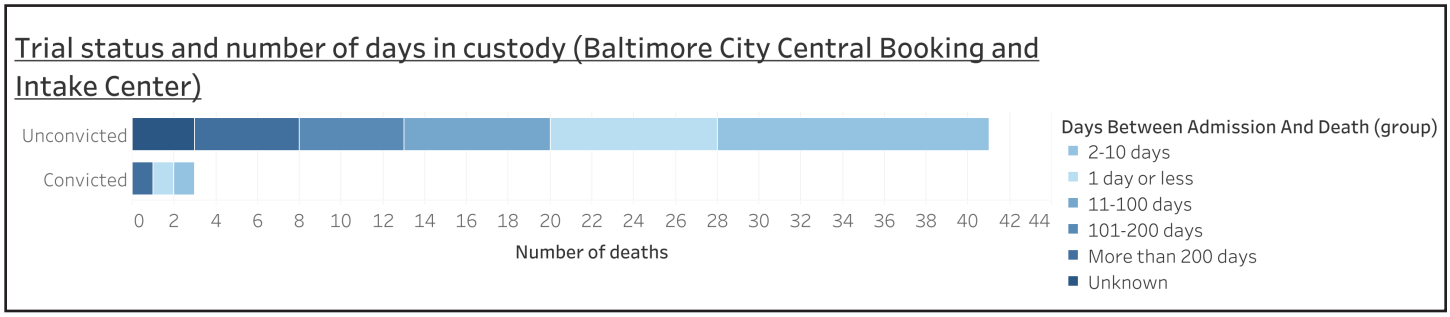


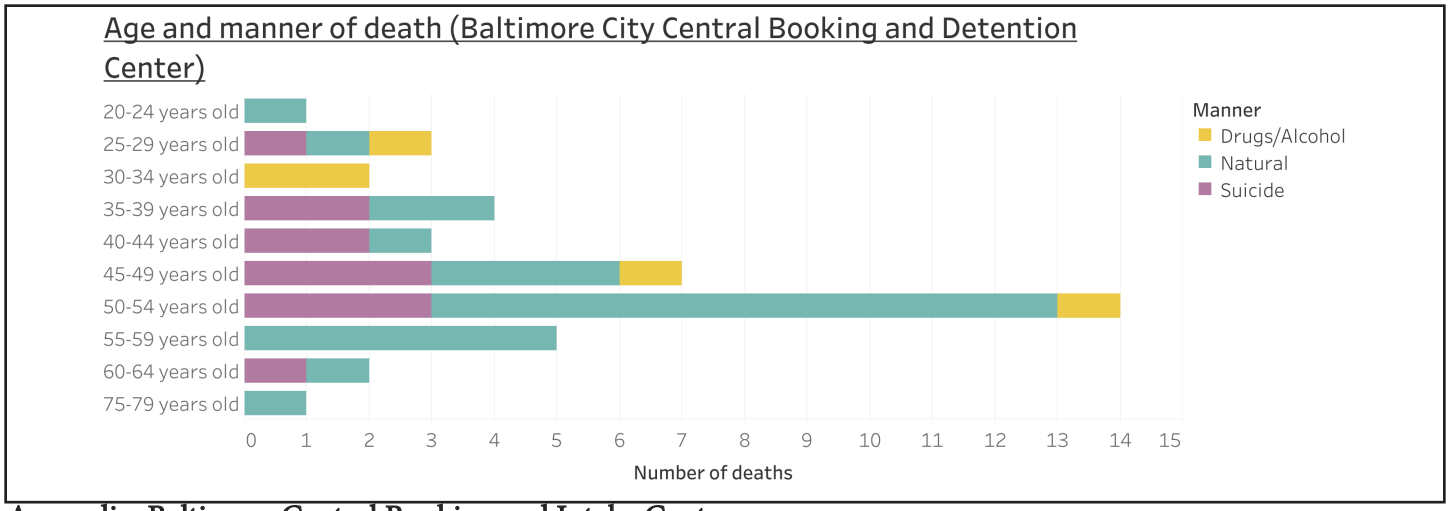
Baltimore Central Booking and Intake Center

Our sample contained a total of 44 deaths in Baltimore Central Booking and Intake Center. Of these decedents, 28 were identified as Black men, 13 as white men, 1 as a Hispanic man, 1 as an Asian man, and 1 as a Pacific Islander man. The most common manner of death was natural (n=26), followed by suicide (n=13), and drugs/alcohol (n=5). The overall most common cause of death was hanging (n=13), while the most common cause of natural death was related to cardiac distress (n=11). The average age for all deaths was 48.20 years, while the average age for natural deaths was 51.08 years. The date of incarceration was not reported for 3 decedents, and therefore it was impossible to calculate the number of days incarcerated before death for these individuals. Of the remaining 41 deaths, the median length of stay in the detention center prior to death was 9 days (min: 0 days; max: 1093 days). 93.18 percent of decedents (n=41) were unconvicted/awaiting trial at the time of death.

In the BJS data set, there are discrepancies between reported age and calculated age (based on date of birth and date of death) for 5 decedents at this facility. Our analysis uses the calculated age rather than the reported age.

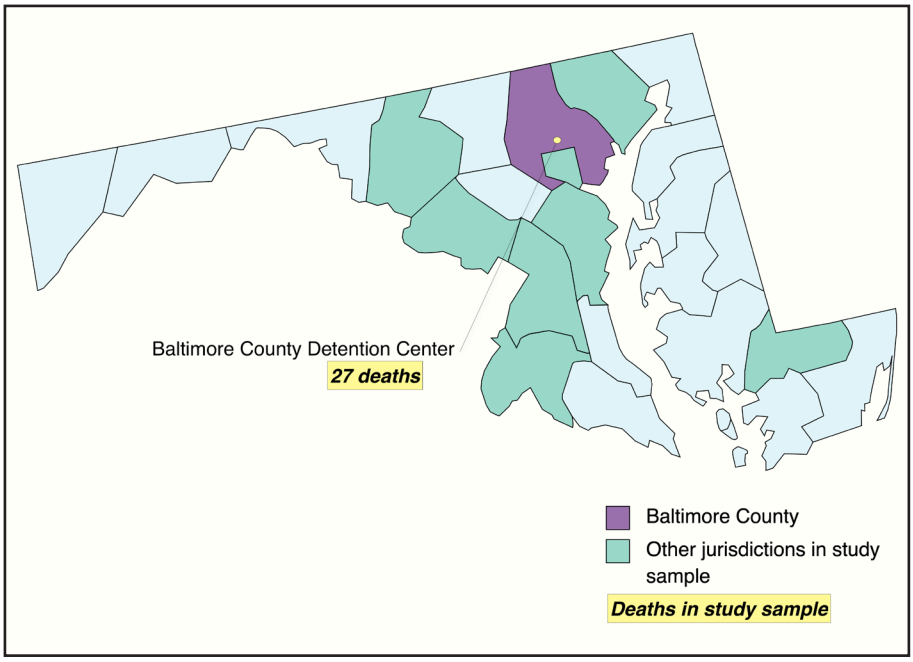


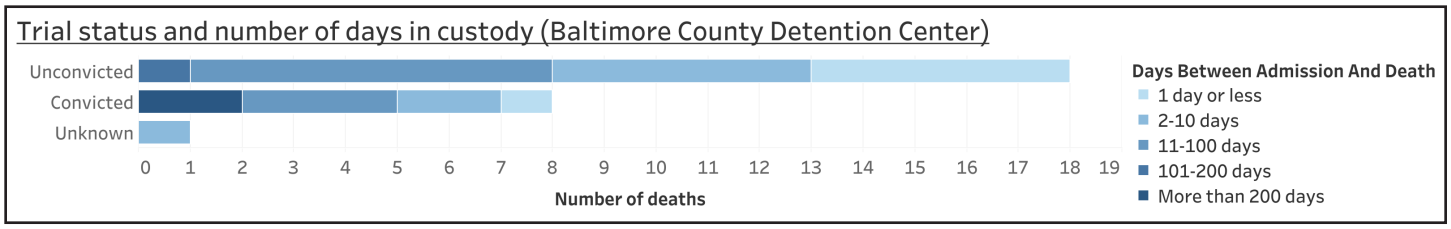


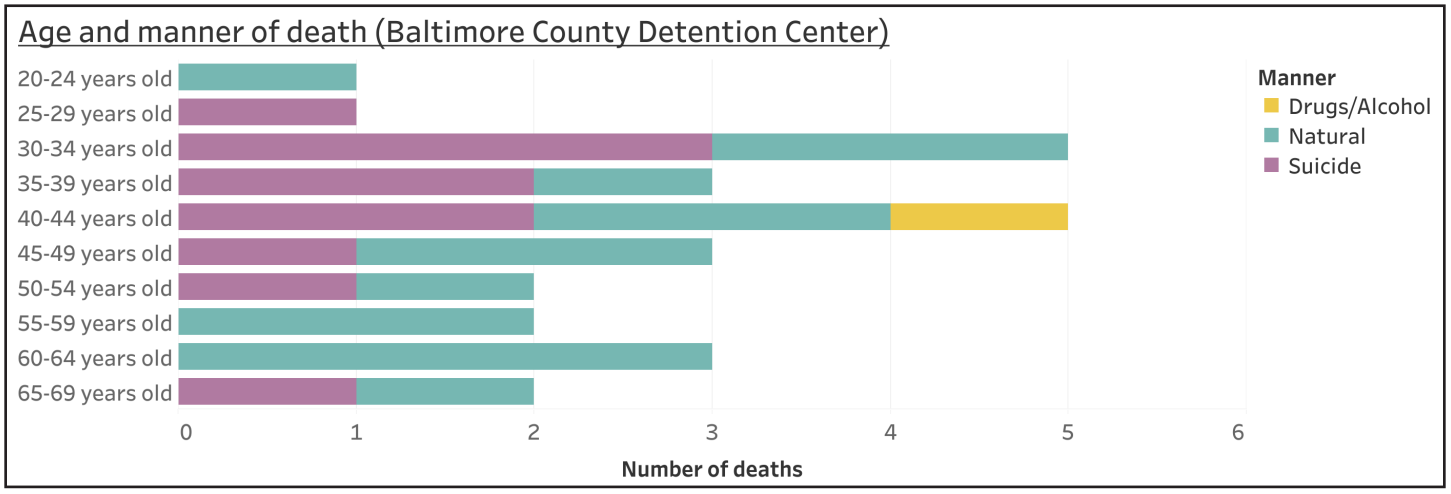


Baltimore County Detention Center

Our sample contained a total of 27 deaths in Baltimore County Detention Center. Of these decedents, 14 were identified as Black men, 10 as white men, 1 as a Black woman, and 2 as white women. The most common manner of death was natural (n=15), followed by suicide (n=11) and drugs/alcohol (n=1). The overall most common cause of death was hanging (n=9), while the most common cause of natural death was cardiac arrest (in one case called "cardiac issues") (n=4).. The average age for all deaths was 44.63 years, while the average age for natural deaths was 48.13 years. The median length of stay in the detention center prior to death was 10 days (min: 0 days; max: 306 days). Trial status for one decedent was omitted. Of the decedents for whom such information was available, 69.23 percent (n=18/26) were unconvicted/awaiting trial at the time of death.

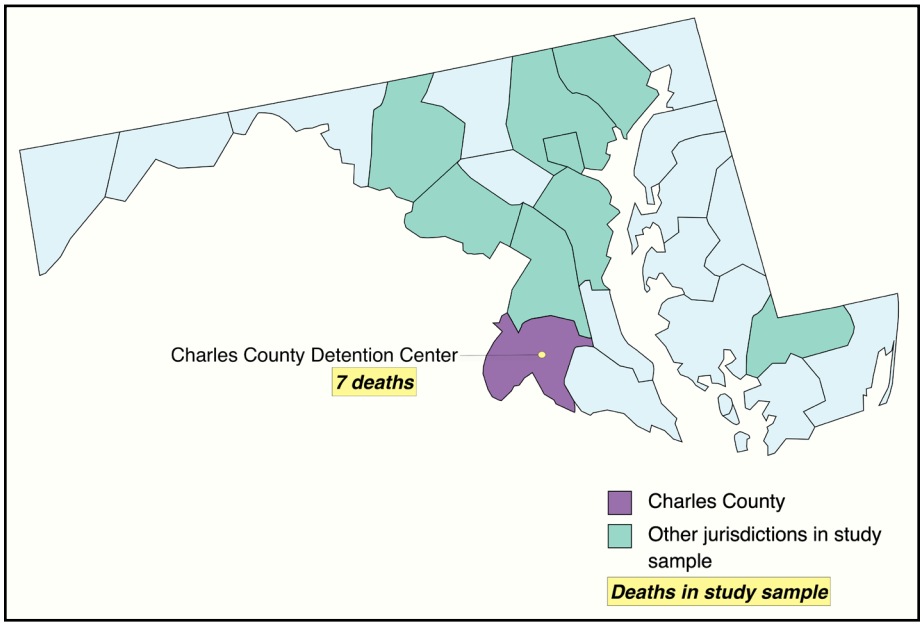


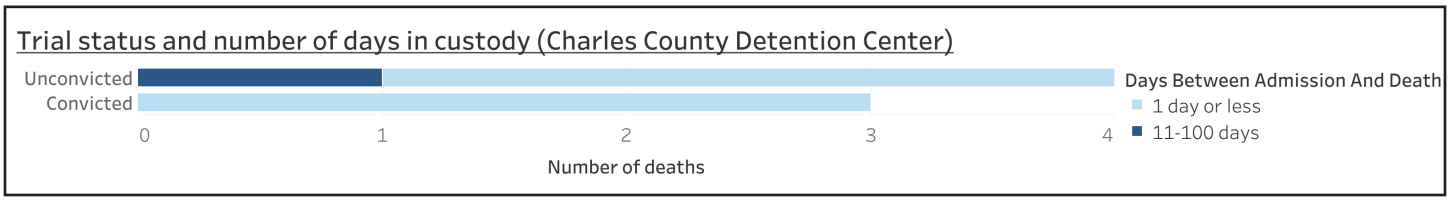


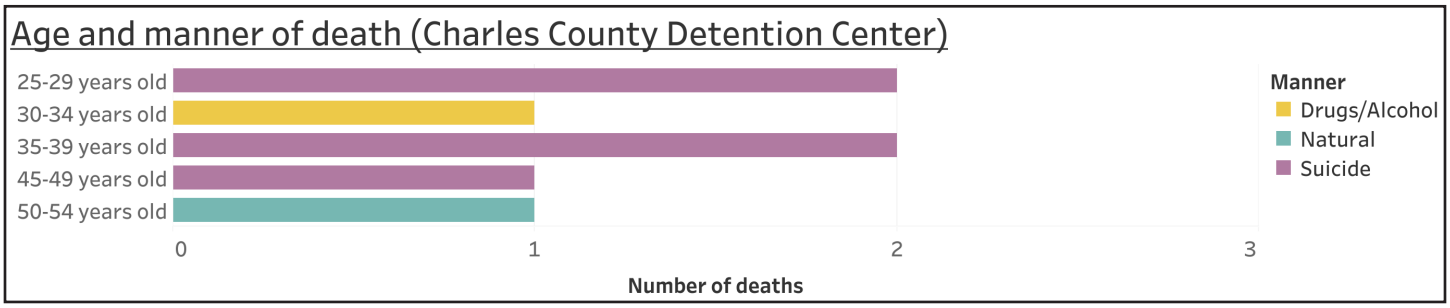


Charles County Detention Center

Our sample contained a total of 7 deaths in Charles County Detention Center. Of these decedents, 2 were identified as Black men, 3 as white men, and 2 as white women. The most common manner of death was suicide (n=5), followed by drugs/alcohol (n=1) and natural (n=1). The data reported by Charles County Detention Center did not include cause of death information adequate for inclusion in this analysis. The average age for all deaths was 36.71 years. We could only calculate age of death for one natural death; that age of death was 51 years. The median length of stay in the detention center prior to death was 3 days (min: 0 days; max: 35 days). 57.15 percent of decedents (n=4) were unconvicted/ awaiting trial at the time of death.

