IN THE UNITED STATES DISTRICT COURT
FOR THE DISTRICT OF MASSACHUSETTS

STEPHANIE DIPIERRO,

Plaintiff,

v.

HUGH J. HURWITZ, in his official capacity as Acting Director for the Federal Bureau of Prisons, and DR. DEBORAH G. SHULT, in her official Capacity as Assistant Director of the Health Services Division of the Federal Bureau of Prisons,

Defendants.

CIVIL NO. _____

DECLARATION OF STEPHANIE DIPIERRO

Pursuant to 28 U.S.C. § 1746, I, Stephanie DiPierro, declare as follows:

1. I am 38 years old and live in Everett, Massachusetts.
2. My doctors have diagnosed me with anxiety disorder, bipolar disorder and opioid use disorder. To treat my opioid use disorder, my doctors have prescribed medication for addiction treatment (MAT) with methadone. I am currently taking 40mg of methadone per day. With the help of my medication, I have been in active recovery from my opioid addiction for many years. I have rebuilt my relationship with my father and family, developed positive friendships with other individuals in recovery, and can go about my daily activities without feeling sick all of the time. Methadone gave me my life back.

3. I am terrified that if I am unable to remain on my medication during my time in a federal Bureau of Prisons facility, I will lose control of my addiction, and I will relapse, overdose and die.

Life Before Active Addiction

4. I am one of four children, and was very close with my parents when I was growing up.
5. Although my father worked hard, he always made time for me and my siblings. He worked six days a week, but he would spend his only day off taking us to the arcade, the batting cages or bumper cars.
6. I loved my mother and looked up to her. She struggled with mental illness, and I watched her try to commit suicide several times as a young child. But she also gave me a lot of good memories. She threw me and my siblings huge communion parties, and she came to all of my talent shows and basketball games. One year, my team was 9-0 and I remember her telling me "you gotta win" before our final game. When we did, my mother handed out the surprise "10-0" trophies she had made for all of my teammates before the game, hoping that the record would turn out to be true. All she ever wanted was for me to try my best.

History of Addiction

7. Right before I turned 14, my mother died of cancer. My birthday was about a week after the funeral.
8. I didn't care about anything after she died. I didn't have many friends before my mother died because I spent so much time with my parents. Afterwards, I started hanging around with the wrong kids. They were using drugs, and I wanted to fit in, so I started using drugs too. This quickly escalated into years of active addiction to opioids.

9. The first time I went to a treatment clinic I was about 16 years old. I went through detox and stayed for three weeks. When I left, I didn't realize that addiction is a lifetime disease. I wasn't prescribed any medication to treat my opioid use disorder, and the cravings hit me hard soon after I left. Within a month, I was regularly using heroin again.
10. Throughout most of the late 1990s and early 2000s, I was in a state of active addiction. I looked terrible, I couldn't keep a job or get through the day without using. At one point it got so bad that I traded a Thanksgiving turkey for heroin. I would go days without coming home or calling my father.
11. It is only in looking back that I realize how hard it was for my father. Back then, I didn't realize the circles he had under his eyes. He would tell me that he was worried about me, and in return, I would be mean and deny that I was doing anything. There are things I don't even remember because I would black out from being so high.
12. My father tried to take me to different treatment programs, but none of them worked for very long. I went to straight detox programs, and half-way houses and holding programs where you stay in between detox or a half-way home. None of them provided any medication. I would graduate a program and stay sober for a few months, but I would end up relapsing and sliding back into active addiction because my cravings had not gone away.

Path to Active Recovery

13. In the mid-2000s, I had finally gotten out of an abusive relationship and I desperately wanted to stop using heroin. A friend of mine showed me a methadone clinic in Boston. I went in and told them that I didn't want to use drugs anymore, but I needed help because I couldn't stop on my own. The doctors gave me a prescription for methadone and I started a program that included daily methadone dosing and counseling.

