Bo Shang | bo@shang.software | 781-999-4101 | 10 McCafferty Way, Burling MA 01803

Bo Shang vs Worcester Recovery Center & Hospital et al Initial Complaint (drafted 11/1524)

INTRODUCTION

- 1. The Plaintiff Bo Shang is an individual residing in the state of Massachusetts ("MA" henceforth)
- 2. Defendant Worcester Recovery Center & Hospital ("WRCH" henceforth) is a "mental health hospital" wholly owned by the State of MA and wholly operated by Massachusetts State employees where the supervision of the Department of Mental Health.
- 3. Defendant MA Department Mental Health ("DMH" henceforth) is a state agency within the Commonwealth of Massachusetts responsible for providing mental health services to individuals with serious mental illnesses, promoting mental health care, and viring access to quality services.
- 4. Defendant "Loc" Doe is the Nurse Manager of Units B1 and B4 in the Worcester Recovery Center & Hospital
- Defendant MA Department of Corrections ("DOC" henceforth) is a state agency responsible for overseeing the incarceration and rehabilitation of individuals convicted of criminal offenses in Massachusetts. It manages the state prison system, which includes facilities for individuals who have been sentenced to prison terms for felony convictions and other serious offenses.

CAUSES OF ACTION: Breach of Constitutional Duty

- Claims based on violations of rights under Article 11 of the Massachusetts
 Constitution or related provisions.
- Example: Denial of meaningful access to courts to add rights violations
- 1. Article 11 of the MA Declaration of Rights in the MA Constitution:

"Every subject of the commonwealth shall be entitled to a certain remedy, by having recourse to the laws, for all injuries or wrongs which he may receive in his person, property, or character, to obtain right and justice freely, without being obliged to purchase it; completely, and without any denial; promptly, and without delay; conformable to the laws of the commonwealth."

- Article 11: This provision broadly ensures that "every subject" in Massachusetts has access to legal remedies for injuries or wrongs, which includes people involuntarily committed to psychiatric facilities or incarcerated. The protection under Article 11 encompasses access to the courts and eability to pursue civil actions, even while under the custody of the government.
- Involuntary Commitment to the Department of Mental Health (DMH): A person involuntarily committed to a mental health facility under the DMH may have a right to bring a civil action to challenge the conditions of confinement, illegal treatment, or violations of constitutional or statutory rights. This right to access the courts is fundamental under Article 11, which guarantees access to justice freely, without unnecessary barriers, and without delay.
- Incarceration with the pepartment of Correction (DOC): Similarly, a person incarcerated in a state prison or jail under the DOC has the right to access the courts and seek legal remedies for unlawful actions by prison officials, violations of their constants on a rights, or other wrongs.
- 2. Article 26 of the MA Declaration of Rights in the MA Constitution:

"No magistrate or court of law shall demand excessive bail or sureties, impose excessive fines, or inflict cruel or unusual punishments."

- This is perhaps the most significant aspect of Article 26 as applied to both the Department of Mental Health and Department of Correction settings of uel and unusual punishments are explicitly prohibited under this provision in that state authorities cannot subject individuals to inhumane or department or excessive penal measures.
- Application to the Department of Mental Health (In): If a person is involuntarily committed to a DMH facility, and the conditions of confinement are found to be excessively harsh, inhumane, or degrading (e.g., improper medical care, denial of rights, physical abuse), Article 26 can serve as a legal basis to challenge those conditions as cruel or unusual punishment. While individuals in DMH facilities are not subject to traditional criminal sentences, they still have constitutional protections against abusive treatment.

- Application to the Department of Correction (DOC): For individuals incarcerated under the Department of Correction, Article 26 guarantees that they cannot be subjected to cruel or unusual punishment. This could be invoked in cases involving excessive force by prison guards, inhomane conditions of confinement (e.g., overcrowding, lack of medical confinement food, or other harsh conditions), or any punishment that exceeds the bounds of what is considered constitutional or humane.

