



## The Baker-Polito Watch

# Documenting the Baker-Polito Administration's Mismanagement and Failures of Leadership

July 16, 2020

## Response to the Coronavirus Pandemic: Serious mismanagement and failures of leadership

The Baker-Polito Administration exhibits serious mismanagement and multiple examples of failed leadership in its response to the coronavirus pandemic. The Massachusetts death rate per 100,000 residents is more than six times that of Washington State, where its Governor's leadership was more effective. The Baker-Polito Administration's failure to provide needed oversight and support for nursing homes, most dramatically evident at the state-run Soldiers' Home in Holyoke, has resulted in a very high proportion of COVID-19 deaths at these facilities (roughly twice the national average). It failed for four years to fill a position for an experienced health-care administrator for the veterans' homes. Its reopening plan does not provide enforceable safety standards for workers, lacks sufficient testing capacity to prevent a resurgence in COVID-19 cases, fails to provide sufficient paid sick leave for workers, and lacks necessary support and planning for child care. The Administration has failed to take actions to protect minority communities which have been disastrously and disproportionately affected by the virus.

### Overall response to the coronavirus and COVID-19

- I. **The Baker-Polito Administration missed or ignored early warning signs of the spread of the coronavirus in Massachusetts and, consequently, waited more than a week to take steps to slow its spread. This delay is likely to have increased the number of COVID-19 infections by tens of thousands and cost thousands of lives. Columbia University researchers estimate that over 2,200 deaths in Massachusetts would have been prevented if the Baker-Polito Administration had acted a week earlier.** In addition, many Massachusetts deaths would almost certainly have been prevented if the Administration had focused its attention on and provided better support and guidance to nursing homes. Even though Governor Baker's expertise in health care systems should have positioned him to be an effective leader, he failed to be one: other governors acted more quickly and effectively to slow the spread of the virus and to inform and provide guidance to the public. (Swidey, N., Allen, E., & Hohler, B., 5/31/20, "The virus's tale," The Boston Globe; Hattis, P., 5/24/20, "The box score on Baker vs COVID-19," CommonWealth Magazine; Ryan, A., Hilliard, J., & Alanez, T., 3/15/20, "Little testing so far in state as cases hit 138," The Boston Globe; Editorial, 3/14/20, "Governor Baker should step up virus response," The Boston Globe)

**March 5: The first case of community transmission of COVID-19 was identified in**

**Massachusetts.** For public health experts, community transmission – a new case of infection without any known connection to any other case – is the red flag indicating that aggressive action is required. Immediate action is essential because a day or even a few hours can matter in slowing the spread of a disease. In late January, over a month earlier, the first COVID-19 case had shown up in Boston in a student coming from China; it was isolated and contained.

**Between March 3rd and 6th: Five participants from a biotech conference in Boston with 175 attendees tested positive for COVID-19 and 50 were reported to have symptoms.**

**March 6: Two major hospitals in Boston went into full emergency response mode to cope with the coronavirus.** Public health experts in Boston had been sounding the alarm for weeks on the need to develop capacity for extensive testing for COVID-19 due to the growing risk in Massachusetts. **Harvard University was finalizing plans to shut down. Three states had already declared states of emergency** (WA, CA, and MD) and Vermont was warning residents of possible widespread transmission.

**March 6: Governor Baker and Health and Human Services Secretary Sudders said at a press conference that the people of Massachusetts didn't need to worry** about the coronavirus, despite the fact that six days earlier the national Centers for Disease Control and Prevention (CDC) had warned of a possible widespread outbreak. Baker and Sudders also **stated that there were plenty of test kits and personal protective equipment (PPE) on hand.**

**March 10:** The Baker-Polito Administration **declared a state of emergency.** Ten other states had already done so.

**March 12:** The Administration **announced the closure of all restaurants and bars and a three-week closure of all schools to begin on March 17.**

**March 20:** The **first COVID-19 death in MA** occurred. Hospitals began to experience **shortages of PPE** as COVID-19 admissions rose.

