



PRISONERS' LEGAL SERVICES OF MASSACHUSETTS

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October 19, 2021

BY EMAIL

carol.mici@state.ma.us

Carol Mici
Commissioner
DOC Headquarters
50 Maple Street
Milford, MA 01757

Re: REQUEST FOR RECONSIDERARION OF MEDICAL PAROLE PETITION – [REDACTED]

Dear Commissioner Mici:

I write to request, pursuant to 501 CMR 17.14(4), that given recent significant developments, you reconsider your September 16, 2021 denial of [REDACTED] petition for medical parole, and that you expedite this request. I submit the below information to you for your reconsideration, and incorporate the full administrative records from previous petitions and requests for consideration.

Mr. [REDACTED] is terminally ill and physically and mentally incapacitated as he suffers from recurrent liver cancer, cirrhosis and end stage liver disease. Mr. [REDACTED] has recently suffered from both kidney and liver failure. These conditions combined usually result in a poor outcome with death rates being 50% within 2 weeks.

Your September 16, 2021 denial of Mr. [REDACTED] medical parole rested on the potential for a liver transplant that could improve Mr. [REDACTED] condition, reversing the terminal nature of his disease. Since that time, the UMass Transplant Team told Mr. [REDACTED] on Thursday, October 14, 2021, that he is not a candidate for a liver transplant and that the tumor on his liver is now 6 centimeters and he has very little time left to live. Mr. [REDACTED] also had an appointment with Beth Israel's Dr. Michael Curry on Friday, October 15, 2021, and he was told has less than 6 months to live and that any treatment for the tumor on his liver would put Mr. [REDACTED] into liver failure. Given a liver transplant is not an option for Mr. [REDACTED] there can be no further doubt that he is terminally ill, with far less than 18 months to live, and that he is permanently incapacitated by his disease.

Mr. [REDACTED] is currently housed in the Souza Baranowski Correctional Center's Health Services Unit (HSU) and is bed bound and unable to care for himself. He is sometimes unable to make medical decisions. Mr. [REDACTED] family, advocates and PLS are concerned about the care he has received in the HSU, as Mr. [REDACTED] condition is so advanced that he should be in an intensive

care unit or on hospice care outside the correctional system.

Mr. [REDACTED] medical providers all believe he is terminally ill as they stated at hearing and in written statements contained in the previous administrative records. As evidenced by his prior recommendation in support of Mr. [REDACTED] medical parole, Superintendent Dean Gray also believes that Mr. [REDACTED] will live within the law if he is released on medical parole. Mr. [REDACTED] is now more incapacitated and significantly closer to death than when Superintendent Gray initially recommended that you grant Mr. [REDACTED] medical parole.

Mr. [REDACTED] medical parole plan has not changed, and he would be cared for in a private home. His brother, [REDACTED] is prepared to take him in to his home at [REDACTED]. [REDACTED] can be reached on his cell phone at [REDACTED] or on his home phone at [REDACTED]. [REDACTED] a board-certified nurse practitioner, family friend, health care proxy and supporter of Daniel [REDACTED] has followed his medical condition since his incarceration. NP [REDACTED] will provide medical support for Mr. [REDACTED] and his family and help Mr. [REDACTED] access hospice care when it is required. NP [REDACTED] will also coordinate the hospice care that Mr. [REDACTED] needs. NP [REDACTED] has extensive experience following Mr. [REDACTED] medical condition and care. Mr. [REDACTED] likely requires immediate hospice care, which his family and NP [REDACTED] will arrange for, in Peter [REDACTED] home. Mr. [REDACTED] will be eligible for public health insurance if released on medical parole.

Mr. [REDACTED] incapacities are such that he has no ability to commit a crime. He is unable to independently manage the basic activities of daily life, physically or cognitively. Further, he will likely require hospice care for the remainder of his life. Mr. [REDACTED] reports that currently he is sometimes escorted by four correctional officers on outside hospital trips, despite his advanced condition and complete debilitation. This is a substantial and unnecessary cost to the taxpayers in the Commonwealth, and is precisely the wasteful situation the Legislature intended to remedy when the medical parole law was enacted.

Mr. [REDACTED] is clearly terminally ill according to every medical provider that has seen or examined him in the last year. He is incapacitated as he cannot function on his own, is bed bound in the infirmary at SBCC, his vital organs are shutting down, and his mental status is altered. The cancerous tumors on his liver are spreading, his kidneys and liver are failing, and he has been denied a liver transplant by two hospitals.

Public safety would not be put at risk by the release of Mr. [REDACTED] on medical parole. His release is consistent with the welfare of the society and will save the Commonwealth thousands of dollars in unnecessary cost and resources. Please consider this reconsideration request and grant medical parole to Mr. [REDACTED].

Respectfully submitted,

On behalf of [REDACTED] [REDACTED]

Sincerely,

Al Troisi

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