COMMONWEALTH OF MASSACHUSETTS

Middlesex, ss. **Division of Administrative Law Appeals**

Jeffrey Halloran,
Petitioner

v.

Docket No. CR-24-0083[1]
Date Issued: July 31, 2026

Lowell Retirement Board,
Respondent

Appearance for Petitioner:

Michael Zaim, Esq.

Appearance for Respondent:

Christopher Collins, Esq.

Administrative Magistrate:

James P. Rooney

SUMMARY

A police officer suffered a stroke while sitting in his patrol car observing whether homeless people he had been instructed to clear out of a park were moving out. His retirement board denied his application for disability retirement because he had not identified an injury or a job hazard he experienced. The evidence showed that the officer experienced a worsening of high blood pressure in the years he worked as an officer tied to the stress associated with his occupation. The evidence also showed that the stroke occurred because of his high blood pressure, and, as it happens, while he was performing a job duty. Therefore, he is granted accidental disability retirement.

[1] For reasons unknown to me, the Division of Administrative Law Appeals opened two dockets in connection with Officer Halloran's appeal. I dismiss the second docket, which is CR-24-0082.

DECISION

On February 22, 2022, Police Officer Jeffrey Halloran timely appealed under M.G.L. c. 32, § 16(4) the February 14, 2022 action of the Lowell Retirement Board refusing to grant him accidental disability retirement "because he did not identify a personal injury sustained or a hazard undergone in the performance of his duties." Although Officer Halloran suffered a stroke while on duty, the Retirement Board was not convinced that that duty he was performing when he became ill caused his stroke. Because he had developed high blood pressure before he became a police officer, Officer Halloran was unable to take advantage of the Heart Law presumption that, when a police officer has a heart attack or stroke, it is presumed to be related to the stresses of police work. *See* M.G.L. c. 32, § 94.

The parties filed a joint pre-hearing memorandum in May 2024 that included a statement of agreed facts. I marked it as Pleading A. I held a hearing on April 12, 2025 at the Division of Administrative Law Appeals (DALA) in Malden, Massachusetts. I admitted into evidence 12 joint exhibits submitted by the parties. Mr. Halloran was the only witness.[2] The parties submitted post-hearing briefs in July 2025. I later asked the parties to examine again whether the Heart Law presumption ought to apply because Officer Halloran served as a correction officer before he became a police officer. The presumption would apply if he had passed a pre-employment physical before he became a correction officer and the physical did not reveal high blood pressure. Officer Halloran and his counsel searched for the records of his physical but were unable to locate a copy of the record of his physical. In March 2026, they

[2] The hearing recording failed. The parties stipulated as to the substance of Officer Halloran's testimony. I am grateful for the effort they put in to correct my error.

obtained from the Department of Correction a "Medical Release for Job Placement" signed by a doctor that said "the physical findings and biological tests were within acceptable limits. The employee is capable of assuming activities commensurate with job description." Unfortunately, the document did not make an explicit reference of blood pressure, and hence the parties asked that I render a decision based on the existing record and Officer Halloran's application that did not rely on the Heart Law presumption.

Findings of Fact

Based on the agreed facts, the testimony (as stipulated) and exhibits presented at the hearing, and the reasonable inferences from them, I make the following findings of fact:

1. Jeffery Halloran became a police officer in the City of Lowell Police Department on May 12, 2008. He had previously worked for ten years as a correction officer with the Department of Correction and had developed high blood pressure during that time. On his pre-employment physical with the Police Department, Officer Halloran checked that he had hypertension. His blood pressure that day was 110/88, which is within the normal range. His medical records showed that he was on blood pressure medication when he applied to become a police officer. (Agreed Fact 1; Halloran testimony; Ex. 6; Ex. 11, pp. 1-2.)

2. Among the many job duties of a police officer is the duty to:

> Operate a Department vehicle under non-emergency conditions within specific geographic areas to observe and detect unusual activities or circumstance[s] or violations of the law in order to deter crime and provide service to the public.

(Ex. 12.)

3. On February 2, 2016, Officer Halloran suffered neck and back strain when his police cruiser was rear-ended by a truck. The EMTs who responded to the scene recorded his

blood pressure as 170/88. The officer declined a cervical collar. At Lowell General Hospital, his blood pressure fluctuated between 150/99 and 170/114. There is nothing in the medical record to suggest that the officer's neck was placed in traction. (Ex. 11, pp. 113-114 and 133.)