3. Article 1 of the MA Declaration of Rights in the MA Constitution:

"All men are born free and equal, and have certain natural, essential, and unalienable rights; among which may be reckoned the right of enjoying and defending their lives and liberties; that of acquiring, possessing, and protecting property; in fine, that of seeking and obtaining their safety and happiness."

Application of Article 1 to the Department of Mental Health (DMH) and Department of ection (DOC):

- Both the ... H and DOC situations involve the state's authority to restrict individuals' freedom—either through involuntary civil commitment in the case of mental health patients or criminal incarceration in the case of sentenced offenders. Article 1 plays a crucial role in ensuring that individuals' rights are not violated through unlawful detention or punitive measures.

1. Involuntary Commitment (Department of Mental Health - DMH):

Article 1 of the Massachusetts Constitution guarantees that individual cannot be deprived of their liberty without due process, including in the context of involuntary commitment to a mental health facility.

- Right to Liberty: Individuals who are involuntarily committed to DMH facilities still retain their fundamental right to liberty, which can only be limited under strict legal criteria, typically requiring a court order that finds they are a danger to themselves or others due to a mental illness. Article 1 would ensure that due process is followed in any case of involuntary confinement.
- No Arbitrary Detention: Under Article 1, an individual cannot be detained in a
 DMH facility without a legal basis (e.g., a court order after a hearing), and any
 restrictions on their freedom must be grounded in law and the individual's

specific circumstances. This means that involuntary commitment must be justified with evidence of the person's **mental state** and the danger they pose, and the commitment must be reviewed periodically to ensure it remains valid.

- Right to Seek Release: If a person believes their incountary commitment is unlawful or unjust, they have the right to challenge it in court. Article 1 guarantees the right to petition for a writ of habeas corpus, which can be used to challenge illegal detention or the violation of constitutional rights, including unlawful confinement in a DMH facility.

4. Code of Massachusetts Regulations (CMR) 104 27.13 text starts with:

"No right protected by the Constitutions or laws of the United States and Commonwealth of Massachusetts shall be abridged solely on the basis of a patient's admission or commitment to a facility"

Violations o vil Action Rights Under Article 11 of the MA Constitution

- Article 11 of the Massachusetts Constitution guarantees the right to access the courts for all citizens, stating that every person shall have a right to obtain remedy by recourse to the laws without being subjected to unreasonable delay or cost. This means that patients in mental health facilities still retain the right to file civil actions, pursue open cases, or submit new complaints and petitions for release, even while under the care of the DMH.
- If 104 CMR 27.13 were violated by restricting or denying a patient's ability to engage in legal processes (for example, through limitations or communication with attorneys, prohibitions against filing complaints, or lays in allowing access to court petitions), it would likely conflict with Article 11. Such restrictions could be viewed as unlawfully infringing on a patient's constitutional right to access legal recourse.

Relation and Implications

- If DMH or a mental health facility were to prevent or delay a patient's right to pursue legal actions:

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- It could constitute a violation of **104 CMR 27.13**, as this regulation mandates that patients retain certain fundamental rights.
- Denial or restriction of access to courts or legal remedies would be contrary to Article 11 of the MA Constitution, which protect pizens' rights to legal recourse.
- Such actions could potentially open the facility or the DMH to legal challenges or lawsuits for infringing upon patients' rights, especially if a patient's ability to seek court remedies or file petitions is obstructed.

FEDERAL LAWS USED IN CAUSES OF ACTION PURSUANT TO 42 U.S.C. § 1983 (Federal Statute Used in Massachusetts Courts)

• Allows individuals to sue state actors for violations of federal constitutional rights (e.g., due process, equal protection, freedom from cruel and unusual punishment).

1. First Amend for full US Constitution:

"Congress shall make no law respecting an establishment of religion, or prohibiting the free exercise thereof; or abridging the freedom of speech, or of the press; or the right of the people peaceably to assemble, and to petition the Government for a redress of grievances."

