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COMMONWEALTH OF MASSACHUSETTS

NORFOLK, ss

**SUPERIOR COURT
CIVIL ACTION NO. NOCV-2019-1064**

**ABDUL JALEEL MAHDI,
Plaintiff**

v.

**DEPARTMENT OF CORRECTION,
CAROL MICI, Commissioner of
Correction, and STEVEN SILVA,
Superintendent, MCI-Norfolk,
Defendants**

**MEMORANDUM OF DECISION ON CROSS-MOTIONS
FOR JUDGEMENT ON THE PLEADINGS**

The plaintiff in this action is Abdul Jaleel Mahdi who is an inmate at the Massachusetts Correctional Institution-Norfolk where he is in the fifty-second year of a committed sentence of life imprisonment for the crime of second degree murder. Now eighty-nine years old, application has been made on his behalf under the provisions of G. L. c. 127 § 119A seeking medical parole contending that he qualifies under the statute as both permanently incapacitated and terminally ill. His petition was initially rejected by the defendant Commissioner of Correction, Carol Mici, as incomplete. Subsequently counsel supplemented the petition filing.

Mahdi's petition included medical documentation in the form of signed reports from two licensed physicians, Arnold Blank, M.D. of Wellpath and Steven Descoteaux, M.D., Wellpath's Medical Director, both of whom are familiar with Mahdi's medical condition. The petition also included a medical parole plan, which, *inter alia*, stated his daughter's willingness to have Mahdi reside with her if released and included plans for medical services through the Veteran's

Administration.

Pursuant to the statute, Commissioner Mici solicited a recommendation as to the merits of the application from defendant Steven Silva, Superintendent of MCI-Norfolk. Superintendent Silva's letter after reviewing matters that appeared in Mahdi's Department of Correction (DOC) records along with medical and other materials submitted, concluded with a recommendation that he not be granted medical parole. It predicated this on the opinion that Mahdi failed to meet "the definition of having a medical condition so debilitating that he does not pose a public risk" and cited the severity of Mahdi's past crimes, charged and uncharged, medical, mental health and disciplinary history, classification, and staff observation. A hearing was convened on June 3, 2019 before Commissioner Mici at which counsel for Mahdi appeared and was heard. Mici heard also from Superintendent Silva and from the family of the victim of the homicide for which Mahdi had been convicted in 1968 and a prosecutor from the Hampden County District Attorney's Office. Evidence was also presented by Medical Director Descoteaux concerning Mahdi's medical condition.

On June 7, Mici rendered her written decision. Her letter recounted incidents that had taken place during Mahdi's fifty-two year prison history and went on to review concerns that had been voiced by the victim's family and the prosecutor. It stated that she concurred with Superintendent Silva's recommendation and was denying the application. Mahdi through counsel filed a petition in the Supreme Judicial Court seeking review of that decision in the nature of *certiorari*. SJ-2019-0313. A Single Justice ordered the case transferred to this Court by Order dated August 14 2019. The Administrative Record was filed with this Court, and on January 6, 2020, the parties' cross-motions for judgement on the pleadings pursuant to Superior

Court Rule 9A. Hearing was conducted on February 18, 2020.

Legal Standard

The plaintiff's claim is one in the nature of certiorari which seeks to review the action undertaken by an official within a governmental agency, the Department of Correction. The purpose of such a lawsuit is to seek the correction of errors of law not otherwise subject to review, where such errors are apparent on the record and adversely affect material rights. *Carney v. City of Springfield*, 403 Mass. 604,605 (1988); *MacHenry v. Civil Service Commission*, 40 Mass. App. Ct. 632,634 (1996). Relief in the nature of certiorari is warranted where the plaintiff demonstrates errors that are so substantial and material that, if allowed to stand, they will result in manifest injustice to a petitioner who is without any other available remedy. *Johnson Products, Inc. v. City Council of Medford* 353 Mass. 540, 541 n.2 (1968); *Tracht v. County Comm'rs of Worcester*, 318 Mass. 681, 686 (1945). The granting of the extraordinary writ requires that a plaintiff establish that the error alleged is such as resulted in a substantial injury or manifest injustice to him. *Mass. Bay Trans. Authority v. Auditor of the Commonwealth*, 430 Mass. 783, 790 (2000).

