

**MASSACHUSETTS DEPARTMENT OF CORRECTION
Medical Parole Application**

Inmate's Name: [REDACTED] **Facility:** Old Colony Correctional Center

Commitment ID#: [REDACTED] **Date of Birth:** [REDACTED]

Date of Application: 02/14/2022

Race/Ethnicity (Check One): [REDACTED]

Is this the first petition for medical parole filed by or on behalf of this inmate? ☐ Yes ☒ No

If "No" to the above question, number of such petitions prior to this one: 1

Name and address of petitioner: Emily Cataldo
(if not the inmate) Prisoners' Legal Services

50 Federal Street, 4th Floor

Boston, MA 02110

Relationship to inmate: Legal Advocate

Phone number: (617) 482-2773

I. MEDICAL PAROLE SUMMARY

- A. REASON FOR REQUEST:** Terminal Illness ☐ Permanent Incapacitation ☒
Attach written statement or fill in below and attach additional pages as necessary.

Please see attached

- B. MEDICAL DIAGNOSIS AND PROGNOSIS:**
Attach the original documentation from a licensed medical provider. The medical provider's document must be accompanied by a signed affidavit on letterhead if not a medical provider used by the Department. Please summarize the diagnosis below.

Please see attached

- C. MEDICAL PAROLE PLAN:**
Attach a written statement to explain your medical parole plan. Include the (a) proposed course of treatment; (b) the proposed site for treatment and post-treatment care; (c) documentation that medical providers qualified to provide the

medical services identified in the plan are prepared to provide such services; and (d) the financial program in place to cover the cost of the plan for the duration of the medical parole. Provide a summary below and attach additional pages as necessary.

- a. **Name of Qualified Medical Provider:** Please see attached
- b. **Provider's Address:** _____

- c. **Provider's Phone:** _____

- d. **Proposed course of treatment:** _____

- e. **Proposed site for treatment/post-treatment care:** _____

- f. **Financial source of payment:** _____
- g. **Additional comments (Please provide additional information or clarification below. Attach supporting documentation, as appropriate.)**

Please see attached medical parole petition submitted on behalf of Mr. Salim

II. RELEASE FORMS

The inmate is required to sign the attached Release Form to permit copies of the petition and all supporting documentation to be provided to other criminal justice agencies and to the appropriate district attorney. Registered victims/victims' family members pursuant to M.G.L. c. 258B, will be provided with a copy of the petition and the most recent clinical assessment of the inmate prepared by the Department's medical provider, upon request. The inmate is also required to sign a release form to permit the Department and the Parole Board to assess the inmate's medical parole plan. The petition cannot be processed without the signed release forms.

III. DATE PETITION WAS SUBMITTED TO FACILITY SUPERINTENDENT:

02/14/2022 via U.S. mail ☒ email ☐ Circle one.)

RELEASE OF INFORMATION
REGARDING PETITION FOR MEDICAL PAROLE

I, [REDACTED] hereby authorize the
(print name and commitment #)
Department of Correction to release copies of my petition for
medical parole and all supporting documentation, including any
and all Criminal Offender Record Information (CORI), medical
records, evaluative information and other information related to
the petition, to other criminal justice agencies and to the
office of the appropriate district attorney. Registered
victims/victims' family members pursuant to M.G.L. c. 258B, may
be provided with a copy of my petition and my most recent
clinical assessment prepared by the Department's medical
provider, upon request. I understand that the Department may
release this information pursuant to its legal duty to notify
the district attorney and, if applicable, the victim or his/her
family, of my petition such that those persons will have a fair
opportunity to provide written statements or, in certain cases,
to request a hearing regarding my request for medical parole.

Dated: JAN, 31, 2012,

[REDACTED]
(Signature of Inmate)

Emily Caldwell
(Witness)

**CONSENT FOR THE RELEASE
OF CONFIDENTIAL INFORMATION
REGARDING MEDICAL PAROLE PLAN**

I,  authorize (check all applicable parties):

- ☒ Parole Board
- ☒ Department of Correction & other criminal justice agencies
- ☒ _____
Program
- ☒ _____ ☒ _____
Medical Provider Relative
- ☒ _____ ☒ _____
Hospice Other

to communicate with and disclose to one another the following information:

- ☐ My diagnosis, prognosis, medical parole plan, proposed course of medical treatment, proposed site for medical treatment and post-treatment care, financial source of payment for medical treatment, and
- ☐ Any employee, officer or other agent of the Parole Board and the Department of Correction has my permission to discuss my case with any person or agency associated with my medical parole plan or any program involved with my supervision under medical parole. Such information may include, but is not limited to, the sentence I am now serving, crimes in my criminal history, conditions of my medical parole and any other information that may be relevant to my release on medical parole.

The purpose of the disclosure is to permit the Parole Board and the Department of Correction to investigate and assess my medical parole plan and any relevant information associated therewith for purposes of G.L. c. 127, § 119A.