4. On February 14, 2019, Officer Halloran went to the emergency room at Lowell General Hospital complaining of head and eye pain. His blood pressure and heart rate were elevated. A CT scan revealed a "right vertebral artery dissection."[3] (Ex. 11, pp. 174-186.) "A vertebral dissection is a tear in the inner layer of the artery in your neck. You have a carotid artery on each side of your neck. These arteries send blood to your brain." Hospital discharge instructions told Officer Halloran that he "may need to take blood-thinning medication for 3 to 6 months." It advised him to take his blood pressure medicine, and that his treatment may include "clot-busting medicine (thrombolytic) if your dissection causes a stroke." (Ex. 11, pp. 206-207.) Meg VanNostrand, M.D., had him undergo an MRI to rule out a stroke. The MRI did not show a "mass, infarct or hemorrhage." His systolic blood pressure, as measured at the hospital, varied between 143 and 162. His diastolic blood pressure varied between 95 and 111. (Ex. 11, pp. 236, 239, 243, and 249-250.)

5. Officer Halloran returned to the hospital on February 15, 2019 with worsening headache and neck pain. He was discharged on February 18, 2019.[4] The discharge record for

[3] "Vertebral artery dissection (VAD) is a serious and potentially life-threatening condition that results from a tear in the arterial wall, allowing blood to enter and separate the vessel layers." It "can progress to ischemic stroke." Vertebral Artery Dissection, National Library of Medicine (last visited July 20, 2026).

[4] The medical records for this period are interminable and bounce around to different dates, which makes it difficult to determine whether the officer went to the emergency room once or several times.

this visit, if accurate, reflects that the officer drank alcohol every day; he was advised on discharge to cease drinking. He was also advised to check his blood pressure two to three times per week. (Ex. 11, pp. 259-260.)

6. Officer Halloran followed up with a neurologist on February 22, 2019. He told Arya Farahmand, M.D., that he had not had any major neck traction and that his family had no history of connective tissue disorder. The doctor thought it unusual that he had a vertebral artery dissection without evidence of trauma. He considered the possibility of an underlying connective tissue disorder such as Ehlers-Danlos, but that is an inherited disorder. He also thought it possible that given the nature of police work, "it would also be possible that he had some traction on the neck" that he did not recall. He told Officer Halloran to stay out of work for another three weeks, to continue taking the aspirin that had been prescribed at the hospital, and to go to an emergency room if he had any other neurological symptoms. (Ex. 11, pp. 545-546.) The doctor cleared him to go back to work on March 25, 2019. (Ex. 11, p. 549.)

7. On May 19, 2020, Officer Halloran had a telehealth visit with Nurse Practitioner Joshua Goldberg. He reported that he had experienced anxiety when the COVID-19 shutdown began because his mother was in a nursing home, his father was home alone, and his wife was an emergency room nurse. He started on a new blood pressure medication, metoprolol succinate 25, and his blood pressure was now closer to the normal range. (Ex. 11, pp. 550-552.)

8. On October 8, 2020 and January 5, 2022, Officer Halloran had annual physicals with his primary care physician, Louis Bresnick, M.D. At the first physical, the doctor prescribed escitalopram to treat the officer's anxiety. At the second physical, the officer reported the medication was working well. Officer Halloran reported in 2020 that he was no longer drinking

on weekdays, but in 2022 he said he was drinking three to five times per day. (Ex. 11, pp. 554-560.)

9. On the morning of March 22, 2023, Officer Halloran reported to work after taking his blood pressure medications for the day.[5] He was told to report to a downtown Lowell area where a deputy had seen homeless people sleeping in business doorways. Some of the homeless sleeping in the downtown area moved along as he directed, while some resisted, at least verbally. He was cautious when trying to get sleeping homeless people to move on because of the possibility that he might be assaulted or stabbed with a needle by someone who was a drug user. He had to physically wake up some of them by poking though blankets to see if a person was there. He is sympathetic to the problems of the homeless, knew some of them individually, and found this work to be stressful. (Halloran testimony.)

