



AMERICAN UNIVERSITY

WASHINGTON, D C

Clinical Program

**February 27, 2024
House - Judiciary Committee**

Testimony in Support of HB - 0185 – Correctional Services – Medical Parole – Life Imprisonment

Submitted by Olinda Moyd, Esq.

**Director, Decarceration and Re-Entry Clinic
American University Washington College of Law**

The Decarceration and Re-Entry Clinic represents men and women detained in Maryland prisons before the courts and before the Maryland Parole Commission. Our work is motivated by our desire to end mass incarceration, an unjust system that creates vast racial disparities.

During the height of the pandemic, many defense attorneys across the country pivoted their practices towards representing individuals who linger in our jails and prisons who suffer from severe and chronic medical conditions. While the groundswell of fighting for compassionate release has simmered, we must remember that individuals remain behind bars with debilitating, worsening and disabling medical conditions from which they will never escape. “There is a lack of political and bureaucratic will to see dying in prison as a negative marker for what a prison system should be...” says Barry Holman, of the National Center for Institutions and Alternatives.¹ We agree.

We support a favorable report on this bill because any person who is chronically, debilitated or incapacitated by a medical or mental health condition, disease or syndrome as to be physically incapable of presenting a danger to society should be considered for parole release at any time during their sentence. The Maryland Parole Commission, which bears the responsibility for making parole decisions in the State, must be authorized to consider parole release for medically compromised individuals without political interference.

¹ See Medical Parole, Politics vs. Compassion, National Prison Hospice Association, [Medical Parole | National Prison Hospice Association \(npha.org\)](https://www.npha.org).

Men and women serving life sentences are not excluded from those who suffer from severe, chronic medical conditions in prison and should not be excluded from the opportunity for medical parole.

As I walk through the prison yards I observe individuals on crutches, in wheelchairs and know that there are many who cannot get out of bed because of their medical conditions. They often have to rely on the goodness of their fellow detainees to help them with daily functions as the nursing staff is often inadequate to meet their need for constant care. Mr. E is one of them.

I had the honor of representing Mr. E who is housed at the Jessup Correctional Institution at a parole hearing. He is serving a life sentence and has been in prison since 1981. He is one of the gentleman I met at the Maryland State Penitentiary when I worked at the NAACP national office decades ago. He is now 75 years old. He suffers from a myriad of medical conditions including cardiovascular disease and has a pacemaker which requires treatment every six months at a hospital outside the prison. He also suffers from hypertension and edema, which causes excessive fluid buildup such that it is difficult for him to walk. Over the years, I have witnessed him progress from walking with a cane, to a rollator (walker with wheels) and now to a wheelchair. He was also diagnosed as a diabetic in 2009 and takes insulin injections to control this condition. He suffers from glaucoma and his vision is diminishing due to cataracts. Growing older in prison has taken a toll on his body. He suffers from urinary incontinence and sleep disorder. He has rheumatoid arthritis and gout, which will only worsen as he gets older. Over ten years ago he was diagnosed with Hepatitis C, but was initially refused treatment by DOC officials due to his age. This delay caused him to rapidly progress from Stage 1 to Stage 2. After suffering with nose bleeds and pain in his nasal area, he was transported to ENT where a CAT scan revealed a blockage in his nasal cavity. The mass was removed last year and he continues to receive treatment, but the health care team is limited due to his cardio compromised condition which is a priority. He was denied parole and his physical health has deteriorated.

Due to extreme sentencing, Maryland is experiencing growth in our aging prison population as they get sicker. Based on data showing this population has higher care costs, a fiscal analysis concluded that continued confinement of this age group for an additional 18 years (based on the expected period of incarceration, the age at release and the projected life expectancy of the Ungers), would amount to nearly \$1 million per person, or \$53,000 a year. This is compared to the \$6,000 a year to provide intensive reentry support that has proven to successfully reintegrate them back into the community.²

This bill will provide meaningful parole opportunities for Mr. E and others like him. We urge a favorable report.

² Report by The Justice Policy Institute, *The Ungers, 5 Years and Counting: A Case Study in Safely Reducing Long Prison Terms and Saving Taxpayer Dollars*, November 2018.