First Amendment Protections

- The First Amendment protects freedoms of speech, petition, and assembly.
 In the context of a mental health facility, the following First Amendment rights are particularly relevant:
- **Right to Petition the Government**: This includes the ght to file complaints or grievances against the government or government of mental Health. If a facility is inhibiting a patient's ability to file legal complaints or petitions for release, this may be an infringement on the patient's First Amendment right to petition. Patients should have the right to challenge their treatment, conditions, or confinement and seek remedies through the legal system.
- **Freedom of Speech**: The First Amendment also guarantees freedom of expression, including the right to communicate with attorneys, advocates,



and the court system. If patients are prevented from freely communicating with legal representatives or advocates, that would be a violation of their First Amendment rights. Restrictions on this freedom in a mental health setting could raise constitutional issues, particularly if patients are unable to make known any mistreatment or unfair confinement occurs.

2. Eighth Amendment of the US Constitution:

"Excessive bail shall not be required, nor excessive fines imposed, nor cruel and unusual punishments inflicted."

Eighth Amendment Protections

- The Eighth Amendment ponibits "cruel and unusual punishments." Although the Eighth Amendment traditionally applies to punishment in the context of criminal sentencing, courts have extended its protections to cases involving institutionalized individuals, such as those in mental health facilities. In this context, the Fighth Amendment can be applied as follows:
- Protection from Cruel and Unusual Treatment: If patients are subjected to inhumane or degrading treatment in a mental health facility, this can be seen as a form of "cruel and unusual punishment." For example, if patients are denied access to their legal rights, such as the ability to seek court intervention, it may create circumstances where they feel trapped or helpless, which can compound their suffering. Denial of basic rights could be seen as degrading treatment.
- Conditions of Confinement: The Eighth Amendment is often ofted in cases where the conditions of confinement are challenged as being so severe that they violate basic human dignity. If a facility restricts a patient's rights, including their access to legal processes, it could conditions, particularly if such restrictions prevent the patient from advocating for their rights or receiving proper care.

3. Fourteenth Amendment of the US Constitution

The 14th Amendment to the U.S. Constitution reads, in part:

Section 1:

"All persons born or naturalized in the United States, and subject to the jurisdiction thereof, are citizens of the United States and of the State wherein they reside. No

State shall make or enforce any law which shall abridge the privileges immunities of citizens of the United States; nor shall any State deprive any person of life, liberty, or property, without due process of law; nor deny to any person within its jurisdiction the equal protection of the laws."

The Equal Protection Clause and "Forensic" vs. "Committed" Patients

The Equal Protection Clause requires states to treat similarly situated individuals alike under the law. Courts use different levels of scrutiny to evaluate state actions or laws depending on the nature of the classification or the rights at issue. In the context of "forensic" patients (those committed following involvement with the criminal justice system) versus "committed" patients (those civilly committed for mental health reasons), the Fatial Protection Clause prevents states from arbitrarily or unjustly treating one group differently from the other without adequate justification.

Key Legal Principles and Application to Forensic Patients

1. Forensic Patients a Protected Class

- While ensic patients are not a "suspect class" (like race or national origin), they have fundamental constitutional rights, including those to due process and equal protection.
- States must justify distinctions in treatment between forensic and civilly committed patients with a legitimate government interest, and the distinction must be rationally related to that interest. In some cases involving fundamental rights, heightened scrutiny may apply.

2. Access to Civil Rights Protections (e.g., Article 11)

- Forensic patients, like civilly committed patients, retain constitutional and statutory rights, including access to the courts (Article 11 of the Massachusetts Constitution).
- Denying forensic patients access to remedies avail to civilly committed patients could be deemed unconstitutional unless the state can demonstrate a valid reason for the disparity.

Unequal Treatment of Forensic Patients

3. If forensic patients are denied the ability to pursue remedies under Article 11 or other legal protections afforded to civilly committed individuals, the state must prove that this limitation serves a compelling or legitimate government interest, depending on the level of scrutiny applied. Without such justification, this disparity could be challenged as a violation of equal protection.