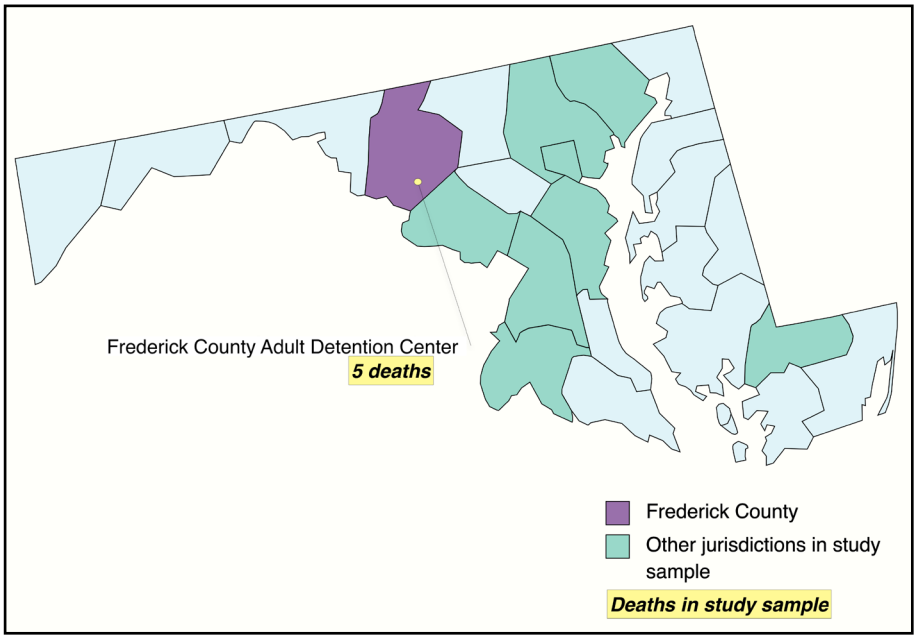


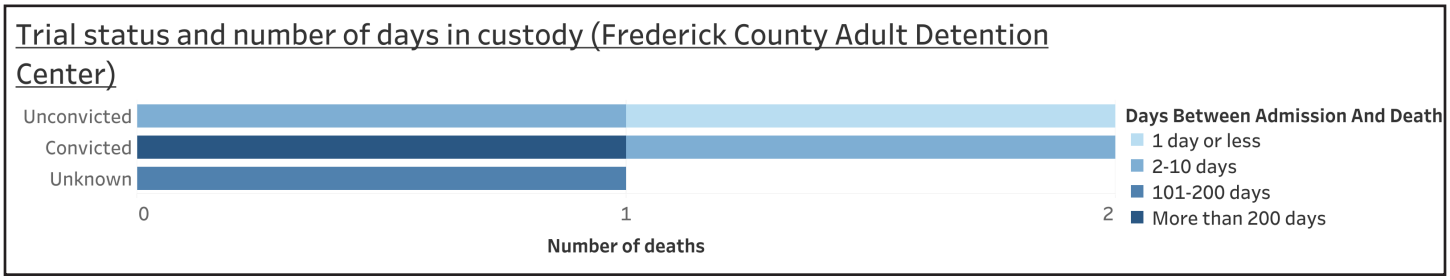


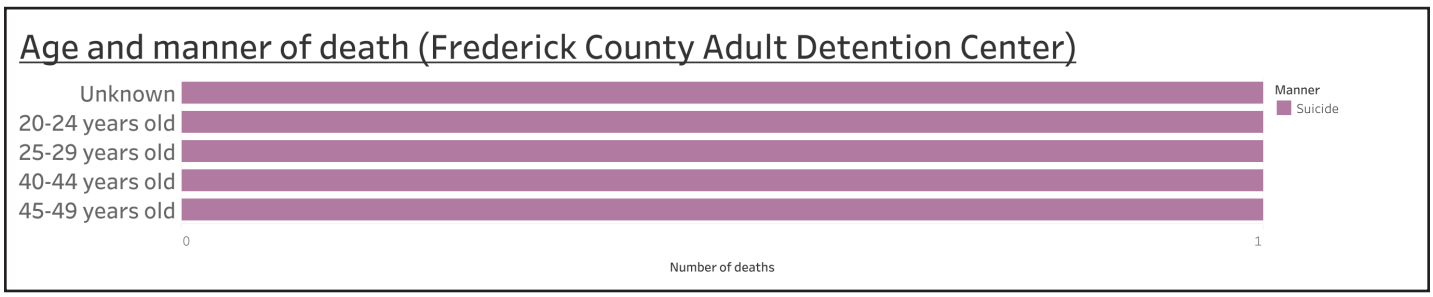


Frederick County Adult Detention Center

Our sample contained a total of 5 deaths in Frederick County Adult Detention Center. Of these decedents, 4 were identified as white men and 1 as a white woman. The data reported by the Frederick County Detention Center includes only suicide deaths, and does not include cause of death information adequate for inclusion in this analysis. Ages are provided only for four of the five decedents; the average age of death based on the data provided is 34 years (n=4). The median length of stay in the detention center prior to death was 2 days (minimum 0 days; max: 973 days). 60 percent of decedents (n=3) were unconvicted/awaiting trial at the time of death.

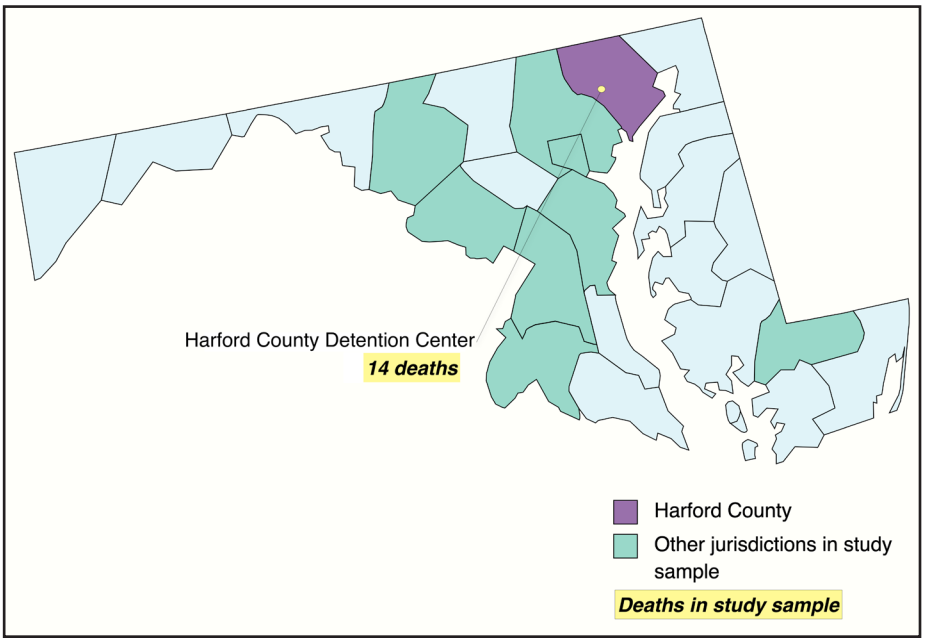


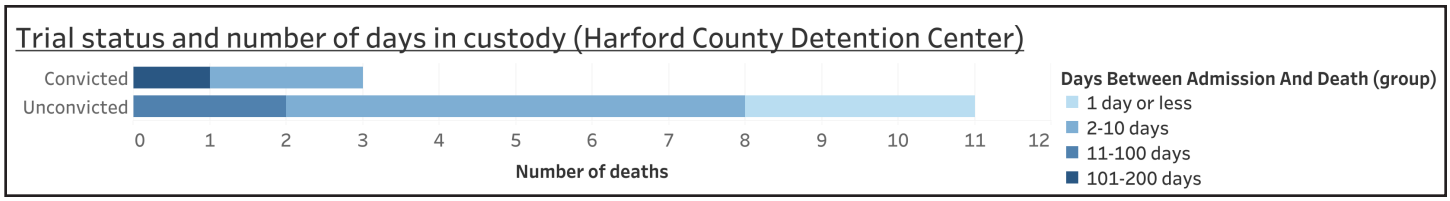


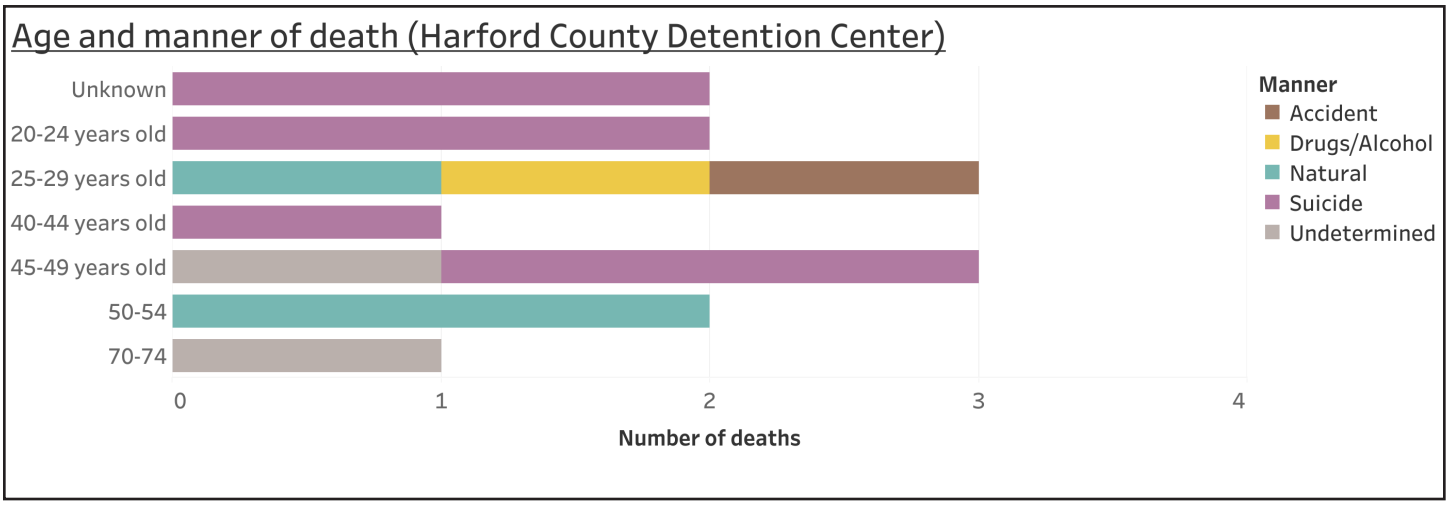


Harford County Detention Center

Our sample contained a total of 14 deaths in Harford County Detention Center. Of these decedents, 3 were Black men and 11 were white men. The most common manner of death was suicide (n=7), followed by natural (n=3), undetermined (n=2), drugs/alcohol (n=1), and accident (n=1). All three natural deaths are attributed in the reported data to cardiac arrest. The average age for all deaths was 40.5 years, while the average age for natural deaths was 45.3 years. The median length of stay in the detention center prior to death was 6 days. 84.62 percent of decedents (n=11) were unconvicted/awaiting trial at the time of death. The median length of stay in the detention center prior to death was 6 days (min: 0 days; max: 173 days).

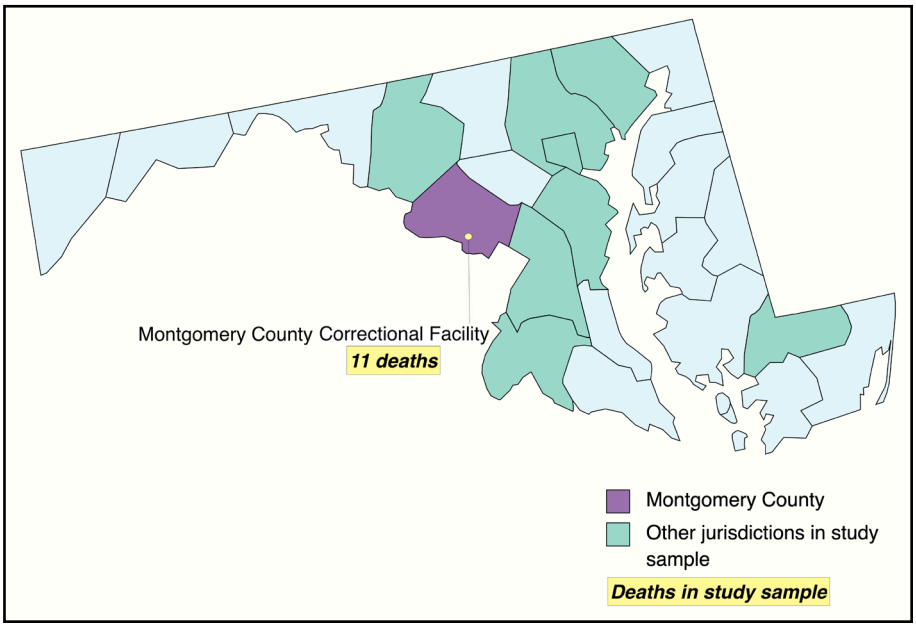


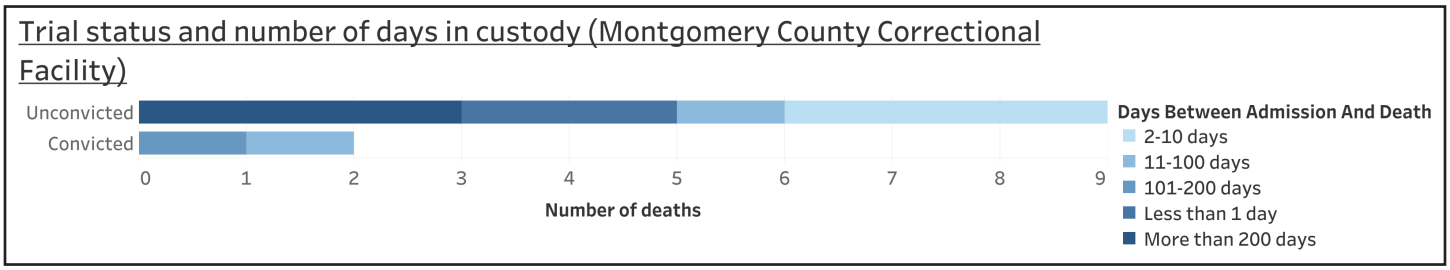


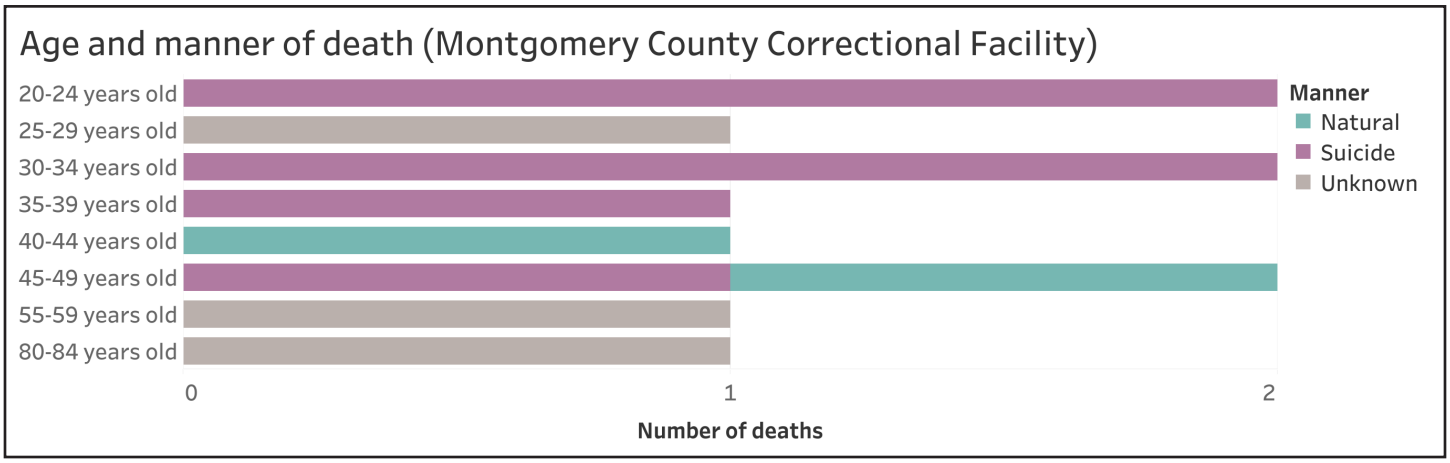


Montgomery County Correctional Facility (+MCDC)

Our sample contained a total of 11 deaths in Montgomery County Correctional Facility, including Montgomery County Detention Center (MCDC). Of these decedents, 6 were identified as Black men, 4 as white men, and 1 as a Black woman. The most common manner of death was suicide (n=6), followed by natural (n=2). Manner of death information for 3 deaths was unreported. The data reported did not include cause of death information adequate for inclusion in this analysis. The average age for all deaths was 40.9 years, while the average age for natural deaths was 46 years. The median length of stay in the detention center prior to death was 11 days (min 0 days; max: 797 days). 81.81 percent of decedents (n=9) were unconvicted/awaiting trial at the time of death.

