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March 26, 2020

Chief Justice Ralph D. Gants  
Supreme Judicial Court  
John Adams Courthouse Contact Information  
1 Pemberton Square  
Boston, MA 02108

RE: CPCS, et al v. Chief Justice of the Trial Court  
SJC-12926

Dear Justice Gants,

I write specifically on behalf of the inmates named, all of whom I represent at various stages of the medical parole process. I am certain that I represent the interest of many others similarly terminally ill or permanently incapacitated currently in the custody of the Department of Correction whose names I do not know who are either terminally ill or permanently incapacitated and who might be well be entitled to medical parole, whom DOC has neglected to acknowledge and to exercise its statutory authority to petition for medical parole on their behalf. I note with particularity that DOC acknowledges, by way of reply to public records request, that there are nine inmates DOC has determined are incompetent to make medical or litigation choices currently confined at MCI Shirley. These inmates might well be entitled to medical parole and DOC needs no permission from them to initiate and process medical petitions, because medical parole does not require the consent of the medically paroled.

I write also, unbidden, on behalf of the guards and staff and DOC facilities, their families, and the public, all of whom are at great risk when highly infectious disease is highly likely to run rampant behind the wall, as outlined in the pleading filed by CPCS, et al. Keeping persons who are permanently incapacitated and/or terminally ill behind the all at this time increases the risk to these prisoners, other prisoners, guards, staff, and all the world.

I write specifically to urge, when fashioning relief, instead of the category of persons

“qualified for medical parole”

you see in the pleadings filed by Petitioners, you instead grant specific relief, among other groups, to

“persons deemed eligible for medical parole because of terminal illness or permanent incapacity as diagnosed by a licensed medical provider”.

This is a distinction with a real difference; DOC may otherwise take the position that an inmate is not “qualified” for medical parole and thus eligible for emergency relief, absent the filing of a petition and a 66-day review process. By that time, given the pace of the pandemic, relief is highly likely futile. Furthermore, placement for inmates without means may prove impossible. Furthermore, if the 66-day process of qualification results in a denial which must be appealed, the current wait time in Superior Court for resolution of such an appeal is approximately ten months. By that time, relief is almost certainly futile.

The terminally ill exhaust enormous resources. So do the wheelchair bound at the dialysis unit at Shirley. So do the clients 60 and over who suffer from preexisting conditions placing them at risk. The difference between a 60 year old person with hypertension and diabetes being immediately terminally ill and not, given COVID-19, might be a matter of hours. Joseph Buckman, age 73, has only one lung. He has been hospitalized six times in the past year. Abdul Mahdi is 89 years old and has not left his wheelchair for nine years. James Judge has Stage Four metastatic prostate cancer and only months to live and his mother is willing to take him home. These people present no risk to the public if released despite convictions of crimes against a person, and great risk to the public and to DOC staff if infected with COVID-19 while confined.

For these reasons, public policy supports the early release of the terminally ill and permanently incapacitated as diagnosed by DOC medical staff or outside providers, without the 66-day time period waiting for them to be “qualified” under the medical parole statute. They should be given relief. Even if they have committed crimes in

violation of Chapter 265, they present little risk by virtue of confirmed immediately terminal illness or incapacity. The social calculus has changed; they incur greater cost and create greater risk to society inside than out. In the unique public health crisis in which we find ourselves, these at-risk inmates, whose diagnosis and vulnerability is confirmed, should be excused from the 66 day waiting period now required to "qualify" for medical release.

I go further to suggest that DOC be asked, ordered, to identify the terminally ill and permanently incapacitated inmates now in DOC custody, and to immediately initiate petitions for medical parole on these inmates' behalf. Relief should not be granted only to those inmates with the capacity and strength to self-identify. It should be equally available to all. The statute itself supports your conclusion that DOC must now act affirmatively on behalf of these inmates, whose continued imprisonment actually creates a public health risk. Were the Commissioner to conclude that the release of these terminally ill and incapacitated inmates was more compatible with the welfare of society than not, she would be duty bound to grant them medical parole even over their (unlikely) objection. Nobody has a right to volunteer to be a prisoner. DOC, as this Court has lately acknowledged, has direct access to the medical record of every inmate and knows who is terminally ill and who is not. At a minimum, this Court should direct DOC to process petitions for those deemed incompetent at Shirley and elsewhere.

Most respectfully,

A handwritten signature in black ink, appearing to read 'Ruth Greenberg', with a stylized, cursive script.

Ruth Greenberg

RG/ljs  
Enclosure  
cc: (see attached list)

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