**March 23:** The Administration **issued an emergency order closing all non-essential businesses and an advisory (but not an order) to stay at home** (the 13<sup>th</sup> state to do so).

**March 26: Hospital executives predicted that if current trends continued hospital capacity would be overwhelmed in two weeks.** The federal government, states, and hospitals nationwide scrambled to obtain scarce PPE from sources around the world.

(Swidey, N., Allen, E., & Hohler, B., 5/31/20, "The virus's tale," The Boston Globe)

- II. **In early April, after being slow to capture and release detailed data on the testing for and prevalence of the virus, the Baker-Polito Administration released data showing that COVID-19 was disproportionately prevalent in communities of color.** Two months later, public health experts were continuing to push for better and more detailed data on the pandemic's victims. Data show that the small, diverse, densely populated city of Chelsea, adjacent to Boston, was the most severely affected community in the state. Statewide, hard hit populations are the elderly (especially residents of the Soldiers' Homes and other nursing homes), the poor, people of color, and immigrants. Communities with crowded housing, poor air quality, residents who work in essential jobs, people

who use public transportation, and a lack of access to health care are the ones most harmed by COVID-19. (Swidey, N., Allen, E., & Hohler, B., 5/31/20, “The virus’s tale,” The Boston Globe; Greenberg, Z., 5/13/20, “AG links pollution to COVID-19 disparities,” The Boston Globe; Ryan, A., & Lazar, K., 5/10/20, “Disparities drive up coronavirus death rates,” The Boston Globe)

III. **The Baker-Polito Administration failed to follow the CDC’s Field Epidemiology Manual and its recommendation that a scientist should serve as the consistent, lead spokesperson during a public health emergency to build trust, credibility, and confidence with the public.** The Manual encourages political leaders to stay in the background. This is not what the Baker-Polito Administration chose to do; instead, Baker chose to take the spotlight, with scientists and epidemiologists in the background. **In contrast, in Washington State, which was much more successful in containing the impact of the virus after an early outbreak, the governor allowed scientists to lead, communicating their concerns to the public and large employers early on.** Washington’s governor also shut down businesses and schools about a week earlier than the Baker-Polito Administration did, although the initial COVID-19 cases surfaced at about the same time in both states. (Duhigg, C., 4/26/20, “Seattle’s leaders let scientists take the lead. New York’s did not,” The New Yorker)

Although there are many factors that affect outcomes of a pandemic, the difference between outcomes in Washington State and Massachusetts is dramatic. **As of July 15, Massachusetts had 2.5 times as many cases (despite a slightly smaller population) and its death rate was 6.4 times higher than Washington State’s (adjusted for total population).**

- A. Washington State: Population: 7.6 million;  
Cases: 44,074; Deaths: 1,440; Death rate per 100,000: 18.9
- B. Massachusetts: Population: 6.9 million;  
Cases: 112,000 (2.5x); Deaths: 8,340; Death rate per 100,000: 120.9 (6.4x)

### **Senior Living Facilities, including the Massachusetts Soldiers’ Homes**

IV. **In 2015, the superintendent of the Holyoke Soldiers’ Home resigned, stating that the facility, a nursing home for infirm veterans, could not safely operate on its existing budget.** However, the **Baker-Polito Administration increased its budget by only 14% over the next five years, which only slightly exceeded the inflation rate.** The Administration appointed a new superintendent, Bennett Walsh, who had no health care management experience. He was, however, from a well-connected political family. The Baker-Polito Administration also appointed Walsh’s boss, the Secretary of Veterans’ Services, Francisco Urena, who similarly had political connections but no experience in managing health care facilities. In 2016, top managers at the Holyoke Soldiers’ Home communicated budget and staffing concerns to Administration officials. After receiving no support, many of them, plus the chairman of the Board of Trustees, quit in protest. In 2018, members of the facility’s workers’ union met with the Baker-Polito Administration’s Secretary of Health and Human Services to complain about staffing and leadership of the Home, but nothing changed. Walsh’s management skills were questioned as staff morale plummeted and turnover skyrocketed. The union of nurses and maintenance workers reported that 90 of 230 employees had left since 2017. Furthermore, in 2019, five senior personnel left: the deputy superintendent, director of nursing, chief financial officer, legal counsel, and executive assistant to the superintendent. Critics contend that patronage, loyalty, and maintaining a lean budget were more important than candid discussions of or meaningful responses to the Home’s needs.