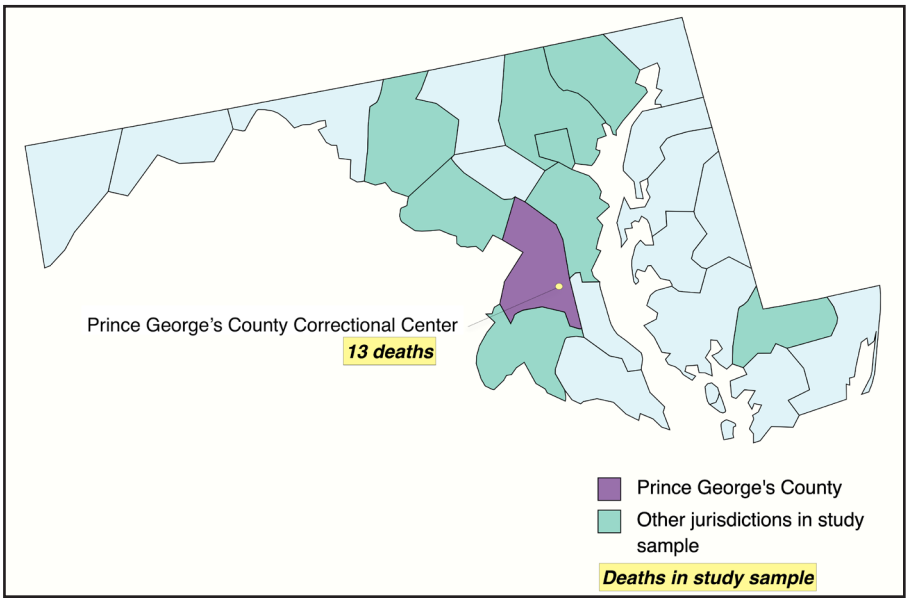


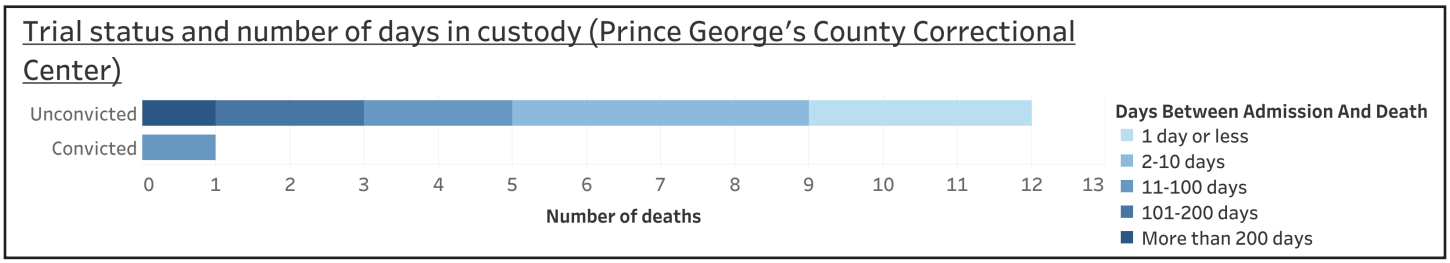


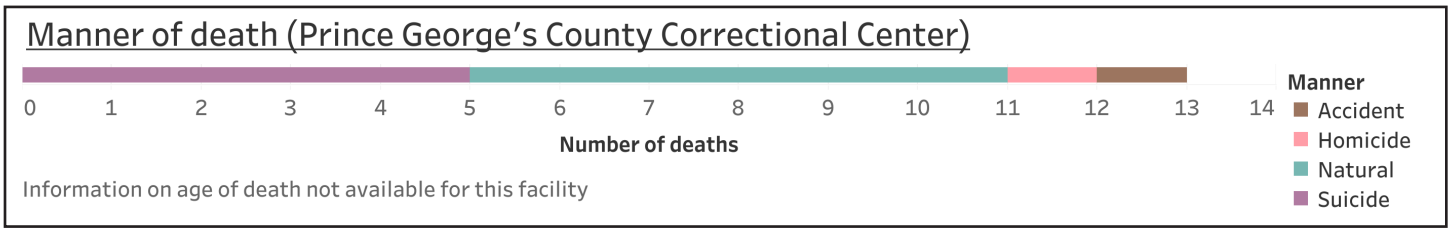


Prince George's County Correctional Center

Our sample contained a total of 13 deaths in Prince George's County Correctional Center. Of these decedents, 10 were identified as Black men, 2 as white men, and 1 as a Hispanic man. The most common manner of death was natural (n=6), followed by suicide (n=5), homicide (n=1), and accident (n=1). The data reported did not include cause of death information adequate to inclusion in this analysis. No ages could be calculated from the data reported. The median length of stay in the detention center prior to death was 8 days (min: 1 day; max: 910 days). 92.31 percent of decedents (n=12) were unconvicted/ awaiting trial at the time of death.

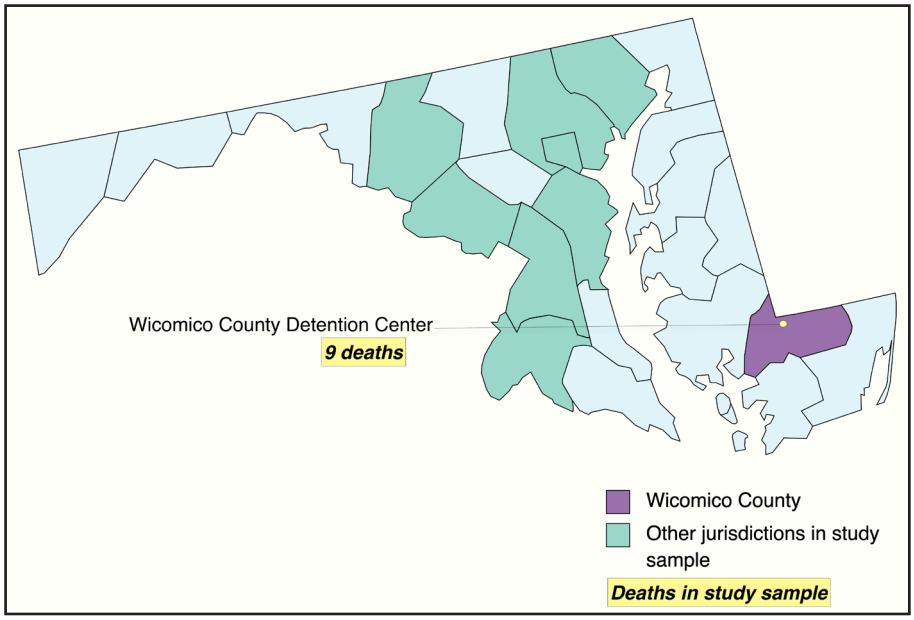


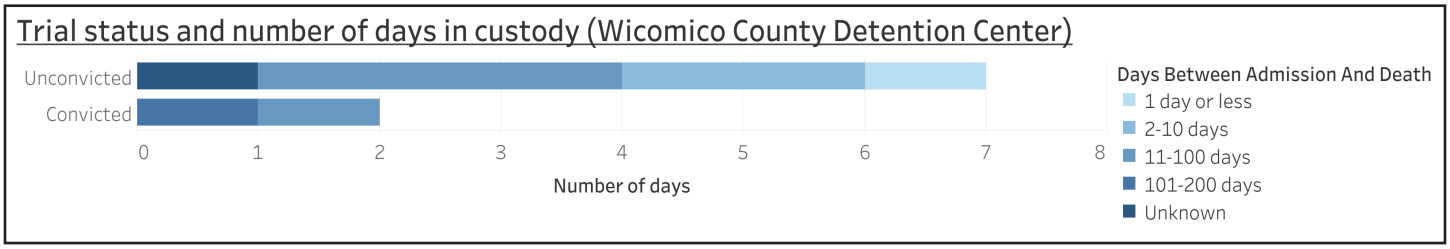


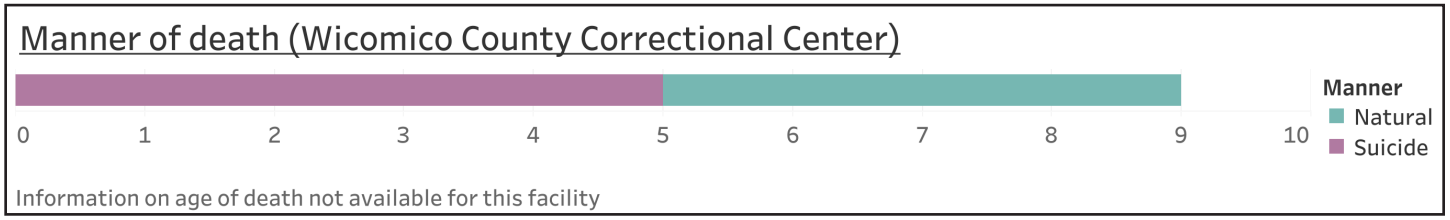


Wicomico County Detention Center

Our sample contained a total of 9 deaths in Wicomico County Detention Center. Of these decedents, 2 were identified as Black men, 6 as white men, and 1 as a white woman. The most common manner of death was suicide (n=5), followed by natural (n=4). The data reported included no cause of death information for suicide deaths. The most common cause of natural death was "cardiovascular disease" (n=2). No ages could be calculated from the data reported. Date of admission for one decedent is omitted from the data. The median length of stay in the detention center prior to death, calculated from the 8 provided values, was 18 days (min: 1 day; max: 138 days). 77.78 percent of decedents (n=7) were unconvicted/ awaiting trial at the time of death.







August 2023

BioCritical Studies Lab
Institute for Society and Genetics
University of California – Los Angeles

For correspondence contact: Dr. Terence Keel
at biostudieslab@ucla.edu

Carmen Johnson is the founder of Helping Ourselves to Transform and the Director of Court Watch and Judicial Accountability for Life After Release.
Terence Keel is the founder and director of the BioCritical Studies Lab and a Professor at UCLA.
Alexander Li, Anna Robinson-Sweet, & Grace Sosa are research affiliates of the BioCritical Studies Lab.
Elizabeth Rossi is the Director of Strategic Initiatives at Civil Rights Corps.
Jonah Walters is a research affiliate of the BioCritical Studies Lab and a Postdoctoral Fellow at UCLA.

SB36 testimony of Jade Alice Eaton.pdf
Uploaded by: Jade Eaton
Position: FAV

TESTIMONY OF JADE ALICE EATON

IN SUPPORT OF SENATE BILL SB36

"Maryland Deaths in Custody Oversight Board"

I am Jade Eaton and I live in Greenbelt Maryland. I have testified before this committee in the last two legislative sessions in support of virtual access to Maryland courts. I have spoken of my experience, now three years in, of watching and then listening to bond review hearings in my home county. The people whose cases I am listening to are being held in a county detention center. If not released on bond, they will spend weeks or months in a county detention center before their trials. In addition, Maryland uses county detention centers to house people incarcerated for short sentences or for minor crimes. And that is why I am submitting this testimony—In the years 2008 to 2019 at least 180 people held in local city and county detention centers died in custody. There is presently no systematic means to hold the facilities accountable to report the circumstances of those deaths.

Almost every one of the districts you represent contain portions of counties where people died in local detention centers between year 2008 and 2019. Not in state or federal prisons, in local "detention centers"--jails. These are the first places that people are taken when they are arrested and tragically for some, the last places they ever see.

How do I know this? Because of a short but disturbing twenty-eight page study In-Custody Deaths in Ten Maryland Detention Centers. A copy is attached to this testimony. The study is based in large part on data collected by the federal Bureau of Justice Statistics (BJS). BJS stopped collecting this data as of 2019.* When we at Courtwatch PG started to research more recent deaths in jails in Maryland we found that there was no central state reporting system or even a central depository for information on circumstances of deaths of inmates who die in County and city facilities. We could find no State office that collects this information: not the Maryland Department of Corrections, not the Governor's office, not your committee and not your offices. We had to collect it ourselves, through sending each separate county a Public Information Request. When the information started coming in, we found no consistency among the localities in what information they record on inmate deaths or how they record or maintain it.

The meager data we were able to collect raised red flags. We were lucky enough to team up with Civil Rights Corp and with BioCritical Labs at UCLA which was working with the BJS data. Here's what the report details:

During the study period:

- Over 80 percent of the people who died in Maryland detention centers were in pretrial detention—they had not yet been convicted or even had their day in court.
- Over one sixth of the people who died in Maryland detention centers died IN THE FIRST TWO DAYS of detention.
- Over half of the people who died in Maryland detention centers died in the first TEN days of detention.

And this is just the information we KNOW. We also know this is NOT all the information. What is clear is that there are substantial gaps in reporting of deaths in Maryland correctional facilities. The Deaths in Detention report states "A complete review of all datasets in our collection suggests that there were at least 1,078 in-custody deaths in Maryland during the 2008-2019 time period" rather than the 180 deaths reported in federal BJS data.** This completely conforms to CWPG's experience of incomplete and inconsistent responses of those detention centers who responded at all.

What is horrific is that the lack of accurate information on custodial deaths is national. A just-released book "Deaths in Custody" by Jay Aronson and Roger A. Mitchell looks at this problem nationwide. Mr. Aronson was asked by the L.A. Times why authorities don't have accurate statistics on custodial deaths. He answered:

> **"**We get asked that a lot. What we always come back to is that **we as a society don't care about the people who are in jails and prison**. We associate them with people who are morally deficient. We boil people down to their worst moment."***

This is not just a problem in Maryland but that doesn't lessen your responsibility to remedy the situation here. Those numbers in the Deaths in Detention report are PEOPLE in MARYLAND.

Senate Bill 36 is a minimum first step to creating an accounting and accountability for the circumstances of deaths of all people who die incarcerated in Maryland. The bill:

- Creates an Oversight Board in the Office of the Governor that must investigate the death of any person incarcerated in Maryland at the time of death.
- Outlines the composition of the Board to create public trust in its investigations and findings, trust that can be lacking when law enforcement investigates itself.
- Specifies the people and documents that must be reviewed in the investigation.
- Requires that the Board develop recommendations and, in some cases, a compliance plan for the correctional facility where the death occurred.
- Specifies people to whom the Board will provide the recommendation, including the family of the deceased, the state Attorney General and this committee.
- Requires the Department of Public Safety to collect and provide information needed by the Board.
- Protects the confidentiality of medical records and the prohibits interference with certain law enforcement investigations.

To me this is the least that the State can do to respect the humanity of a person who dies away from family and community in State custody. It ensures that there will be answers for the families of the deceased inmates and for you who are responsible for the laws that govern our criminal justice system.

Being arrested shouldn't be a death sentence. This oversight will help ensure that it isn't.

Respectfully Submitted

Jade Alice Eaton

19 Ridge Road Unit E

Greenbelt MD 20770

* https://www.latimes.com/california/story/2024-02-02/death-in-custody-interview. After BJS was barred from collecting this information the job was passed on to a Department of Justice grant-making entity who the Congress and GAO found had missed at least 1000 jail and prison deaths in 2021 alone making this source unreliable.

