

Good morning, my name is Kate Piper. I am a paralegal at Prisoners' Legal Services and filed a medical parole petition on behalf of [REDACTED] [REDACTED] in July of this year. Mr. [REDACTED] was convicted of first-degree murder in 1983 and has been in DOC custody for the past 39 years.

In April of this year, Mr. [REDACTED] suffered a series of strokes that have left him permanently incapacitated. Prior to these strokes, he lived independently in general population at MCI Norfolk, but is no longer able to care for himself or independently conduct activities of daily living. Thus, upon his discharge from the Lemuel Shattuck Hospital Correctional Unit on August 18th, Mr. [REDACTED] was admitted as a resident to the Nursing Care Unit at MCI Shirley, an infirmiry-style unit designed to provide daily nursing care and ongoing assistance with activities of daily living.

Wellpath medical records show the nature of the care that Mr. [REDACTED] needs daily. Reading directly from the Nursing Care Unit Application Tool used to assess Mr. [REDACTED] suitability for placement in the Nursing Care Unit, Mr. [REDACTED] needs, quote, "direct care" assistance with:

Mobility and ambulation;

Transfers;

Toileting;

Bathing, and,

Dressing.

The medical record also indicates the need for, quote, "attendant" care with eating. This need is exemplified in the record on 8/21/22, when it was noted that Mr. [REDACTED] needs assistance with "meal setup."

The Nursing Care Unit Application Tool further notes that due to a memory impairment, he needs, quote, "supervision/care in order to function safely." In fact, memory impairment, confusion, and dementia are noted repeatedly in Mr. [REDACTED] medical record. On 8/18/22 it is noted that Mr. [REDACTED] has, quote, "confusion at all times." On 8/19/22 it is noted that he is alert only to person. On 8/20/22, Mr. [REDACTED] pervasive confusion was again noted, and it was also noted that he was not alert to person, place OR time. This lack of

orientation to person, place, or time was again noted on 8/21/22, and dementia is also noted in the medical record.

These frequent notations of confusion and memory impairment are consistent with my observations of Mr. [REDACTED]. When I visited him in the Nursing Care Unit in late August, Mr. [REDACTED] was surprised when I told him he was at MCI Shirley because he thought he was back at MCI Norfolk. At this visit when asked to sign paperwork, Mr. [REDACTED] was unable to do so, despite prompting and direction. He ultimately signed "X."

Mr. [REDACTED]'s medical record indicates that Dr. Maria Angeles determined he is "a high risk for falls," and that he has already fallen since his admittance to the nursing care unit. According to the medical record, this happened on 8/19/22 while Mr. [REDACTED] was transferring from his bed to his wheelchair. The medical record reflects that Mr. [REDACTED] was issued a wheelchair for long distances, however, I have observed nursing care unit staff wheeling Mr. [REDACTED] the very short distance from his room to the visiting room where we last met, which is also on the nursing care unit. I also want to note that Mr. [REDACTED] was wearing an adult diaper when I met with him, as he has the other times I have met with him.

Also relevant to Mr. [REDACTED]'s incapacitation is his poor sight. The medical record indicates that Mr. [REDACTED] has very limited vision in both eyes, and Dr. Maria Angeles submitted an ophthalmology referral on 8/19/22 attributing this to cataracts. This record of poor vision is consistent with my observations. When I met with him last month in a room well-lit with both natural and overhead light, he repeatedly commented on how dark it was.

Beyond his physical and cognitive inability to plan or commit crime, Mr. [REDACTED]'s positive prison record indicates that he would not pose a risk to public safety should he be released on medical parole. As noted in the administrative record, Jennifer Gilardi, MCI Norfolk's Director of Classification, notes that in his 39 years of incarceration, Mr. [REDACTED] has only been issued one d-report, which was in 2010 and of a non-violent nature. She further notes that he was employed in the clothing shop at MCI Norfolk for most of his incarceration, from 1986 to 2014, receiving complimentary reports until he resigned quote, "only due to medical issues."

Director Gilardi explains that due to his sentence structure, Mr. [REDACTED] was not recommended for any core programming. His current classification score is two, meaning that but for his sentence and care needs, Mr. [REDACTED] would be classified to a minimum security institution.

For the reasons stated above and further elaborated on in his medical parole petition, medical record, and the administrative record, it is apparent that Mr. [REDACTED] is an exemplary candidate for medical parole. I ask that you grant our request for such and allow Mr. [REDACTED] to be paroled to a nursing home. Thank you for this opportunity to speak on Mr. [REDACTED] behalf, and I am happy to answer any questions you may have.

Notes on other testifiers:

2. Dean does not recommend release. Not PI or TI. Has submitted updated recommendation to Mici. Serving LWOP. One d-report for expired meds. No programming. Med assessment on sept 20 by dr angeles. Re-entry staff identified mission care as home plan. "mc will only engage in placement discussions once mp is granted." in conclusion, I do not recommend. According to Dr A, he can perform some activities of daily living and can ambulate with a walker. COs say he can feed himself and ambulate with a walker needing a WC at time. He need an aide to shower and dress. b/c he can do some things and b/c of the violent nature of his crime, he wouldn't live w/ violating law.

3. dr joyce rosenfeld. MD at MCIF. Never met [REDACTED] Yesterday and today reviewed his med record and read assessment by Dr A. Hx of poorly controlled chronic illness. Then fell in April and sent to MRMC. Describes his stroke and where it was in the brain and how this affects his ability for movement etc. On 6/29/22 evolution of previous stroke into mid part of brain. Most recent PT says he can walk 150 feet with supervision and rolling walker and use of a gait belt. Couldn't find anything about confusion in the record. But can find that he has XXX which means he knows what he wants to

say but cannot say it. Has made progress thru rehab but one cannot make definite prognosis over next 18 months.

Mici: what care would he need?

Dr R: assisted w/ ambulation, WC, transfers, bathing, dressing, incontinent stool and urine, feeding attendant, so quite a bit of care and high fall risk so high level of nursing care.

Mici: would he ever go back to gen pop or stay in ncu?

Dr R: I don't see him going back to GP

4. Victim's son, robert tinker. Got LWOP so should serve LWOP.

In supp to the petition and following this mornings hearing, I wanted to make sure you have the records relating to the notations for confusion..... that I referred to and that the doctor was unable to find.