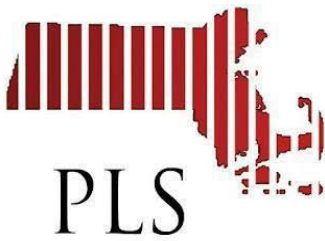
If I am granted medical parole, this consent will remain valid for the duration of my medical parole and until I am discharged from my sentence, in order for the Parole Board to perform all aspects of supervision per G.L. c. 127, § 119A(f) and G.L. c. 127, § 130.

I understand that the medical parole petition will not be processed if I refuse to consent to this disclosure.

I acknowledge that I have read this form carefully and/or with the benefit of counsel of my own choosing.

Dated: Feb, Jan 31 2022


Signature of Inmate/Guardian



PRISONERS' LEGAL SERVICES OF MASSACHUSETTS

✉ 50 Federal Street, 4th Floor • Boston, MA 02110

fb.me/prisonerslegalservices

☎ Main: 617-482-2773

🌐 www.plsma.org

📧 @PLSMA

📠 Fax: 617-451-6383

State prisoner speed dial: 9004 • County prisoner collect calls: 617-482-4124

February 14, 2022

VIA ELECTRONIC MAIL

Superintendent Stephen Kennedy
Old Colony Correctional Center
One Administration Road
Bridgewater, MA 02324
Stephen.Kennedy@doc.state.ma.us

Re: Medical Parole Petition – [REDACTED]

Dear Superintendent Kennedy,

Pursuant to M.G.L. c. 127, § 119A(c)(1), we request that DOC release [REDACTED] on medical parole on the basis of permanent incapacitation. Mr. [REDACTED] is currently incarcerated at Old Colony Correctional Center (OCCC), and has served 44 years of a natural life sentence.

The totality of Mr. [REDACTED] cognitive and physical impairments makes him permanently incapacitated. Mr. [REDACTED] is a 74-year-old man with significant age-related cognitive impairment and several other serious and debilitating medical conditions. His cognitive decline significantly impacts his memory and overall brain functioning, rendering him easily confused and disoriented. His physical mobility is seriously compromised by chronic lung and heart disease causing frequent shortness of breath, chronic pain throughout his body and in his legs in particular, and arthritis. Mr. [REDACTED] capacity for independence and activities of daily living is further limited by weakness and dexterity loss in his hands.

Also of great impact, he is losing his eyesight. Mr. [REDACTED] has no vision in his right eye and diminished vision in his left eye due to primary, open angle glaucoma, a progressive and irreversible disease. His numerous other medical conditions include a history of brain damage, significant hearing loss, a seizure disorder, benign meningioma (central nervous system tumor), hypothyroidism, hematuria, hypertension, hyperlipidemia, coronary artery disease, and frequent urination. For these illnesses and conditions, Mr. [REDACTED] is on an intensive daily medication regimen.

As a result of his persistent disorientation and physical ailments, Mr. [REDACTED] ambulates extremely slowly, stopping frequently to rest and regain the strength to walk. His gait is unsteady, leading to frequent falls, and he requires the assistance of an assigned companion to safely go anywhere beyond his cell. Accordingly, Mr. [REDACTED] does not go outside anymore, and he

spends most of his time in bed, except for his long, slow trips to meals and medline. His companion carries his food, canteen, and other items to his cell. Mr. [REDACTED] is a devout Muslim; once a frequent attendee of Islamic services at OCCC, he now prays alone in his cell, as his physical debility precludes him from attending group services.

Mr. [REDACTED] neurocognitive decompensation poses a significant barrier to his daily functioning. His medical records document his inability to communicate and to express his needs. In May 2021, nursing progress notes reflect that he consistently struggled to gather his thoughts and articulate his concerns to staff. During a June 2021 neurology consultation at Lemuel Shattuck Hospital, a provider stated that Mr. [REDACTED] was “confused about details.”

Mr. [REDACTED] diminished cognitive functioning is also apparent in conversation. During our recent visits with Mr. [REDACTED] this month, he was unable to keep up with the conversation and adequately convey the status of his physical and mental health or basic facts about his family and routine. Straightforward questions about his well being and daily life appear to confuse him, and he often strays from the topic of conversation, seeming to lose track of the subject mid-sentence at times. His mental decline was evident during our last conversation on 2/8/22, in which he told us that his great grandmother lived to be 142 years old. Despite interacting multiple times a day with the prisoner companion who aids him with his daily activities, Mr. [REDACTED] could not recall his companion’s name. For this same visit, Mr. [REDACTED] was sent down to the visiting room without his assigned companion, and despite residing at OCCC for many years now, he got so disoriented on his way that the officers had to call him down a second time with an escort.

In addition to cognitive incapacitation, Mr. [REDACTED] myriad of physical ailments debilitate him. As a result of heart and lung disease, he experiences chronic shortness of breath. During our recent visits with Mr. [REDACTED] he exhibited difficulty breathing and had to stop speaking several times in order to catch his breath, as he must do while walking. In December 2020, Mr. [REDACTED] contracted COVID-19 pneumonia with acute hypoxemic respiratory failure requiring emergency hospitalization. His shortness of breath has been more pronounced since he had COVID-19, indicating long-lasting respiratory consequences from this serious illness.