** In-Custody Deaths in Ten Maryland Detention Centers 2008 to 2019 (Deaths in Detention Report) at 9.

***LA Times interview.

Written support letter for SB36_HB565.pdf
Uploaded by: Janet Tupper
Position: FAV

WRITTEN TESTIMONY SUPPORTING

SB36 partnered bill HB565

Maryland Deaths in Custody Oversight Board

TO: Sponsor of the bill Senator Benson-SB0036 and Delegate Simmons - HB565

DATE: 2-2-2024

My name is Janet Tupper, and I am a Maryland resident. I strongly support **SB036/HB565** because it addresses the longstanding and ongoing national crisis of deaths occurring in custody. Many of these tragic incidents result from unnecessary use of force, neglect, or medical inefficiencies within the criminal legal system. It's disheartening that the United States Government does not possess accurate data on the annual number of deaths in custody, which is both a moral and administrative failure. The absence of clear, accessible information hampers the ability of policymakers, researchers, and advocates to instigate meaningful changes aimed at reducing preventable in-custody deaths.

- In Maryland alone, from January 2009 to March 2023, approximately 885 individuals lost their lives within the Department of Corrections, and there were 180 deaths recorded in 10 county detention centers from 2008 to 2019. These figures underscore the nationwide scope of the issue. It's worth noting that county detention centers differ from state correctional facilities in that they primarily house individuals awaiting trial or arraignment. This means that a lot of these people have died in custody before a trial. We want Maryland to set a precedent by demonstrating a commitment to transparency and accountability, with the goal of reducing in-custody deaths through improved adherence to established procedures and policies.
- I am a participant in a community Court Watch organization and listen to bond hearings in the Prince George's County District Court. I have been shocked at number of people detained while awaiting trial who experience grave, life-threatening illnesses and or injuries It is not uncommon to hear of community members in detention who have major medical concerns such as cancer, heart disease, diabetes, high risk pregnancies, or are recovering from gunshot wounds or accidents. Though the jail claims to have medical facilities to treat such community members, it is not an adequate substitute for medical care outside of the correction facility. I believe that

community members with grave medical illnesses are at a much higher risk of death while detained.

SB36/HB565 is designed to ensure transparency and accountability within Maryland's custody system. It aims to guarantee that when an individual dies while in custody, the pertinent details become publicly accessible. The bill further strives to pinpoint and rectify the primary causes of such deaths while safeguarding the well-being and dignity of those in custody. To achieve these objectives, the bill proposes the establishment of an independent Oversight Board. This Oversight Board will conduct thorough reviews of all in-custody deaths in Maryland, issuing detailed reports that elucidate the circumstances leading to each fatality. In addition to these reports, the Oversight Board will furnish recommendations for preventing similar deaths and oversee the implementation of these suggestions.
The agency responsible for an individual in custody is mandated to promptly notify the Oversight Board within a certain amount of time of the person's death. This notification should include specific information about the deceased individual, encompassing their name, birth date, gender, race, and ethnicity. The Oversight Board will meticulously analyze each case, drawing conclusions and offering recommendations concerning the individual's death. Furthermore, the notification should contain a comprehensive description of the circumstances surrounding the death and the rationale behind the person's detention.

This bill reflects "In-custody death" encompasses any fatality occurring while an individual is detained, under arrest, during an arrest attempt, while being transported by law enforcement or correctional officers, within an institution's infirmary or hospital under the custody of law enforcement and correctional officers, during a pursuit by a government official in a motor vehicle, or while incarcerated in various types of facilities within the state of Maryland that detain individuals on behalf of Immigration and Customs Enforcement.

Thank you for your time in this matter and I pray that this needed bill is voted on and passed into law.

Janet Tupper

Janet Tupper 6 West Pennington Street, Oakland MD 21550
Janet.tupper@gmail.com
301-379-4386

Testimony of Jennifer Ruffner SB36-HB565.pdf
Uploaded by: Jennifer Ruffner
Position: FAV

Testimony of Jennifer Ruffner
Greenbelt, MD 20770

February 4, 2024

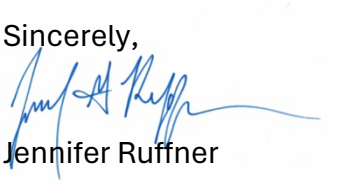
In Favor Of: S.B. 36 / H.B. 565 – Maryland Deaths in Custody Oversight Board

My name is Jen Ruffner, and I am a resident of Greenbelt, MD. Since 2020, I have been a volunteer with Courtwatch PG, an advocacy group that observes bail hearings in the Prince George's County District Court to document our county's policies in action and to hold officials accountable for injustice in the court system, and broader justice system, including detention centers. I am writing in support of S.B. 36 / H.B. 565. I believe that Maryland has a responsibility to investigate the shocking number of in-custody deaths in Maryland detention centers, particularly in Black communities, and communities facing high poverty levels. The creation of a Maryland Deaths in Custody Oversight Board is a necessary first step in addressing this systemic injustice.

I was shocked, but not surprised to read in the study **In-Custody Deaths in Ten Maryland Detention Centers, 2008 – 2019** (Johnson, Keel, et al., 2023) that in the period 2008-2019, of the 180 deaths studied, 4 out of 5 of the individuals died while awaiting trial (which means they had not been convicted of any crime), that approximately half died within 10 days of detention, and the majority of those individuals were Black. Every week, courtwatchers hear of those being detained pre-trial who do not have access to medications they need, who are injured in custody, or who are missing much-needed medical treatment while they are jailed pre-trial. That information, combined with the statistics relating to in-custody deaths, illustrates a system that fails those community members who come in contact with the judicial system, many of who will never ultimately be found guilty of any crimes. It illustrates how even a short period of detention greatly increases the risk of harm, and even premature death.

I encourage you to vote favorably S.B. 36 and H.B. 565, to ensure that the causes of these in-custody deaths are determined, and addressed.

Sincerely,



Jennifer Ruffner

Prince George's County Council - Favorable SB 36.p
Uploaded by: Jimmy Tarlau
Position: FAV

THE PRINCE GEORGE'S COUNTY GOVERNMENT

(301) 952-3700
County Council

POSITION STATEMENT

SB 36

Senator Benson **Maryland Deaths in Custody Oversight Board**

POSITION FAVORABLE

This bill creates a Custody Oversight Board to make findings and recommendations related to deaths of incarcerated individuals and requires the Department of Public Safety and Correctional Services to provide information to the Board.

Prince George's County Council strongly supports this bill.

The County Council supports this bill because it addresses the crisis of deaths occurring in custody. In Maryland alone, from **January 2009 to March 2023, approximately 885 individuals lost their lives within the Department of Corrections.** Many of these tragic incidents resulted from the unnecessary use of force and neglect within the criminal legal system. We want Maryland to possess accurate data on the annual number of deaths in custody and the causes. The absence of clear, accessible information hampers the ability of policymakers, researchers, and advocates to instigate meaningful changes aimed at reducing preventable in-custody deaths. We want Maryland to set a precedent by demonstrating a commitment to transparency and accountability, with the goal of reducing in-custody deaths through improved adherence to established procedures and policies.

For the foregoing reasons, Prince George's County Council and respectfully requests the Committee's favorable consideration of the legislation.

Prepared by: Barnes International on behalf of Prince George's County Council.

SB 36 Death in Custody Oversight Board

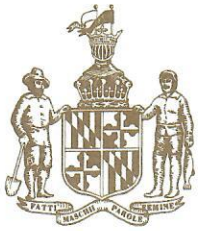
Uploaded by: Joanne Benson

Position: FAV

JOANNE C. BENSON
Legislative District 24
Prince George's County

Budget and Taxation Committee
Education, Business and Administration Subcommittee
Pensions Subcommittee
Chair, Rules Committee

Joint Committees
Audit and Evaluation Committee
Children, Youth, and Families
Ending Homelessness
Fair Practices and State Personnel Oversight
Joint Committee on Pensions



THE SENATE OF MARYLAND
ANNAPOLIS, MARYLAND 21401

James Senate Office Building
11 Bladen Street, Room 201
Annapolis, Maryland 21401
410-841-3148 · 301-858-3148
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Joanne.Benson@senate.state.md.us

Testimony of Senator Joanne C. Benson

SB36: Judicial Committee

Maryland Deaths in Custody Oversight Board

Good afternoon, Mr. Chairman Smith, Vice Chairman Wildstreicher, of the Judicial Proceedings Committee. I am here to request your consideration for SB36 the Maryland Death in Custody Oversight Board.

More and more we are hearing about the need for oversight and transparency within our law enforcement agencies. This bill is designed for these purposes. It is requiring law enforcement and correctional agencies to publicly report specific information on in-custody deaths. Each agency must report to an appointed Oversight Board or Special Inspector which will be chosen by Correctional Ombudsman.

The information regarding the death of the inmate in custody must be released on their website within 10 days of the date of death. SB36 is very comprehensive but it is extremely important if we want to do our part in establishing trust between the public and our law enforcement agencies. We have solicited assistance from 15 advocates, law schools and clinics, students, and the community in compiling SB36. It is our hope that you give careful consideration to the contents and provide a favorable response.

Thank you

SB36.deaths in custody.MAJR testimony.pdf
Uploaded by: Judith Lichtenberg
Position: FAV

MARYLAND ALLIANCE FOR JUSTICE REFORM
Citizens working to reform criminal justice in Maryland

www.MA4JR.org
Annapolis Friends Peace and Justice Center
351 Dubois Rd., Annapolis, MD 21401
info@ma4jr.org

Senate Judicial Proceedings Committee
Wednesday, February 7, 2024
Testimony in support of SB36:
Maryland Deaths in Custody Oversight Board

My name is Judith Lichtenberg. I am testifying on behalf of the Maryland Alliance for Justice Reform (MAJR), where I serve on the executive committee and co-chair its Behind the Walls Workgroup. I have lived in Hyattsville/University Park (District 22) for forty years and am professor emerita of philosophy at Georgetown University. Since 2016, I've been teaching, tutoring, and mentoring at Jessup Correctional Institute, Patuxent Institution, and the DC Jail, where I have gotten to know many incarcerated people well and have learned much about what happens behind the walls.

The Maryland Alliance for Justice Reform (MAJR) urges a favorable vote on SB36, which would create an oversight board to analyze findings and make recommendations concerning the deaths of incarcerated individuals in Maryland jails, prisons, and detention centers. For each such death, the oversight board would be required to produce an administrative and clinical mortality review within 30 days of death and publish its findings. Independent reviews would be conducted for every death determined to be a suicide or to result from a mental health crisis.

The death penalty in Maryland was outlawed in 2013. But a disproportionate number of incarcerated people die in Maryland carceral institutions. A recent study found that the average age of in-custody deaths officially designated as natural causes was substantially lower than the general population, and the highest number of deaths occur in jurisdictions with both high rates of poverty and large numbers of Black residents. Moreover, four out of five people in the study sample who died were detained pre-trial: they had not been convicted of any crime.

U.S. prison deaths soared by 77% during the height of the pandemic—more than three times the increase in the general population. Incarcerated men and women witnessed others get sick and die, with little or no publicity; people became fearful that their own deaths would go unreported and even unnoticed. Such mistrust grows when medical examiners misclassify in-custody deaths attributable to violence and neglect as "natural." So it is important that the medical examiner conduct thorough autopsies for all in-custody deaths to accurately determine

the cause and manner of death, and that these conclusions be made public. This bill would assure that this procedure would be followed.

For these reasons, MAJR urges a favorable report on SB36.

Respectfully,

Judith Lichtenberg
Hyattsville, MD
District 22
301.814.7120
jalichtenberg@gmail.com

Wines Testimony SB36.pdf
Uploaded by: Lance Wines
Position: FAV

MARYLAND OFFICE OF THE PUBLIC DEFENDER

NATASHA DARTIGUE
PUBLIC DEFENDER
KEITH LOTRIDGE
DEPUTY PUBLIC DEFENDER
MELISSA ROTHSTEIN
CHIEF OF EXTERNAL AFFAIRS
ELIZABETH HILLIARD
ACTING DIRECTOR OF GOVERNMENT RELATIONS

POSITION ON PROPOSED LEGISLATION

BILL: SB0036 Maryland Deaths in Custody Oversight Board

FROM: Maryland Office of the Public Defender

POSITION: Favorable

DATE: 02/06/2024

The Maryland Office of the Public Defender respectfully requests that the Committee issue a favorable report on Senate Bill 0036.

I was not yet an attorney, when my father passed away. I was just beginning my final semester of law school in January, 2020. At that time, I had no plan. Friends, colleagues, and peers were all arranging internships, externships, partnerships, relationships, and celebratory vacations on cruise ships. I was just looking forward to calling myself, 'an attorney.' At that time in my life, I did not know the kind of law that I wished to practice. By the end of that holiday season, I had grown tired of fielding that particular question. But, that holiday season was the last time that I would see my father alive.

My father was convicted of a first offense Driving While Impaired by any Controlled Dangerous Substance, colloquially referred to as a DWI. He was sentenced to one (1) year, suspend all but twenty (20) days. He was graciously granted the opportunity to delay turning himself into the local detention center, in order to make arrangements related to his employment as a tradesman. The sentencing judge also took into account the approaching holidays, allowing my father to turn himself in following the observation of Christmas. My father immediately turned himself in, as required by the court.

I never saw my father again. William Rodger Wines, lovingly referred to by my mother as Roger, passed away on January 9, 2020. He was in the entrusted custody of the state at that time. An inmate, serving a nominal active sentence at a regional detention center. A soul in a cell. His cause of death was suspected and then later confirmed to be the result of an overdose. Cocaine and Fentanyl. Determined to be an accidental overdose, as if that were any consolation. I was informed of his passing about eight hours after he was pronounced dead at the local medical center. He died alone.

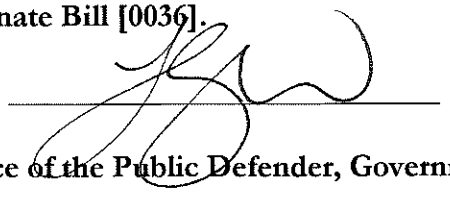
The World fell apart after that. I didn't see my father's corporeal form again for months. And, thanks to the quarantines and travel restrictions of the Covid-19 Pandemic, none of us saw much of anyone's corporeal forms for quite some time. The day after his death, I picked up a banker's box filled with my father's possessions from the detention center where he died. The box included his signature white Nike sneakers, long john-style thermal underpants, an empty billfold, and the well-worn, folded-brim Dallas Cowboys ballcap hanging from the coat rack of my office at 81 West Washington Street.

We buried my father on June 5, 2021. 513 days after his death. About one and a half years. Because my father died in state custody, his body was no longer his, but it was also not yet mine to claim. The state maintained possession of my father's body for months, as they investigated both the nature of his death, but also the circumstances surrounding the events of his death. The only correspondence that I ever received between my father's death and his funeral was an invitation to collect my father's body, once it had been pieced back together by an agent of the state's Chief Medical Examiner.

The proposed Maryland Deaths in Custody Oversight Board would not just provide grieving families with some sense of closure, but it would also provide the public with the transparency required to establish and instill trust in our criminal legal system. The Board is a necessary step in transitioning public opinion away from a carceral system of injustice and into a reformative system of justice. The Board would humanize the very human prisoners that have died at the mercy of corrections. And, the Board would help to mitigate the trauma of these deaths in an appropriate and timely manner.

I became a Public Defender, despite and in spite of my father. I advocate for those who may inevitably end up committed to the Division of Corrections. But, I also advocate for their families, their friends, their reputations, and their rights necessary to live, and eventually die, with dignity. In the Great State of Maryland, we do not believe that any sentence should be a Death Sentence. Yet, when you lose a loved one while they are incarcerated, you quickly realize that any sentence could be a Life Sentence.

For these reasons, the Maryland Office of the Public Defender urges this Committee to issue a favorable report on Senate Bill [0036].



Submitted by: Maryland Office of the Public Defender, Government Relations Division.
Authored by: [Lance Gunner Wines, Assistant Public Defender, Washington County, lance.wines@maryland.gov]

Maryland Office of the Public Defender, Government Relations Division, 45 Calvert St, Suite 108, Annapolis MD 21401
For further information please Elizabeth Hilliard, Elizabeth.hilliard@maryland.gov 443-507-8414.

