

Open Letter to Crisis Standards of Care Advisory Committee

We are writing today because of our grave concern regarding the Crisis Standards of Care issued on 4/7/20 and the impact that these crisis standards will have on equity of access to life-sustaining care for communities most impacted by COVID-19.

We are doctors, nurses, health workers, residents, medical students, social workers, patient navigators, and other members of multidisciplinary teams who are on the front lines of care for patients and families at Boston Medical Center and other hospitals and community health centers throughout Massachusetts.

On 4/7/20, Crisis Standards of Care were issued by the Crisis Standards of Care Advisory Committee convened by the Commissioner of Public Health. This committee had little to no representation from the communities most impacted by COVID-19 and had no community oversight. Only two of the sixteen authors were people of color.

The Crisis Standards of Care state that "tragically difficult decisions must be based on criteria that ensure that every patient has equitable access to any care from which they might benefit."

Subsequent to this stated commitment to health equity, the Advisory Committee proposed a "scoring system" for patients to determine how available resources (ventilators, etc) in crisis situations should be allocated when there aren't sufficient quantities to care for all who need them to survive. Under this scoring system, the lower a patient's score, the higher they are prioritized for access to life-saving resources. Points are added to a patient's score for "major comorbid conditions with substantial impact on long-term survival" -- that is to say -- comorbid conditions that might affect a patient's survival will count against them during such allocation decisions.

The scoring system does not reference or account for structural racism, economic injustice or poverty, ableism, ageism, or the resultant major health disparities that harm Black communities, Latinx communities, indigenous communities and other communities of color, low income communities, disabled communities, incarcerated individuals, and elders. These factors will make it statistically less likely that people from these communities will be allocated life-saving resources in a crisis.

Certain health conditions that directly or indirectly factor into the SOFA scoring system are disproportionately high among Boston's communities of color. For instance, diabetes rates are highest in Mattapan (17.3%), Roxbury (14.1%), and Dorchester (02121/02125: 12.8%). Dorchester, Mattapan, Roxbury, and Hyde Park have the highest percentage of both diabetes-related and heart disease-related hospitalizations among Boston neighborhoods.

Due to a well-documented presence of housing and environmental triggers (e.g. mold hazards/violations, poor indoor air quality), asthma-related illnesses are disproportionately high in Dorchester, Mattapan, and Roxbury, placing residents in those neighborhoods at increased risk of more severe cases of infection.

The Massachusetts Department of Health has released limited racial and ethnic data on COVID-19 cases. As of April 8th, 67% of the confirmed cases and 69% of deaths are listed as “unknown” or “missing” racial or ethnic information.¹ The Massachusetts Public Health Association has stated that this data is “inconclusive and unactionable” and called on the governor to ensure timely and complete data collection. Despite this lack of critical information, there is every indication that Massachusetts, and specifically Boston have the same patterns of COVID-19 infection noted in other urban settings in the US.² Chicago is 30% Black, but Black people account for 70% of all COVID-19 cases in the city and more than half of the deaths. Michigan's population is 14% Black, but Black people account for at least 33% of COVID-19 infections and 41% of deaths. In Detroit, specifically, Black people are 7% of Michigan’s population but 26% of Michigan's infections and 25% of its deaths. Similar patterns have been noted in New York City, Philadelphia and North Carolina.

In Boston, significant health disparities for Black and Latinx people are emerging given the [racial and ethnic make-up of neighborhoods most impacted by COVID-19, with disproportionate illness amongst residents of Hyde Park, Mattapan, and East Boston](#).³

Black, Latinx, and Asian populations are at heightened risk of contracting COVID-19 and exposing their families given overrepresentation as essential, frontline workers. A [report from the New York City comptroller](#) published two weeks ago shows that 75% of frontline workers are people of color, and 50% are foreign-born. Grocery and store clerks, package delivery and postal carriers, food and childcare service providers, caregivers, and cleaning staff may not be able to practice strict social distancing or respiratory hygiene, work remotely from home, nor receive paid time off, thus increasing their risk of infection, hospitalization, and the inequitable harm inherent to the current Crisis Standards.