14. It took me a while to get on a therapeutic dose of methadone that effectively treated my opioid use disorder. I had heard about how difficult it was to withdraw from methadone, so I was initially afraid to go on a higher dose of the medication. However, the lower doses did not control my cravings, and I was still using heroin because I felt so sick.

15. This changed when I finally got on the correct dose of methadone in the late-2000s. I entered active recovery, which continues to this day. It controlled my cravings, and I could go about my day feeling normal with my daily dose of medication, which I take orally by drinking a liquid that is like cough syrup.

16. Everything started getting better. I got healthier. I was able to go out without feeling sick.

17. As a result of my methadone treatment, my relationship with my entire family has changed. We are an old school Italian family, where people typically stop by unannounced. Before I entered active recovery, I was embarrassed to go over to my relatives' houses. I didn't look well and you could tell something was wrong with me. I noticed that people would hold onto their pocketbooks when I came into the room. Now everything has changed. My relatives trust me, they are not on edge and they have deeper conversations with me. I was always welcome in my relatives' homes, but I finally feel comfortable actually spending time there again.

18. Since I have entered active recovery, I have been able to take an active role in my niece's life. I take her to the arcade just like my father used to do for all of us, and she comes back to show my father all of the prizes she wins with her tickets. My relationship with my father has also gone back to the close bond I remember having as a child. We spend lots of one-on-one time together, talking and laughing like we used to.

19. Demonstrating my compliance with my treatment program, I have earned the privilege to take home a three, and sometimes even five, day supply of methadone for long stretches of time. Earning this privilege required months of negative drug screens, uniform attendance at counseling sessions and consistent daily dosing.

20. I have had a few short relapses during my many years of active recovery – which typically have been triggered by difficult dates like the anniversary of my mother's death or by suicidal feelings that accompany my bipolar disorder – but it is completely different from the relapses I had before I entered the methadone treatment program. Before I was on methadone, there was no stopping me once I began using heroin again – I would run myself into the ground and slip into active addiction immediately. Now that I am on the correct methadone dose, I quickly stop myself from backsliding. My methadone treatment helps me remember that I don't have to do this. Instead, I go speak with my counselor, continue with my daily dosing and quickly get back on track.

21. My methadone treatment program has helped me immensely. I know, however, that there is more work that I need to do. I am not yet ready to come off of methadone and I fear that doing so will put my health and safety at risk.

Federal Charges

22. For several years, I have helped another friend in recovery, Carol Melvin, to take care of herself and her house. She was born with cerebral palsy, is a diabetic, and suffered a stroke, so she needs daily assistance to be able to live independently. Before I got on the correct dose of methadone, I felt sick and was limited in the amount of help I could provide. Since I entered active recovery on the correct dose of methadone, I have felt well enough and had the strength to do all of the daily tasks she needs, including helping her shower, get dressed, use

the bathroom, clean the house, run errands, cook food, and do physical therapy. I am proud that I have been able to have a positive influence on my friend's life.

23. I am paid for helping Carol. I made a mistake and did not report my employment. I was charged with several federal offenses relating to benefits fraud, which carry a potential sentence to a federal Bureau of Prisons' facility.

Lack of Treatment at Bureau of Prisons Facilities

24. I accept responsibility for my behavior, and pled guilty in late November. On February 25, 2019, I was sentenced to one year and one day in a federal Bureau of Prisons facility. My self-surrender date is currently scheduled for April 8, 2019. While I do not know to which facility I will be assigned, I understand that all federal Bureau of Prisons facilities have a policy against providing methadone maintenance treatment to any of inmate suffering from opioid use disorder except pregnant women. Because I am not pregnant, this policy would prevent me from continuing to access my methadone treatment during my incarceration.
25. If I do not have access to my prescribed medication in prison, I will go through a lengthy, painful and dangerous withdrawal. Based on prior experience, I know that withdrawal has serious physical and psychological consequences. I have gone through withdrawal before, and it is unbelievably painful. You physically can't function and you want to kill yourself because of how you feel. It is like having the flu for weeks on end. You feel like you are going crazy.
26. I know that I will experience withdrawal regardless of whether they take me off of my methadone immediately or they rapidly detox me from my methadone treatment by decreasing my dose by 10% per day. Because I am currently on 40mg of methadone per day, a 10% reduction rate would mean that I would get several milligrams less of methadone each