**When the coronavirus arrived, the Holyoke Soldiers' Home was the hardest hit facility in the state. It experienced one of the highest death rates in the country** among long-term care facilities, which are where the virus has been most deadly. Of the 210 veterans living in the Home in late March, 89 have died, 76 of whom tested positive for COVID-19. Almost three-quarters of the residents have been infected. Scarce protective equipment, staff shortages (that meant some staff came to work sick), and a failure to separate infected and uninfected residents (at least partly driven by staff shortages) allowed the virus to spread through the Home. Superintendent Walsh, who was suspended after the crisis became public, insists that he fully informed senior members of the Baker-Polito Administration of the situation at the Home. He has released documents showing he filed a "critical incident report" with eight people at the Departments of Veterans' Services (including the Secretary) and Health and Human Services (including the Deputy Secretary, the second highest official) on March 22, the day after the first positive COVID-19 test at the Home. His documents also show he communicated with them regularly after that. The first COVID-19 death occurred on March 24. However, Governor Baker says he didn't hear about the outbreak until late in the day on March 29, at which point at least eight veterans at the Home had already died. More than a week after the outbreak and initial deaths became public, there were still acute staff and resource shortages, with non-symptomatic infected staff still being required to work.

**Three investigations are underway to determine what went wrong and whether state officials should be charged with negligence.** Nonetheless, over two months after the crisis erupted, no straight answers have been forthcoming from the Baker-Polito Administration on three basic questions: what it knew and when, and why it did not respond sooner. One investigation has been completed (see Section VII below for a summary). It has provided some insights into some of these questions. (Editorial, 6/6/20, "Release the Holyoke Soldier's Home report," The Boston Globe; Krueger, H., 5/27/20, "Suspended superintendent of Holyoke Soldiers' Home defends handling of deadly outbreak," The Boston Globe; DeForge, J., 5/26/20, "Bennett Walsh, suspended superintendent of Holyoke Soldiers' Home, releases emails showing pleas for help as coronavirus infected veterans," MassLive; Barry, E., 5/24/20, "They survived the worst battles of World War II. And died of the virus," The New York Times; Vennoch, J., 5/12/20, "Did the Baker administration pay lip service to Holyoke Soldiers' Home?" The Boston Globe; Editorial, 5/10/20, "Accountability needed for deaths at the Holyoke Soldiers' Home," The Boston Globe; MacQuarrie, B., & Krueger, H., 5/3/20, "Brushed aside, warnings met tragic death at soldiers' home," The Boston Globe; Krueger, H., 4/10/20, "Suspended head of Soldiers' Home says officials lied," The Boston Globe; Vennoch, J., 4/7/20, "Baker's perception vs. reality at the Holyoke Soldier's Home," The Boston Globe)

- V. At the **Chelsea Soldiers' Home**, by late May there had been 40 deaths with 31 attributed to the coronavirus. In addition, 36 other residents had tested positive for the virus. Dozens of staff had tested positive as well. The Chelsea Soldiers' Home is the **second hardest hit facility in the state after the Holyoke Soldiers' Home**. (O'Laughlin, F., 5/26/20, "Death toll at Chelsea Soldiers' Home increases to 40," WHDH News (Channel 7))
- VI. **In 2016, the Legislature created a new position in the Department of Veterans' Services for an experienced health care manager to oversee the services of the Holyoke and Chelsea Soldiers' Homes. The Baker-Polito Administration has never filled the position** and allowed other key positions to be filled by inexperienced, unqualified patronage hires. (Wasser, M., 5/11/20, "Mass. wanted someone with health care experience to oversee Soldiers' Homes. It never happened," WBUR).