Another group of people at higher risk of acquiring COVID-19 are correctionally-involved/incarcerated individuals who must live in crowded conditions and bear a higher burden of comorbid conditions as compared to the general population. Since mass incarceration is driven by racial and economic injustice, Crisis Standards of Care need to take into consideration that those individuals who are put at risk for COVID-19 because of their identities and socioeconomic status will also be the ones who will be further penalized by the scoring system due to comorbid conditions acquired during incarceration.

Moreover, the scoring system proposed in these guidelines discriminates against those living with disabilities or chronic conditions that are considered penalizable comorbidities. In their [open letter to care providers](#), disability activists stress that “denying or withdrawing care based on protected characteristics violates many laws including the Americans with Disabilities Act, Section 504, the Affordable Care Act, state and local civil rights laws, and/or the U.S. Constitution.” Triage guidelines that evaluate patients by age or “comorbid conditions [that] impact survival” or “underlying medical diseases that may hinder recovery” implicitly rely on value judgements about these patients’ quality of life and deny these patients justice in our healthcare system.

¹ <https://www.mass.gov/doc/covid-19-cases-in-massachusetts-as-of-april-8-2020/download>

² <https://www.wgbh.org/news/local-news/2020/04/09/early-boston-data-shows-disturbing-racial-disparities-in-covid-19-infections>

³ <https://www.dotnews.com/2020/city-report-parts-dot-mattapan-are-above-citywide-average-covid-19>

These Crisis Standards of Care will result in the withdrawal of life-saving care-- including mechanical ventilation-- from a disproportionate number of indigenous people, Black people, Latinx people, other communities of color, elders, immigrants, asylees, refugees, and those who are undocumented, uninsured, incarcerated, homeless, experiencing poverty, or living with disability. These communities already experience oppression and marginalization through structural racism, economic injustice, ageism, and ableism, which altogether perpetuate healthcare disparities when compared to those who are granted privilege in our society.

We thus demand the following:

- 1) Just and ethical crisis standards that take into account political and social determinants of health to assure truly equitable allocation of resources;
- 2) Involvement of community stakeholders in developing and approving the crisis standards, keeping in mind the populations most affected by complications of COVID-19;
- 3) Transparency regarding the nature of mutual aid agreements between health care institutions to ensure that hospitals with higher demands for resources such as staffing support and ventilators can receive resources from hospitals that are serving fewer COVID-19 patients with maximal lead time to avoid acute crises when possible; and
- 4) If, after the above demands have been met, and a need for a scoring system remains, we demand, at minimum, the elimination of criteria designed to "save the most life years," which involves points added for comorbid conditions and would negatively impact communities historically experiencing health disparities from racial injustice and other political and social determinants of health.

To remain true to our professional and ethical obligations as health care providers and members of the health care team, we must implement standards that are responsible, ethical, and equitable. If we do not fight for and rapidly adopt standards that address structural racism and other forms of oppression, we will be complicit in that oppression, rather than fulfilling our moral obligation to do no harm.

Sincerely,

Please sign your name in form link below:

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Abigail Ortiz	Director of Community Health Programs	Southern Jamaica Plain Health Center
Genevieve Daftary MD MPH	Pediatric Medical Director	Codman Square Health Center
Ezra Cohen	Pediatrician	Pediatrics

