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Clinical Program

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Senate – Judicial Proceedings**

Testimony in Support of SB - 181 – Correctional Services –Geriatric and Medical Parole

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The Decarceration and Re-Entry Clinic represents men and women caged in Maryland prisons before the courts and before the Maryland Parole Commission (MPC). Our work is motivated by our desire to end mass incarceration, an unjust system that creates vast racial disparities and deprives marginalized communities of valuable resources. Excessive sentencing keeps people in prison well beyond the point of redemption.

Maryland’s prison population is growing older and sicker daily. 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 which allows the MPC to consider the age of an individual – over 60- when making parole determinations. It also establishes other criteria for consideration, including that the individual must have served at least 15 years, is not a registered sex offender and is serving a parole eligible offense. The bill also enhances the process for the MPC to follow when evaluating requests for medical parole, including a provision allowing the MPC to meet with the individual. We also believe that the governor should be removed from the decision-making process for lifers seeking medical parole so that such decisions are based on humanitarian and professional medical advice and not based on politics.

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

As I walk through the prison yards, I routinely observe individuals on crutches, in wheelchairs and I 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.

In my testimony last year, I shared with you information about Mr. E. I had the honor of representing Mr. E at a parole hearing. He was a veteran who was serving a life sentence and had been in prison since 1981. He was one of the gentlemen I met at the Maryland State Penitentiary in the early 1990's. He suffered from a garden-variety of medical conditions including cardiovascular disease and had a pacemaker which required treatment every six months at a hospital outside the prison. He also suffered from hypertension and edema, which caused excessive fluid buildup such that it was difficult for him to walk. Over the years, I witnessed him transition from walking with a cane, to a rollator (walker with wheels) and then to a wheelchair. He was also diagnosed with diabetes in 2009 which required daily insulin injections. He suffered from glaucoma and his vision was diminishing due to cataracts. Growing older in prison has taken a toll on his body. He suffered from urinary incontinence and sleep disorder. He had rheumatoid arthritis and gout, which worsened over time. 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 outside ENT where a CAT scan revealed a blockage in his nasal cavity. The mass was removed in 2023, and he underwent chemo treatment and 36 sessions of radiation. He was denied parole and the MPC told us to come back in two years. Thankfully, a final plea was made to the court, and he was released in January 2024 at 76 years old after serving 41 years in prison. I attended his funeral on January 22, 2025, and he was grateful to have spent the last year with his family. But it should have been more.

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 Older individuals also have a much lower recidivism rate.

This bill will provide meaningful parole opportunities for people like Mr. E.
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.