day. I know from personal experience that this reduction will trigger withdrawal symptoms. When I first learned about my court case, I began to decrease my methadone treatment rapidly because I was worried about withdrawing from a higher dose in prison. Even though my clinic recommends decreasing just 1mg per month, I decreased 5mg per month several times because I was so scared. Each time I did so, I got very sick. The new dose would not hold me over until the next day, and I would wake up dry heaving and aching all over. Given this experience, I am terrified of going down several milligrams every single day. I don't think I can handle that.

27. I have been so afraid of my pending sentence, I even tried skipping a dose of methadone to see if I could make it. It was horrible. I was sweating and shaking and threw up to the point of dry heaving. My anxiety went through the roof. I kept telling myself, I have got to be able to do this, but I couldn't. When I went to get my dose the next morning, I looked and felt terrible.

28. I am scared of being in a cell with another person while I am going through this. I don't want them to get mad at me for being sick in our cell. I am very scared that this will make me a target, and I don't want anyone to attack me.

29. I am also very worried about relapsing while I am at a federal Bureau of Prisons facility. I know that illegal drugs are available in prisons. I am afraid that someone will offer me an opioid when my cravings return because my opioid use disorder is no longer being treated by methadone and that I will be unable to say no.

30. I voluntarily began to taper down my methadone dosage because I have been so afraid of my pending sentence. When I got down to 38 mg a day, my medication was no longer able to effectively control my cravings. I went back up to 40 mg a day and have felt more

comfortable, but I am now even more worried about what will happen if I am unable to access my methadone while I am incarcerated. There will be nothing to keep my cravings in check. I don't want to lose control again and re-enter active addiction. It nearly destroyed my life.

31. In addition, I am terrified of potentially overdosing either in prison or upon my release. Given my decreased tolerance following years of treatment, and the extraordinary potency of opioids today, I know this is a serious possibility. My body is not used to fentanyl, and I am very worried about what would happen if I was exposed to it.

32. Finally, I am particularly concerned about being unable to access methadone while I am incarcerated because of my anxiety disorder and bipolar disorder.

33. I tried to commit suicide several times before I entered active recovery, and had several hospitalizations for depression, suicide attempts and mania during this period. My anxiety disorder and my bipolar disorder have been more stabilized since I have entered active recovery on methadone. I did not have any psychiatric admissions for many years before 2017 when I became overwhelmed by the federal charges described above and tried to commit suicide. I wrote a goodbye letter to my father and was in a coma for several days before waking up in the intensive care unit. At the beginning of 2019, I checked myself into a psychiatric ward for relapse prevention and because I was feeling suicidal again, both of which were due to anxiety surrounding my pending incarceration. I am afraid of what it will mean to lose my methadone treatment at the exact moment when I am put in the most anxiety-producing situation of my life. I fear that it will trigger another suicide attempt.

34. I am afraid for my life and my safety if the federal Bureau of Prisons withholds medicine that I know I need. And I need to stay alive for my father. He already lost one child – my brother

– to a drug overdose. I had never seen my father cry until my brother's funeral. I couldn't believe it, because he has always been superman to me. I don't want to put him through that again.

I declare under penalty of perjury under the laws of the United States of America that the foregoing is true and correct.

Executed on March 12, 2019

Stephanie DiPierro

IN THE UNITED STATES DISTRICT COURT
FOR THE DISTRICT OF MASSACHUSETTS

STEPHANIE DIPIERRO,

Plaintiff,

v.

HUGH J. HURWITZ , in his official capacity as Acting Director for the Bureau of Prisons, and Dr. DEBORAH G. SCHULT, in her official capacity as Assistant Director of the Health Services Division of the Federal Bureau of Prisons.

Defendants.