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FACTS OF CLAIMS IN THIS CIVIL ACTION

1. Plaintiff Bo Shang is as the time of this writing on 11/14/24 involuntarily confined "patient" at WRCH. The Plaintiff was admitted to WRO in 10/1/24 on a MGL Chapter 123 Section 15B for 20 days, then extended by a Section 16A on 10/20/24 until 11/19/24 under the statute of 50 combined days maximum involuntary confinement of Section 16A. (Exhibit 4)

However, the Plaintiff was informed by Defendants that the Defendants plan to unlawfully keep the Plaintiff until at east 11/20/24, one day Defendants are allowed to according to the 16A issued by Voburn District Court. This unlawful detention on 11/19/24 to 11/20/24 is a clear violation of Article 1's prohibition of unlawful detentions. (**Exhibit 4**)

The Plaintiff is still subjected to the possibility of further commitment under Section 16B and has not in told definitively whether his forensics evaluator plans to petition for a smooth (+ pre-trial and continuance days which do not count toward the 6-month time limit) commitment under Section 16B.

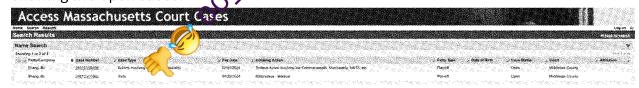
Before arriving at WRCH, the Plaintiff spent 5 days in jail at the Billerica House of Corrections while waiting for a bed at DMH as ordered by Woburn District Court in its Section 15B.

- 2. The Plaintiff announced his need to use the Internet for civil action to be WRCH and the DOC at Billerica, because the Plaintiff was part of, as of 9/2724 and 10/1/2024 incarceration dates, involved in 3 open civil actions.
 - The first is 24-cv-06664 Bo Shang vs Twitch Interage Inc. et al (removed from SF Superior Court CGC-24-617303) curry being adjudicated in the United States District Court of Northern California. Since the Plaintiff's incarceration began on 9/27/24, the Plaintiff has had the need to respond to a US District Court Judge's Order to Show Cause and respond to Defendant's Motion to Dismiss, plus file a Motion to Amend. (Exhibits 2 and 3)
 - The second is 2481CV00396 Bo Shang vs Lowell District Court. The Plaintiff was unable to make a Rufe 12 hearing on 10/8/24 (he was denied Zoom

access at WRCH) but the dismissal on 10/9/24 was due to judical immunity and not from the Plaintiff's ability to attend a Rule 12 hearing (Exhibit 0)

- The third is **2481CV01982 Shang, Bo vs. Beth Learnedical Center et al,** a malpractice tort that the Plaintiff was unable to pursue after filing because he was forced to miss a service deadline on 10/28/24 while incarcerated at WRCH. (**Exhibit 0**)

Exhibit 0: A search on the Plaints name in the Middlesex Superior Court of MA, showing two open cases.



- 3. Both the DOC and DMH refused to allow for adequate access to the Internet for required status updates, legal research, typing of filings, and electronic or print & mail filings. The Plaintiff's need to use the Internet, guaranteed under Article 11 of the MA Constitution, was made aware to both the DOC and DMH shortly after incarceration intake but was generally ignored by both agencies. The Plaintiff was able to gain computer access for 1 hour a day after business hours from 10/29/24 to 11/3/24 at WRCH and later from 11/14/24 evening on, the time of the writing of this civil action.
- 4. When confronted with Article 11 rights requests, the Donard told the Plaintiff that he may call his lawyer, while the DMH only gave the Plaintiff the numbers of 2 organizations (Mental Health Legal Advisors Committee and Committee for Public Counsel Services, Mental Health Litigation Unit) who occasionally litigate mental health law on behalf of patients in Massachusetts (MGL Chapter 123) and another that deals with disability law on occasion but never represents patients involuntarily held by DMH whatsoever (The Disability Law Center).