10. He next went to South Common Park where he found about 100 homeless people camped out. He woke them all up, then drove his police cruiser to a spot where he could monitor whether the homeless were actually moving on. He called this a "directed patrol." (Halloran testimony.)

11. As he was sitting in his cruiser, Officer Halloran began to feel light-headed, dizzy, and confused. He was sweating and thought he might pass out. Not wanting to pass out in the park, he drove to a parking lot, got out of his car, and tried to shake off these feelings. He could not do so. Instead, he began to have blurred vision. He then drove back to the police station

[5] The hospital records from that day mention that the officer told emergency room staff that he had run out of a blood pressure medication three days earlier. (Ex. 11, p. 18.) The officer testified at the hearing that he had run out of a medication that was not one he took to treat his hypertension. (Halloran testimony.)

and was taken by ambulance to Lowell General Hospital. (Halloran testimony.)

12. Officer Halloran subsequently filed an incident report in which he stated:

> At approximately 0845 while patrolling downtown/South Common I began experiencing a medical emergency. I was parked at the time and became lightheaded to the point where I felt I would pass out. I also experienced numbness in my left arm, blurred vision, nausea, confusion and was diaphoretic [sweating]. I was close enough to the station that I was able to seek help from Officer J. Merrill. As I exited the cruiser I found it difficult to walk.

(Ex. 7.)

13. Emergency room records show that Officer Halloran came to the hospital because he was experiencing dizziness, vertigo, and anxiety. He denied chest pain or shortness of breath. His blood pressure was 149/102 when he was first admitted but went down to 121/92 four hours later. A CT scan of his head showed "no acute intracranial abnormality." He was diagnosed with anxiety and discharged with a letter saying he could return to work by March 27, 2023. (Ex. 11, pp. 21, 28-29, 37, 54, and 68.)

14. On March 31, 2023, Officer Halloran made a follow-up visit with Nurse Practitioner Robin Thompkins. She recommended that he have a brain MRI and that he be evaluated by Dr. Farahmand. (Ex. 11, p. 566.) An MRI on April 18, 2023 showed a "signal abnormality in the right paramedial pons." (Ex. 11, p. 576.)

15. Officer Halloran was examined by Dr. Farahmand on April 27, 2023. His reading of the MRI was that the officer had suffered stroke of the lacunar type in the right mid pons area of the brain.[6] (Ex. 11, pp 587-588.)

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[6] "A lacunar stroke (lacunar infarct) is a stroke that happens when a blood clot blocks one of the small blood vessels deep in your brain." Lacunar stroke (lacunar infarct), Cleveland Clinic (last visited July 20, 2026).

16. A May 5, 2023 echocardiogram of Officer Halloran revealed a "[M]ildly dilated ascending aorta." He began wearing a cardiac monitor for one month. (Ex. 11, pp. 595 and 605; Agreed Fact 7.) A CT scan taken on May 10, 2023 was unremarkable except that the "previously described caliber change in the right vertebral artery at the V3 level on CTA of the head and neck 2/14/2019 is no longer seen." (Ex. 11, pp. 607-608.)

17. On May 22, 2023, Officer Halloran was evaluated by neurologist Jonathan Moray, M.D. He told the doctor he had not made a complete recovery as he still had balance and memory problems. The doctor thought that the officer's clinical "history is consistent with a right brain stroke on March 22, 2023 while he was at work. The abnormality in the MRI is consistent with the clinical picture." He opined that "[g]iven the patient's line of work I do not think he should return as a police officer due to the stroke with persistent symptoms." He recommended that the officer be "aggressively treated for risk factors including aggressive treatment of his hyperlipidemia and hypertension." (Ex. 11, pp. 609-610.)

18. On June 1, 2023, Dr. Bresnick treated Officer Halloran. Regarding blood pressure, the doctor thought that the officer's "systolic blood pressure is essentially acceptable, but the diastolic remains persistently elevated. We will increase metoprolol succinate from 50 mg to 100 and will follow the patient's blood pressure." Regarding Officer Halloran's liver, the doctor noted that the officer "had decreased alcohol use" and that he "would like to start the patient on an antilipid agent, but [would be] remiss to do so with transaminases in the 160-180

The pons is "a part of your brainstem, a structure that links your brain to your spinal cord. It handles unconscious processes and jobs, such as your sleep-wake cycle and breathing." Pons, Cleveland Clinic (last visited July 20, 2026).

range."[7] (Ex. 11, pp. 611-612.)