CIVIL NO. _____

DECLARATION OF ROSE ANN BERWALD, M.D.

Pursuant to 28 U.S.C. § 1746, I, Rose Ann Berwald, M.D., declare as follows:

1. My name is Dr. Rose Ann Berwald, and I am an addiction specialist. Two days a week, I work at Habit OPCO Boston, prescribing individuals with medication for addiction treatment (MAT) to treat their opioid use disorder. I have been the medical director at Habit OPCO since November 2018. In this capacity, I am responsible for prescribing medications for all Habit OPCO patients, including Stephanie DiPierro.
2. In 1984, I received my medical degree from University of California, San Francisco from which I also received my bachelor of science in nursing degree and a master's degree in mental health & community health. I completed my residency at Northwestern University, Washington University Medical Center and New York Medical College. I have been a board certified physician in obstetrics and gynecology for 27 years. A copy of my curriculum vitae is attached as Exhibit 1.

3. After practicing obstetrics and gynecology for 17 years, I decided to expand into the field of addiction treatment about 6 or 7 years ago. The opioid public health crisis was ravaging our communities, and I wanted to do something about it. I obtained a waiver to prescribe buprenorphine (commonly referred to by the brand name Suboxone®) to individuals suffering from opioid use disorder, and quickly learned the positive impact that MAT can have on people's lives. In this capacity, I also prescribed naltrexone treatment.
4. Since November 2018, I have worked at the Habit OPCO clinic in Boston as an addiction specialist. In this capacity, I work with patients every week and prescribe MAT using methadone to treat opioid use disorder. As a result, I now have extensive experience with methadone, buprenorphine and naltrexone treatment for opioid use disorder.
5. I have learned that not every medication works equally well for each patient, and that it is critical for the patient's success for the patient and provider to choose the medication that works best for them. If a particular treatment is working, it is against the medical standard of care to involuntary remove the patient from that treatment.
6. For many patients suffering from opioid use disorder, an essential component of an effective recovery program is the administration of MAT. The use of MAT is the medical standard of care for the treatment of opioid use disorders.
7. In my professional experience, many people need to remain on MAT indefinitely in order to maintain their recovery and prevent relapse.
8. I have reviewed Stephanie's medical records as her prescribing physician. I agree that she has been properly diagnosed with opioid use disorder, and I have approved her methadone dosing. She is currently on a dose of 40mg of methadone per day. In my

medical opinion, the continued administration of methadone is medically necessary to treat Stephanie's opioid use disorder. Her ability to function and live relies on her ability to access her daily methadone dose, and it would violate medical standards of care to involuntarily remove Stephanie from this treatment.

9. Stephanie had a lengthy history of active addiction before entering our methadone treatment program and also suffers from anxiety disorder and bipolar disorder. Particularly given these factors, she has done a remarkable job of sustaining lengthy periods of active recovery on her methadone treatment for many years. She has had a few short relapses and some periods where she has missed some of her doses, but these are typical symptoms of her disease and do not change my opinion that methadone remains medically necessary to her treatment. Opioid use disorder is similar to other chronic illness, like diabetes, which must be maintained and controlled by medication over lengthy periods of time.

10. Stephanie is doing a great job, especially in light of the additional challenges she needs to overcome on a daily basis to maintain her recovery. Stephanie has been very complaint with her treatment, as indicated by the fact that she has repeatedly earned the privilege to take home one, three or even five doses of methadone on a weekly basis for lengthy stretches of time. To do so, she needed to satisfy the criteria set out by Federal Regulations, including: (1) an absence of recent abuse of drugs or alcohol; (2) regularity of clinic attendance; (3) no serious behavioral problems demonstrated; (4) no known recent criminal activity; (5) stable home environment and relationships; (6) sufficient length of time in treatment; (7) ability to safely store medication at home; and (8) the benefit of reduced attendance outweighs the risk of diversion.