The standard of review under G. L. c. 249 § 6, however, is also one at the same time which is flexible and case-specific, *Hoffer v. Board of Registration in Medicine*, 461 Mass. 451, 458 n. 9 (2001), and it "may vary according to the nature of the action for which review is sought," and the breadth of discretion exercised under the applicable statute under which the defendant public official acts. *Chandler v. County Commissioners of Nantucket County*, 437 Mass. 430, 434 (2002) (citations omitted). See also *Cepulonis v. Commissioner of Correction*, 15 Mass. App. Ct. 292, 293 (1983). *Certiorari* review "takes its color from the nature of the

administrative action that is being examined.” *Wightman v. Commissioner of Correction*, 19 Mas. App. Ct. 442, 445 (1985)

Ruling

The statute whose application is at issue in this case is G. L. c. 127 § 119A, enacted by the Legislature in 2018 and intended to permit medical parole for terminally ill and permanently incapacitated inmates to operate outside of the traditional parole-granting framework. The legislative purpose behind the statute has been elucidated in the recent Supreme Judicial Court decision *Commonwealth v. Buckman*, 484 Mass. 14 (2020). As outlined by the Court, the statute had its genesis in considerations both humanitarian and fiscal. Prior to its enactment, the Commonwealth had been one of only a small number of states which had not provided for some form of “compassionate release” to inmates at end-stage illness or in a severe and advanced condition of medical debilitation. *Id.*, at 19-20. At that time, the sole means for seeking release for an inmate in such condition was through application for grant of executive clemency, a process which the Court characterized as proving “almost invariably an exercise in futility.” *Id.*, at 20.

The Court noted that the Commonwealth was imprisoning an increasingly old population, having the highest percentage of its inmates of any state who were over fifty-five years of age. *Id.*, at 20. Those inmates, the ruling noted are significantly more susceptible to debilitating illnesses and are more expensive to incarcerate, with medical costs for older prisoners reported as nearly triple those of other inmates. *Id.*, at 21. Further, the presence of large numbers of very old and acutely ill inmates who cannot be housed in the general prison or jail population is serving to strain the capacity of state and county institutions to provide regular and short-term

medical care needed by other inmates. *Id.*

While cost saving was a significant factor in the Legislature's enacting the medical parole statute, the Court noted, that it also had its impetus in "the human element," to afford a mechanism enabling compassionate release among a population of elderly and very infirm prisoners "considered the least likely to re-offend when released." *Id.*

The predicate for application under the medical parole statute is a determination by a licensed physician that the inmate suffers from one or both of the following: "physical incapacitation" defined as "a physical or cognitive incapacitation that appears irreversible;" or a "terminal illness" defined as "a condition that appears incurable ... that will likely cause the death of the prisoner [within eighteen] months." C. 127 § 119A. Either of those two conditions is qualified by the requirement that it have rendered the inmate so debilitated that he does not pose a public safety risk. Once the application has been filed for the prisoner along with a medical parole plan, written diagnosis by a licensed physician, and an assessment of the risk for violence posed by the inmate to society, the package is forwarded by the Superintendent of the facility housing the inmate to the Commissioner, accompanied by his or her recommendation as to action on the application.

After receiving input from interested parties, including the petitioner, the prosecutor from the locality where the crime was prosecuted and the victim's family, the Commissioner is to render a decision accompanied by a statement of reasons. The statute requires the Commissioner make essentially three determinations: whether the prisoner is "terminally ill" or "permanently incapacitated;" if released, whether the prisoner will not violate the law; and finally, whether the prisoner's release is incompatible with the welfare of society. *Buckman, supra*, at 19. If the

answers to the first of these two questions are in the affirmative and the third in the negative, then she is to grant release to medical parole subject to terms and conditions imposed by the Parole Board.

The applicant, Mahdi, argues that Commissioner Mici's decision here to deny medical parole is not supportable on the administrative record assembled. He points to uncontroverted medical opinion contained in the record which cites his very advanced age of 89 years and his multiple diagnosed medical conditions as warranting the finding that he qualifies both as permanently incapacitated and terminally ill, with both conditions so debilitating that he does not pose risk to society. He argues that his severe physical and cognitive limitations are such that he poses no risk of law violation if released and that such release cannot be said on this record to be incompatible with the welfare of society.

The defendants in their memorandum in support of cross-motion assert that the Commissioner's decision on the application is legally unassailable based upon the record. While they concede that Mahdi suffers from a a large array of serious medical ailments, they dispute that he meets the criteria for debilitation by virtue of either "incapacitation" or "terminal illness." While he unquestionably is wheelchair-bound, they note that when moved by staff from his bed to the bathroom area, he can attend to his own washing and can toilet on his own. They also cite Mahdi's continuing refusal to take certain recommended medical treatment as exacerbating his medical issues. They point to materials contained in DOC records and in Superintendent Silva's letter of negative recommendation which describe Mahdi as able to sit for periods on his bed and to be brought to religious services.

