

Dear Senator Smith and Members of the Judicial Proceedings Committee,

This testimony is being submitted by Dr. Carolyn Sufrin, associate professor at Johns Hopkins School of Medicine and director of the research group Advocacy and Research on Reproductive Wellness of Incarcerated People, an organization that works to improve reproductive health and wellbeing for women who are in the criminal justice system. I am also working in collaboration with the Maryland Justice Project. I work at Johns Hopkins Bayview Hospital, in District #46. The views expressed here are my own and not that of my employer). **I am testifying in support of Senate Bill 21 (SB0021), Criminal Procedure - Sentencing - Primary Caretaker.**

I am an obstetrician-gynecologist and a researcher who has been working with incarcerated women for 15 years. In that time, I have witnessed first-hand the negative impact that incarcerating parents has on them, their children, and their communities. Senate Bill0021 aims to mitigate those effects by allowing people convicted of non-violent offenses to file a motion post-conviction requesting that their primary caretaker status to a dependent (including children and vulnerable adults) be considered in sentencing. Accordingly, judges are then required to consider whether a suitable community-based alternative to incarceration exists. The judge has discretion as to what this alternative may be. Examples include but are not limited to job training, substance abuse treatment, and home confinement. To ensure the safety of dependents, the crimes of the defendant cannot include the use of physical force and/or a deadly weapon against another person, burglary, extortion, arson, kidnapping, explosives, or any other crime that could physically harm another person.

In Maryland, 90,000 children have a parent under some type of correctional supervision. Women tend to be the primary caretakers in these situations. The Bureau of Justice Statistics has reported that nearly two-thirds of incarcerated women are mothers and primary caretakers to young children. In Maryland in 2021, approximately half of women incarcerated in DPSCS correctional facilities were convicted of a nonviolent offense, with many of them related to what we public health professionals and medical providers consider the social determinants of health—factors such as poverty, lack of access to stable housing and adequate medical, mental health, and substance abuse care. With hundreds of women incarcerated in MCIW, we can expect that SB21 will affect many families dealing with separation due to incarceration. Additionally, we also know that this is a racial justice issue. While Maryland's state population is approximately 30% Black, the state's prison population is approximately 70% Black, demonstrating a disparity in whom we separate from their families.

Evidence has repeatedly demonstrated the dangerous effects of incarceration on children. Having an incarcerated parent is classified as an Adverse Childhood Experience (ACE) by the CDC. Accordingly, children of incarcerated parents have been shown to suffer from physical and mental health consequences, including but not limited to asthma, high cholesterol, HIV/ADS, depression, substance abuse disorder, and PTSD. Beyond health consequences, evidence has also demonstrated that having an incarcerated parent affects the social and economic lives of children. Children with incarcerated parents have been shown to have higher rates of becoming low income, dropping out, becoming incarcerated themselves, and homelessness.

By allowing primary caretakers the opportunity to file a motion requiring their caretaker status, we can help reduce the impacts of family separation due to incarceration. Justice-involved caretakers who stay with their children experience better outcomes as well. Studies show that women who have their children with them while completing residential drug treatment programs are far more likely to complete the program. Furthermore, in Washington, women who participated in the Parent Sentencing Alternative program had a recidivism rate of 8%, whereas women who were incarcerated and separated from their children had a recidivism rate of 29%.

Finally, SB0021 proposes a more cost-efficient approach to sentencing. It costs approximately \$44,000 to incarcerate a person for a year in Maryland, whereas community-based sentencing programs implemented in other states have been shown to cost far less. By keeping families together, it may also reduce state spending on programs (such as foster care) that are needed because of family separation due to incarceration.

As a physician, researcher, and public health professional who has worked with incarcerated and previously incarcerated women, I have witnessed countless women be unnecessarily separated from their children. Because of sporadic periods of incarceration. One patient I cared for was jailed for shoplifting diapers and soap for her baby. Most of the women I have cared for or conducted research with in jail still struggle to maintain stable ties to their children and their children are suffering. These mothers are not threats to society, and they and their children don't need jail time, they need structural supports in the community so that they can safely parent and thrive.

For the above reasons, I am encouraging the committee to vote **in support of SB0021, Criminal Procedure - Sentencing - Primary Caretaker.** Thank you for your consideration.

Sincerely,



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