11. In my medical opinion, Stephanie is not ready to be tapered off of her methadone treatment. Her methadone treatment is what is helping to prevent cravings and allow her to continue to live a life in active recovery. That is typical for someone with a history of active addiction as lengthy as Stephanie's. The length of time a patient remains on MAT is individual and depends on the particular circumstances of the patient. The Federal Substance Abuse and Mental Health Services Administration recommends that methadone treatment lasts at least 12 months but recognizes that some patients may require methadone for years.[1] That is consistent with my experience, where some of my patients have required methadone or buprenorphine treatment for many years.

12. It is my understanding that the Federal Bureau of Prisons does not provide methadone maintenance treatment for opioid use disorder to anyone other than pregnant women. I further understand that when someone who is on a methadone treatment program enters a Bureau of Prisons facility they are either immediately withdrawn from their methadone treatment after three days, or quickly detoxed from their methadone treatment at a rate of 10% per day after a stabilization period of a few days.

13. Under either protocol, Stephanie will experience extreme withdrawal symptoms, as measured by the Clinical Opiate Withdrawal (COW) scale, which we use in assessing out patients at Habit OPCO. A copy of this scale is attached as Exhibit 2. People who have not experienced or seen withdrawal do not understand how excruciating it is. I have witnessed numerous patients in withdrawal, and they suffer severe abdominal cramps, diarrhea, vomiting, tremors, body aches, chills, hot flashes and insomnia. Accelerated detox can also trigger significant psychological consequences, including anxiety, depression, suicidal thoughts and relapse. Detoxing someone at a rate of 10% per day still

[1] SAMSHA, Methadone, *available at* https://www.samhsa.gov/medication-assisted-treatment/treatment/methadone.

triggers these symptoms because that rate is far too fast and much more accelerated than the standard protocol.

14. Involuntarily removing Stephanie from her medically necessary methadone treatment while she incarcerated is also extremely dangerous because it puts her at a high risk of relapse, overdose and death, both in prison and once she is released.

15. I have learned that illegal drugs are accessible in prison through my work with formerly incarcerated patients. I am afraid that if someone offers Stephanie opioids while she is incarcerated and untreated for her opioid use disorder, her withdrawal symptoms may be significant enough that she will want to do anything to feel better. Because of her decreased tolerance due to years of active recovery, she would be particularly vulnerable to overdose and possible death.

16. This risk will continue upon Stephanie's release. Even if Stephanie wants to reenter our methadone treatment program immediately upon her release, she will need to start all over again at low doses of methadone. It will take some time before she is able to achieve a fully therapeutic dose that will control her cravings. During this time, Stephanie will still be vulnerable to relapse, overdose and death, particularly given the amount of fentanyl that is currently being sold. I have treated numerous patients who have relapsed and overdosed immediately after they were released because they were not provided MAT while they were incarcerated.

17. Finally, I am particularly concerned that involuntarily removing Stephanie from her medically necessary methadone treatment may place her at an especially high risk for self-harm given her dual diagnosis of anxiety disorder and bipolar disorder and her a

history of suicide attempts. Stephanie's psychiatric condition has been more stable since she has been in active recovery on her methadone treatment.

18. Denying Stephanie her methadone treatment while she is incarcerated would deny her medically necessary care. It would be cruel, painful and dangerous, and would put her life at serious risk.

I declare under penalty of perjury under the laws of the United States of America that the foregoing is true and correct.

Executed on March 13, 2019

Rose Ann Berwald MD

Rose Ann Berwald, M.D.

IN THE UNITED STATES DISTRICT COURT
FOR THE DISTRICT OF MASSACHUSETTS

STEPHANIE DIPIERRO,

Plaintiff,

v.

HUGH J. HURWITZ , in his official capacity as Acting Director for the Bureau of Prisons, and DR DEBORAH G. SCHULT, in her official capacity as Assistant Director of the Health Services Division of the Federal Bureau of Prisons.

Defendants.

