Governor Charlie Baker  
Massachusetts State House  
Office of the Governor, Room 280  
24 Beacon Street  
Boston, MA 02133

Dear Governor Baker,

I am writing with grave concerns about the Massachusetts Department of Public Health’s (MADPH) Current Crisis Standards of Care guidelines that were released on April 7, 2020. Given that these guidelines invoke the use of co-morbidities as a measure to determine which patients would receive critical care resources in the event that a hospital is at capacity, a number of medical providers, elected officials, and public health experts have voiced their concern about the devastating impact these protocols would have on communities of color and the disability community.

Last week, DPH began releasing racial and ethnic data on COVID-19 outcomes and the early numbers have been staggering. The Massachusetts 7th congressional district, which includes most of Boston, Cambridge, and Chelsea has arguably become the hardest hit area in the state. Despite accounting for just 25 and 20 percent of the city’s population, Black and Latinx residents made up nearly 60 percent of COVID-19 infections. The highest rates of positive COVID-19 cases across the city are in just a cluster of neighborhoods: Mattapan, Dorchester, Hyde Park and East Boston, primarily communities of color. Outside of Boston, Chelsea, a majority Latinx community, has emerged as a COVID-19 hotspot with 96 cases per 10,000 — making it the highest infection rate across any city or town in Massachusetts.

Unfortunately, many of us anticipated this outcome. That barring proper action, COVID-19 would be a death sentence for Black and Latinx communities — not because communities of color are predisposed to the negative consequences of this disease, but because racism and inequality have predisposed communities of color to underlying conditions like diabetes, asthma, and hypertension that heighten the risk of COVID-19 hospitalization and death.

The legacy of structural racism and inequality has resulted in unequal access to affordable health care, safe and stable housing, and quality schools and employment. Like the H1N1 pandemic before it, COVID-19 has already robbed us of thousands of lives, many of whom are people of color. In the midst of this crisis, social and economic inequality has simply worsened these disparities and exposed severe cracks in our nation’s safety net. These devastating outcomes are not unique to Massachusetts, but are happening nationwide in places like Chicago, New Orleans, and Queens.
For the disability community, navigating access to healthcare and community resources can be a daily challenge even under typical circumstances, defined by persistent inequities and disparities in access to care. The COVID19 pandemic has put the lives and liberties of the 1 in 4 Americans with disabilities at risk. From a lack of personal protective equipment available for home health aides to challenges accessing supplies and resources for those with mobility limitations, the challenges for the disability community in this time of pandemic are wide ranging.

For those individuals with disabilities who rely on medical equipment in sharp demand due to the outbreak, they face a daily set of threats to the healthcare they need. For Massachusetts residents who rely on a ventilator due to complex medical issues, the maintenance of these life sustaining machines as well as the machines themselves are in dire short supply.

But perhaps the most persistent and harrowing concern shared across the disability community, is the dire concern that because of the MADPH Current Crisis Standards of Care guidelines, individuals with disabilities could be denied or deprioritized access to care because of their disability.

Undoubtedly, this crisis will force our physicians and frontline healthcare workers in hospitals, clinics, and community health centers to make difficult decisions that affect the lives of Massachusetts residents. But these decisions cannot be guided by a set of standards that devalues the lives of individuals with disabilities and people of color. Moreover, these guidelines should not be drafted without the engagement and partnership of these communities. Preliminary data already shows us that Black and Latinx communities are over-represented when it comes to infections and hospitalizations. In the event our healthcare system becomes overwhelmed and resources must be rationed, the MADPH Current Crisis Standards of Care make it so that these populations are far less likely to receive life-saving medical care.

The Commonwealth must adopt a strategic and targeted pandemic response plan that is rooted in a commitment to equity.

The state’s decision to collect and publicly release data on racial and ethnic COVID-19 outcomes is a step in the right direction. But the data is only as good as the policy it informs. We must use it to prevent even worse outcomes from taking hold in our most vulnerable communities. It is for this reason that I strongly urge you to rescind the MADPH Current Crisis Standard of Care guidelines, which, in their current form, would further exacerbate existing health disparities and disproportionately impact communities of color and individuals with disabilities.

History tells the story that where Massachusetts goes on health care, the rest of the nation follows. Therefore, we must go in the direction of health equity. Our destinies are tied. Every community deserves the peace of mind of knowing health care providers will do everything in their power to save their lives during this pandemic, regardless of their race, zip code, disability, or current health status. Ethically and morally there is a strong case to be made that it is in fact because of these factors, not in spite of them, that we must prioritize the health, safety and wellbeing of our most vulnerable above all else.

Sincerely,

Ayanna Pressley
Member of Congress