VII. **On June 23, 2020, the independent investigator selected by the Baker-Polito Administration, Mark Pearlstein, submitted an exhaustive report entitled, “The COVID-19 Outbreak at the Soldiers’ Home in Holyoke”**, which found that at least 76 veterans at the Home died from COVID-19 and an additional 84 veterans and over 80 staff members tested positive for the virus.

The Report declared that **“some of the critical decisions made by Mr. Walsh and his leadership team during the final two weeks of March 2020 were utterly baffling from an infection-control perspective, and were inconsistent with the Home’s mission to treat its veterans with honor and dignity.”** The investigation also revealed **“failures relating to the appointment and oversight of Superintendent Walsh** by the MA Department of Veterans’ Services” (Veterans’ Services). “Mr. Walsh was not qualified to manage a long-term care facility and his shortcomings were well known to Veterans’ Services—yet the agency failed to effectively oversee the Home during his tenure despite a statutory responsibility to do so.”

Although “Massachusetts law requires that those in charge of long-term care facilities be licensed nursing home administrators”, the MA Department of Health considers the Soldiers’ Home exempt from that requirement because it is a state-run facility. “Mr. Walsh lacked such a license, or any experience whatsoever in managing a healthcare facility.” The deputy superintendent was licensed but left in June 2019 “in frustration with Mr. Walsh.” The deputy’s position was left vacant.

“Veterans’ Services did not take steps to address substantial and long-standing concerns regarding the leadership of the Soldiers’ Home.” **The Baker-Polito Administration approved Walsh’s appointment despite his complete lack of relevant experience.** Worse, it did nothing even after it became clear that Walsh had poor communication skills, did not manage his anger well, did not spend enough time at the Home, and “was in over his head.”

The Pearlstein investigation found no failure to report or effort to conceal cases or deaths from Veterans’ Services. But, at the time, the **reporting requirements did not require disclosure of the deaths of people suspected of having COVID-19** but for whom a positive test result had not yet been obtained. **This limitation was not understood by senior leaders in the Baker-Polito Administration.**

The Pearlstein Report also recommended a number of staffing, technology, and physical plant improvements, and that the Home not be exempt from licensing and inspection requirements applicable to other long-term care facilities. The Report stated, “[W]e can think of no reason or explanation why the veterans at the Soldiers’ Home should not receive the same protections as residents at private facilities.”

VIII. **More than 60% of COVID-19 deaths in Massachusetts have been in nursing homes compared with roughly 30% nationally. Some of these deaths could have been prevented if the Baker-Polito Administration had responded more quickly and effectively to the crisis.** More than 20,000 residents and staff of these long-term care facilities have tested positive for COVID-19. Over 80 long-term care facilities in the state have had 20 or more residents die of COVID-19. However, it wasn’t until late May that 97% of nursing homes had completed baseline testing of 90% of residents and staff. Expanded and earlier testing, as well as better procedures for handling infected residents, would have helped identify and control infections. Historically, a lack of resources and the low reimbursement rates paid by the state to nursing homes have resulted in low-paid and insufficient staff, weak infection control procedures (including an inability to segregate infected residents), and insufficient personal

protective equipment (PPE). This was dramatically evident in both the Holyoke and Chelsea Soldiers' Homes. The low-paid staff in nursing homes often need to work multiple jobs, including at other nursing homes, and tend to live in communities with high COVID-19 rates. This increases the likelihood that they will get infected and spread the virus in a nursing home. (Krantz, L., & Murphy, S., 5/29/30, "Almost all Mass. nursing homes have tested most staff, residents but experts want more testing," The Boston Globe; Weisman, R., & Ostriker, R., 5/28/20, "80 nursing homes have at least 20 virus deaths," The Boston Globe; Weisman, R., 5/28/20, "On this front line, few hear cheers," The Boston Globe; Hattis, P., 5/24/20, "The box score on Baker vs COVID-19," Commonwealth Magazine)