Makhia's support letter for SB36 and HB565.pdf
Uploaded by: Makhia Polk
Position: FAV

WRITTEN TESTIMONY SUPPORTING

SB0036 - HB565 Maryland Deaths in Custody Oversight Board

To: Hon. Will Smith, President, and members of the Judicial Committee

SPONSORS: Senator Benson, Senator Muse and Senator Ellis,

FROM: Makhia Polk

DATE: Hearing for February 7, 2024, at 2:00pm

Hello, my name is Makhia Polk, I am a resident of the state of Maryland and currently attending Stevenson University Majoring In Criminal Justice minoring in Legal Studies and Management and Organizational Leader. I am also currently interning with the Helping Ourselves to Transform organization under Dr Carmen Johnson. I am writing to you today in strong support of Senate Bill 0036 which addresses the longstanding and ongoing national crisis of deaths occurring in custody.

The correlation between high rates of poverty, large Black populations, and in-custody deaths is truly alarming. The presence of these factors appears to be strongly correlated with in-custody deaths, indicating systemic issues that have sat unaddressed for far too long. The misclassification of deaths officially designated as "natural" raises serious concerns about the accuracy and transparency in reporting especially in the instance of minorities.

The discrepancy between the average age of in-custody deaths and life expectancy suggests a need for a thorough review of the classification process. The fact that over 80% of the deaths occurred while individuals were awaiting trial, and nearly half within 10 days of admission, underscores the urgency of addressing the risks associated with short stays in detention. The existence of high barriers preventing public access to crucial information hampers comprehensive study and inhibits accountability. Transparent reporting is essential for informed decision-making and public awareness. Based on these findings, I join the call for immediate action to make the following recommendations that the bill addresses.

In conclusion, it is imperative that you as policymakers take swift and decisive action to address the deeply concerning issues raised in this report. The human rights crisis reflected in these findings demands a comprehensive and collaborative effort to reform our criminal justice system and protect the well-being of all individuals within our detention centers. Thank you for your time in this matter and I pray that this needed bill is voted on and passed into law.

Makhia Polk

mpolk@helpingourselves.org

SB0036 - Nasyr Mathis-Chambers_ Speech on in Custo

Uploaded by: Nasyr Mathis-Chambers

Position: FAV

Feb 4, 2024

Greetings President Senator Will Smith and the Judicial Committee,

I, Nasyr Mathis-Chambers, support Senate Bill 36. I am a freshman at St. Mary's College of Maryland and a member of several campus organizations, one of which includes a sitting senator of the Student Government Association. I have also started an internship for Social Justice and Civic Engagement with Helping Ourselves to Transform under the leadership of Dr. Carmen Johnson.

Imagine a place where no life is lost unnecessarily behind bars. The Maryland Deaths in Custody Oversight Board, established by Senate Bill 36, would be a decisive step towards this reality. As a relative to individuals impacted by the Maryland correctional system, I urge you to pass this bill, not just for our future but for the future of incarcerated individuals.

As a young leader preparing myself for the road of politics, I understand the crisis of in-custody deaths requires immediate action. This Oversight Board will spotlight these tragedies to ensure accountability and prevent future incidents. It will enhance better medical and mental health services with preventive measures and medication management, aiming to prevent deaths. Prisons should facilitate reflection, not be places of torture or end of life. We as Marylanders must be committed to upholding the fundamental rights of the incarcerated by valuing their lives.

This isn't just about statistics; it's about real people. I've seen the scars, both physical and emotional, left by the system in our community. Let’s break the cycle. This oversight board can be a beacon of hope for those inside and families like mine seeking justice and change by making SB36 a law. We want Maryland to continue to be a place of dignity and safety for all.

Thank you for your time on this matter. I pray that this bill will be voted on and passed into law.

Nasyr Mathis-Chambers

22 Written Testimonies Supporting SB0036.pdf
Uploaded by: Natalie Murphy
Position: FAV

Feb. 6, 2024

Maryland Senate Judicial Proceedings Committee
2 East
Miller Senate Office Building
Annapolis, Maryland
21401
410 – 841 – 3623

Dear Senator Smith, Senator Waldstreicher, and Members of the Judicial Proceedings Committee,

This document includes written testimony supporting SB0036 from the following twenty-two concerned citizens:

1. Anita Wiest
2. Armand Davila
3. Bailey Cummings
4. Cassidy Krystal-Cohen
5. Danielle Dupuy
6. Ella Feng
7. Emma Breault
8. Erica Tucker Haygood
9. Erin Cloud
10. Harriet Jacobs
11. Janet Tupper
12. Karen Francisco
13. Karen Smith
14. Micah Clark Moody
15. Micah Levey
16. Noah Wass
17. Peter Santina
18. Shellielle Nanan
19. Taylor Belfield
20. Tom Mathis
21. Van Cherry Green
22. Verlyn Tarlton

Thank you for your time and effort surrounding this bill. I hope the diverse perspectives and unique stories on the following pages will show you how deeply Maryland residents support SB0036.

Sincerely,

Your Constituents

Feb. 6, 2024

Maryland Senate Judicial Proceedings Committee
2 East
Miller Senate Office Building
Annapolis, Maryland
21401
410 – 841 – 3623

Dear Senator Smith, Senator Waldstreicher, and Members of the Judicial Proceedings Committee,

My name is Armand Davila. I live in Washington, D.C. and I am a concerned citizen and relative of a formerly incarcerated individual. I am writing to support SB0036 because my family member was recently incarcerated, and witnessed the most inhumane levels of treatment that robbed people of their dignity and agency, not to mention sometimes their lives. I am interested in better reporting for in-custody deaths because I personally know someone who was incarcerated for a non-violent crime, yet suffered the most heinous physical and mental abuse that anyone could imagine. They have repaid their debt to society but are living with the scars of the abuse leveled upon them. An oversight board investigating deaths in custody is important in Maryland because at the very least, it might discourage the rampant abuse by the penal system.

Thank you, Senator Smith and the Judicial Proceedings Committee, for hearing my voice. Too many people are dying in government custody in this state. Worse, Maryland residents know very little about what's happening to their loved ones. This bill will help. I urge you to support SB0036.

Sincerely,

Armand Davila

Feb. 6, 2024

Maryland Senate Judicial Proceedings Committee
2 East
Miller Senate Office Building
Annapolis, Maryland
21401
410 – 841 – 3623

Dear Senator Smith, Senator Waldstreicher, and Members of the Judicial Proceedings Committee,

My name is Bailey Cummings. I live in Massachusetts, and I am a concerned citizen and attorney. I support an oversight board to review Maryland in-custody deaths because too many people die in jail with no State accountability.

I am passionate about this issue because as a law student, I had a clinic client die in custody. I have also had a friend's sibling die in custody. Both times, the deaths were not investigated nor reported, and the families were forced to grieve alone with no sense of justice for their loved ones. Institutions responsible for people's lives need to take accountability for their actions.

An oversight board investigating deaths in custody is important for protecting the lives and safety of Marylanders because anyone could end up in custody for all kinds of reasons, whether they do anything illegal or whether they are just suspected of it. Everyone deserves basic care and respect in custody.

Thank you, Senator Smith and the Judicial Proceedings Committee, for hearing my voice. Too many people are dying in government custody in this state. Worse, Maryland residents know very little about what's happening to their loved ones. This bill will help. I urge you to support SB0036.

Sincerely,

Bailey Cummings

Feb. 6, 2024

Maryland Senate Judicial Proceedings Committee
2 East
Miller Senate Office Building
Annapolis, Maryland
21401
410 – 841 – 3623

Dear Senator Smith, Senator Waldstreicher, and Members of the Judicial Proceedings Committee,

My name is Cassidy Kristal-Cohen. I live in Baltimore, Maryland, zip code 21218. I am also a member of the Maryland Connecting Families Coalition. The loved ones of people who die in custody deserve closure and accountability. I am passionate about the issue of in-custody deaths because I have worked, in professional and personal capacities, with people in prisons and jails since I was fifteen. The rate of deaths, particularly in jails within high poverty and majority Black neighborhoods, is unacceptable and shameful. Maryland must take urgent action to safeguard the lives of people behind bars and the oversight board is a step in the right direction.

Thank you, Senator Smith and the Judicial Proceedings Committee, for hearing my voice. Too many people are dying in government custody in this state. Worse, Maryland residents know very little about what's happening to their loved ones. This bill will help. I urge you to support SB0036.

Sincerely,

Cassidy Kristal-Cohen

Feb. 6, 2024

Maryland Senate Judicial Proceedings Committee
2 East
Miller Senate Office Building
Annapolis, Maryland
21401
410 – 841 – 3623

Dear Senator Smith, Senator Waldstreicher, and Members of the Judicial Proceedings Committee,

My name is Danielle Dupuy, and I am a Baltimore resident and mother. I am writing to support SB0036 because jail time shouldn't be a death sentence and killing people through negligence or otherwise is unacceptable. Accountability is critical for the wellbeing of Baltimore. I am interested in better reporting for in-custody deaths because I care about humanity. An oversight board investigation Maryland in-custody deaths is an important first step towards accountability and to ensuring that the features in place that set the stage for unnecessary loss of life are ended.

Thank you, Senator Smith and the Judicial Proceedings Committee, for hearing my voice. Too many people are dying in government custody in this state. Worse, Maryland residents know very little about what's happening to their loved ones. This bill will help. I urge you to support SB0036.

Sincerely,

Danielle Dupuy

Feb. 6, 2024

Maryland Senate Judicial Proceedings Committee
2 East
Miller Senate Office Building
Annapolis, Maryland
21401
410 – 841 – 3623

Dear Senator Smith, Senator Waldstreicher, and Members of the Judicial Proceedings Committee,

My name is Ella Feng and I live in Arlington, Virginia. I am a concerned citizen and member of Helping Ourselves to Transform. I am writing to support SB0036 because I am dedicated to making Maryland safer for everyone.

As a legal professional deeply invested in public interest and social change, my interest in better reporting for in-custody deaths stems from a profound realization of the systemic injustices prevalent within our criminal justice system. What ignited my passion for this issue was the In Custody Deaths Report for 10 Counties in Maryland Jails/Prisons, which raised significant questions about accountability, transparency, and the need for improved reporting protocols. Witnessing the gaps in reporting and accountability firsthand underscored the urgent need for reform in how we document and address in-custody deaths. Recognizing the profound impact that accurate and transparent reporting can have on shaping policies, driving accountability, and advocating for systemic change, I became committed to advocating for more robust reporting mechanisms and ensuring that the voices of those affected by in-custody deaths are heard and honored within our legal system.

An oversight board investigating deaths in custody is crucial for protecting the lives and safety of Marylanders as it ensures impartial scrutiny, accountability, and transparency in assessing the circumstances surrounding such incidents, ultimately fostering trust in the criminal justice system and safeguarding the rights and well-being of individuals in custody.

Thank you, Senator Smith and the Judicial Proceedings Committee, for hearing my voice. Too many people are dying in government custody in this state. Worse, Maryland residents know very little about what's happening to their loved ones. This bill will help. I urge you to support SB0036.

Sincerely,

Ella Feng

Feb. 6, 2024

Maryland Senate Judicial Proceedings Committee
2 East
Miller Senate Office Building
Annapolis, Maryland
21401
410 – 841 – 3623

Dear Senator Smith, Senator Waldstreicher, and Members of the Judicial Proceedings Committee,

My name is Emma Breault, and I am a concerned Baltimore City resident. I am writing to support SB0036 because too many people die in prison with no State accountability. I am passionate about this issue because I've heard reports on how many people die unnecessarily in prisons and receive no justice. Those who enter the prison system are denied fundamental rights and basic humanity. That the State receives no consequences for preventable deaths of prisoners indicates that prisoners' lives do not matter to the State. It is up to the legislature to hold these systems accountable and ensure that human life is respected—transparency is the first step to this change.

I believe an oversight board is necessary to protect the lives of Marylanders because there needs to be transparency and accountability, and currently there is none. If the people responsible for reporting deaths are the same as those who committed them (or should have prevented them), then fabricated data is more likely. Maryland needs an external reporting committee to prevent bias in this important area.

Thank you, Senator Smith and the Judicial Proceedings Committee, for hearing my voice. Too many people are dying in government custody in this state. Worse, Maryland residents know very little about what's happening to their loved ones. This bill will help. I urge you to support SB0036.

Sincerely,

Emma Breault

Feb. 6, 2024

Maryland Senate Judicial Proceedings Committee
2 East
Miller Senate Office Building
Annapolis, Maryland
21401
410 – 841 – 3623

Dear Senator Smith, Senator Waldstreicher, and Members of the Judicial Proceedings Committee,

My name is Erica Tucker Haygood, and I live in Accokeek, Maryland. I am writing as a concerned citizen. I am writing to support SB0036 because I have seen firsthand the reckless disregard for human life that exists within our state's detention centers. I am passionate about this issue because I was arrested for a misdemeanor traffic violation and denied medical care at PG County Jail. An oversight board investigating deaths in custody is important because every human life should be valued and given due care while in custody of detention facility staff.

Thank you, Senator Smith and the Judicial Proceedings Committee, for hearing my story. Too many people are dying in government custody in this state. Worse, Maryland residents know very little about what's happening to their loved ones. This bill will help. I urge you to support SB0036.

Sincerely,

Erica Tucker Haygood

Feb. 6, 2024

Maryland Senate Judicial Proceedings Committee
2 East
Miller Senate Office Building
Annapolis, Maryland
21401
410 – 841 – 3623

Dear Senator Smith, Senator Waldstreicher, and Members of the Judicial Proceedings Committee,

My name is Erin Cloud, and I am a Baltimore City Resident. My family member is currently incarcerated, and I am concerned about his safety and the conditions of his confinement. I worry about the safety of my family members every day. The lack of transparency and violence in prisons is outstanding. Every Marylander deserves safety and a chance to live with dignity. Investigating deaths in custody is important to ensure that incarcerated people's lives are not disregarded or abandoned.

Thank you, Senator Smith and the Judicial Proceedings Committee, for reading my story. Too many people are dying in government custody in this state. Worse, Maryland residents know very little about what's happening to their loved ones. This bill will help. I urge you to support SB0036.

Sincerely,

Erin Cloud

Feb. 6, 2024

Maryland Senate Judicial Proceedings Committee
2 East
Miller Senate Office Building
Annapolis, Maryland
21401
410 – 841 – 3623

Dear Senator Smith, Senator Waldstreicher, and Members of the Judicial Proceedings Committee,

My name is Harriet Jacobs, and I am a Baltimore City Resident. I am writing to support SB0036 because I am dedicated to making Maryland safer for everyone. The murder of Sandra Bland is what made me into someone who is interested in better reporting for in-custody deaths. I think an oversight board investigating deaths in custody is important for protecting the lives and safety of Marylanders, hopefully, holding prisons and jails accountable, improving conditions for incarcerated people, and reducing the incarceration rates.

Thank you, Senator Smith and the Judicial Proceedings Committee, for hearing my voice. Too many people are dying in government custody in this state. Worse, Maryland residents know very little about what's happening to their loved ones. This bill will help. I urge you to support SB0036.

Sincerely,

Harriet Jacobs

Feb. 6, 2024

Maryland Senate Judicial Proceedings Committee
2 East
Miller Senate Office Building
Annapolis, Maryland
21401
410 – 841 – 3623

Dear Senator Smith, Senator Waldstreicher, and Members of the Judicial Proceedings Committee,

My name is Janet Tupper. I live in Maryland, and I am a concerned citizen member of CourtWatch Prince George's County. I support an oversight board to review Maryland in-custody deaths because too many people die in jail with no State accountability.

I am passionate about this issue because I am a participant in a community Court Watch organization and listen to bond hearings in the Prince George's County District Court. I have been shocked at the number of people detained while awaiting trial who experience grave, life-threatening illnesses and/or injuries. It is not uncommon to hear of community members in detention who have major medical concerns such as cancer, heart disease, diabetes, high risk pregnancies, or are recovering from gunshot wounds or accidents. Though the jail claims to have medical facilities to treat such community members, it is not an adequate substitute for medical care outside of the correction facility. I believe that community members with grave medical illnesses are at a much higher risk of death while incarcerated.