19. On June 29, 2023, Officer Halloran filed for either ordinary or accidental disability retirement. He described his disabling medical condition as:

> Right Pontine Cerebrovascular Accident (CVA) in the setting of known pre-existing hypertension that was aggravated by extended exposure to the recognized work stressors associated with being a police officer. As a result of the Right Pontine CVA, I am now required to take antiplatelet medication that [has] a marked risk for bleeding in traumatic injuries of spontaneous bleeding.

(Ex. 3.) He stated that he ceased to be able to perform his duties on March 22, 2023. He checked a box saying that the reason for his disability was an injury. He did not check boxes for hazard or presumption. He stated that his injury was caused by "extended exposure between 03/29/2008 through 3/22/2023." He did not describe what happened on March 22, 2023. He noted the car accident on February 2, 2016 and the hospital visit on February 14, 2019 when he was diagnosed with a right vertebral artery dissection. He added:

> The injury or hazard is the continued exposure to the known stressors encountered while in the performance of my duties as a police officer including, but not limited to actual as well as the risk of personal injury and/or death, responding to emergencies and other stress inducing situations, engaging in physical exertion and other activities all related to being a police officer that aggravated my known, pre-existing hypertension leading to a stroke.

Id. He acknowledged the following other conditions that may have contributed to his disability:

> Hyperlipidemia; right vertebral artery dissection; stress induced increased alcohol use

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[7] "Enzymes called transaminases release from liver cells when something injures those cells. Alcohol, medications, viruses and metabolic diseases are among the possible causes of liver damage and transaminitis." Transaminitis, Cleveland Clinic (last visited July 20, 2026).

My understanding is that Dr. Bresnick wished to prescribe an antilipid agent to Officer Halloran but would not do it with the high levels of transaminases in his bloodstream. This is confirmed by the doctor's assessment in which he stated that he intended to follow up on the officer's liver panel and "[i]f liver tests are acceptable we will start a statin medication." (Ex. 11, p. 616.)

and improper diet.

Id.

20. Dr. Bresnick prepared a physician's statement in support of Officer Halloran's application. The doctor agreed that Officer Halloran's disability was permanent and the cause of this disability was job-related. His handwritten explanation was illegible. The parties agree that the doctor filed an amended statement (which is not in the record) that described his diagnosis as "new [right] pontine CVA in setting of hypertension, {illegible} and prior [right] vertebral artery dissection." (Ex. 4; Agreed Fact 12.)

21. The Lowell Police Department in its employer's statement affirmed that Officer Halloran can no longer perform the essential duties of a police officer. It described the stroke as an "incident or hazard NOT related to the applicant's job duties." The Police Department did not explain this conclusion. (Ex. 5.)

22. Officer Halloran was examined by a medical panel made up of Christopher Clyne, M.D., Michael Johnstone, M.D., and Seth Schonwald, M.D. The first two doctors are cardiologists; Dr. Schonwald is an internist. All three doctors agreed that Officer Halloran was incapacitated from serving as a police officer and that his disability was permanent. Drs. Clyne and Schonwald thought his disability was job-related; Dr. Johnstone disagreed. Officer Halloran has "white coat syndrome,"[8] which led him to be nervous when examined by the panelists. (Exs. 8-10; Halloran testimony.)

23. Dr. Clyne examined Officer Halloran on November 10, 2023. He noted that the

[8] "White coat syndrome, or white coat hypertension, is the term for when you get a high blood pressure reading in a doctor's office and a normal reading at home." White Coat Syndrome, Cleveland Clinic (last visited on July 28, 2026).

officer "had a long history of hypertension that has been very difficult to control despite multiple medications" and that he was presently taking three blood pressure medications (Toprol-XL, Losartan, and Hydrochlorothiazide) and an antiplatelet medication called Plavix. Despite these medications, the doctor measured the officer's blood pressure at 160/120 in the left arm and 180/120 in the right arm. He concluded:

> The examinee is a 49-year-old police officer with a long history of very difficult to control hypertension. He is on multiple medications that are clearly not effective even at this time based on blood pressures today and review of the medical records. He has already suffered at least 1 central neurological event on March 22, 2023. He also has a history of dissected vertebral artery of uncertain origin. In my opinion, the stress and physical exertion of his work as a police officer may have caused uncontrolled hypertension that led to a hypertensive emergency resulting in a stroke on March 22, 2023. Based on my review of his records, along with the clinical exam today, in my opinion, Officer Halloran is permanently unable to perform the duties of a police officer that could cause a dangerous elevation of his blood pressure and put him at risk for a recurrent stroke.

