



AMERICAN UNIVERSITY

WASHINGTON, D C

Clinical Program

**Testimony of Olinda Moyd, Esq.  
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**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 18<sup>th</sup> 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.<sup>1</sup> 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 carceral 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.<sup>2</sup> 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.

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

<sup>2</sup> 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.