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KENNEDY & SANTIAGO: VENTILATOR GUIDELINES REINFORCE RACIAL INEQUITIES

Call on Governor Baker and state officials to abandon current version of point system

Boston, MA – As it becomes increasingly clear that existing health care inequities are exacerbating the danger of COVID-19 for minorities, Congressman Joe Kennedy III and State Representative Jon Santiago today called on the Baker Administration to abandon the ventilator guidelines as currently drafted. Citing the focus on comorbid illnesses, Kennedy and Santiago argued that the guidelines would prioritize white patients at the expense of patients of color.

Last night, Representative Santiago took a break from his role as an emergency room doctor to outline the disparate impact facing black and brown patients. Yesterday, Congressman Kennedy called on state officials to collect and release more demographic data on testing, access to care, and deaths.

“While fundamentally these guidelines make sense, realistically, they will prioritize white patients over patients of color, a constant theme we see in our healthcare system,” wrote the lawmakers. “Racial and ethnic minorities are often overlooked during healthcare crises, often experience the brunt of pandemics, and this time is no different. Reporting has shown that racial and ethnic minorities are disproportionately affected by COVID-19 in both number of cases and deaths. The way ventilator prioritization in Massachusetts is currently set up only compounds these disparities.

They continued, “The Massachusetts guidance prioritizes those without serious comorbid illnesses. People of color are more likely to have pre-existing conditions given long standing inequities within every system in the United States. Not only is there systemic racism in our health care system which contributes to high rates of comorbidities such as diabetes, stroke, and cancer, but there are persistent inequities in housing, criminal justice, climate and environmental justice, and community development. These all result in higher rates of lead

exposure, high blood pressure, poor respiratory health, asthma, and heart disease. Prioritizing those without comorbidities inevitably ranks people of color lower than others.

“These longstanding inequities not only impact pre-existing conditions, but they impact lifespan as well, the other pivotal prioritization factor. Comorbidities reduce life expectancy and therefore disproportionately affect people of color. Additionally, all African Americans, specifically African American men, have a far shorter life expectancy at every age than any other race or ethnicity. This is a result of long standing racism in the United States that ranges from criminal injustice to implicit bias in our healthcare system. Racial bias is inescapable, expansive, and is persisting during the COVID-19 pandemic and while not purposeful, is inherently woven throughout the ventilator guidance recently issued.”

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