(Ex. 8.)

24. Dr. Schonwald examined Officer Halloran on December 13, 2023. He measured the officer's blood pressure at 134/89. The officer told him he had been drinking 4-5 alcoholic beverages per day when he had the stroke but was down to one glass of wine per day by the time he saw the doctor. Dr. Schonwald concluded:

> Mr. Halloran is a 50-year-old police officer who sustained a pontine stroke on March 22, 2023. He also has a distant history of a vertebral artery dissection.
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> Given his weakness on the left, and the potential morbidity associated with a pontine stroke, it is reasonable that Mr. Halloran cease his duties as a police officer. I do not believe he is capable, or that it is safe for him to perform his duties going forward, given the significant stroke he has sustained.
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> In terms of causality, I don't think stress is to be blamed directly for Mr. Halloran's stroke. However, hypertension, which he has, is risk factor and even if his blood pressure is controlled, sudden elevations from workplace stress can precipitate events of this nature. Therefore, said incapacity is such as might be the natural and proximate

> result of the personal injury sustained or hazard undergone on account of which retirement is claimed.

(Ex. 9.)

25. Dr. Johnstone examined Officer Halloran on December 12, 2023. He measured the officer's blood pressure at 135/100. He stated that Officer Halloran "continues to have episodic confusion, loss of appetite, and he has balance problems as well as left-sided weakness in his left leg." He also noted that the officer's "cardiac risk factors are positive for hypertension and dyslipidemia (excess lipids or fat in the blood)."[9] He diagnosed the officer with hypertension, dyslipidemia and status post right pontine CVA (cardiovascular event). He concluded:

> Given the fact that Mr. Halloran had hypertension that is not well controlled, and this is certainly a risk factor for stroke, in my opinion, his poorly-controlled hypertension played an important role in his developing a CVA, and as a result, he is permanently unable to return to being a police officer. In terms of causality, because Mr. Halloran is still hypertensive 9 months after stopping work as a police officer (as evidenced by a blood pressure reading of 135/100 on today's exam), in my opinion, his work stress was not the cause of a blood pressure increase to the point of leading to his stroke. The work did not aggravate his pre-existing hypertension.

(Ex. 10.)

26. The Lowell Retirement Board approved Officer Halloran for ordinary disability retirement. It took no action on his application for accidental disability retirement because "he did not identify a personal injury sustained or hazard undergone in the performance of his duties." The Board informed him of these actions in a February 14, 2024 letter. (Ex. 1.) He filed a timely appeal. (Ex. 2.)

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[9] "Hyperlipidemia (high cholesterol) . . . can increase your risk of heart attack and stroke because blood can't flow through your arteries easily." Hyperlipidemia, Cleveland Clinic (last visited July 20, 2026).

Discussion

To qualify for accidental disability retirement, an applicant must establish: (1) that he is incapacitated from performing his essential duties, (2) that the incapacity is permanent, and (3) that the disability is "by reason of a personal injury sustained or a hazard undergone as a result of, and while in the performance of, his duties at some definite place and at some definite time." M.G.L. c. 32, § 7(1). The first two requirements also are needed to qualify for ordinary disability retirement. M.G.L. c. 32, § 6(1). Because the Lowell Retirement Board has granted Officer Halloran ordinary disability retirement, the only issue remaining in his appeal of the Board's denial of accidental disability retirement is causation.

To establish causation, an applicant must show either "that his disability stemmed from a single work-related event or series of events; or, if the disability was the product of gradual deterioration, that the employment had exposed the plaintiff to an identifiable condition that is not common and necessary to all or a great many occupations." *Blanchette v. Contributory Ret. App. Bd*., 20 Mass. App. Ct. 479, 485 (1985) (citations and internal quotations omitted).