- IX. **To prevent a resurgence of COVID-19 cases at nursing homes, much more testing will be needed on an on-going basis.** Broad and repeated testing for both virus infections and post-infection antibodies will be needed. **It's unclear whether the additional resources and testing the Baker-Polito Administration has promised will be sufficient to prevent a resurgence of cases** as nursing homes resume normal functioning, such as admitting visitors and new residents. (Krantz, L., & Murphy, S., 5/29/30, "Almost all Mass. nursing homes have tested most staff, residents but experts want more testing," The Boston Globe; Hattis, P., 5/24/20, "The box score on Baker vs COVID-19," Commonwealth Magazine)
- X. **Early in the COVID-19 pandemic, on April 17, the Baker-Polito Administration signed into law a bill passed by the Massachusetts Legislature granting immunity to nursing homes and hospitals from civil liability for injurious patient outcomes.** It specifically grants immunity from liability for damages caused by understaffing. (It does not provide immunity from gross negligence, recklessness, intentional harm, or discrimination, but, nonetheless, legal redress will be harder to obtain under this new law.) **Many advocates for nursing home residents find this immunity from liability incomprehensible and outrageous.** It is in large part the result of the industry's powerful lobbying and campaign spending funded by large national corporations that own an increasing number of MA nursing homes. These national, often for-profit corporations have frequently used undertrained and underpaid staff to minimize costs. Furthermore, **as the pandemic unfolded, the Baker-Polito Administration focused on protecting hospitals from a surge of patients, but ignored nursing homes, which were already struggling to meet the coronavirus threat and residents' needs.** (Vennoch, J., 5/19/20, "Baker moves slowly to reopen the state – and swiftly to remove nursing homes' coronavirus liability," The Boston Globe)
- XI. **Assisted living communities have not been included** in the efforts and statistics above because they are not medical facilities (as nursing homes are) and, therefore, the state does not capture data on them. **Advocates for assisted living facilities and their residents are asking the Baker-Polito Administration for more support and funding, given the impact of the pandemic on them.** (Krantz, L., & Murphy, S., 5/29/30, "Almost all Mass. nursing homes have tested most staff, residents but experts want more testing," The Boston Globe)

### **Re-opening Planning**

- XII. **The Baker-Polito Administration's Re-opening Advisory Board did not include key constituencies.** Most notably, workers, legislators, and representatives from the most impacted communities were excluded. Public health experts were under-represented. The Administration appeared to be focused on input from the business community. (Hattis, P., 5/24/20, "The box score on Baker vs COVID-19," Commonwealth Magazine; Johnston, K., 5/19/20, "Workers, advocates

concerned over safety,” The Boston Globe)

**XIII. The Baker-Polito Administration’s Reopening plan has been criticized as reopening too quickly, with infection rates still too high and availability of testing too low** (see item XIV below for more on testing). As of mid-June, **each infected person in Massachusetts was still estimated to be infecting more than one other person, meaning the number of infected people in the population was still growing, not declining.** If this rate of spread, called R, is greater than 1.0, as it was estimated to be in Massachusetts, epidemiologists do not consider a pandemic to be under control. Furthermore, **the monitoring of this metric is not one of the six metrics included in the Administration’s reopening plan.**

**Reopening too quickly is likely to endanger the health of people of color and those in low-income households disproportionately.** Data show these populations have been hardest hit by the pandemic because of the social and economic characteristics of our society – they are less able to achieve safe social distancing at home and at work, and have a greater prevalence of exacerbating health conditions.

**The Baker-Polito Administration’s Reopening Plan for workplaces consists mostly of guidelines and is weak on enforceable health and safety standards for workers, such as the availability and use of personal protective equipment (PPE).** The guidelines focus on physical distancing, limited staffing levels, and disinfecting of facilities. With no resources for inspecting workplaces, enforcement relies on workers complaining about unsafe conditions. However, it’s not clear to whom workers should complain and resources to respond to complaints are lacking. Nor does the plan provide protection from retaliation for workers who file complaints. **The Chief Executive of the Greater Boston Chamber of Commerce, Jim Rooney, has criticized the Baker-Polito reopening plan, calling for it to be clearer and more specific about COVID-19 testing, child care, and public transportation.** Small businesses have complained that the standards of the Baker-Polito reopening plan are much harder for small businesses to meet than for big businesses.

