



PRISONERS' LEGAL SERVICES OF MASSACHUSETTS

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December 23, 2022

VIA ELECTRONIC MAIL

Superintendent Shawn Zoldak
MCI-Shirley
PO Box 1218
Shirley, MA 01464
Shawn.zoldak@state.ma.us

Re: Medical Parole Petition – [REDACTED]

Dear Superintendent Zoldak and Commissioner Mici,

Pursuant to M.G.L. c. 127, § 119A(c)(1), I request that the Massachusetts Department of Correction (DOC) release [REDACTED] on medical parole due to his permanent incapacitation. Mr. [REDACTED] resides in the Nursing Care Unit (NCU) at MCI-Shirley because of his need for ongoing medical care and assistance with activities of daily living (ADLs). He has served 59 years of a natural life sentence for a 1964 conviction of first-degree murder.

Mr. [REDACTED] is a 79-year-old man who suffers from several serious medical conditions including hypothyroidism, hypertension, and hyperlipidemia, heart disease including coronary artery disease requiring bypass surgery and aortic stenosis (or inability of his heart valve to open properly) diabetes, chronic kidney disease, and cataracts. He also suffers from Marfan's syndrome, a congenital disease that predisposes him to life-threatening problems with his aorta and has progressed into abnormal stretching of the aorta and required complex surgical repair. In 2020 he suffered a stroke that left his right side weak. The combined effect of these conditions is debilitating, confining Mr. [REDACTED] to a wheelchair except for trips to the bathroom a few feet away. In his wheelchair, Mr. [REDACTED] is reliant on others to push him places outside of his room but does not often go anywhere aside from medical appointments, and he can't remember the last time he went outside to the small "yard" outside of the NCU. He typically spends his days between his bed and the chair next to it where he eats his meals, passing the time by sleeping and watching TV.

In addition to being debilitated by poor balance and loss of leg strength, Mr. [REDACTED] also experiences limited dexterity in his hands due to an ischemic stroke he suffered in 2020. For example, Mr. [REDACTED] has trouble gripping a pen well enough

to write and signing his name is very difficult. He is also debilitated by poor vision caused by cataracts in both his left and right eyes.

Mr. [REDACTED] also shows evidence of cognitive incapacitation since suffering his stroke. He talks very slowly and shows difficulty with word finding. His memory is so impaired that he can't remember what he had for breakfast or what month it is. He remembers his stroke as being a few months ago, when it was in fact over two years ago.

Mr. [REDACTED] positive prison record illustrates the remarkably low risk he poses to public safety. He hasn't had a disciplinary report in years, and although he is unable to engage in programming anymore, he participated in programs when he was younger, along with holding institutional job such as working in the eyeglasses shop at North Central Correctional Institution.

Also relevant is the significant impact that aging has on a person's risk of recidivism. As stated in a DOC 2020 research report, formerly incarcerated people "55 and older, both male and female, recidivated at the lowest rates, consistent with research on age and recidivism." [MA DOC Three-Year Recidivism Rates: 2015 Release Cohort](#), p. 9. Findings of an earlier DOC research report were consistent with the 2020 report showing that releasees over 60 had the lowest recidivism rate, [THREE YEAR RECIDIVISM RATES: 2013 RELEASE COHORT](#), p.8¹ Given that Mr. [REDACTED] is approximately 19 years older than that, his risk is reduced even further. A 2017 Vera Institute of Justice report states that "early-release policies are also supported by recidivism research, which demonstrates that age is a significant predictor of re-offending: arrest rates drop to just more than 2 percent in people ages 50 to 65 years old and to almost zero percent for those older than 65." [Aging Out Using Compassionate Release to Address the Growth of Aging and Infirm Prison Populations](#), p. 3.

I request that DOC work with Mr. [REDACTED] and me to establish a suitable home plan in a facility that can provide for his ongoing care. Pursuant to the SJC's decision in *Buckman v. Commissioner of Correction*, I ask that this be done prior to the issuance of a decision on this petition by Commissioner Mici. This will prevent the undue and harmful delay of his release should Mr. [REDACTED] be granted medical parole.

In conclusion, Mr. [REDACTED] myriad diseases have left him permanently incapacitated, His permanent incapacitation precludes him from harming anyone or posing a risk to public safety. Mr. [REDACTED] release is compatible with the welfare of society, and congruous with the spirit and letter of the law. He should thus be granted medical parole in accordance with M.G.L. c. 127, § 119A. Please reach out to me, Kate Piper, at Prisoners' Legal Services if you need any additional information or supplementation, and to work collaboratively on a home plan. My phone number is (617) 482-2773, extn 6823, and my email address is kpiper@plsma.org.

Respectfully submitted,

On behalf of [REDACTED]
by Kate Piper



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cc: **VIA ELECTRONIC MAIL**
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