Treniece Lewis Harris, PhD	Clinical Psychologist	CHA/Psychiatry
THELMA PALMA	EMERGENCY DEPARTMENT TECHNICIAN	EMERGENCY DEPARTMENT
Kimberly Schwartz, MD	Physician	Boston Medical Center Pediatrics
Scott Yapo, MD	Child & Adolescent Psychiatrist	Cambridge Health Alliance
Wise Rynel	N/A	N/A
Yvonne Bauer	Nurse Care Manager	Boston Healthcare for the Homeless
Allison S. Brandt, MD, MPhil	PGY4 Psychiatry Resident	MGH/McLean
Anastasia Evanoff	Resident, PGY-1	Psychiatry
Michelle D. Holmes, MD, DrPH	Associate Professor of Medicine & Epidemiology	Brigham & Women's Hospital, Harvard Medical School, Harvard School of Public Health
Yoko Harumi	LICSW	CHA/Community Health Improvement
Griffin Ayaz Tyree	PGY-1	MGH/McLean Adult Psychiatry Residency
Kathleen Pellecchia	Mental Health Care Partner	Cambridge Health Alliance's Primary Care Behavioral Health Integration Program
madeline albvert	M.D.	Psychiatry
Valerie Batts, Ph.d.	Executive Director	VISIONS, Inc.
Kathleen Thelen	LICSW	Cambridge Health Alliance Department of Psychiatry
Ana M. Progovac	Instructor / Senior Scientist	Harvard Medical School Dept of Psychiatry / Cambridge Health Alliance Department of Psychiatry
Jack Beinashowitz, PhD	Psychologist	Cambridge Health Alliance
Ana Schreck	Licensed Independent Clinical	Psychiatry Access

	Social Worker	Service
Khalil Saddiq	Community Activist/Group Peer Support	The Wellness Collaborative
Rina Bernardez	Family Care Partner Lead/MSW	Cambridge Health Alliance/Child and Adolescent Mental Health Integration
jkauffman@challiance.org	Director, Addictions Consultation	Psychiatry
Janice F. Kauffman RN, MPH, CAS, LADC-1	Director, Addictions Consultation, Assistant Professor of Psychiatry, Harvard Medical School	Psychiatry
Cheli Mennella		concerned citizen
Lindsay Christensen Corse	Attending physician	Boston Medical Center, family medicine
Jennifer Valenzuela	Chief People Officer	Health Leads
Emily R Chen MD, FAAP, FACP	Internal Medicine/Pediatrics PCP	Cambridge Health Alliance
Mimiko Watanabe	Psychology Intern	Department of Psychiatry

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Charles Carr	Legislative Liaison	Disability Policy Consortium
Catarina Kiefe, MD, PhD	Professor of Population and Quantitative Health Sciences	Univ of Massachusetts Medical School
Nawal M. Nour	Assoc Prof,	BWH - Ob/Gyn
Desta Lissanu	Resident Physician, PGY1	MGH/McLean Psychiatry
Cathy Schen	Assistant Professor of Psychiatry-Part Time	Psychiatry, Cambridge Health Alliance/Harvard Medical School
Vananh Vuong, MPH, CPH	Program Manager	Seattle Indian Health Board

Emily Malavenda, MD	PGY-1	Psychiatry, Cambridge Health Alliance
Alan Meyers	Emeritus Professor of Pediatrics	Boston University School of Medicine

Elizabeth Garbitelli	Medical Student (Class of 2022)	Tufts University School of Medicine
Robin L. Reed, MD, MBA	President/Cofounder	The Wellness Collaborative, Inc.
Arlene Ash, PhD	Professor	University of Massachusetts Medical School/Department of Population and Quantitative Health Sciences
Brita Lundberg, M.D.	CEO	Lundberg Health Advocates
Sarah Stoddard-Gunn, MSW, LICSW	Cinical Social Worker	Cambridge Health Alliance, Psychiatry
Felix Nwajei	PGY2	Neurosurgery
Sarah Dolisca, MD	Housestaff PGY-3	BWH/MGH Ob/Gyn
Brannon Weeks, MD	PGY-1	BWH/MGH Integrated Program in Obstetrics & Gynecology
rachidchakri	PA-C	Family med
Alexandra Berco	3rd Year Resident	OB/GYN
Jennifer Bakkensen	Resident, PGY-4	Obstetrics and Gynecology, BWH and MGH

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Cody Cichowitz	Resident	MGH - Department of medicine
Renita Kim	MD, PGY-4	OB/GYN
Ronan Sugrue	Resident PGY-3	OBGYn
Carolyn Brennan	RN, MSN	Chief Executive Officer
Marita Barrett	PA-C	CHA