**The Task Force on Coronavirus and Equity of the Massachusetts Public Health Association (with the support of more than 100 community organizations) is calling on the Baker-Polito Administration to ensure that people of color, low-wage workers, and others disproportionately affected by COVID-19 are protected in its reopening plan.** Before reopening moves forward, the Task Force wants infection rates for people of color to be declining, enforceable protections for workers, more support for small businesses, and a Recovery Advisory Board with representatives of essential workers, elders, the LGBTQ+ community, and people of color. (Gardizy, A., 6/5/20, “Group: Reopening plans need more safeguards,” The Boston Globe; Leung, S., & Chesto, J., 5/24/20, “Baker, Rooney differ over reopening plan,” The Boston Globe; Hattis, P., 5/24/20, “The box score on Baker vs COVID-19,” Commonwealth Magazine; McGrane, V., 5/20/20, “Pressley: Mass. reopening too quickly,” The Boston Globe; Johnston, K., 5/19/20, “Workers, advocates concerned over safety,” The Boston Globe)

**XIV. The Baker-Polito Administration’s plan for increasing testing for COVID-19 infections is being criticized as too little too slowly, and it does not include any plan for testing for antibodies to COVID-19.** By late May, Massachusetts was testing about 13,000 people a day for a COVID-19 infection. The reopening plan envisions increasing this to 45,000 tests per day the end of July and 75,000 by December. Experts recommend testing of between 2% and 6% of the population daily to keep a pandemic under control. This would mean a minimum of 137,000 tests per day in Massachusetts, but as-of mid-June capacity is one-tenth of that. People in high-risk situations, such as

nursing home residents and workers with high exposure to others, should be tested every week or two. Therefore, public health experts are concerned that the number of tests is inadequate as society is reopened and relaxation of social distancing and the stay-at-home advisory result in increased risk of transmission of the virus. The Massachusetts High Technology Council has called for 125,000 tests per day in the near-term and at least 250,000 tests daily in the long-term. Some employers will want to test employees twice a week.

**Tests for antibodies to the coronavirus, called serology tests, identify people who have been infected by the virus, whether or not they ever exhibited symptoms or were diagnosed with COVID-19. It has not yet been determined whether and for how long a person with coronavirus antibodies is protected from re-infection, i.e., is immune to the virus.** These tests are cheaper and quicker than COVID-19 infection tests and provide important data on how many people in the population have been infected. **Many scientists advise that both infection and serology testing is necessary to ensure that reopening of society and commercial activity is safe.** (Editorial, 6/7/20, “Massachusetts, let’s get more ambitious with COVID testing,” The Boston Globe; Gardizy, A., 6/5/20, “Group: Reopening plans need more safeguards,” The Boston Globe; Abel, D., 5/24/20, “Doubts raised on Mass. plan for testing,” The Boston Globe)

XV. **The Baker-Polito Administration has provided no leadership for adding extra paid sick leave for workers in the face of the pandemic and has issued its reopening plan without this crucial protection for essential and vulnerable workers in place.** Extra paid sick leave would reduce the likelihood that someone with COVID-19 would nonetheless go to work to provide necessary income for his or her family, thereby putting coworkers and customers at risk of infection. (McGrane, V., 5/20/20, “Pressley: Mass. reopening too quickly,” The Boston Globe; Johnston, K., 5/19/20, “Workers, advocates concerned over safety,” The Boston Globe)

XVI. **Planning for child care and early education during the pandemic appears to have been an afterthought.** The Baker-Polito Administration has made insufficient investments in ensuring safe child care and early education are available so that parents can return to work. Its original reopening plan had businesses reopening a month before early care and education services reopened, which ignored the needs of parents returning to work. After criticism, the opening date for these services was moved up with short notice and with health and safety protocols not yet specified. There have been shortages of PPE and cleaning supplies for child care and early education workers and facilities. The state received federal aid for child care but weeks after its receipt funds had still not reached providers. (Ebbert, S., 5/29/20, “A new look for day care,” The Boston Globe; McGrane, V., 5/20/20, “Pressley: Mass. reopening too quickly,” The Boston Globe)

