



AMERICAN UNIVERSITY

WASHINGTON, D C

Clinical Program

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

**HB – 1144
Corrections – Segregated Housing - Limitations
House – Judiciary Committee
Thursday, March 7, 2024**

IN FAVOR

In my capacity as a law professor, DOC volunteer, public defender and volunteer with The Maryland Alliance for Justice Reform, I am in contact with many men and women in our prisons and have been for decades. In support HB 1144.

Incarceration is trauma. Solitary confinement, by any name you want to call it, is torture.

The most important features of the HB 1144 is that it requires hearing officers and personnel involved in the supervision and care of individuals placed in restrictive housing to undergo mandatory training and it establishes guidelines and procedures for placement of men and women in certain types of segregated housing. Establishing basic due process rights for persons placed on restrictive housing, the right to receive notice of why they are there; copies of documents related to their placement; an explanation of the appeal process; and opportunity to contest such placement.

Far too often, persons with mental illnesses are haphazardly placed in solitary confinement where they remain for days, weeks and months without human contact and no plan for return to general population activities like recreation, programming, and socialization – something that helps every human being thrive. Prolonged isolation with no plan or hope of returning to the general population fosters The bill outlines the steps which must be taken to improve conditions of confinement in restrictive housing by allowing opportunities for out of cell time, congregate activity, daily outdoor recreation time and productive in-cell activities. People subjected to long periods of solitary confinement often experience anxiety, depression, suicidal thoughts and other mental health issues. These symptoms are further exacerbated in people who already exhibit symptoms of mental illness or impaired mental capacities before the period of solitary confinement.

Placing individuals with severe psychiatric symptoms into solitary confinement in prisons is “ akin to pouring gasoline on a fire” according to the National Alliance on Mental Illness. It only worsens psychiatric symptoms such as paranoia, extreme anxiety and depression, increased suicides and suicide attempts, sleep disturbances, hallucinations, and self mutilation.

Furthermore, men and women of color behind bars are disproportionately impacted by the overuse of solitary confinement. A report by The Sentencing Project concluded that Black women are overrepresented in solitary confinement.¹ They found that among the 40 jurisdictions providing data, Black women constituted 24% of the total female incarcerated population but comprised 41% of the female restricted housing population. In a report from the Maryland Disabilities Rights Center they found that the conditions in the segregation, infirmary, and mental health units at MCIW violated the 8th Amendment, Article 25 of the Maryland Constitution, the Americans with Disabilities Act and Section 504 of the Rehabilitation Act.² This report was done following the 2017 suicide of a woman, Emily Butler, at the facility. She was found dead in her cell after an apparent suicide on November 12, 2017. She was in segregation at the time of her death. She had a history of mental illness that included anxiety and depression. She was placed on medication but never received regular counseling. She was placed in isolation for throwing coffee. For two days she asked to speak with her father and asked for mental health help.³ Her death followed the suicide of another woman just six months earlier. An analysis from the Association of State Correctional Administrators and Yale Law School concluded that there is a link between race and solitary confinement and that men of color are also overrepresented in isolation.⁴

There are steps to be taken to prevent such abuse and overuse of solitary disproportionately. The bill requires that persons in restrictive housing be given a physical and mental health assessment within 24 hours and every 24 hours thereafter by a licensed mental health professional a medical professional and one member of the management team. Justifying continued placement will serve to curb misuse.

For these reasons, we urge a favorable vote of HB 1144.

¹ Race & Justice news: Black Women Overrepresented in Solitary Confinement, December 16, 2016.

² See Segregation and Suicide: Confinement at the Maryland Correctional Institution for Women (2018).

³ See, Washington Post Article, Investigation into inmate’s suicide faults Maryland women’s prison’s treatment of people with disabilities, by Lillian Reed, December 15, 2018.

⁴ Liman Center Releases Updated Report on Solitary Confinement, Yale Law School, September 14, 2020.