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Donna Casali	Patient Benefits Coordinator	Boston Health Care for the Homeless Program
Maeve O'Neill	Resident, 4th year	MGH/McLean Psychiatry

Mariano Humphrey	Special Education Director	Boston Public Schools/Special Education
Jeanette Callahan	Dr.	The Wellness Collaborative, Inc
Jeanette Callahan	MD	Cambridge Health Alliance
Thomas Adams, MD	Resident Physician, PGY3	CHA Dept of Psychiatry
Georgia Thomas	LMHC	Behavioral health
Gina Weisblat	Director of Office of Community Engagement, Equity, Diversity and Inclusion/Assistant Professor at Case Western Reserve Medical School	Office of CEDI University Hospitals/Case Western Reserve University Medical School Assistant Professor
Nancy Torres-Finnerty, MD	attending physician	Boston Health Care for the Homeless
Ravi Agarwal		OB/Gyn
Alessandra De Franco	MS1	Tufts University School of Medicine
Anthony Norman	4th year medical student	Tufts University School of Medicine
Amber Giesmann	PA	CHA Family Medicine
Katherine Mendez Lopez	Medical Case Manager	BHCHP
Divya Dethier	MD PGY3	OBGYN
Tiffany Vassell	Registered Nurse	Maternity

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Walter Willett MD, DrPH	Professor of Epidemiology and Nutrition	Harvard T.H. Chan School of Public Health
Logan Mauney	PGY-2	OBGYN
Lena Jorde	MS2	Tufts University School of Medicine
Lizzeth Alarcon	MD	Family Medicine
Adriana Black, MPH, ATC	Associate Director for Diversity and Inclusion Education	Tufts University
C. Sola Ajewole	PGY-3	Obstetrics and Gynecology

Dorothy Kelleher	Psychologist	Cambridge Health Alliance
Maria Suarez-Gama	Medical student, 2022	Boston University School of Medicine
Elizabeth Davis, MD	Clinical Director of Addiction Care	Cambridge Health Alliance
Kathryn Himmelstein, MD MEd	Resident	Department of Medicine, MGH
Sandra DeJong, MD	Sr Consultant to Child Psychiatry Training	Cambridge Health Alliance
Judith Bernstein, RNC, PhD	Professor Emerita	BUSPH
Clare Rupp	Clinical Social Worker	Inpatient Psychiatry
Rebecca Hillel	Psychology Intern	Cambridge Health Alliance Department of Psychiatry
Elizabeth Gauberg	Associate Professor of Medicine and Psychiatry, Harvard Medical School	Cambridge Health Alliance
Zoe Silver	LCSW Fellow	Outpatient Psychiatry
Jennifer Littleton	Social Worker	Psychiatry
Sarah Weiss	MS3	HMS
Cameron Nutt, MD	Resident physician, PGY-1	Brigham and Women's Hospital, Department of Medicine
Emily Unger	MD/PhD candidate, G3	Harvard Medical School and Harvard T. H. Chan School of Public Health
Maria Carolina Izquier	SWI	Cambridge Health Alliance - Department of Psychiatry
Brita Lundberg, M.D.	CEO	Lundberg Health Advocates
Francis X. Torres	Medical Student, Class of 2022	Boston University School of Medicine
George Dominiak, MD	Medical Director Adult Inpatient Psychiatry	Cambridge Health Alliance
Anupriya Grover DO	Attending/Faculty	Family Medicine
Daniela del Campo	Medical Student Year 2	Boston University School of Medicine