In addition, the defendants lay very great stress on the nature of the crimes for which

Mahdi was convicted fifty-two years ago, and his record as an inmate which included episodes of violence and threats. They also cite his having been turned down for parole on three prior occasions, which had cited the nature of his crimes and a lack of empathy, and the opposition expressed by the prosecutor and the crime victim's family to any grant of medical parole.

Evidence of the present medical condition of the applicant exists in the record in the form of the two reports from Doctors Blank and Decoteaux and the latter's testimony at the hearing as contained in the transcript. Dr. Blank in his report outlined Mahdi's medical conditions as including: congestive heart failure, tricuspid heart valve disease, anemia, chronic kidney disease, diabetes mellitus, severe leg swelling, impaired gait, elevated prostate specific antigen (PSA), and moderate dementia. (A.R., p. 41). Dr. Blank described these conditions as rendering Mahdi "quite incapacitated," and he noted that he spends his days sitting on the side of his bed. He did note Mahdi's unwillingness to heed medical advice to attend to certain of his medical issues, citing the elevated PSA level and anemia as potentially symptomatic of separate carcinomas. Dr. Blank noted that the diagnosis of dementia was unofficial, and he had not been addressing it formally as he believed it would not be beneficially treatable. He expressed the opinion that Mahdi's various medical conditions are serious enough to cause his death at any time, although he was unable to quantify his life expectancy. He concluded his report stating "[c]ertainly his physical condition would render him not dangerous in society."

Dr. Descoteaux in his report outlined the same medical conditions as did Dr. Blank. He noted that these conditions coupled with his dementia have led to Mahdi's slow but steady decline, and he also noted like Blank, Mahdi's refusal to follow certain medical advice such as having outside medical evaluations and refusing to take water pills and to use compression

stockings which might ease his leg edema. (A.R., p. 40). In assessing Mahdi's functional status, he noted the following: inability to walk with need for wheelchair and requiring assistance on any transfer to and from his bed; urinary incontinence requiring use of a catheter or urinal at all times; limitation on his ability to sit on the side of his bed to only a few hours before he is required to lie down; and dementia characterized as "moderate to severe." Dr. Descoteaux also noted, behaviorally, that Mahdi was a "non-violent person who keeps to himself." He concluded his report noting his medical assessment that Mahdi is "very old and permanently incapacitated," and "unable to function without consistent nursing care and without using a wheelchair." He stated that factoring in his age, he would predict death as likely within eighteen months or less.

In his testimony at the hearing, Dr. Descoteaux essentially repeated the findings contained in his written report, with some elaboration. In describing Mahdi's dementia, he stated that he suffers some mild delusions, as he explains his refusal to ingest water pills which would aid his heart condition because of his belief they contain cyanide. Dr. Descoteaux reiterated the status of Mahdi's immobility, stating that it takes one to two staff members to move him to and from his wheelchair. He added that staff at the prison's Clinical Stabilization Unit (CHU) where Mahdi's bed is located report that he has expressed paranoid thoughts, but is non-violent and keeps to himself. Finally, he testified that his conclusions which parallel those in his report were gleaned from reviewing Mahdi's chart and also from discussing his functional status with the nurses and medical providers on the CHU as well as from his own physical examination.

In her decision, Commissioner Mici asserted "[t]he evidence does not show that Mr. Mahdi is terminally ill or permanently incapacitated." (A.R. p. 2). In her explanation for that view, she goes through the reports of both physicians, outlining the numerous medical conditions

that each found the eighty-nine year old inmate to be suffering. She discounted the contention that he is "terminally ill," noting that Dr. Blank, while opining that it is reasonably likely that Mahdi will not survive eighteen months, had couched that assessment by acknowledging that he was unable to give a formal life expectancy figure. With respect to Dr. Descoteaux, while conceding that he had made a prediction that Mahdi was likely to expire within eighteen months, she noted that the physician had made reference to "factoring in his age" along with his medical condition.¹

With respect to the opinion voiced by both medical professionals as to Mahdi's permanent incapacitation, Commissioner Mici took issue with this also. With respect to Dr. Blank's assessment, she provides no specific reason for disputing it other than referencing Dr. Blank's description of Mahdi as "'wheelchair bound' and unable to walk." (A.R., p. 2). Concerning Dr. Descoteaux's medical assessment adjudging permanent incapacitation, she appears to cite two reasons for her rejection. First, she notes Mahdi's ability to toilet and to shower if placed in his wheelchair and moved by staff to the bathroom. Second, she references his refusal to have followed certain medical advice including his refusal to take water pills due to his expressed belief they are poisoned or to use compression stockings. While noting Dr. Descoteaux's conclusion as to Mahdi suffering "moderate to severe dementia," she appears to attribute incapacitation as attributable to a certain extent to volition on Mahdi's part.