CIVIL NO. _____

DECLARATION OF ERNESTO ARROYO

Pursuant to 28 U.S.C. § 1746, I, Ernesto Arroyo, declare as follows:

1. I have been a licensed alcohol and drug counselor for nearly two decades. I decided to enter this field because I am also in recovery, and I wanted to provide the assistance and support that others had provided to me. I find it incredibly rewarding to help people believe in themselves again and watch them change their lives.
2. In my professional capacity, I have worked with hundreds of patients who are on medication for addiction treatment (MAT) to treat their opioid use disorder. As part of their treatment, these patients take regular doses of methadone, buprenorphine or naltrexone and also attend regular counseling sessions.

3. I began working at Habit OPCO Boston in 2008 and have been Stephanie's counselor since 2012, and she has done a great job in achieving and maintaining active recovery from her opioid use disorder on her methadone treatment program.
4. Typically Habit OPCO offers group sessions rather than individual sessions because so many individuals routinely cancel their one-on-one sessions. Stephanie is one of the few patients that I see on an individual basis. Group sessions are difficult for Stephanie because of her anxiety disorder, and she has kept the privilege of individual sessions for years because she attends our weekly sessions on a consistent basis, and she makes a point to call and reschedule when she cannot attend.
5. Stephanie stands out as a success story in the opioid public health crisis. She has worked very hard to maintain her active recovery. Once she got on the proper therapeutic dose of methadone, she was able to stop using heroin, maintain stability, be responsible at home, and attend her medical and mental health appointments. These are all strong markers of success, as is the fact that she has earned the privilege to take home several doses of methadone on a weekly basis for lengthy stretches of time. There is no doubt in my mind that Stephanie's methadone treatment is helping her to be the person she wants to be. In my professional opinion, methadone is a necessary component of Stephanie's ability to stay in active recovery right now.
6. Stephanie has had a few relapses in the midst of her long term active recovery, but this is a typical symptom of opioid use disorder. Indeed, I have some patients who relapse while they are in recovery on MAT, and they go off of their treatment for 3, 4 or 5 months. Stephanie is different. She does not deny her actions. Instead, she quickly recognizes and admits her mistake, reaches out for help, and continues her treatment. Her relapses are very brief, she

gets right back on her feet, and her methadone treatment is a critical piece of helping her get back on track.

7. I am very concerned about Stephanie's physical and mental health and safety if she is involuntarily and rapidly withdrawn from her methadone treatment during incarceration. In my experience, coming off of methadone successfully requires a slow process and it can be very dangerous to go through withdrawal more quickly. For that reason, I typically discourage patients from decreasing their dose more than 1 or 2 mg a week. Tapering too fast can cause the body to go into withdrawal, causing painful symptoms and cravings to return at any given moment.
8. Rapidly detoxing Stephanie from her methadone treatment will be very painful for her. She will have chills, vomiting, diarrhea and weeks of insomnia. There is also a mental component of withdrawal that is particularly dangerous for Stephanie given her anxiety disorder, bipolar disorder and history of suicide. I fear that involuntarily withdrawing her from methadone treatment while she is incarcerated will make her anxiety even worse and could trigger more suicidal thoughts and actions.
9. I am also worried that Stephanie will be at a high risk of relapse, overdose and death if she is involuntarily withdrawn from her methadone treatment while she is incarcerated. I have heard from my patients that there are illicit drugs in prison. I am afraid that when Stephanie's cravings return after she is removed from her methadone treatment, she will take an illegal drug in her desperation to feel better. She is at a particularly high risk of overdose because her tolerance has decreased from years of active recovery.
10. Finally, I fear that Stephanie will be at a high risk of relapse, overdose and death once she is released if she is involuntarily withdrawn from her methadone treatment while she is

incarcerated. To reengage in her methadone treatment at our clinic after her release, it will take her weeks to get back up to a therapeutic dose of her medication. During that time, she will be particularly vulnerable to relapse, overdose and death.

11. Stephanie has overcome so many obstacles and worked so hard to achieve her recovery. For years, I have seen her put the effort in week after week after week. With the help of her methadone treatment and her persistence, she has reconnected with her family and constructed a more stable life for herself. I don't want to see her lose it all. I am afraid that is exactly what will happen if she unable to access her methadone treatment while she is incarcerated.