Isabelle Gell-Levey	MS2	Boston University School of Medicine
Prihatha Narasimmaraj, MD	Internal Medicine PGY-1	Brigham & Women's Hospital
Emily O. Hall, MD, MPH	PGY5 Fellow	Cambridge Health Alliance, Child and Adolescent Psychiatry
Himabindu Reddy	Resident, PGY4	OBGYN
Dana Rosenberg	Public Health Student & Registered Nurse	Harvard T.H. Chan School of Public Health
Penny Sun	MPH Candidate Class of 2021	HSPH Global Health
Greg Woods, MD	Resident - PGY-1	Obstetrics & Gynecology - BWH/MGH
Stephanie Cohen	MD (PGY4)	Cambridge Health Alliance, Department of Psychiatry

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Fabiola Molina	PGY-2, Internal Medicine Resident	Internal Medicine
Gretchen Kurdziel Adams	Psychology Fellow	Cambridge Health Alliance
Anthony Schlaff	Director, Public Health Program	Tufts University School of Medicine
Edward. Bernstein MD	Professor	Emergency Medicine and Community Health Science's
Vonzella Bryant	MD, Assistant Professor, EM Clerkship Director	Boston University SOM/Boston Medical Center
Thomas Noah	Medical Device Product Manager	AliMed
Sameen Ansari	Medical student	Oakland University William Beaumont School of Medicine
Nathaniel F. Meyer	M2 Medical Student	Tufts University School of Medicine
Sarah Swettberg	Nurse Practitioner	Cambridge Health Alliance
Kelly Chacon	Resident Physician PGY-1	OB/GYN

Sejal Hathi	Resident physician	MGH Internal Medicine
Renee Boynton-Jarrett, MD, ScD	Associate Professor of Pediatrics	Boston Medical Center / Pediatrics

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Cynthia Akagbosu	Pediatrics Resident	Boston Medical Center and Boston Childrens Hospital
Michelle Ikelau	MSc Candidate	Harvard T.H. Chan School of Public Health
Judy Bigby	MD	Physician

Nidhi Lal	MD, Family Physician	Boston Medical Center
Alice Abernathy	Resident	OB/GYN
Karen T Craddock	Applied Psychologist/Co-Founder	The Wellness Collaborative Inc.
Carley Taylor	SEES	CHA
Carolina Sopper	Social Work Trainee	Psychiatry
Jeroan Allison	Professor of Population and Quantitative Health Sciences	Department of Population and Quantitative Health Sciences

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Mary Bridget Lee	MS2	Tufts University School of Medicine
Tyler Hanna	Medical Student	Boston University School of Medicine
Paulette Hines PhD		NJ Association of Black Psychologists
Marilyn P. Griffin, MD	Chief, Pulmonary section	New England Baptist Hospital
Alexis I Griffin, MD	Resident Physician (PGY I)	Tufts OB/GYN Department
Mary Mahoney Smith	R.N.	Obstetrics
Alexa Kanbergs	PGY-1	OB-GYN
Lisa Mashburn	Nurse Practitioner	Cambridge Health Alliance - OBGyn

Kaitlin Nichols, RN, BSN, ACRN	RN	BHCHP, Greater Roslindale Medical and Dental Center
Kimberly Rawlins	Psychiatrist	Psychiatry

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Sarah Rosenberg-Scott, MD, MPH	Family Physician	Tufts University School of Medicine, Newton-Wellesley Hospital
Emily Cohen	Nurse	Boston Health Care for the Homeless Program
Nana Yaa Misa	Resident, PGY2	Highland Hospital/ Emergency Medicine
Steven Yoshinaga	MS1	Tufts University School of Medicine

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Barbara Strong	MD/Resident PGY4	OBGYN
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Lara Jirmanus, MD MPH	Family Physician	Cambridge Health Alliance/Department of Family Medicine
Regina Kelly	LICSW, JD	CHA Psychiatry

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Alice Abernathy	Resident Physician	OB/GYN
Amy L. Lee, MD	Associate Professor	Family Medicine TUSM and Greater Lawrence Family Health Center
Milan Satcher MD MPH	Fellow	Graduate from BMC Family Medicine residency
Nancy DiMeo MSOTRL	Occupational Therapist psychiatry	Brigham & Womens Faulkner Hospital
Robert DiMeo LICSW	Clinical social worker	Life Transitions Inc

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