WRCH and the DMH legal department alleged that providing these 3 pumbers were sufficient in their responsibility to uphold Article 11 rights for all their patients. Their claims were patently untrue as the Plaintiff wasn't even able to receive a return call after leaving voicemails asking for representation in filing and GL Chapter 123 Section 9B, a petition to the Superior Court at Worcest or why the Plaintiff should be let go of commitment at WRCH.

More crucially Article 11 protects civil action including against DMH, WRCH, and DOC, and none of these 3 organizations have ever represented patients in civil action lawsuits over MA or Federal Constitutional rights against the DMH, WRCH, or DOC.

Furthermore, the Plaintiff had Sexisting open civil actions to attend to, listed in (2) of this section, and none of these 3 organizations have the expertise or resources to take over representation from the Plaintiff as Pro Se. Moreover, the Plaintiff preferred to use electronic viewing and filing of court documents to continue litigation as Pro Se, during and existing after release from DMH commitment.

5. Plaintiff is currently (on 11/15/24 the time of writing) deemed a "forensics" patient (since 10/1/24 intake) and by rule forensics patients are not allowed access to electronics or the Internet whatsoever. However, "committed" patients are generally allowed free use of electronics and the Internet, meaning that committed patients enjoy far greater Constitutional rights such as Article 11's right to civil action.

Treating "forensics" patients with far less privilege and infringing on forersics patients right to access the court system "without interference or delay" thus violate the 14th Amendment's Equal Protection Clause. This is because "committed" patients have ready ability to electronically view open cases, the ability to type legal documents for filing, and the ability to electronically file legal documents as needed.

The Plaintiff was treated like a forensics patient with minor additional privileges from 10/1/24 to 11/14/24. On 11/12/24 the Plaintiff served a Cease-and-Desist Notice to his psychiatrist, social worker, human rights officer, and Nurse Manager "Issac" Doe, resulting in his "team" of treatment providers claiming they had no choice but to grant unrestricted access to Plaintiff's MacBook, a right most "committed" patients enjoy by default. (Exhibits 2 3 4)

6. On 11/12/24, the Plaintiff was placed illegally on restricted "wing extriction" because the Plaintiff had exercised his self-defense rights under MA law. On 11/10/24 another patient "John" initially threatened a third lient "Joe" with violence, then got up within 1-2 inches of the Plaintiff's are and threatened violence for a whole 5-10 seconds. Eventually the Plaintiff decided to push John away, without using excessive force, a right clearly guaranteed by MA self-defense laws.

However, "Issac" Doe the Nurse Manager decided to penalize the Plaintiff with "wing restriction" limiting where the Plaintiff was allowed to physically go, but not the aggressor John. Ostensibly "Isaac" Doe placed the Plaintiff on wing restriction because Issac deemed the Plaintiff's free movement around the Unit B1 at WRCH to be a "safety risk" because estensibly Issac feared the Plaintiff's aggression to John if allowed to move freely. This and every other ostensibly "safety measures" implemented at WRCH and every other DMH institution are clearly unnecessary and do far more harm patients than good, violating the Eighth Amendment and Article 26's prohibition or cruel and unusual punishment"

Some of the other harmful allegedly "safety measures" include turning off the TV during mealtimes and group times, performing invasive allegedly "safety checks" in each room of the patient Units every 30 minutes, and locking the Unit bathrooms requiring those without a bathroom in their room to petition a staff member for unlock for each desired use.

On 11/12/24 after being placed on unjust "wing restriction" according to MA self-defense laws, the Plaintiff peacefully protested by standing just outside of the C Wing at Unit B1 without getting in the way of any other patient or saft. However, "Issac" Doe or the nursing staff he manages decided to call four additional henchmen to "restrain" the Plaintiff with force, for simply protesting the Plaintiff's "wing restriction"

As a result of the restraint which lasted roughly 1 hour, the Plaintiff suffered bruising and bleeding on his left biceps and cuts on his left hand. The WRCH staff members performing the restraints were supposed to avoid patient injury but did not.