Mr. [REDACTED] difficulty ambulating is further exacerbated by chronic and severe pain in both legs and significant arthritis. Even with a cane, his muscle pain and shortness of breath make it so that he can only walk very slowly and for short distances. Indeed, Mr. [REDACTED] cannot move around the prison without assistance, as evidenced by the assignment of a prison helper. This helper assists with Mr. [REDACTED] activities of daily living; he walks Mr. [REDACTED] to the medline and chow hall daily and to the HSU for his medical appointments, retrieves and carries Mr. [REDACTED] meals to his cell, and brings Mr. [REDACTED] his canteen and cleaning supplies.

Due to persistent swelling in the dorsum of both hands, Mr. [REDACTED] is unable to fully open or close his hands, compromising his control over and use of them. The loss of dexterity is so severe that he can no longer button his shirt, tie his shoes, or engage in fine motor skill activities he used to be proficient at, such as painting and crocheting. During a recent visit, he was unable to open a bottle of medicine upon experiencing a sudden bout of chest pain, and needed assistance. He also had difficulty merely signing his name. These limitations make it impossible

for him to perform ADLs independently and would also preclude him from engaging in violent or criminal behavior.

Mr. [REDACTED] is totally blind in his right eye, and has significantly limited vision in his left eye due to primary, open-angle glaucoma, which is irreversible and progressive, making it the second leading cause of blindness in the US, according to the CDC.¹ Losing vision so late in life, compounded by his many other ailments and a lack of training and mental acuity to adapt to his condition, has amplified its disabling effects. Mr. [REDACTED] medical records from June 2021 reflect a need for further evaluation for his glaucoma. Due to his frequent urination, however, Mr. [REDACTED] has declined referrals for outside ophthalmology appointments. His frequency of urination makes it impossible for him to be away from a bathroom for long periods of time, such as the van rides from OCCC to outside hospitals, causing him to refuse outside appointments, as indicated in nursing progress notes from May 2021. Receiving care in a community setting where incontinence can be tended to will remove this barrier to treatment, and although it will not reverse the course of his glaucoma, it will nonetheless improve his access to care.

Mr. [REDACTED] has a positive disciplinary record. In September of 2021, Mr. [REDACTED] was given a total reclassification score of 1, indicating he poses little risk to others. The OCCC Classification Board noted that he has been “disciplinary report free” and that he has “[s]atisfied all program requirements.” The board preliminarily recommended a “minimum or below” custody level for Mr. [REDACTED] but he was ultimately classified as “medium” because his sentence precludes placement in a minimum security facility. Prior to the onset of Mr. [REDACTED] conditions, he worked various jobs at OCCC. In fact, until DOC pulled all lifers from positions allowing them access to the community, a decision having nothing to do with Mr. [REDACTED] he held a job driving DOC vehicles without correctional officers or DOC staff present. In this trusted position, he never tried to escape or participated in behavior that would cause DOC to revoke his independent access to vehicles, reflecting confidence that he poses no threat to public safety.

The victim’s family supports Mr. [REDACTED] release on medical parole. The close relatives of Mr. [REDACTED] wife, the victim of the crime for which Mr. [REDACTED] was convicted, plan to submit for your consideration a letter expressing this support.

If Mr. [REDACTED] petition is granted, his brother, Mr. [REDACTED] is prepared to care for Mr. [REDACTED] in his home in [REDACTED], including arranging for any needed in-home nursing care. Mr. [REDACTED] also has three other brothers and several nieces and nephews who live in the [REDACTED] area who are eager to help support him.

Mr. [REDACTED] does not present a risk to public safety. He depends on others for his daily activities and movement beyond his immediate environment. His poor and deteriorating vision, cognitive impairment, difficulties with ambulation, diminished hand strength and dexterity, and abundance of other functionally limiting medical issues render him permanently incapacitated and incapable of violence or other criminal activity. His excellent disciplinary record

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<https://www.cdc.gov/visionhealth/resources/features/glaucoma-awareness.html#:~:text=Glaucoma%20is%20a%20group%20of,results%20in%20increased%20eye%20pressure.>

substantiates this lack of risk and makes clear he is capable of living at liberty without violating the law. Because Mr. [REDACTED] release is compatible with the welfare of society, and congruous with the spirit and letter of the law, he should be granted medical parole under G.L. c. 127, § 119A. Please reach out to us, Emily Cataldo, ecataldo@plsma.org, and Kate Piper, kpiper@plsma.org, at Prisoners' Legal Services if you need any additional information or supplementation.

Respectfully submitted,

On behalf of [REDACTED]
by Emily Cataldo and Kate Piper



Emily Cataldo
Paralegal/Legal Intern



Kate Piper
Paralegal

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cc: **VIA ELECTRONIC MAIL**

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