It is perhaps arguable that the Commissioner's conclusion as to the issue of existence of

¹ In his letter with recommendation against medical parole, which the Commissioner cites in her decision, Superintendent Silva discounted Dr. Blank's assessment characterizing it as unduly turning upon Mahdi's advanced age and failing to cite specific survival rates for particular illnesses. (A.R., p. 45).

terminal illness is sustainable on this record. It is correct to say that neither of the physicians made specific reference to life expectancy connected to any of the many serious illnesses from which Mahdi suffers. Viewed in this light, her conclusion that each opinion was placing an over-reliance on Mahdi's very advanced age without tying it into specifics as to his medical condition, it could perhaps be argued might provide some basis for rejecting the opinions offered by the two physicians in the manner in which they were set forth in their reports.

The same cannot be said of her rejection of the physician's medical opinion as to his state of permanent incapacitation. The reports of each of the two physicians who were familiar with Mahdi and his medical records stated without equivocation that as a consequence of his many serious medical conditions, he met the criteria for being medically incapacitated. There was nothing medically that indicated the conditions from which he suffered were remediable or were anything other than permanent. Further in his testimony at the hearing, Medical Director Descoteaux made clear that his written report and its conclusions, in terms of rendering medical evaluation of Mahdi's incapacitation was based upon, his "discussing his functional status with the nurses and medical providers on the unit and examining the patient myself." (A.R., p. 22). Commissioner Mici's rejection of the evidence provided by both of the Wellpath physicians, informed by consultation with the prison's medical staff, simply is not supportable.² The medical

² To the extent that Commissioner Mici's decision and to a greater extent Superintendent Silva's letter highlights Mahdi's refusal to follow medical advice as a factor relating to the question of his medical incapacitation, this does not appear on this record a basis for rejecting the conclusions of Doctors Decoteaux and Blank. First, there is no suggestion in their reports or elsewhere in the record that Mahdi's taking the water pills and using compression stockings or having his PSA or anemia issues addressed by specialists would remedy or correct his several medical issues which led to the medical conclusion of incapacitation. Secondly, to the extent that the decision might appear to point to Mahdi's own volition playing a role in the medical finding of incapacitation, the physician's opinion as to Mahdi's condition of dementia stands

evidence contained in the record establishes that Mahdi fits the definition under c. 127 § 119A as a person with physical or cognitive incapacitation which is irreversible and so debilitating and limiting that he does not pose a public safety risk.³

The legislative enactment authorizing grant of medical parole also implicates the Commissioner's determination of two other factors, formally separate in the statute but certainly conceptually intertwined. These are first, whether the prisoner if released will not violate the law, and second, whether his release is incompatible with the welfare of society. Plainly these questions were answered adversely to Mahdi in the Commissioner's decision. In doing so, she placed very great stress upon the nature of the crimes of which Mahdi was convicted and incidents during his very long history as an inmate in the state penal system. To address the propriety of the Commissioner's ruling under the statutory framework which governs medical parole, it is necessary to examine the criminal history background of Mahdi, his institutional history with DOC, and the interrelation of both with his present circumstances as they bear on his application for medical parole.

The background of Mahdi's criminal history and of the course of his fifty-two years in the

unrebutted, notwithstanding the assertions in Superintendent Silva's letter which sought to link instances of distorted thinking Mahdi may have displayed at earlier times in his institutional history to his current mental state.

