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Joint Committee on Elder Affairs
Sen. Patricia Jehlen & Rep. Ruth B. Balsler, Chairs

SUPPORT H.4635

PUBLIC REPORTING OF COVID-19 DATA FROM ELDER CARE FACILITIES IS CRITICAL

Chair Jehlen, Chair Balsler, and members of the Joint Committee on Elder Affairs:

The ACLU of Massachusetts offers our strong support for H.4635, *An Act relative to long term care facility and elder housing COVID-19 reporting*, and we urge you to strengthen the bill further by requiring data collection on testing¹ in addition to confirmed cases and deaths, and ensuring that critical data is not only collected, but made publicly available.

The COVID-19 pandemic has taught us, yet again, that we cannot manage what we do not measure. Public policy is only as good as the data that informs it. Indeed, the most effective policy responses to COVID-19 worldwide have been informed by accurate data. We applaud Chair Balsler for filing this timely bill.

The need for accurate COVID-19 data from elder care facilities is particularly acute. Residential institutions with large groups of medically vulnerable people living in close quarters, such as prisons and nursing homes, have proven themselves to be deadly hotboxes of contagion.² We need look no further than the Holyoke Soldiers' Home for a painful reminder of what happens when basic public health information is held close to the vest: more people die.³ Just yesterday, in a devastating report from the Globe, we learned that 30 residents of Belmont Manor have died.⁴ Nearly half of all COVID-19 deaths reported

¹ Shelley Murphy, Laura Crimaldi, and Robert Weisman, *Critics Say State Needs to Repeatedly Test All Nursing Home Staff and Residents*, Boston Globe, Apr. 16, 2020, <https://www.bostonglobe.com/2020/04/16/metro/critics-say-state-needs-repeatedly-test-all-nursing-home-staff-residents/>.

² Amy Julia Harris, John Leland, and Tracey Tully, *Nearly 2,000 Dead as Coronavirus Ravages Nursing Homes in New York Region*, New York Times, Apr. 11-14, 2020, <https://www.nytimes.com/2020/04/11/nyregion/nursing-homes-deaths-coronavirus.html>.

³ Mike Masciadrelli, *Holyoke Soldiers' Home Deaths Rise to 47; 38 COVID-19 Positive*, WWLP, Apr. 16, 2020, <https://www.wwlp.com/news/local-news/hampden-county/holyoke-soldiers-home-deaths-rise-to-47-38-covid-19-positive/>.

⁴ Laura Crimaldi and John R. Ellement, *With 30 Residents Dead, Belmont Manor Emerges as Another Symbol of Misery in Coronavirus Pandemic*, Boston Globe, Apr. 16, 2020, <https://www.bostonglobe.com/2020/04/16/nation/27-residents-belmont-manor-nursing-home-have-now-died-covid-19-owner-says-up-13-reported-deaths/>.

statewide are of residents in long-term care facilities.⁵ The state needs to know basic numbers about testing, infection, and deaths at individual facilities, as well as demographic data about the affected individuals.

Making the data public is also critical, for two reasons: to build public confidence in the state's handling of the pandemic, and to prompt additional action where necessary. Before the city of Chelsea publicly released the number of infections in the city, it was unknown that Chelsea was a hotspot of transmission. But once the data was published, data analysts were able to show the correlation between Chelsea's high proportion of residents who are essential workers (80%) and high rates of COVID infection.⁶ This data revealed that simply calling on residents to stay home unless they had to leave the house would be unlikely to mitigate the spread of the disease since the vast majority of Chelsea residents are required to leave home for essential work during the pandemic. Soon after journalists reported on the data,⁷ the state expanded testing sites for essential workers.⁸

It is essential for journalists, epidemiological experts, data scientists, and public health advocates to have access to the data, to ensure that infection clusters, inequities, and other troubling public health trends are efficiently identified, analyzed, and remedied. Massachusetts is home to some of the nation's leading public health experts and data scientists, many of whom have turned their full attention to the state's pandemic response. But given the rate at which COVID-19 spreads, policy makers will not be able to meaningfully tap into these resources unless the data is immediately and easily accessible to the public. Chelsea shows us both what happens when data is not widely available (transmission rates skyrocket) and when data is put out into the public sphere (analysts and journalists are able to explain what is happening, and the government can quickly respond with targeted policies). For this reason, we urge you to further strengthen this important legislation by requiring DPH to publish anonymized aggregate data online.

In a positive step, the Department of Public Health recently announced that they will make statewide municipal level COVID-19 data available weekly, but we applaud this bill's targeted emphasis on nursing facilities, which have been so devastated by this crisis. We urge you to give this legislation a favorable report, expand data collection to include testing, and ensure that the data collected is made publicly available.

⁵ Chris Lisinski, *COVID-19 Cases Soar Past 30,000*, State House News Service Coronavirus Tracker (Thursday PM Update), Apr. 16, 2020, <https://www.statehousenews.com/email/a/2020806?key=1df79>.

⁶ Lauren Chambers, *Data Show COVID-19 is Hitting Essential Workers and People of Color Hardest*, ACLUM: Data for Justice, Apr. 7, 2020, <https://data.aclum.org/2020/04/07/covid-19-disproportionately-affects-vulnerable-populations-in-boston/>

⁷ Simon Rios, *As COVID-19 Cases Mount in Chelsea, City Leaders Cry for Help*, WBUR, Apr. 10, 2020, <https://www.wbur.org/news/2020/04/10/covid-19-coronavirus-chelsea-massachusetts>

⁸ Melissa Hanson, *Coronavirus Testing: Grocery Store Workers Can Now Get Free COVID-19 Testing at Sites for First Responders*, MassLive, Apr. 11, 2020, <https://www.masslive.com/coronavirus/2020/04/coronavirus-testing-grocery-store-workers-can-now-get-free-covid-19-testing-at-sites-for-first-responders.html>.