Officer Halloran had high blood pressure when he became a police officer. He could still have relied on the Heart Law presumption if he developed high blood pressure while working as a correction officer. Because he has been unable to prove that, prior to becoming a correction officer, he passed a pre-employment physical in which high blood pressure was not detected, he cannot literally rely on the presumption.[10]

[10] There is no dispute that the Heart Law presumption could apply to a police officer who suffered stroke. Strokes are not mentioned in the presumption, which led one decision to say that the presumption does not apply. *See Soucy v. Lowell Ret. Bd*., CR-25-497 (Div. Admin. L. App. July 3, 1996). But many other decisions are premised on the presumption applying to strokes. *See, e.g., Greco v. Bristol County Ret. Bd*., CR-14-625 (Div. Admin. L. App. Dec. 11,

But that the presumption plays a role nonetheless because it reflects the legislature's thinking on hypertension-related causes of police officer disability. The legislature did two things to ease the way for disabled police officers (and firefighters and correction officers) to demonstrate that they qualify for accidental disability retirement. One was to make it easier to prove causation. If a police officer falls and suffers a disabling injury while chasing a fleeing suspect, the connection between the officer's work and his disability is obvious. But high blood pressure, heart attack, or stroke are typically the result of long-term processes so that a work-related cause is not immediately obvious, even as in Officer Halloran's case when the stroke happened while he was performing his job. The presumption removes that proof problem by presuming that high blood pressure or heart disease that arose while someone was working as a police officer has a job-related cause.

The second feature of the presumption is that it does not distinguish between disability caused by an injury and disability caused by exposure to a hazard. This amounts to a finding by the legislature that police work can expose officers to injuries or hazards (including job stresses) that can cause disabling hypertension or heart disease (or stroke). This is particularly important when a police officer's application is based on the general stresses associated with police work.

It is notoriously difficult to show that a disability related to job stress can be a valid basis for an award of accidental disability retirement. This is because an applicant must show that the job stresses he or she experienced were, per *Blanchette*, "an identifiable condition that is not common and necessary to all or a great many occupations." That job stress is common to a

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2015), *Crocker v. State Bd. of Ret.*, CR-00-083 (Div. Admin. L. App. Apr. 27, 2001), and *Vogel v Milton Ret. Bd.*, CR-94-710 (Div. Admin. L. App. Apr. 28, 1995).

great many occupations makes it difficult to show that a particular person seeking accidental disability retirement experienced unusual job stress. Here, the Board focuses on the fact that Officer Halloran was sitting in his patrol car when he suffered a stroke and questions whether, in such a circumstance, he was experiencing unusual job stress.

The presumption makes clear that, in the legislature's view, police officers experience such significant job stresses that any hypertension or heart disease experienced by a person since becoming a police officer can be presumed to have been caused by those stresses.[11] Put another way, the presumption does not distinguish between what may be considered the routine stresses of police work from the extraordinary stresses some officers may face. This legislative determination can be taken into consideration even though the causation aspect of the presumption does not apply.

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[11] Several cases have held that routine stress experienced by police officers cannot form the basis for granting an officer accidental disability retirement. *See LePage v. Fall River Retirement Bd*., CR-14-248, *36 (Div. Admin. L. App. Mar. 28, 2014) (police officer had to show that hazards he faced were out of the ordinary for a police officer); *Beauvais v. Leominster Retirement Bd*., CR-12-697, *10 (Div. Admin. L. App. Aug. 22, 2014) (seeing a woman killed in a domestic homicide and a teenager who died in a fire do not qualify as hazards because "they are common and necessary to all or a great many public safety personnel"); and *Rosario v. Fall River Retirement Bd*., CR-13-233, *13 (Div. Admin. L. App. Apr. 15, 2016) ("Everyday exposure to routine trauma as a police officer does not rise to the level of a personal injury or hazard undergone," citing *LePage*). Each of these decisions involved a police officer who sought accidental disability based on mental trauma, not based on hypertension, heart attack, or stroke, and thus did not account for the legislative finding in the presumption that the stresses routine to police work can form an adequate basis for a disabled officer to be awarded accidental disability retirement base on hypertension, heart disease, or stoke.