³ The decision and the letter recommending against medical parole appear to question the physician's conclusion as to Mahdi's meeting this standard as to level of debilitation on the basis that Mahdi is able to sit on the edge of his bed and write for a few hours until he tires, that he can wash, and that he is brought in his wheelchair at his request to religious services in the prison. As Superintendent Silva's testimony makes clear, none of the activity takes place as a product of Mahdi's own motive force, as these activities require he be pushed in the wheelchair. (A.R., p. 10). Dr. Decoteaux amplified the same point in his testimony, noting that transfer to and from his bed requires effort from one to two persons. (A.R., p. 14).

prison system can be gleaned from materials submitted by DOC and by his own counsel in the the administrative record and from the background facts of the crime for which he remains committed on the life sentence for second degree murder. Mahdi initially had been convicted of first degree murder in May of 1968. The facts as set forth in the Supreme Judicial Court decision on his appeal of that conviction, reflect that he was among three men who entered a store in Springfield, armed with a gun, intending to commit robbery. *Commonwealth v. Mahdi*, 388 Mass. 679, 683 (1983). During that robbery, both of the store's employees, a father and son, were shot, the younger man fatally. The crime was one which was cold-blooded, and the evidence plainly reflected that Mahdi played a leading role, shooting both men himself. The Court reversed the conviction on the basis of unfair prejudice raised during the prosecutor's cross-examination of Mahdi and in closing argument to the jury which it ruled sufficiently egregious to pose a substantial risk of a miscarriage of justice, *Id.*, at 690.⁴

When Mahdi's case was returned to the Hampden County Division of this Court, it apparently was disposed by way of plea after it had been reduced to second degree murder. He was sentenced to the mandatory life term with parole eligibility on that charge after fifteen years. In addition, Mahdi was convicted of charges from a second incident involving a robbery and wounding of a person a few weeks prior to the murder. He received sentences ranging from

⁴ Mahdi had been a member of the Nation of Islam and a practitioner of that faith for a substantial period of time prior to the homicide. In cross-examination, the prosecutor focused his questioning of Mahdi on certain tenets of his religion, which he then characterized in his closing as hateful, seeking to explain the homicide and Mahdi's state of mind in starkly racial terms as a product of his religion, employing this in a manner in the Court's words, "to inject racial hatred into the trial." *Id.*, at 691-693 and n. 12

fiveto ten years to forty or fifty years on the armed robbery count.⁵ While in custody, Mahdi confessed to an unsolved murder in Connecticut of an off-duty police officer which had occurred in the same general time frame. While a warrant at one point had been lodged by that state's authorities against Mahdi, it is no longer active. While Connecticut authorities have expressed up to the recent past interest in investigating that 1968 homicide, no efforts have been made to seek to institute criminal action.

Prior to the criminal matters referenced above, Mahdi who turned thirty-seven years old during that year had no criminal record beyond possible motor vehicle fines. He is an honorably discharged veteran of the United States Navy, who according to his counsel had served four years active duty and after discharge had been fairly steadily employed.

Mahdi's earlier prison history, as set forth in Superintendent Silva's letter and in DOC records contained in the administrative record, was tumultuous. That letter reports an assault on another inmate and threats in 1971 along with multiple disciplinary episodes. At a time of exceptionally great violence and racial tension in the state prison system, Mahdi was identified as a leader of the faction identifying themselves as members of the Nation of Islam at a time they were in conflict with other inmate groups. This led to Mahdi being removed from MCI-Walpole to the federal Penitentiary in Atlanta for two years, a physical move he attempted to resist by assaulting a correction officer. Upon his return, disciplinary infractions continued which included threats to prison administration, inciting a riot, and assaults. The last of these sorts of infractions occurred in 1989.

Since 1989, as Mahdi has aged, his disciplinary infractions became fewer and far less

⁵ Mahdi has wrapped up all of those sentences well prior to the present application.

serious. A Classification Report, Personalized Program Plan and Risk Assessment compiled by the DOC dated April 17, 2019 as part of this application process reported that in 2003, he was written up for being in possession of another inmate's identification card, and also for improperly possessing or forging legal documents. (A.R., p. 54-55). It also states that he has been cited for refusing direct orders and contraband, without elaboration. His last disciplinary report was eight years ago in 2012 for refusing to go to an off-site medical visit. The accompanying Classification Report notes a recommendation for custody level of minimum or below, which, however, effectively is overridden by two factors: his imprisonment for a crime resulting in loss of life and Mahdi's medical needs which prevent his being moved to lower security.

As is set forth in Superintendent Silva's letter, a standing risk assessment which had been performed on Mahdi in 2010 categorized him as "Risk of Violence noted as low risk of recidivism noted as low." (A.R., p. 44).⁶ In addition, while the portion of his letter recounting his mental health history highlights Mahdi's clinging to paranoid thoughts and delusions that staff may wish to harm or kill him in, it also includes the observation that Mahdi "has never attempted any aggressive acts (self-defensive or otherwise) towards staff as a result of these beliefs." (A.R., p. 47).