Accountability is so important for our court system in general, but when community members die in custody with no oversight or public explanation, it is unacceptable. The public has the right to know what happens to community members when they are incarcerated.

Thank you, Senator Smith and the Judicial Proceedings Committee, for hearing my voice. Too many people are dying in government custody in this state. Worse, Maryland residents know very little about what's happening to their loved ones. This bill will help. I urge you to support SB0036.

Sincerely,

Janet Tupper

Feb. 6, 2024

Maryland Senate Judicial Proceedings Committee
2 East
Miller Senate Office Building
Annapolis, Maryland
21401
410 – 841 – 3623

Dear Senator Smith, Senator Waldstreicher, and Members of the Judicial Proceedings Committee,

My name is Karen Francisco and I am a concerned citizen living in Sacramento, California. I am writing to support SB0026 because too many people die in jail in EVERY state with no State accountability. I am interested in better reporting for Maryland in-custody deaths because my daughter is a resident of Maryland. I am aware of several (more than three) in-custody deaths in California, and other deaths in Maryland, New York, Texas, and other states which I have heard reported in alternative news or someone I know was aware of the deaths. An oversight board hopefully will be made up of people who care about humanity and will look closely at these in-custody deaths which is an abnormal event in wholesome society.

Thank you, Senator Smith and the Judicial Proceedings Committee, for hearing my voice. Too many people are dying in government custody in this state. Worse, Maryland residents know very little about what's happening to their loved ones. This bill will help. I urge you to support SB0036.

Sincerely,

Karen Francisco

Feb. 6, 2024

Maryland Senate Judicial Proceedings Committee
2 East
Miller Senate Office Building
Annapolis, Maryland
21401
410 – 841 – 3623

Dear Senator Smith, Senator Waldstreicher, and Members of the Judicial Proceedings Committee,

My name is Karen Smith. I live in Anne Arundel County. I am the sister of an impacted woman. I support an oversight board to review Maryland in-custody deaths because too many people are dying in jail, and no one is being held accountable for the prison deaths. I am interested in better reporting for in-custody deaths because time after time we are hearing of deaths behind the wall, and no one knows what happened or who did it. An oversight board investigating deaths in custody is important for protecting the lives and safety of Marylanders. A committee should be formed to protect the lives of people behind bars.

Thank you, Senator Smith and the Judicial Proceedings Committee, for hearing my voice. Too many people are dying in government custody in this state. Worse, Maryland residents know very little about what's happening to their loved ones. This bill will help. I urge you to support SB0036.

Sincerely,

Karen Smith

Feb. 6, 2024

Maryland Senate Judicial Proceedings Committee
2 East
Miller Senate Office Building
Annapolis, Maryland
21401
410 – 841 – 3623

Dear Senator Smith, Senator Waldstreicher, and Members of the Judicial Proceedings Committee,

My name is Micah Clark Moody. I live in Chicago, Illinois. I am a former member of Foundry United Methodist Church in the DMV area have several friends in Maryland. I am writing to support SB0036 because too many people die in prison and jail with no accountability.

I am interested in better reporting for in-custody deaths because while working in Los Angeles, I saw an incredible change when the Sheriff started promptly reporting many deaths that occur in the jail. I find it so moving that a group of reporters and activists are able to quickly cover those stories and lift up the lives of people inside as well as the sadness around their deaths. It has also helped local elected officials comment and respond to jail conditions more consistently.

For Maryland, I think it is important for family, community members, and reporters to have rapid access to information on in-custody deaths. Beyond this, it is crucial for an independent board to review these deaths so that they can support law enforcement agencies to ensure the same mistakes are never made again. This will make Maryland safer because people in Maryland include people in Maryland's jails, and an investigating board that can identify and change conditions that cause deaths will literally save future lives.

Thank you, Senator Smith and the Judicial Proceedings Committee, for hearing my voice. Too many people are dying in government custody in this state. Worse, Maryland residents know very little about what's happening to their loved ones. This bill will help. I urge you to support SB0036.

Sincerely,

Micah Clark Moody

Feb. 6, 2024

Maryland Senate Judicial Proceedings Committee
2 East
Miller Senate Office Building
Annapolis, Maryland
21401
410 – 841 – 3623

Dear Mr. Smith, Mr. Waldstreicher, and Members of the Judicial Proceedings Committee,

My name is Micah Levey. I live in Gaithersburg, Maryland. I am a concerned citizen, someone who was previously arrested, and an attorney. The State's primary job is to protect its citizens, so we need to know when it is not only failing to do so, but also when it is the State that is causing death.

Thank you, Senator Smith and the Judicial Proceedings Committee, for hearing my support. Too many people are dying in government custody in this state. Worse, Maryland residents know very little about what's happening to their loved ones. This bill will help. I urge you to support SB0036.

Sincerely,

Micah Levey

Feb. 6, 2024

Maryland Senate Judicial Proceedings Committee
2 East
Miller Senate Office Building
Annapolis, Maryland
21401
410 – 841 – 3623

Dear Senator Smith, Senator Waldstreicher, and Members of the Judicial Proceedings Committee,

My name is Noah Wass. I am a concerned Baltimore city emergency medical services (EMS) clinician. I am writing to support SB0036 because it is established medical fact that rapid transport to a trauma center can be the difference between life and death for victims of traumatic injuries like those often suffered in carceral settings. Without system oversight and data collection, we will never be able to stop those who need care from dying preventable deaths.

I became passionate about increasing reporting for in-custody deaths after transporting an incarcerated patient to the hospital in the midst of an ongoing seizure event, or "brain storm." He became injury through an extremely vaguely described assault in custody. We realized after further questioning that prison officials kept this patient waiting in critical conditions for *hours* before even calling EMS. There is no doubt that this delay in care contributed to a poor outcome for this patient, and many like him who experience the same systemic failures.

This event disturbed me, but I am even more disturbed by how common an occurrence it is. An oversight board is important for protecting Marylanders in custody because we cannot begin to prevent these deaths without some medical, scientific understanding about how they occur. Gathering this data and investigating these deaths will allow the State to begin addressing the systemic issues at fault. We need to know about jail deaths in order to prevent them, and it is the State's responsibility to ensure we collect and track this data.

Thank you, Senator Smith and the Judicial Proceedings Committee, for hearing my voice. Too many people are dying in government custody in this state. Worse, Maryland residents know very little about what's happening to their loved ones. This bill will help. I urge you to support SB0036.

Sincerely,

Noah Wass

Feb. 6, 2024

Maryland Senate Judicial Proceedings Committee
2 East
Miller Senate Office Building
Annapolis, Maryland
21401
410 – 841 – 3623

Dear Senator Smith, Senator Waldstreicher, and Members of the Judicial Proceedings Committee,

My name is Peter Santina. I live in California, and I am an attorney at Civil Rights Corps in Washington, D.C. and a former public defender. I am writing to support SB0036 because far too many people die in jail and urgent intervention is needed.

As a public defender, I've talked to a lot of people who were incarcerated and understand that their life means very little to those who run the jail or prison. If there's an earthquake or fire, no one expects a quick and urgent evacuation. If they have a heart attack or a stroke, no one expects competent and timely medical attention. If they're attacked by a guard—or even another incarcerated person—no one expects the protection of the state. I've sat down with clients and talked about a potential sentence they were preparing themselves for, and we needed to have a very real discussion about the possibility that whatever that sentence is—whether 30 days or 20 years—will only end if they are lucky enough to survive incarceration. While my experience is in California, I think it's a universal experience. At the public defender's office we had clients who died in jail, whose loved ones couldn't say goodbye and were left in the dark about what happened, asking a multitude of unanswered and ignored questions, left only with confusion and pain.

An oversight board investigating deaths in custody is important for protecting the lives and safety of Marylanders because much more supervision and oversight is needed. Jails and prisons have a vested interest in not investigating thoroughly, lest it shed a light on their own shortcomings.

Thank you, Senator Smith and the Judicial Proceedings Committee, for hearing my voice. Too many people are dying in government custody in this state. Worse, Maryland residents know very little about what's happening to their loved ones. This bill will help. I urge you to support SB0036.

Sincerely,

Peter Santina

Feb. 6, 2024

Maryland Senate Judicial Proceedings Committee
2 East
Miller Senate Office Building
Annapolis, Maryland
21401
410 – 841 – 3623

Dear Senator Smith, Senator Waldstreicher, and Members of the Judicial Proceedings Committee,

My name is Dr. Shellielle S. Youhoing Nanan. I live in Jonesboro, Georgia. I am a Human Rights Defender, International Criminal Investigator and Human Rights Investigator, member of the American Bar Association, International Bar (IBA), International Human Rights Institute, and a member of the United Nations Association of the United States of America (UNA/USA).

Some of my close friends died in police custody and in jail without accountability. The jails are operated with our tax monies, and the government owes those incarcerated a duty to protect. We need strong legislation with teeth to bit. Jails should not get off the hook when they arrest people and cause them to die. I and the United Nations pledge that we will continue to provide whatever support it takes, we will not waver in our fight, and we will win this war.

I am interested in better reporting for in-custody deaths because I have family and close friends in the community who are victims, and we have lost family members and loved ones who died in prison. Those senseless acts are plaguing our nation, especially in the black and brown communities, and there is no transparency. These deaths are being covered up/concealed, and the families are kept in the dark. I am currently a Legal Representative to the United Nations High Commission for Human Rights. My organization investigates in-custody deaths, not only in Georgia but around the country.

My investigations reveal horrific results. I can comment briefly on two cases in Georgia that are the most horrific. One concerns an elderly disabled gentleman (75 years old) who died at the hands of Sheriff's deputies during an illegal eviction after deputies illegally threw him and his wife, who is bedridden, out of their home in 25 degree weather. He suddenly caught a stress attack and was transported to the hospital. The hospital covered up the death in order to protect law enforcement and forged the death certificate, stating that he died from COVID.

The second incident involved a 28 year old man of African American descent, a Type I diabetic who died in custody. After his death the jail and Georgia Bureau of Investigation (GBI) medical examiner covered up the death and said he died from diabetic ketoacidosis (high blood sugar). An 8-month investigation and evaluation conducted by our United Nations Investigative Counsels revealed that he was not only a victim of racial profiling, but that his death was homicide, cruel and inhumane punishment. We found that the victim, who was critically ill, who vomited blood more than 30 times, and urinated blood in continuance, was locked into his jail cell for 18 hours. During those 18 hours he was deprived food, water, and medical care. He also

died of starvation and dehydration. Furthermore, when the body was recovered, it was cold to the touch and stiff. Our United Nations Human Rights forensic team was able to determine a date and time of death, which was omitted from the death certificate, that he died at least 12 hours before the death was reported to the authorities. We continue to fight for the rights of his family and to hold those responsible to account.

It is time that our government pass necessary legislation to hold Sheriffs and jails accountable for the senseless deaths of inmates in their custody. Being arrested should not be a death sentence. An oversight board is important to end corruption, bring about transparency, hold the jails accountable, and save precious lives.

Thank you, Senator Smith and the Judicial Proceedings Committee, for hearing my voice. Too many people are dying in government custody in this state. Worse, Maryland residents know very little about what's happening to their loved ones. This bill will help. I urge you to support SB0036.

Sincerely,

Dr. Shellielle S. Youhoing Nanan

Feb. 6, 2024

Maryland Senate Judicial Proceedings Committee
2 East
Miller Senate Office Building
Annapolis, Maryland
21401
410 – 841 – 3623

Dear Senator Smith, Senator Waldstreicher, and Members of the Judicial Proceedings Committee,

My name is Anita Wiest. I live in Salisbury, Maryland and I am a concerned citizen and retired Department of Corrections (DOC) employee. I am writing to support SB0036 because transparency is a huge issue in the DOC and families have the right to know what circumstances were involved in the death of an incarcerated individual. I am passionate about the issue of in-custody deaths from working in the Division, as well as hearing of deaths that could have been prevented. An oversight board investigating deaths in custody is important for protecting the lives and safety of Marylanders because imprisonment/confinement in public institutions should be deemed safe in a free society.

Thank you, Senator Smith and the Judicial Proceedings Committee, for hearing my voice. Too many people are dying in government custody in this state. Worse, Maryland residents know very little about what's happening to their loved ones. This bill will help. I urge you to support SB0036.

Sincerely,

Anita Wiest

Feb. 6, 2024

Maryland Senate Judicial Proceedings Committee
2 East
Miller Senate Office Building
Annapolis, Maryland
21401
410 – 841 – 3623

Dear Senator Smith, Senator Waldstreicher, and Members of the Judicial Proceedings Committee,

My name is Taylor Belfield and I live in Chapel Hill, North Carolina. I am a senior in college currently attending the University of North Carolina at Chapel Hill and an intern at Helping Ourselves To Transform. I am writing to support SB0036 because I believe that anyone who has a caring bone in their body can see that this is an issue that needs to be addressed. As someone who has had brothers and other family members incarcerated before, I couldn't imagine something like that happening to them.

I was first made aware of the issue concerning Maryland in-custody deaths by Dr. Carmen Johnson. Upon reading the reports that she had sent us interns to provide us with more information on the issue, I was astonished to see the reports. The fact that there is a statistics centered around the "misclassification of in custody deaths" is horrifying. No one should be subjugated to this type of reality and we must not turn a blind eye to the issue. Whether we have any prior knowledge of, personal affiliation, or profound passion for justice reform, this is nothing but a simple question of concern and accountability. We live in a country that promises justice to all, so we must all be held accountable for these types of issues. I believe that legislation such as this can help to make that happen.

An oversight board investigating deaths in custody is important for protecting the lives and safety of Marylanders because it pertains directly to them. It is imperative to remember that regardless of a crime that is a committed, when in the custody of the state, they are responsible for that person's well-being. It is also important to remember that these are individuals that have not been convicted.

Thank you, Senator Smith and the Judicial Proceedings Committee, for hearing my voice. Too many people are dying in government custody in this state. Worse, Maryland residents know very little about what's happening to their loved ones. This bill will help. I urge you to support SB0036.

Sincerely,

Taylor Belfield

Feb. 6, 2024

Maryland Senate Judicial Proceedings Committee
2 East
Miller Senate Office Building
Annapolis, Maryland
21401
410 – 841 – 3623

Dear Senator Smith, Senator Waldstreicher, and Members of the Judicial Proceedings Committee,

My name is Tom J. Mathis, and I live in Lanham, Maryland. I am a concerned citizen with many friends who are either still incarcerated or were formerly incarcerated in Maryland. I am writing to support SB0036 because I've witnessed through friends who were incarcerated die in jail with no State accountability.

My closest experience is my own cousin who was mistreated in jail for a white collar crime that she still claims her innocence today. She wrote our family many letters about the abuse that was going on while in custody. The stories were horrible and from my own friends experiences who were or are still incarcerated, I knew this should be a fight we should take. We are still humans despite the crimes. I think an oversight board investigating deaths in custody is important for protecting the lives and safety of Marylanders because without it, we have no answers one way or another.

Thank you, Senator Smith and the Judicial Proceedings Committee, for hearing my voice. Too many people are dying in government custody in this state. Worse, Maryland residents know very little about what's happening to their loved ones. This bill will help. I urge you to support SB0036.

Sincerely,

Tom J. Mathis

Feb. 6, 2024

Maryland Senate Judicial Proceedings Committee
2 East
Miller Senate Office Building
Annapolis, Maryland
21401
410 – 841 – 3623

Dear Senator Smith, Senator Waldstreicher, and Members of the Judicial Proceedings Committee,

My name is Van Cherry Green, and I live in Baltimore City. I am the wife of Mr. Duryea Green, who is being held at the Hagerstown Institution. Mr. Duryea Green has had medical issues since being incarcerated. Thank you to Dr. Carmen Johnson for help getting him out of the institution to get the proper care that was needed regarding his health. My husband was bleeding from the inside that originally came out of the rectum. I knew then it was time to get him to help and care that he needed. I constantly called the infirmary and they were taking their time to get him to care that he needed. By the time that took place, my husband had passed out in the jail. I am also a mother of an incarcerated son and he needed medical attention as well. Thanks to the help of friends that are strong leaders, we helped get him the medical attention that was needed.