After being released from restraints, the Plaintiff decided to resume his protest in the exact same location outside the C Wing where he was first assaulted and

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battered. This time "Issac" Doe or the people he manages allowed the Plaintiff to stand or sit at that location for extended periods of time, indicating that the Plaintiff was never a safety risk to the hospital for protesting, and the hospital should not have ordered their henchmen to forcibly "restrain" the Plaintiff for 1 hour which resulted in multiple injuries on the Plaintiff's left arm and ands.

- 7. After being denied Article 11 rights for the first 42 days of involuntary confinement, the Plaintiff decided to serve the Defendants with a Cease-and-Desist notice asking for the hospital to voluntarily grant the Constitutional rights they abridge upon patients, as well as the Plaintiff's release on 11/19/24 at the latest which was clearly ordered by Woburn District Court (Exhibit 1)
- 8. On 11/12/14 after being ceased the Cease-and-Desist notice, the "treatment team" and Nurse Manager of the Plaintiff decided to move the Plaintiff to Unit B4, a unit typically reserved for committed patients. The human rights officer at WRCH William "Bill" Danner said that on Unit B4, if things went well, the Plaintiff would be able to gain accept on his MacBook in accordance to Article 11 and First Amendment "sts" within a few days."
- 9. Initially the Plaintiff's psychiatrist did not want to provide the Plaintiff the Plaintiff's MacBook, but the Plaintiff insisted that he could not adequately access or exercise his rights without an Internet-capable electronic device. The Plaintiff complained about the Hospital not upholding the Plaintiff's Article 11 and First Amendment rights, and pointed out that MA CMR 104 27.13 specifically states at the beginning:

"No right protected by the Constitutions or laws of the United States of Commonwealth of Massachusetts shall be abridged solely on the pasis of a patient's admission or commitment to a facility"

Under MA law, the only allowed reason the DMH has to artail anyone's rights, such as the Plaintiff's Article 11 or First Amendment rights, must be made for security reasons only and made scrupulously. The DMH including one of its hospitals WRCH has a tendency to unnecessarily violate patient rights for no true or net-benefit allegedly "security" reasons. Therefore, the Plaintiff decided to sue the DMH and one of its hospitals to protect all patients' rights across DMH and perhaps DOC too.

ootalister **EXHIBIT 1:** The Plaintiff's Cease and Desist Notice, asking for WRCH and MH to comply with all patients' Article 11 rights voluntarily. This notice was served to the Plaintiff's psychiatrist (Dr. Paul Noroian), social worker (Julia R Deering), human rights officer (William "Bill" Danner) and the Nurse Manager for B1 and B4 "Issac" Doe 🥒

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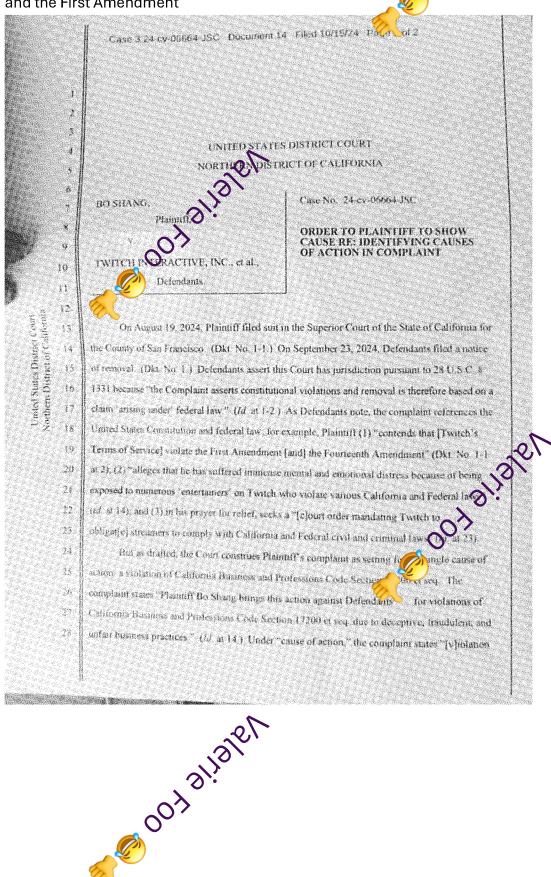
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EXHIBIT 2: The Plaintiff included a US Federal District Court Judges Order to Show Cause as part of the Cease and Desist package, to exemplify the Plaintiff's need to access his MacBook for legal purposes, a right guaranteed under Article 11 and the First Amendment