Mahdi has been parole eligible for a substantial number of years, and he has appeared before the Parole Board four times in 1999, 2004, 2014, and 2019. The first three resulted in denial of parole based upon his past repetitive criminal behavior, and lack of remorse and

⁶ There is no material in the record to reflect that this assessment of low risk both of violence and of recidivism has changed in the intervening ten years.

empathy. He has not received any ruling from the Board after his latest appearance before it a year ago in March of 2019. In connection with his medical parole application, Mahdi has submitted "atonement letters" in connection with this present petition. (A.R., p. 141-143). These are of a rambling nature and the expressions of remorse and sympathy they contain for the families of the victims are only obliquely stated.

In her ruling, Commissioner Mici addresses at some length just prior to its conclusion submissions she received from the murder victim's family and the prosecution office and the very strong sentiments they voiced opposing grant of medical parole. The sentiments expressed by the family members and the searing loss still experienced are heartfelt and plainly not diminished for them by the passage of half a century. It is also true that they have been able to experience no solace as a consequence of Mahdi's having not offered any substantial expression of remorse or regret over that period for the heinous crimes he committed. The issue that must be determined in this case, however, is whether or not Mahdi comes within the category of persons who qualify for medical parole due to a very substantial and irreversible permanent incapacitation, and in addition, whether his debilitated state is such that he does not pose risk to public safety and will not break the law. The clear and uncontroverted medical evidence in the record establishes Mahdi's condition of extreme debilitation. Coupled with a review of his observed conduct during his last several decades in the penal system, it is difficult to discern risk to public safety or prospect of law-breaking behavior if he is released on terms of medical parole.

In the concluding paragraph of her decision, Commissioner Mici, after outlining in detail the objections raised by the Assistant District Attorney and the victim's family, states that she agrees with their opinion that the nature of the crimes themselves and the possibility that some

medical treatment will render Mahdi's condition improved justify denial of medical parole. (A.R., p. 7). Her view as to the realistic prospect for the improvement of Mahdi's condition, again, is not one which is consistent with the medical evidence that has been presented. Neither is her assertion which follows that Mahdi is insufficiently debilitated by his incapacitating condition that he poses risk to the public safety on the basis of this record. The severity of Mahdi's crimes which she cites as central to her conclusion is not as c. 127 § 199A is written a basis of itself to deny medical parole. The issues of incapacitation, extent of debilitation, risk to public safety, likelihood of future law-breaking, and societal welfare do not under the statute operate as strict correlates to the magnitude of the sentenced criminal acts.

The Commissioner's conclusion includes as a third factor in her decision, in addition to the severity of the crime and "the current state of health," "other evidence," presumably related to risk posed to public safety. She does not, however, set forth specifically what exactly that is. It is not found in evidence in the record either of Mahdi's present physical and mental state, nor in institutional records which describe the last decades of his incarceration. In light of the clear direction of the statute on medical parole, her determination as to its non-applicability to Mahdi and her ultimate conclusion as to his release under the statute as incompatible with societal welfare cannot be supported on the record before the Court.

Order

The motion of the plaintiff for judgement on the pleadings is **Allowed**, and the defendants' cross-motion for judgement on the pleadings is **Denied**. The plaintiff is ordered released to the Parole Board for imposition of terms and conditions of medical parole.

Date: March 31, 2020



Thomas A. Connors
Justice of the Superior Court

Commonwealth of Massachusetts
County of Norfolk
The Superior Court

CIVIL ACTION NO. 19-1064

ABDUL JALEEL MAHDI,
Plaintiff

vs.

THE DEPARTMENT OF CORRECTION, CAROL MICI,
Comissioner of Correction and STEVEN SILVA, Superintendent,
MCI Norfolk,
Defendant

JUDGMENT

This action came on for hearing on Cross Motions For Judgment On The Pleadings and the Motions having been heard and Plaintiff's Motion For Judgment On The Pleadings having been allowed,

IT IS ORDERED and ADJUDGED:

that the decision of the defendant Commissioner of Correction, Carol Mici, denying the application of plaintiff for medical parole is reversed and the plaintiff Abdul Jaleel Mahdi is ordered released to the Parole Board for imposition of terms and conditions of medical parole.

Dated at Dedham, Massachusetts this 31ST day of March 2020.



Thomas A. Connors
Associate Justice of the Superior Court