XVII. **The Baker-Polito Administration’s original reopening plan shockingly** made no mention of nursing homes, which have been the site of at least 60% of Massachusetts’ COVID-19 deaths. (Anthony, B., 5/24/20, “What is the plan for nursing homes?” Letter to the Editor, The Boston Globe, Writer is a former MA Undersecretary of Consumer Affairs and Business Regulation)

XVIII. **The Baker-Polito Administration’s reopening plan is focused on reopening businesses and neglects other important issues** such as:

A. **The challenges of recouping learning loss for children from being out of school**, which will be unevenly distributed, more severely affecting children in low-income households and children with special needs;



- B. The **ability to work from home is disproportionately available to higher paid, more educated employees, who tend to be white;**
- C. The **needs of single parents;** and
- D. The **importance of increasing air quality monitoring and enforcement,** given that air pollution and related respiratory issues exacerbate the severity of COVID-19 cases.

### **Lack of Data and Transparency**

XIX. **The Baker-Polito Administration has been slow to capture and release complete, detailed data on testing for COVID-19 and for antibodies to the virus.** Several other states have been providing significantly more information. Relatively complete data on MA COVID-19 tests broken down by city and town, by race and ethnicity, and by individual senior care facilities were finally released in late May and June, after public records requests from the media. The Administration has continued to limit access to death certificate data that would allow more thorough analysis of COVID-19 data despite a Superior Court ruling that this database is a public record. In mid-June, the Administration disclosed the number of antibody tests that have been done (roughly 61,000) but wouldn't share how many of them were positive, let alone who and where the tests had been done. Detailed data are necessary to tailor the public health response, establish accountability, and ultimately save lives. (Editorial, 6/19/20, "Over 60,000 in state have received coronavirus antibody test," The Boston Globe; Swidey, N., Allen, E., & Hohler, B., 5/31/20, "The virus's tale," The Boston Globe; Ryan, A., 5/31/20, "Testing for virus a mixed bag across the state," The Boston Globe; Weisman, R., & Ostriker, R., 5/28/20, "80 nursing homes have at least 20 virus deaths," The Boston Globe; Ryan, A., & Lazar, K., 5/27/20, "Local officials fear gap in reporting of who is tested," The Boston Globe; Editorial, 5/22/20, "The public should know how many nursing home residents are dying of COVID-19 – and where," The Boston Globe; Ryan, A., & Lazar, K., 5/10/20, "Disparities drive up coronavirus death rates," The Boston Globe; Editorial, 4/11/20, "More COVID-19 data from the state would save lives," The Boston Globe)

XX. **Transparency has been lacking in the Baker-Polito Administration's sharing of data and planning with the public.** Transparency builds credibility and trust, which are crucial during a crisis. If the Administration wants residents to follow the unusual steps that need to be taken in the face of this pandemic, it needs to build credibility and trust through openness and accountability. (Editorial, 3/21/20, "Transparency has never been more important," The Boston Globe)

### **Elder Affairs Citizens' Advisory Council Disbanded**

XXI. **In the fall of 2019, the Baker-Polito Administration's new Secretary of Elder Affairs, Elizabeth Chen, stopped quarterly consultations with the agency's citizens advisory panel, which had provided input on conditions at nursing homes.** For over ten years, the panel had provided input on a host of elders' issues. At least one member of the panel has resigned in protest, noting that the group could have made important contributions to the response to the coronavirus pandemic, particularly for nursing homes where 60% of Massachusetts' COVID-19 deaths have occurred. (Weisman, R., 5/9/20, "State halted calls with elder affairs panel in Oct.," The Boston Globe)

### **Prisons and Inmates**

XXII. To be added.

## **Housing and Homeless**

XXIII. To be added.

## **Miscellaneous**

XXIV. **The Baker-Polito Administration has largely failed to critique the poor response to the pandemic by President Trump and the national government.** It has failed to push Congress and particularly the Republican Senate to enact more effective responses.