I declare under penalty of perjury under the laws of the United States of America that the foregoing is true and correct.

Executed on March 11, 2019

Ernesto Arroyo

IN THE UNITED STATES DISTRICT COURT
FOR THE DISTRICT OF MASSACHUSETTS

STEPHANIE DIPIERRO, Plaintiff, v. HUGH J. HURWITZ, in his official capacity as Acting Director for the Federal Bureau of Prisons, and DR. DEBORAH G. SHULT, in her official Capacity as Assistant Director of the Health Services Division of the Federal Bureau of Prisons, Defendants.	CIVIL NO. _____

DECLARATION OF CIRIACO DIPIERRO

Pursuant to 28 U.S.C. § 1746, I, Ciriaco DiPierro, declare as follows:

1. I am 66 years old and live in Everett, Massachusetts, and am the father of Stephanie DiPierro.
2. My daughter, Stephanie, suffers from opioid use disorder. For several years, Stephanie has been treated with medication for addiction treatment. As part of this treatment, Stephanie takes a prescribed dose of methadone every morning. The methadone keeps Stephanie's opioid use disorder in remission and allows her to lead a more normal life.
3. I have lived with Stephanie during periods of active addiction and periods of medication for addiction treatment, so I have seen first-hand the life-changing benefits of methadone in my daughter's life.

4. Stephanie and I are very close. She was such a sweet kid growing up, and she was someone I could always talk to or share a laugh with.
5. Unfortunately, Stephanie lost her mother, with whom she was also close, when she was just 14 years old. Suddenly, I was all by myself trying to take care of four young kids on my own. I tried my hardest to keep everyone safe and happy, but it was very difficult to do it all with just one parent. I felt like everything was going down the drain.
6. During this time, Stephanie started hanging around with the wrong kids and began using opioids. It was a nightmare for me. This led to years and years of active addiction.
7. Stephanie lived with me on and off throughout the years when she was actively using opioids. She was all over the place and would use almost every day. Sometimes she wouldn't come home or call for days at a time. Other times she would come home and start screaming and yelling at me. I couldn't talk to her because she would not make any sense. She did not have patience for anything. She didn't want to know anyone; she was in love with the drugs. I didn't realize that anything could make someone behave that badly. It is still difficult for me to talk about because it was such a painful period.
8. When Stephanie was using opioids, I was constantly worried about her safety. I couldn't sleep at night because I didn't know if I was going to get a call telling me that she had overdosed or died. It was a terrible thing for our family.
9. I tried to get Stephanie off of opioids several times but nothing worked. I would send her to a clinic for a few months where she underwent straight detoxification, and she would stay in recovery for a short period of time when she returned home. But she would always return to using very quickly because the clinic had not done anything to treat her disease and her cravings were so strong. It broke my heart to see that she was unable to stop.

10. Stephanie reached a point where she desperately wanted to stop going out into the street to buy opioids. But she knew she couldn't do it on her own, so she entered a methadone treatment program. With the help of that program, she has been in active recovery for several years.

11. Methadone saved Stephanie's life. It stabilized her. She is able to work. And I finally have my daughter back: I speak with her every day and I can laugh with her again.

12. Stephanie has had a few short relapses, but it is not like before, because she has quickly gotten herself back on track. She continues with her medication, continues with her counseling, and has not returned to a place of long-term active addiction. I no longer have to worry about her constantly and I am able to sleep at night. She is doing good and I am very proud of her.

13. I understand that the federal Bureau of Prisons facilities do not provide access to methadone treatment. This terrifies me. I know that withdrawal is extremely physically painful, and I don't want my daughter to go through that. I am also very worried about the high risk of relapse and overdose. Stephanie will be in prison, where I understand illicit drugs are easily available for those suffering from the disease of addiction, and her cravings will have returned. I am afraid that if she goes to prison without methadone, she will die. I will go back to worrying about my daughter every day.

