CHESAPEAKE PHYSICIANS FOR SOCIAL RESPONSIBILITY
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TESTIMONY
to the
MARYLAND COMMISSION ON CAPITAL PUNISHMENT

Chesapeake Physicians for Social Responsibility (PSR) is the local chapter of International Physicians for the Prevention of Nuclear War, winner of the 1985 Nobel Peace Prize. PSR is dedicated to the prevention of nuclear war internationally and to the reduction of violence domestically. We have members throughout the Greater Baltimore Metropolitan Area.

As an organization dedicated to the reduction of violence, Chesapeake PSR believes it is imperative to repeal the Death Penalty.

Professor Paternoster's empirical analysis of the death penalty as applied in Maryland exposes its racial and geographic bias.

It is easily seen that almost only poor people land on death row.

It is well known that innocent men have sent to death row, including in Maryland. That we have discovered some of them is hardly proof that the system will not execute the innocent. Belief that modern technology such as DNA testing will provide absolute certainty is a fallacy. ANY lab test can be improperly done; DNA evidence can be planted; and in a great many cases there is no DNA evidence available.

To ignore these realities, and to continue to apply this irreversible sentence as if they did not exist, seriously undermines respect for the law and weakens the sense of fairness that is fundamental to our society.

And the death penalty is not even the deterrent that it is claimed to be, as States Attorney Cassilly of Harford County admitted when appearing with me on Maryland Public Television. In fact, murder rates are actually <u>higher</u> in states with the death penalty than in those without capital punishment.

In this context, one must ask: What is the point of spending the huge sums necessary to pursue the death penalty, especially when the state has so many pressing needs ?

But even more fundamentally, we in PSR firmly believe that violence is not reduced by violence. The calculated killing of a human has not been shown to be an effective way to reduce violent acts by

others. Instead, it does nothing more than reduce the state to a vehicle for vengeance. And I know of no study that shows that acts of vengeance promote healing in those who have been aggrieved.

In short, taking a caged man, surrounding him with men with clubs, tying him down, and killing him in a cold, calculated way is really nothing more than refined torture, and is abhorrent in a modern society.

We therefore urge you to recommend the repeal of the death penalty in Maryland.

In addition, although we are fundamentally opposed to the use of the death penalty in modern society, as physicians we must also address the means used to put humans to death.

Around the country, as well as here in Maryland, there are a myriad of questions that beg to be asked but are not publicly addressed by those whose job it is to plan this killing:

How are the drugs chosen that are used to kill ?

How are the doses set ?

Who decides that a condemned man is actually unconscious before the second and third drugs are given ? Or does anyone even check to see ?

What is to be done if veins are too hard to access ? What are the qualifications of those who will do any required procedure ? Are there any required qualifications ?

Lethal injection protocols across the country use 3 drugs to kill: a medicine to put the victim to sleep (a relative of phenobarbitol); a medicine to paralyze all muscles of the body; and potassium, which will cause fibrillation of the heart. In the practice of medicine, it is mandatory to confirm that a person is actually unconscious before paralyzing agents are given. This is because a person cannot give any kind of signal once such paralyzing agents are administered, so it is impossible to know whether the person is conscious. To be chemically paralyzed but still aware is a terrifying experience, even if medical personnel maintain breathing mechanically. But to paralyze a person and not maintain breathing is horrific torture, something like having a plastic bag tied over one's head. One of the greatest concerns about the current mechanism of execution is that this may happen. Yet, the State of Maryland makes no attempt to address this problem. And they have shown no desire to do so.

Respectfully submitted,

Terrence Fitzgerald, MD