After all of these issues regarding medical problems, I later found out that medical institutions Behind the Walls is very important because some of them don't have family to push them to get them the care that they need. I am also informed that the inmates have been taking care of the sickly inmates that are not being treated as such. Medical care is a big issue Behind the Walls. Why do they have an infirmary if they're not doing their job? This bill needs to be passed because it is important regardless of what they are in prison for. Health issues, if known, must be treated. If not, death is behind the issue of the problem.

I am writing to support SB0036 because I am concerned regarding medical issues Behind the Wall. This is a need to be talked about as well as giving needed help for the incarcerated. My husband has been incarcerated for 20 years and has had medical issues since being Behind the Wall. The infirmary at the Hagerstown facility does not care about the loved ones Behind the Wall. I got my husband's health problems treated, with help, but what about the loved ones who does not have family members and no one to fight for them that has medical issues? If an issue needs to be addressed and it's not being taken care of, it gets worse, and sometimes turns into death. Behind the Wall, how do we fix the problem, and get the correct medical teams Behind the Walls? I would love for this bill to be passed, however, it is important to me as well as it should be for higher level leaders of Baltimore City. We need this bill to be passed because we are losing loved ones Behind the Walls because treatment is not being given while they are incarceration.

I am interested in better reporting because of my husband. When he was bleeding in jail in Hagerstown, the jail knew due to me calling constantly to get my husband the care that he needed. I t had gotten so worse that the color of his skin was changing due to losing blood. Dr.

Carmen Johnson pushed as hard as she could and got him the medication he was supposed to be on from an outside doctor. When my husband got back to the MCIH infirmary, they changed his medication due to the state saying he could not take it because they were not paying for it so is it not important of his health versus the medication that was to help him? My husband almost lost his life Behind the Wall because he is not getting the care that he needs. He was later taken out to Mercy Hospital in Hagerstown, later finding out that he has cancer, so let's look at the big picture of this. Medical has always been a big issue in the prisons and now I understand the loss of loved ones who has passed on due to negligence of being cared for in medical. How do we fix the issue and the problem? It needs to be a big turn-around with medical with real nurses and real doctors. We have to find a solution other than unlicensed medical teams who don't care and leave our loved ones to die.

An oversight board investigating deaths in custody is important for protecting the lives and safety of Marylanders. We first need to get a better system for medical in the present. Secondly, we need to stop waiting for the issue to get worse to be seen. I am also knowledgeable about the inmates having to put in a ticket waiting to be seen, and infirmary not responding to tickets that they are putting in a box to be seen. The system Behind the Walls needs to be changed as afar as medical. I need the higher ups to look into the issue and the problem. They're still human regardless of what they are in incarceration for. We can't lose loved ones because the lack of medical care. We need to hire to look deep into medical issues besides a Band-Aid and patching up the womb.

Thank you, Senator Smith and the Judicial Proceedings Committee, for hearing my story. Too many people are dying in government custody in this state. Worse, Maryland residents know very little about what's happening to their loved ones. This bill will help. I urge you to support SB0036.

Sincerely,

Van Cherry Green

Feb. 6, 2024

Maryland Senate Judicial Proceedings Committee
2 East
Miller Senate Office Building
Annapolis, Maryland
21401
410 – 841 – 3623

Dear Senator Smith, Senator Waldstreicher, and Members of the Judicial Proceedings Committee,

My name is Verlyn Tarlton, and I am a concerned U.S. citizen. I am writing to support SB0036 because too many people die in prison and I have had family members incarcerated. I am interested in better reporting for in-custody deaths because I have read books about what goes on in prisons and believe accountability is needed. An oversight board investigating deaths in custody is important because even those who are in prison deserve fair treatment.

Thank you, Senator Smith and the Judicial Proceedings Committee, for hearing my voice. Too many people are dying in government custody in this state. Worse, Maryland residents know very little about what's happening to their loved ones. This bill will help. I urge you to support SB0036.

Sincerely,

Verlyn Tarlton

Organizations Supporting SB0036.pdf
Uploaded by: Natalie Murphy
Position: FAV

February 2, 2024
Dear President Senator Will Smith and Chairman Delegate Luke Clippinger
Sponsors: Senator Benson and Delegate Simmons,
Re: Maryland Deaths in Custody Oversight Board SB036 partnered bill HB565

We, the undersigned organizations, write in support of Senate Bill 36 and House Bill 565. There is an ongoing national epidemic of in-custody deaths in the United States, and the crisis in Maryland is particularly acute. According to data that was belatedly released by the Maryland Department of Public Safety and Correctional Services only a few weeks ago—in response to a Maryland Public Information Act request filed in Civil Rights Corps in 2022—approximately 885 people died while in state custody from January 2009 to March 2023.

This outrageous number can be contextualized by a recent report from the UCLA BioCritical Studies Lab, Civil Rights Corps, and Helping Ourselves to Transform, which analyzed a sample of 180 self-reported deaths in 10 city and county jails in Maryland between 2008 and 2019—a number that represents only a small portion of the total in-custody deaths in this period, which estimated to be over 1,000. The findings are staggering:

- The **majority of people—over 80 percent—who died in custody were awaiting trial**, meaning they had not been convicted of any crime at the time of their death.

- Almost half of the people in the study sample died within 10 days of being detained in jail. **More than 1 in 6 died within one day**. These findings suggest that any length of pretrial detention in Maryland could mean a potential death sentence for many people.

- The jails with the most in-custody deaths are located in jurisdictions with both high rates of poverty and large numbers of Black residents. The strong correlation between these factors indicates that when detained, **Black and low-income Maryland residents are particularly at risk of in-custody death.**

The in-custody deaths crisis in Maryland presents major questions regarding basic constitutional protections for people awaiting trial. A system that confers potential death sentences onto people, many of whom have not been convicted of any crime, without due process is inhumane and undermines the basic principles of equal justice under law.

It is likely that many of these deaths result from use of force and neglect within the criminal legal system. At best, these findings demonstrate gross negligence from Maryland officials in ensuring jail conditions meet basic safety standards. At worse, they show remarkable complicity in systemic injustice and complete disregard for the sanctity of human life.

As advocates, as loved ones, and as members of the public, we have had limited access to information regarding these deaths, as underscored by the difficulty we have experienced in even obtaining the data mentioned above. It is clear that there is a major data and information transparency problem at the heart of the in-custody deaths crisis. Insufficient reporting practices, inconsistent record keeping, and high barriers to public access of key information regarding in-custody deaths prevent meaningful action and accountability. The lack of transparency around in-custody death data is a moral and administrative failure, denying family and community members of the fundamental human right to accurately determine the cause of death of a loved one, and only serves to further hide the full extent of the in-custody deaths crisis in Maryland from public view.

Senate Bill 36 and House Bill 565 offer a clear path forward. The legislation guarantees that pertinent details regarding individual in-custody deaths will be made accessible to the public, identifying and rectifying the primary causes of such deaths while safeguarding the well-being and dignity of those in custody. In addition, the legislation will establish an independent Oversight Board that will conduct thorough reviews of all in-custody deaths in Maryland, provide recommendations for preventing similar deaths, and oversee the implementation of these suggestions.

We believe that by enacting this legislation, Maryland can set a national precedent by demonstrating a firm commitment to public transparency and accountability, as well as reducing the number of in-custody deaths through improved adherence to established procedures and policies. The in-custody death crisis in Maryland requires immediate political intervention, and state and local leaders have a moral responsibility to protect the lives of people in custody. For many Maryland residents, this is literally a matter of life and death.

For these reasons, we urge you to support Senate Bill 36 and House Bill 565. Thank you for your time.

Sincerely,

Helping Ourselves to Transform

Civil Rights Corps

UCLA BioCritical Studies Lab

Life After Release

Zealous

Color of Change

Robert F. Kennedy Human Rights

University of Baltimore Center for Criminal Justice Reform

ACLU Maryland

Maryland Alliance for Justice Reform

Maryland Office of the Public Defender

Progressive Maryland

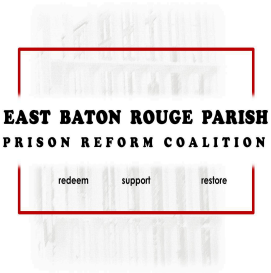
Public Justice Center

HELPING OURSELVES TO TRANSFORM
EDUCATING AND PROMOTING MASS LIBERATION

No Struggle No Success

Texas Jail Project

ALC Court Watch



East Baton Rouge Parish Prison Reform Coalition

P.R.E.A.C.H.

O.Moyd Testimony - SB 36 - Deaths in Custody Overs

Uploaded by: Olinda Moyd, Esquire

Position: FAV

Testimony of Olinda Moyd, Esq.
Director, Decarceration and Re-Entry Clinic
American University Washington College of Law

SB 36
Senate – Judicial Proceedings Committee
Wednesday, February 7, 2024

IN FAVOR

The Decarceration and Re-Entry Clinic represents men and women housed in Maryland prisons before the courts and before the Maryland Parole Commission. Mass incarceration coupled with extreme sentencing has created hopeless environments where people who enter when they are in crisis or experiencing mental distress have an increased probability that they will die in detention and those serving longer sentences are left to grow old and eventually die alone in concrete cells. Although it does not receive the same media attention as police brutality, there is an ongoing humanitarian crisis in our prisons. Similar to excessive police force, brutality by prison officers is part of systemic state violence against people of color, and Black people specifically.

We urge a favorable vote on SB 36 which would create an oversight board to analyze and make findings and recommendations related to the deaths of incarcerated individuals. For every death of an incarcerated person in the state the oversight board would be required to conduct an administrative and a clinical mortality review within 30 days of death and report publish such findings. Independent reviews shall be conducted for every death that is determined to be a suicide or the result of a mental health crisis.

The death penalty in Maryland has been outlawed in 2013 when Maryland became the 18th state to abolish the death penalty when Governor Martin O'Malley signed a bill outlawing capital punishment. The law replaced capital punishment with a sentence of life without parole but people are dying in our prisons and detention center once in custody. Unfortunately, many of the deaths that occur in our institutions are of individuals who are awaiting trial or serving parole eligible sentences. A recent study of deaths in Maryland found that the average age of in-custody deaths officially designated as natural causes is substantially lower than the general population and the centers with the highest number of deaths are in jurisdictions with both

high rates of poverty and large numbers of Black residents.[1] These lives matter and these deaths must be investigated and resolved through a cultural change that incorporates that concept that every human life is important regardless of one's entanglement with the criminal legal system.

When a person dies in a cold prison cell their family is left to wonder what really happened to them. All they know is that a healthy, happy person left their community and then they subsequently and abruptly learn of their death. Mistrust of our criminal legal and encarceral system increases with each death, especially when only investigated by correctional officials themselves. When a person dies in a cold prison cell other members of the institutional population are unsettled and uneasy and it reverberates throughout all of the state facilities. U.S. prison death soared by 77% during the height of Covid-19.[2] During the pandemic this uneasiness swelled when men and women witnessed others get sick and die and there was little to no publicity about these deaths and others grew afraid that even their own deaths would go unreported or unnoticed. This mistrust is exacerbated when medical examiner offices misclassify in-custody deaths attributable to violence and neglect as "natural." Therefore, it is important that the medical examiner conduct thorough autopsies for all in-custody deaths to accurately determine the cause and manner of death. This bill would assure that this procedure would be followed.

[1] In-Custody Deaths in Ten Maryland Detention Centers, 2008-2019, July 2023, by Dr. Carmen Johnson, Dr. Terence Keels, and others.

[2] See Analysis of in-custody deaths show mortality rates were more than three times the increase in general population in 2020, by Edward Helmore, December 3, 2023, The Guardian.

Sarah 2024 SB0036 OPD Testimony.pdf
Uploaded by: Sarah McKinley
Position: FAV

MARYLAND OFFICE OF THE PUBLIC DEFENDER

NATASHA DARTIGUE
PUBLIC DEFENDER

KEITH LOTRIDGE
DEPUTY PUBLIC DEFENDER

MELISSA ROTHSTEIN
CHIEF OF EXTERNAL AFFAIRS

ELIZABETH HILLIARD
ACTING DIRECTOR OF GOVERNMENT RELATIONS

POSITION ON PROPOSED LEGISLATION

BILL: SB0036 Maryland Deaths in Custody Oversight Board

FROM: Maryland Office of the Public Defender

POSITION: Favorable

DATE: 02/06/2024

The Maryland Office of the Public Defender respectfully requests that the Committee issue a favorable report on Senate Bill 0036. This bill will provide greater transparency, insight and ultimately accountability for deaths that occur on the state's watch.

A report analyzed 180 in-custody deaths at 10 Maryland detention centers between 2008-2019 found that about half of those people died within the first 10 days of incarceration. The study raises questions about medical or mental health issues that were overlooked, ignored, or not treated properly. Attorney General Anthony Brown stated that the findings in the report emphasize the need for a correctional ombudsman to provide independent oversight of these facilities and to improve "accountability, transparency, and advocacy within the system, pretrial and beyond."

Since then, between 2019-2023, there have been 285 in custody deaths in our jails and prisons in Maryland, which warrant further examination. Poor conditions in correctional facilities, lack of healthcare, and medical neglect appear to be contributing factors that require oversight and accountability. This bill will require the board to conduct an administrative review, as well as a clinical mortality review, on every incarcerated individual that dies in custody.

Families of incarcerated loved ones carry a tremendous burden. Losing a loved one is traumatic in any circumstances. Bereavement when a loved one dies in custody can be particularly distressing and traumatic. Families and loved ones are not offered the luxury of being with their loved one when they die in custody. Families often feel excluded from the process, with little information on the circumstances that led up to the death or involvement in investigations where they occur. A lack of communication sometimes makes it difficult for families to accurately determine the cause of death of their loved one. This bill will ensure access to the details of all in-custody deaths, which could help ease the burden and provide some closure from experiencing the trauma of losing a loved one in custody.

When someone dies from natural causes during their incarceration, there is no investigation conducted, leaving family members and loved ones with little to no information about their loved

one's passing. Current state policy does not mandate the medical examiner's office to perform autopsies of all in-custody deaths. As a result, there is a paucity of information to identify individual circumstances and systemic trends that warrants inquiry. An oversight board will ensure that investigations are conducted thoroughly, data is collected and analyzed, and family members are contacted.

When an individual dies during their incarceration, it not only impacts that person's family members and loved ones, but it can have a detrimental effect on everyone in the facility. Correctional staff and other incarcerated individuals may also be deeply impacted by a death in custody which can, in some cases, lead to depression, post-traumatic stress disorder (PTSD) or other mental health conditions. Cellmates, or those who find the deceased, may be even more significantly impacted. Correctional staff and other incarcerated individuals in proximity to the death may use coping strategies to manage emotions, which can lead to them becoming hardened or disengaged. In custody deaths and poor response measures can be the result of systemic issues that an oversight board is needed to address.

Some deaths during incarceration may be prevented by ensuring human rights-based approaches to management in correctional settings. This involves ensuring safe conditions, including reducing overcrowding, providing an environment and adequate facilities and services to protect the right to health, preventing torture and unlawful use of force or restraint, and maintaining effective governance and control of the facility to ensure safety for all. The collection and availability of accurate and up to date data on deaths in custody is crucial to identify any trends or factors that may be related to the most common causes of deaths in a given jail or corrections system.With the data collected, the Maryland Deaths in Custody Oversight Board, they can make findings and recommendations related to the deaths of incarcerated individuals.

For these reasons, the Maryland Office of the Public Defender urges this Committee to issue a favorable report on Senate Bill 0036.

Submitted by: Maryland Office of the Public Defender, Government Relations Division.