14. My daughter also suffers from anxiety and bipolar disorder. Because of these additional challenges, I am especially concerned about what will happen to her if she is not able to access her methadone treatment while she is incarcerated. I do not want her to hurt herself.

15. After my wife died, my kids became my entire life. Everything was about them. I tried to keep everyone together, but it didn't work out that way. In 2013, one of my sons died of a drug overdose. I can't go through that again. I just want to keep my daughter alive.

I declare under penalty of perjury under the laws of the United States of America that the foregoing is true and correct.

Executed on March 12, 2019

Ciriaco Di Pierro

Ciriaco DiPierro

IN THE UNITED STATES DISTRICT COURT
FOR THE DISTRICT OF MASSACHUSETTS

STEPHANIE DIPIERRO,

Plaintiff,

v.

HUGH J. HURWITZ, in his official capacity as Acting Director for the Federal Bureau of Prisons, and DR. DEBORAH G. SHULT, in her official Capacity as Assistant Director of the Health Services Division of the Federal Bureau of Prisons,

Defendants.

CIVIL NO. _____

DECLARATION OF CAROLYNN B. MELVIN

Pursuant to 28 U.S.C. § 1746, I, Carolynn B. Melvin, declare as follows:

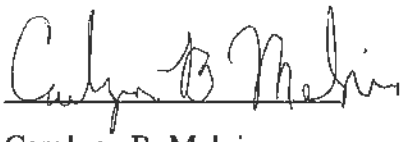
1. I am 47 years old and live in Medford, Massachusetts. I have known Stephanie DiPierro for more than a decade.
2. I was born with cerebral palsy, I am a diabetic with rheumatoid arthritis and have suffered a stroke. As a result, I need assistance to take care of myself and my house to live independently.
3. Stephanie started helping me in 2007. On a daily basis, she helps me use the bathroom, take a shower, get dressed and undressed, do the laundry, clean the house, take me to medical appointments, buy food, and cook. She also helps me with my physical therapy two times a day.

4. Stephanie suffers from opioid use disorder, but she has been in active recovery for many years thanks to her methadone treatment program.
5. As Stephanie's employer and friend and as someone who sees her every day, I have witnessed and experienced the strong positive impact that methadone has had on her life.
6. Stephanie was not the same person before she and doctors figured out the correct dose for her methadone treatment. This was several years ago when she started helping me. She tried to help me, but she was not able to do nearly as much. She was physically sick and in a lot of pain. She was withdrawn and wasn't fully present because she felt so ill.
7. Stephanie has been able to help me much more since she and her doctors have figured out the correct dose for her methadone treatment. She has now been in active recovery for several years. She has had a few short relapses, but they have been brief and she has quickly gotten back on track. She goes above and beyond to assist me. She is physically strong enough to move me wherever I need to go. She is alert and positive, and motivates me to get up so that I can increase my mobility. She encourages me to keep going. She washes my hair and even helps me change my adult underwear. She is someone that I trust completely, and she helps me live independently, which makes my life better.
8. I am very worried about what will happen to Stephanie if she is unable to access her methadone treatment during her incarceration. I know that withdrawal is extremely painful, and I don't want her to go through that. I am also afraid that she will try to hurt herself or commit suicide if she is unable to access her methadone during incarceration. She has tried it before and I don't want to get a call from the Department of Corrections saying that she has died.

9. I also know how difficult it is to remain in active recovery without methadone. I too suffer from opioid use disorder. I tried straight detox and Suboxone, but they did not work for me. On my methadone treatment, I have been in recovery for many years. I could not have done this without my methadone prescription, which has been critical to my recovery.
10. I am afraid that Stephanie will relapse and potentially overdose if she is not able to continue with her treatment while she is incarcerated. I don't want to lose my friend.

I declare under penalty of perjury under the laws of the United States of America that the foregoing is true and correct.

Executed on March 12, 2019



Carolynn B. Melvin