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January 23, 2026

Dr. Maria Angeles
VitalCore Health Strategies, LLC
MCI-Shirley
104 Harvard Road, PO Box 1218
Shirley, MA 01464

RE: Medical Parole Petition for James Ware (W84503)

Dear Dr. Angeles:

I am in receipt of the medical parole petition and all attachments that you filed on behalf of MCI-Shirley incarcerated individual James Ware (W84503) on January 20, 2026. I am aware of Mr. Ware's medical situation given the previous petitions for medical parole filed on his behalf and past hearings. Mr. Ware is a 52-year-old man who was committed to custody in 1998 to serve a state prison sentence of life for murder in the first degree. I incorporate the documents pertaining to Mr. Ware's prior petitions by reference.

After reviewing the petition and all attachments, along with the updated medical assessment from VitalCore, the Department's contracted medical provider, Mr. Ware's criminal and disciplinary history, all previous written statements submitted to me by the District Attorney Office and the G.L. c. 258B family member, and oral testimony provided at the hearing conducted on Mr. Ware's last petition, I am approving the petition for Mr. Ware's release on medical parole. I find that Mr. Ware is "permanently incapacitated" and "terminally ill" as required by G.L. c. 127, § 119A, 501 CMR 17, Medical Parole, and 103 DOC 603, Medical Parole. Consequently, I believe that, if released, Mr. Ware will live and remain at liberty without violating the law and that his release will not be incompatible with the welfare of society. I base my decision on the following facts.

The medical parole statute, G.L. c. 127, § 119A, defines "terminal illness" as "a condition that appears incurable, as determined by a licensed physician, that will likely cause the death of the prisoner in not more than 18 months and that is so debilitating that the prisoner does not pose a public safety risk." This standard has two components. First, the medical condition cannot be cured and will cause likely death within 18 months. Second, the terminal illness must be so debilitating that the incarcerated individual no longer poses a public safety risk. The statute also defines "permanent incapacitation" as "a physical or cognitive incapacitation that appears irreversible, as determined by a licensed physician, and that is so debilitating

that the prisoner does not pose a public safety risk.” This standard also has two components. First, the incapacitation cannot be reversed. Second, the incapacitation must be so debilitating that the incarcerated individual no longer poses a public safety risk.

By this standard, Mr. Ware is both terminally ill and permanently incapacitated. According to the Official Version and the Supreme Judicial Court decision in Commonwealth v. Evans, 438 Mass. 142 (2002), on May 6, 1993 at 9:00 p.m., Boston Police responded for a report of a man stabbed. Upon arrival, officers observed the victim lying on his back on the sidewalk. The victim who was conscious told the officer he was attacked, and as result of the attack was suffering from several wounds. The victim was treated at the scene then transported to the hospital, where he later died of his injuries. The suspects, Mr. Ware and his brother, were later apprehended after committing another crime a short while after. On May 6, 1993 at 9:20 p.m., Boston Police responded to another address reporting a man with a knife. When officers arrived at the scene, they spoke with the second victim who stated that while leaving his apartment, he was approached by 2 black males brandishing a knife. The victim stated that they demanded money and when he did not comply, one of the men punched him in the head. The victim fled on foot and the suspects gave chase. The victim fled into a restaurant and the suspects ran into Sparrow Park in the South End. The victim provided police with detailed descriptions of both suspects and a short time later both individuals were spotted by the police. The police brought the victim to the scene to make a positive identification; however, when the suspects detected a police presence, they attempted to flee the area. The police eventually apprehended both suspects a short time later.

Mr. Ware was convicted by a jury and a Justice of Suffolk Superior Court imposed a sentence of life with parole for Armed Robbery and a consecutive sentence of life without parole for Murder in the First Degree. Following the Supreme Judicial Court decision in Commonwealth v. Mattis, 493 Mass. 216 (2024) concerning emerging adults, the Superior Court on March 6, 2025 issued a revised mittimus ordering that Mr. Ware is currently parole eligible because he was twenty years old at the time he committed these crimes. To date, Mr. Ware has not been seen by the Massachusetts Parole Board. I also note that in addition to these sentences, Mr. Ware also has an assault to rape conviction from 1992 which makes him eligible for possible civil commitment as a sexually dangerous person under G.L. c. 123A.