Authored by: Sarah McKinley, Student Social Work Intern,

sarah.mckinley@maryland.gov

Keel UCLA Testimony SB36.docx.pdf
Uploaded by: Terence Keel
Position: FAV

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The BioCritical Studies Lab

Terence Keel
Professor of Human Biology and Society
Institute for Society and Genetics
Department of African American Studies
Founding Director, The BioCritical Studies Lab

TO: Hon. Will Smith, President and members of the Judicial Committee

SPONSORS: Senator Benson, Senator Muse and Senator Ellis

FROM: Terence Keel, PhD

DATE: Hearing for February 7, 2024 at 2:00pm

My name is Terence Keel and I am a Professor of Human Biology & Society at the University of California, Los Angeles. I am also the Director of the UCLA Lab for BioCritical Studies. We use data science, public health research, and legal analysis to measure the impact of structural violence on the life expectancy of vulnerable populations throughout the United States. My comments today are in support of the Maryland Deaths in Custody Transparency, Reporting, and Oversight Act (SB36).

For the last four years I've led a team of researchers in studying in-custody deaths around the nation. What we have learned is that law enforcement in the United States shortens the lives of more people than police in Canada, Germany, Australia, New Zealand, England and Wales combined. In-custody violence and death in America is disproportionately concentrated among people of color, low-income neighborhoods, and unhoused populations. This crisis is felt not only on the streets of America but within our carceral facilities and detention centers, with many dying as wards of the state, often before trial.

As you might be aware, since the late 1970s, over-policing of Black populations throughout Maryland has resulted in their disproportionate contact with law enforcement and overrepresentation within the Maryland jail system. In August of 2023 my lab released a collaborative report with the nonprofit organizations Helping Ourselves to Transform, Civil Rights Corps, Life After Release, and Zealous. We evaluated the deaths of 180 people who died in 10 Maryland detention centers between 2008-2019. We discovered that the detention centers with the most instances of in-custody death are situated in counties with high rates of poverty and large numbers of Black residents. Over 80% of the 180 identified cases took place while the decedent was awaiting trial, meaning that they had not been convicted of a crime at the time of death. Also, half of the people in this sample died within 10 days of being admitted to the detention center or jail facility.

The federal Death in Custody Reporting Act (DCRA) was intended to collect data on the number and causes of deaths that occur among those in the custody of law enforcement and correctional institutions (Death in Custody Reporting Act of 2013). However, this data relies on voluntary reporting by law enforcement, which is often incomplete, inaccurate and ultimately unreliable as a measure of the number and causes of deaths in custody.

In the state of Maryland, access to information concerning in-custody death is hindered by the absence of uniform reporting mandates and data gathering practices. Access is also limited by the ability of law enforcement to delay and deny the public disclosure of death investigation records and related police investigation files. This lack of transparency creates opportunities for bias, undue influence from police and correctional institutions, and misclassifications during death investigations conducted by medical examiner-coroners. From our analysis, Maryland ranks in the top 10 states for reported in-custody deaths; we believe a great deal more cases would be revealed if state law provided clearer directives for reporting and investigating in-custody deaths during arrest and while in the custody of law enforcement. Improved investigations would also enable more accurate data on the causes of such deaths. The Maryland Deaths in Custody Transparency, Reporting, and Oversight Act looks to solve this problem by establishing clear oversight and reporting mandates for in-custody deaths. It will also help protect the lives of people taken into custody, restore public trust in the criminal legal system, and place the state of Maryland in step with California (AB 2761) and Illinois (HB3924), which have recently passed similar acts mandating more oversight and reporting of in-custody deaths. The residents of this great state deserve a legal system built on integrity, transparency, and accountability.

Respectfully,

Terence Keel PhD
University of California, Los Angeles

SWASC SB 36 Testimony - FAV.pdf
Uploaded by: UM SWASC
Position: FAV

SWASC Social Work Advocates for Social Change

For more information, please contact
Nicholas Rosenberg
umswasc@gmail.com

TESTIMONY IN SUPPORT OF SENATE BILL 36

Maryland Deaths in Custody Oversight Board
Judicial Proceedings
February 7, 2024

Dear Chairman Smith and members of the Senate Judicial Proceedings Committee,

Social Work Advocates for Social Change strongly supports SB 36, which will establish the Maryland Deaths in Custody Oversight Board to analyze and make findings and recommendations related to deaths of incarcerated individuals. The Board established by this legislation will be required to include members with relevant professional backgrounds, community members, and formally incarcerated individuals. SB 36 will improve the safety and quality of facilities run by the Department of Public Safety and Correctional Services (DPSCS) by identifying ways to reduce preventable deaths of individuals in custody, protect the constitutional rights of individuals in custody, and ensure that proposed solutions are taking consideration of the lived experience of incarcerated individuals.

SB 36 will reduce the number of preventable deaths that occur in custody. Most deaths that occur in custody in Maryland happen within the first 10 days of being in jail.[1] The Deaths in Custody Oversight Board will provide critical data analysis for improving the overall policies and practices of DPSCS to reduce the number of individuals that die in custody. The main causes of death in custody are natural (illness), suicide, and drug or alcohol overdose.[2] These causes are highly preventable if proper interventions based on an understanding of the needs of the institutions and the individuals are implemented.

SB 36 will protect the Sixth Amendment of incarcerated individuals. Over 80% of individuals incarcerated in Maryland jails were being held for pre-trial detainment in 2023.[3] A recent study found that of the 180 deaths that occurred in custody, 85% of those individuals were in pre-trail detainment.[4] Any person that dies prior to their

[1] Silverman, E., & Hilton, J. (2023, September 29). Study of Md. in-custody deaths finds many occur in first 10 days in jail. *Washington Post*. https://www.washingtonpost.com/dc-md-va/2023/09/29/md-jails-in-custody-deaths-report/
[2] Johnson, C., Keel, T., Li, A., Robinson-Sweet, A., Rossi, E., Sosa, G., & Walters, J. (2023). In-Custody deaths in ten maryland detention centers, 2008-2019. *https://www.ucla.edu/*, 6. https://ucla.app.box.com/s/zdrks72p1bja1n6pow7c4rtplnxlsz0h/file/1284212661129
[3] *Local Detention Center Population Statistics Dashboard - Governor's Office of Crime Prevention, Youth, and Victim Services*. (2022, October 31). Governor's Office of Crime Prevention, Youth, and Victim Services. https://goccp.maryland.gov/data-dashboards/local-detention-center-dashboard/
[4] Johnson et al. (n 2) 5

SWASC Social Work Advocates for Social Change

For more information, please contact
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sentencing, especially when the loss of life could have been prevented through reasonable actions or policies of DPSCS, has been denied their full Sixth Amendment rights. It is the duty of the State government to take every reasonable action to protect the Constitutional Rights of all citizens in their care.

SB 36 values the input of individuals with lived experience. The requirement of having at least 2 formally incarcerated individuals and 2 family members of incarcerated individuals on the board ensures that firsthand perspective is considered when developing the recommendations for DPSCS. The input of these members will provide insight into what aspects of our correctional facilities are going unaddressed when it comes to the wellbeing and safety of individuals in custody.

Every preventable death of an incarcerated individual is a failure of the State to protect the life and liberty of its citizens. For there to be justice in our correctional system every person that is held in custody must have the best opportunity to survive from the moment they enter a jail to the day they have finished their sentence. **Social Work Advocates for Social Change urges a favorable report on SB 36.**

Sincerely,
Social Work Advocates for Social Change
Baltimore, MD

Social Work Advocates for Social Change is a coalition of MSW students at the University of Maryland School of Social Work that seeks to promote equity and justice through public policy, and to engage the communities impacted by public policy in the policymaking process.

Testimony for SB 036, HB 565, by William A. Haines

Uploaded by: William Haines

Position: FAV

February 6, 2024

Testimony of William A. Haines
Campus Manager, Levine Music, Silver Spring Campus
Volunteer, Courtwatch PG
5603 Gary Avenue
Alexandria, VA 22311

For Senate Bill 36 and House Bill 565

My name is William Haines. I am Campus Manager for Levine Music in Silver Spring and in my third year as a court watcher for bond hearings in Prince George's County.

Our society does little to **try to know** whether we are meeting our responsibilities to those we incarcerate. Those who are jailed and sick cannot easily report their circumstances or defend their rights. That falls on us.

Countless reports suggest that in many jails and prisons,

the **food** is unhealthy,
heating is poor in winter,
cooling is poor in summer,
air **filtration** is poor year-round,
sanitation is token,
violence is familiar,
stress is a constant,
contact with family and friends is minimized,
medical care is nominal,
barriers to medical appointments are high.
Solitary confinement, which has been shown to damage both mental and phyiscal health, is used to separate children from gen pop, to slow contagion, and to manage the mentally ill. Over 40% of people incarcerated in America have been diagnosed with a mental illness, which in turn puts their physical health at risk.

Maryland jails and prisons may be seriously under-resourced to protect people from the dangers we impose. Our response should not be that we don't want to hear about it.

As a court watcher I have been paying attention to the Prince George's County jail, where the Department of Corrections houses primarily people who have not been found to need correcting. That jail is an example of why we need this legislation.

From 2008 to 2019, at least 13 inmates died there, 12 of them pretrial, most in their first ten days inside. All before COVID.

On March 5, 2020, Governor Hogan declared a statewide catastrophic health emergency. Six weeks later, inmates sued the jail over medical care. About 5% of all inmates submitted affidavits in support, and the court sent an expert inspector at the end of April. On May 21, in a formal opinion on motions, Federal District Court Judge Paula Xinis wrote that the jail, in the person of the Director, "exhibited a reckless disregard for provision of basic care" (p.26). Six weeks into the emergency, only 20 tests had been administered, 18 of them positive. The jail had another 20 kits, but there was no plan to get more (p.7). The court's expert wrote, "Nurses lack a basic understanding of COVID-19 symptoms and their dereliction was patent" (p.13). Sanitation was largely absent, appointments were refused, those at high risk were not separated, and the medical unit lacked properly functioning thermometers.

A settlement agreement with rules of care and inspection expired in Decmeber 2021, at the height of the greatest known outbreak in the jail.

Since then, the jail's staffing levels have collapsed. In June 2023, NBC affiliate News4 reported that uniformed staff had "dropped from 446 at the start of 2020 to just 310 officers this year, with the county now seeking to fill about 175 vacancies."

Please pass this bill to set up the Maryland Deaths in Custody Oversight Board, so that we can at least have a better idea whether we are meeting our responsibilites and what remains undone.

Thank you very much.

Respectfully submitted,
William Haines

SB36_DPSCS_LOI.pdf
Uploaded by: Catherine Kahl
Position: INFO

Department of Public Safety and Correctional Services
Office of Government & Legislative Affairs
45 Calvert Street, Suite 7A, Annapolis, MD 21401
(443) 240-8696 • www.dpscs.maryland.gov

BILL: **SENATE BILL 36**

POSITION: **LETTER OF INFORMATION**

EXPLANATION: This bill establishes the Maryland Deaths In Custody Oversight Board within the Office of Crime Prevention, Youth and Victim Services for the purpose of conducting administrative and clinical mortality review for every death of an incarcerated individual in the State.

COMMENTS:

- The Maryland Death In Custody Oversight Board will be responsible for administrative and clinical mortality reviews of every death of an incarcerated individual, provide analysis and develop recommendations for facilities to prevent future deaths and improve care.
- The Administrative review shall assess the quality of correctional staff and the emergency response to the death of incarcerated individuals, including evaluation of the emergency response, facility cleanliness, access to windows and outdoor space as well as availability of beds.
- In addition, the Oversight Board will review existing clinical infrastructure, including infirmaries and health care facilities, and medical and mental health services
- The clinical mortality review shall assess the quality of medical care that was administered to the deceased individual, including prescribed medications and the medical history of the deceased individual.
- The Oversight Board will have access to the deceased individual's file, incident and investigative reports, complaints filed and administrative remedy process filings
- The membership of the Board includes formerly incarcerated individuals, family members of incarcerated individuals, community representatives and only two medical professions, a forensic pathologist and a licensed psychiatrist.

- The membership of the board should have more medical professionals who are experts in the applicable fields of conducting clinical mortality reviews, as well as administrative medical record reviews.

- In addition, the Office of the Chief Medical Examiner is the statewide agency designated by law to investigate deaths. The OCME has the medical and scientific responsibility to determine the manner and cause of death of an individual.

CONCLUSION: The Department of Public Safety and Correctional Services respectfully requests the Committee consider this information when deliberating on Senate Bill 36.

12 - SB 36 - MDH - LOI (1).pdf
Uploaded by: Jason Caplan
Position: INFO

Maryland
DEPARTMENT OF HEALTH

Wes Moore, Governor · Aruna Miller, Lt. Governor · Laura Herrera Scott, M.D., M.P.H., Secretary

February 7, 2024

The Honorable William C. Smith, Jr.
Chair, Judicial Proceedings Committee
2 East, Miller Senate Office Building
Annapolis, Maryland 21401

RE: Senate Bill 36 – Maryland Deaths in Custody Oversight Board – Letter of Information

Dear Chair Smith and Committee Members:

The Maryland Department of Health (MDH) – Office of the Chief Medical Examiner (OCME) respectfully submits this letter of information for Senate Bill (SB) 36 – Maryland Deaths in Custody Oversight Board.

This bill seeks to establish the Maryland Deaths in Custody Oversight Board within the Governor's Office of Crime Prevention, Youth, and Victim Services, to analyze and make findings and recommendations related to deaths of incarcerated individuals.

The Maryland Office of the Chief Medical Examiner (OCME) is a statewide agency responsible for the investigation of all sudden and unexpected deaths in the State, including all non-natural deaths that occur due to injury, suspicious circumstances, and/or not in the attendance of a physician. The OCME is required by law to investigate deaths occurring in State-funded or State-operated facilities, which includes incarcerated individuals in correctional facilities and detention centers. Law enforcement in the jurisdiction where the death occurs is required to report the death to the OCME. As written, SB 36, would require the Maryland Deaths in Custody Oversight Board to include a licensed forensic pathologist. MDH respectfully suggests that the Chief Medical Examiner for the State of Maryland (or their designee) is the most suitable board certified and licensed forensic pathologist in the State to advocate for the deceased, and as such, should have an ex-officio appointment to the Board. Further, additional time (one hundred and eighty days) is recommended for report production because of the time it takes for the performing medical examiner to receive all necessary materials (including, but not limited to: standard ancillary test results, consultative examination reports, and materials from outside agencies) in order to perform a comprehensive review, certify the death, and compose the finalized autopsy report.

If you would like to discuss this further, please do not hesitate to contact Sarah Case-Herron, Director of Governmental Affairs at sarah.case-herron@maryland.gov.

Sincerely,

Laura Herrera Scott, M.D., M.P.H.
Secretary

AMENDMENTS TO SENATE BILL 36
(First Reading File Bill)

AMENDMENT NO. 1

On page 2, in line 15, strike "**AT LEAST ONE LICENSED FORENSIC PATHOLOGIST**" and substitute "**THE CHIEF MEDICAL EXAMINER OR THEIR DESIGNEE**."

AMENDMENT NO. 2

On page 5, in line 18, strike " **30**" and substitute "**180**".

sb36.pdf
Uploaded by: Linda Miller
Position: INFO

MARYLAND JUDICIAL CONFERENCE
GOVERNMENT RELATIONS AND PUBLIC AFFAIRS

Hon. Matthew J. Fader
Chief Justice

187 Harry S. Truman Parkway
Annapolis, MD 21401

MEMORANDUM

TO:	Senate Judicial Proceedings Committee
FROM:	Legislative Committee Suzanne D. Pelz, Esq. 410-260-1523
RE:	Senate Bill 36 Maryland Deaths in Custody Oversight Board
DATE:	February 1, 2024 (2/7)

COMMENT PAPER

The Judiciary has no position on this legislation, but requests that the bill be amended to remove lines 15 – 16, on page 6, which requires the Board to submit any findings and recommendations to "any judge presiding over a case related to the incarceration of the deceased individual." Having a third party send a presiding judge a report would violate the prohibition against ex parte communications. Additionally, the report may contain information inappropriate for the presiding judge to consider, depending on the nature of the case over which the judge is presiding. Moreover, the parties themselves may object to the presiding judge receiving such information. As such, the Judiciary requests that this provision be removed.

cc. Hon. Joanne Benson
Judicial Council
Legislative Committee
Kelley O'Connor