To the extent these decisions look only to whether the officer seeking disability had experienced a stress different from what other officers or public safety personnel experience they are inconsistent with *Blanchette's* wider focus, which requires retirement boards to look at whether the hazard is common "to all or a great many occupations." Whether it is responding to the scene of a homicide or rousting the homeless, these are not hazards widely experienced by public employees.

What does this mean for Officer Halloran? The officer checked a box on the application attesting that he was applying for accidental disability retirement based on an injury. However, he did not attribute his stroke to a particular injury, but rather he asserted that he suffered a stroke because his "pre-existing hypertension that was aggravated by extended exposure to the recognized work stressors associated with being a police officer." Finding 19. He elaborated that he experienced "continued exposure to the known stressors encountered while in the performance of my duties as a police officer including but not limited to actual as well as the risk of personal injury and/or death, responding to emergencies and other stress inducing situations." *Id*. Thus, his application is actually based on a disability ultimately caused by job hazards. Because he had high blood pressure when he started as a police officer, he cannot avail himself of the presumption that he suffered a stroke because of high blood pressure related to his job as a police officer. Instead, he must base his claim on medical evidence that the stresses of police work caused the stroke. This he has done.

It is not clear whether the stress of his particular work on March 22, 2023 caused Officer Halloran to have a stroke that day or whether the stroke was related to long-term accumulated stress and difficult-to-control high blood pressure. Dr. Schonwald thought that "sudden elevations from workplace stress can precipitate" a stroke. Finding 24. Whether that is what happened, the events of that day were explored in detail at the hearing and illustrate the kinds of stresses inherent in Officer Halloran's work as a patrol officer.

He was tasked that day with clearing sleeping homeless people from the doorways of businesses in downtown Lowell and from a nearby park. He was sympathetic with the plight of the homeless, knew some of them personally, and found this task stressful. He also had to face

the possibility that resistance to his efforts might turn into assault or that he might be stabbed by a needle by someone who was a drug user. After he woke up 100 homeless people sleeping in a park, he sat in his cruiser watching to see that they all moved on. This is when he had stroke-related symptoms. Findings 9-11.

Although he was just sitting, he was performing a job duty by watching to see if the homeless left the park. Thus, he was performing a job duty when he had a stroke. That is not necessarily of key importance because the focus here is on whether Officer Halloran's job duties and job hazards led to his stroke, not whether the stroke happened while he was working. *See Retirement Bd. of Salem v Contributory Retirement App. Bd*., 453 Mass. 286, 290-291 (2009) (accidental disability retirement granted to woman who, while at work, was told by her supervisor that her position was being eliminated and one hour later at home had a heart attack).

I turn then to the medical evidence. When Officer Halloran had his pre-employment physical, he had already been diagnosed with high blood pressure, but the blood pressure reading at the time of his physical was normal because it was adequately controlled by one blood pressure medication. Finding 1. His blood pressure was much worse when he had the stroke. Dr. Clyne noted during his examination of the officer that he "had a long history of hypertension that has been very difficult to control despite multiple medications" - Toprol-XL, Losartan, and Hydrochlorothiazide. Finding 23. Thus, his blood pressure problem became considerably worse during the time that he served as a police officer.

The stroke occurred on March 22, 2023, but it took around a month for the stroke to be diagnosed. Two months after the stroke, Officer Halloran still had balance and memory

problems. Dr. Moray, a neurologist, stated that the officer's clinical "history is consistent with a right brain stroke." Finding 17. A few weeks later, the officer's primary care physician noted that Officer Halloran's diastolic blood pressure remained elevated. Finding 18. He did not note that he found anything unusual about this. Instead, he increased the dosage of one of Officer Halloran's blood pressure medications and resolved to continue to monitor the officer's blood pressure. *Id*.

Turning to the medical panelists, all three thought Officer Halloran suffered a stroke and his continuing symptoms and the risk of another stroke disabled him from further work as a police officer. They disagreed about whether the stroke was connected to his job. Dr. Clyne thought that "the stress and physical exertion of his work as a police officer may have caused uncontrolled hypertension that led to a hypertensive emergency resulting in a stroke on March 22, 2023." Finding 23. Dr. Schonwald thought that stress was not the immediate cause of the stroke but that "hypertension, which he has, is risk factor and even if his blood pressure is controlled, sudden elevations from workplace stress can precipitate events of this nature." Finding 24. Dr. Johnstone did not disagree about the cause of the stroke. Rather, he focused on its aftermath. He concluded that "because Mr. Halloran is still hypertensive 9 months after stopping work as a police officer (as evidenced by a blood pressure reading of 135/100 on today's exam), in my opinion, his work stress was not the cause of a blood pressure increase to the point of leading to his stroke." Finding 25.

