

Testimony on Senate Bill - Favorable
SB505 Transportation - Aviation - Passenger Health and Safety
(Aviation Health and Safety Act)
Finance Committee

Hearing date: February 18, 2026
From: Laura Atwood, Silver Spring, MD 20910

Dear Honorable Chair Beidle, Vice Chair Hays, and Members of the Committee:

My name is Laura Atwood, I'm a longtime Maryland resident, and I am testifying today from a healthcare perspective. As an inpatient physical therapist with a clinical doctorate, I've spent my career focused on the interplay between mobility and other aspects of health.

I recently had a patient who had a clot that broke apart and traveled to his lungs, and he turned blue before my eyes; these are real happenings. He survived due to rapid care in a setting where his medical history and medications were known.

I often tell my medically vulnerable patients: "One of the most dangerous things you can do is lie in bed (excessively)." (For them, risks include clots, skin breakdown, pneumonia, and depression.) For the broader public, flying is right up there in dangers, due to immobility, combined with the impacts of low cabin pressure on multiple body systems and dehydration from dry air and often reduced fluids; I personally know four people who've developed clots while flying in the last year.

Risks of flying are immensely compounded for detained people due to the numbers and lengths of flights they commonly experience, often-deplorable conditions on and between flights, and especially the use throughout of 3-point shackles (at the wrists, ankles, and waist—all connected) and sometimes even straightjacket-like restraints. The shackles themselves are famously painful, further reduce mobility, and can cause multiple injuries including severe bruises, cuts, swelling, fractures, and nerve damage.

We don't know how many injuries, illnesses, and deaths have occurred on deportation-related flights; when a journalist asked if DHS tracks them, DHS did not answer.

At BWI, the number of flights of shackled people has risen dramatically in the last year. As a state, we must be prepared for when—not if—people come to us in dire medical condition. Our emergency responders need information so they can act quickly and effectively. We need reasonable safety precautions that account for the fact that it's harder and slower for shackled people to evacuate in an emergency; and they definitely should not be on board while planes are refueled—this is basic. We must consider long-term ethical, legal, and financial risks in dangerously transporting people against their will, often without due process or judicial warrants.

As a medical professional, I believe Maryland must take all reasonable steps so our emergency providers are equipped to treat detained people passing through our airports in medical distress. And as a Maryland taxpayer, I don't want to help pay considerable damages because the state failed to take these basic measures. Enacting this bill greatly reduces multiple risks and is the right thing to do.

I therefore urge the committee to make a favorable report on SB505. Thank you.