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EXHIBIT 3: Part 2 of 2 of the Order to Show Cause, ordered by Judge Jacqueline Scott Corley of the US District Court of Northern California
of California Business and Professions Code Section 17200 et seq. "(Id. at 27; sec ular id. at 10 (lesting: California Business and Professions Code Section 17200 et seq. as the "refessant California creat stature". Similarly, the complaint states the court "his jurisdiction over this trader pursuant to California California consess and [] Professions Code Section 17200 et seq. (Id. at 14.) The Court therefore sousces this order to show cause to determine whether it has adjusted matter jurisdiction to determine whether subject matter jurisdiction exists, even when no party challenges it.") Generally, "the party who brings the sun is master to deade what law he was a subject of the court of the cou
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EXHIBIT 4: As part of the Cease-and-Desist notice, the Plaintiff included his Section 16A order from Woburn District Court, clearly showing that the 50 day maximum days under 16A and a previous 15B expires on 11/19/24, and asking the hospital to comply with the actual court order rather than ling the Plaintiff until at least 11/20/24

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PRAYER FOR JUDICIAL RELIEF

- As of this writing, the DMH (including WRCH) and DOC are generally in violation of every patient or inmates right of free accept to the courts to address grievances, as guaranteed by Article 11 the MA Constitution and First Amendment of the Federal Constitution.
- Therefore, the Plaintiff is praying that a judge or jury order a blanket review across the DMH and DOC of whether they are in violation of Article 11 and other Constitutional rights, and order the DMH and DOC to fix any lack of compliance with Constitutional rights.
- The Plaintiff is not familiar with Constitutional rights granted in prison or jails, however at DMA CMR 104 27.13 clearly states: "No right protected by the Constitutions or laws of the United States and Commonwealth of Massac useful shall be abridged solely on the basis of a patient's admission or commitment to a facility"

CIVIL DAMAGES SOUGHT BY PLAINTIFF

- 1. The Plaintiff is seeking the maximum \$100,000 damages allowed per plaintiff under AB1 Tortious Actions Involving the State/Municipality. The Plaintiff was denied Article 11 and related Constitutional rights for 50 or so days in his most recent civil commitment at WRCH, but also had the unfortunate experience of spending far too many days involuntarily at DMH hospitals Haverhill Pavilion, Arbor HRI, and Taunton State Hospital, all in 2024 when he had need to address open civil actions, because of the Plaintiff's amphetamine misuse/abuse. The Plaintiff angly believes that he would have benefitted from a 3-day detox at most for examphetamine-overdose incidence, but DMH has a disturbing habit of keeping all or their patients involuntarily for far longer than medically appropriate. The Plaintiff suffered immense psychological distress during unnecessary days spent involuntarily at DMH facilities, on top of his MA and Federal Constitutional rights that were abridged by DMH.
- 2. The Plaintiff is also seeking \$10M in punitive damages from DMH, as a way to incentivize DMH and DOC to perform voluntary internal reviews of whether they are

infringing on patients'/inmates' Constitutional rights, without the need for a civil action to force them to perform such reviews.

RESPECTFULLY DRAFTED BY THE PLAINTIFF on 11/15/24.

Bo Shang

781-999-4101

bo@shang.software

10 McCafferty Way, Burlington MA 01803

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