Since Officer Halloran met with each panelist separately, the panelists have not had the opportunity to address the views of the other doctors. As near as I can tell, they agree that a spike in Officer Halloran's blood pressure caused his stroke. Presumably that spike was

temporary. Indeed, when Officer Halloran went to the hospital, his blood pressure was 149/102, which is still high but not extraordinarily so. And a few hours later it dropped to 129/92, which is closer to normal. Finding 13.

But the doctors who examined Officer Halloran after the stroke, which is when he last worked as a police officer, continued to diagnose him with high blood pressure and none of them expressed surprise. Two months after the stroke, Dr. Moray recommended that the officer's hypertension be addressed aggressively. Finding 17. A few weeks later, Dr. Bresnick upped the dosage of one of Officer Halloran's blood pressure medications. Finding 18.

The medical panelists examined Officer Halloran seven or eight months after the stroke and five or six months after the officer applied for accidental disability retirement. All recorded readings reflected high blood pressure. The readings were highest with the first doctor he saw, Dr. Clyne (160/120 in the left arm and 180/120 in the right arm), and considerably lower with the other two doctors (Dr. Schonwald – 134/89; Dr. Johnstone – 135/100). Findings 23-25.

These readings tend to corroborate Officer Halloran's testimony that he has "white coat syndrome," i.e. that his blood pressure spikes in a medical setting. Interestingly, the officer experienced the worst spike in blood pressure on his first encounter with a medical panelist, though it was still high when he was examined by the two other panelists. Finding 22. Dr. Johnstone did not say he accounted for this reason for the officer's high blood pressure.

But more significantly, none of the other doctors who examined Officer Halloran after his stroke and after he had stopped working as a police officer thought it worth noting that his blood pressure had not returned to around the normal reading of 120/80. It would seem that they do not share Dr. Johnstone's view that, once a person is removed from a long-term

stressful environment, blood pressure can be expected to return to more or less normal. Officer Halloran spent almost fifteen years as a police officer. Dr. Johnstone did not address whether this many years of job stress and difficult-to-control high blood pressure could have left a permanent impact on his circulatory system so that he would not necessarily have been expected to return to normal blood pressure once he stopped work as a police officer. I therefore credit the opinions of the other panelists and not Dr. Johnstone's.

I also discount other possible causes of Officer Halloran's stroke. A hospital record noted that the officer had not taken his blood pressure medication for a few days, but the officer testified that it was a different medication that he missed. There is simply not enough evidence to show that a missed medication had anything to do with the stroke.

Officer Halloran, by his own admission in his application, stated that he endured "stress induced increased alcohol use." Finding 19. His medical records, which the panelists reviewed, are also replete with references to doctors advising him to drink less. None of the medical panelists, however, expressed an opinion linking his drinking to his stroke.

The most significant health problem he had that could potentially be relevant to a stroke was the diagnosis in 2019 that he had a "right vertebral artery dissection," which put him at risk of a stroke. Finding 4. The cause of this condition is unclear. A doctor who examined him asked him if his neck had been in traction; he did not recall ever having his neck in traction. He had a neck injury in a job-related car accident in 2016, but the medical records do not show that his neck was placed in traction. Findings 3 and 6. None of the doctors who examined him following the stroke identified the artery dissection as a possible cause of the stroke. And if I

read it correctly, an echocardiogram from May 2023, two months after the stroke, could not find the dissection, suggesting the area had already healed, most likely before the stroke.

Conclusion

Because the evidence shows that Officer Halloran's high blood pressure became worse while he served as a police officer, and because the stroke he experienced was most likely caused by a spike in his already high blood pressure attributable to the stresses of his work, I conclude that Officer Halloran has proven that he qualifies for accidental disability retirement.

DIVISION OF ADMINISTRATIVE LAW APPEALS

James P. Rooney
James P. Rooney
Administrative Magistrate

DATED: July 31, 2026