

MASSACHUSETTS GENERAL HOSPITAL

EXECUTIVE COMMITTEE ON COMMUNITY HEALTH

July 14, 2020

Senator Michael O. Moore Senate Chair Joint Committee on Public Safety and Homeland Security State House 24 Beacon Street, Rm. 167 Boston, MA 02133 Representative Harold P. Naughton, Jr. House Chair Joint Committee on Public Safety and Homeland Security State House 24 Beacon Street, Rm. 109B Boston, MA 02133

Dear Chairman Moore and Chairman Naughton:

The Massachusetts General Hospital (MGH) Executive Committee on Community Health (ECOCH) writes to express our endorsement of <u>H.3573</u> (Balser & Miranda) and <u>S.1401</u> (Eldridge), "An Act to protect the civil rights and safety of all Massachusetts residents," otherwise known as the Safe Communities Act (SCA). We join our colleagues at MGH Chelsea HealthCare Center in urging swift passage of the SCA this session.

Founded in 2014, ECOCH draws its expertise from leadership across MGH to guide the hospital's community health work. Our efforts focus on addressing social and economic determinants of health, access to high quality care for low-income patients, and issues of race and racism.

ECOCH's mission has taken on renewed urgency over the past several months, as the COVID-19 epidemic has laid bare the profound health disparities that persist among the populations we serve. Immigrants and communities of color have been disproportionately affected by COVID-19. At times, as many as 65% of the patients on our COVID-19 inpatient units have had limited English proficiency, as compared to 9% of our inpatient population pre-COVID-19. Some COVID-19 patients required admission due to care delays attributed in part to fear that calling 911 or participating in community testing efforts could lead to repercussions for their immigration status. One such patient was so afraid of ICE that he did not present for treatment until his brother dialed 911 against his wishes, at which point he was so sick that he required urgent intubation and mechanical ventilation. COVID-19 is a disease that can progress rapidly and unpredictably, and delays in seeking emergency care can have disastrous consequences.

Widespread fear of immigration enforcement has also hindered our community outreach efforts. MGH collaborated with the hard-hit municipalities of Chelsea and Revere to establish a COVID-19 isolation hotel where patients could safely recuperate without exposing other household members to their illness, but the hotel was underutilized by the local immigrant community. In one representative case, a Chelsea patient was too afraid of ICE to leave his home and ended up infecting two other family members who both had to be hospitalized. We have encountered similar stories of immigrant patients reluctant to participate in contact tracing efforts due to fear of government agencies.

Public health efforts to contain the COVID-19 epidemic cannot succeed until the state signals to all members of our most vulnerable and marginalized communities that it cares more about their wellbeing than their legal status. Uncoupling the work of state agencies from immigration enforcement is a necessary first step to conveying that crucial message. With another wave of COVID-19 infections likely imminent, time is of the essence.

Thank you for your consideration.

Sincerely,

Jeffrey Ecker, Chairman, MGH Executive Committee on Community Health (ECOCH) and Chief of Obstetrics and Gynecology

Joan Quinlan, Vice President for Community Health

On behalf of the MGH Executive Committee on Community Health

Cc: Senate President Karen Spilka

Speaker of the House Robert DeLeo