In reaching my decision, I rely upon and credit the written clinical assessment conducted by you on January 20, 2026 and reviewed by Dr. Seth Curtis of VitalCore. According to the medical assessment, Mr. Ware suffers from a number of complex and serious medical issues, including diabetes, coronary artery disease, s/p stent placement x 3 in 2000, NSTEMI, hypertension, hyperlipidemia, and metastatic lung cancer. According to his most recent CT scan on January 2, 2026, his cancer has progressed. Mr. Ware was thereafter seen by the oncology clinic on January 16, 2026, after it was decided that he needed intravenous chemotherapy. It was in this setting that a code stroke was called. Brain imaging indicated the presence of multifocal intracranial metastatic disease. Mr. Ware was admitted to Boston Medical Center (BMC). After four days at BMC, Mr. Ware developed worsening somnolence and altered mental status compared to his prior baseline. As of the most recent assessment, Mr. Ware needed oxygen supplementation, was somewhat oriented (able to state name), and able to perform hand grasps. The medical assessment further notes that at this time, Mr. Ware has no arm movement and only slight purposeful leg movement. His lung sounds are dim. In sum, the VitalCore medical assessment opines, and I find, that Mr. Ware’s life expectancy is predictably less than 18 months, and he suffers from a terminal illness in the form of metastatic incurable lung cancer.

I also believe that Mr. Ware no longer poses a public safety risk at this time. At the time that I denied Mr. Ware’s previous petition on November 25, 2025, he resided in general population and conducted all daily living skills independently. At the time, Mr. Ware was employed as a unit runner, a job that required

significant physical and cognitive functioning. I find, however, that Mr. Ware has suffered a material change in his condition since my last denial.

I have considered the previous statement submitted by Suffolk County Assistant District Attorney (ADA) David Lewis and a G.L. c. 258B registered family member in opposition to Mr. Ware's previous petition filed on his own behalf. The letter and testimony from ADA Lewis and the victim's sister poignantly describe the significant impact that Mr. Ware's actions have had and continue to have. In particular, the registered victim testified that Mr. Ware murdered her only sibling. I note that Mr. Ware did apologize to the registered victim at the beginning of the hearing for the grief that he has caused her and her family.

Based on the aforementioned evidence and my professional judgment, I believe that if released on medical parole, Mr. Ware will live and remain at liberty without violating the law. Furthermore, I find that Mr. Ware's release will not be incompatible with the welfare of society, as he no longer poses a threat to public safety.

Mr. Ware will require a skilled nursing care setting to address his multiple complex medical conditions. The Department's reentry staff will assist in identifying an appropriate facility placement that can meet all of his medical treatment needs. Once an appropriate placement has been identified and approved by the Parole Board, the Board will set any necessary conditions for Mr. Ware's medical parole, which will continue for the duration of his life sentence.

Please be advised that not less than 24 hours before Mr. Ware's release from custody on medical parole and pursuant to my statutory obligations set forth in G.L. c. 127, § 119A(e), I will notify in writing the district attorney for the jurisdiction where the offense occurred, the department of state police, the police department in the city or town in which Mr. Ware will reside, and the victim's family of Mr. Ware's release, and the terms and conditions of his release as set by the Parole Board. Following the Parole Board's approval of Mr. Ware's proposed place of residence, and the imposition of terms and conditions for her release on medical parole, Mr. Ware will be under the jurisdiction, supervision and control of the Parole Board for the remainder of his life.

Sincerely,



Shawn P. Jenkins
Commissioner

cc: Mitzi Peterson, Deputy Commissioner
Jeffrey Fisher, Assistant Deputy Commissioner
Matthew Divris, Superintendent, MCI-Shirley
Kevin Hayden, Suffolk County District Attorney
David Lewis, Deputy Chief, Integrity Review Bureau, Suffolk County District Attorney's Office
DOC Victim Services Unit (for notification to victims/family if applicable under G.L. c.258B)
James Ware (W84503), MCI-Shirley