

COVID-19 Action Plan:
Working Together in Massachusetts Against
the Winter COVID-19 Surge and the
Omicron Variant

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THE SITUATION IN MASSACHUSETTS

- Massachusetts is experiencing a winter surge of the Delta variant. As of December 14, 2021, there are 1,355 people hospitalized with COVID in Massachusetts.
- Healthcare facilities in Massachusetts are already overburdened; Governor Baker has ordered the cancellation of elective procedures and an increase in the number of patients cared for by ICU nurses. Delayed medical attention for other conditions continues to cause illness and deaths.
- Vaccination alone is not enough to protect our communities.
- The Omicron variant has many concerning features and is spreading rapidly around the world, including in Massachusetts. Current vaccines offer less protection against the Omicron variant, and most current monoclonal antibody formulations are ineffective against it.
- Stark racial and socioeconomic disparities in vaccination rates persist in Massachusetts. The proportion of people with 2 doses [ranges](#) from 52.1% to >95% across [Massachusetts towns](#). As of December 15, 2021, only [1.6 million people in Massachusetts](#) have received a third dose, predicted to be part of the primary COVID-19 vaccine series, i.e., to be considered “fully vaccinated.”
- Children’s vaccination rates lag significantly. As of December 9, 2021, only 10% or fewer of children in Brockton, New Bedford, and Fall River have received a vaccine dose.
- In each previous COVID wave, frontline communities suffered cycles of viral spread and amplification between unsafe workplaces and crowded homes.
- Housing and food insecurity, already prevalent in frontline communities before the pandemic, reached crisis levels in these communities during the pandemic and still persist.
- COVID outbreaks have occurred in schools without leading to policy corrections by the state.
- Critical health information too often reaches the most impacted communities last. It is often not made available in culturally appropriate ways, and in ways relevant to the lives of essential workers.
- A mental health crisis among children — and in fact all age groups — is potentiated by the sense of abandonment that many Massachusetts residents experience, especially food- and housing-insecure community members.

WHAT WE MUST DO

To avoid crises of hospital resources, acute and chronic disease, deaths, long-term disability, orphaning of children, and negative economic impacts we need to:

1. Get to higher vaccination rates, including first and booster doses.

Vaccines are essential tools even against COVID spread, serious illness and death. Boosters are necessary to protect against the Omicron variant.

- Fund and staff daily mobile vaccination clinics in frontline communities, including on evenings and weekends, to bring vaccines to those who cannot leave work and who have no transportation, with availability of children’s vaccines and boosters in each clinic. Prioritize funds to hire well-paid staff quickly given the current severe dearth of vaccinating nurses.

- Fund resources to create a welcoming atmosphere in vaccination vans and centers and to provide small vaccination incentives, such as holiday gifts and toys.
- Fund and staff school-based vaccination clinics that are open to all family members and caregivers. Conduct targeted outreach to parents of children under 12.
- Work with faith-based communities, labor unions, and community based organizations to create and disseminate vaccine, testing and health information that is relevant to frontline communities and linguistically diverse.

2. Make tests widely accessible and distribute free rapid tests.

Rapid testing is essential for families to confidently gather in the coming holidays and to allow any indoor gathering to safely be enjoyed.

- Place 24/7 walk-in testing centers in frontline communities with free rapid tests and 24 hour turnaround time for PCR tests.
- Distribute free rapid tests through schools, local public health departments, convenience stores, faith-based and community partners, and potentially the U.S. postal service.

3. Establish a statewide indoor mask policy.

Masks are an important and effective tool against viral transmission. Cities, towns and local businesses should not be burdened with establishing separate mask policies. Statewide implementation of CDC policies for indoor masking like in Nevada is effective.

- Implement a county-based mask mandate [according to CDC recommendations](#). Specifically, require that masks be worn indoors by everyone age 2+ when transmission for the county is at substantial or high rates. Currently, the entire Commonwealth is experiencing high rates of transmission.
- Provide free high-quality masks, like KF94, KN95 (vetted through organizations such as Project N95 given the prevalence of ineffective counterfeit KN95 masks) and N95, to frontline communities.
- Provide child-sized high-quality masks in pediatric vaccination and testing facilities, schools, and outreach programs.

4. Stop infections at work.

Workplaces of essential workers are overlooked major sites of viral transmission.

- Apply safety standards in the workplace that mitigate aerosol transmission through ventilation and/or air filtration, appropriate distancing, and masking.
- Apply and enforce federal and state occupational safety standards and guidelines.
- Provide paid sick leave for employees who are isolating because of exposures, who have COVID symptoms or known infection, and who have temporary vaccine adverse effects. Stop employer

retaliation for staying home when ill, a major driver of viral transmission among undocumented essential workers.

- For further details, see Massachusetts Coalition for Occupational Safety and Health [recommendations](#).

5. Stop infections at home.

Crowding at home is a major driver of viral transmission in frontline communities.

- Protect against foreclosures, evictions and rent increases to decrease home crowding using the measures in H.1434 and S.891 (*An Act to prevent COVID-19 evictions and foreclosures and promote an equitable housing recovery*).
- Make RAFT actually accessible. Remove bureaucratic barriers including the requirement for landlord buy-in, lack of consideration for the many renters who sublease from the tenant on the lease, and extremely slow processing times.

6. Stop infections at school.

Children currently have the highest COVID infection rates.

- Ensure aerosol control according to U.S. [Department of Education guidance](#).
- Follow CDC guidance for [universal masking in schools](#) regardless of vaccination status.
- Provide and encourage the use of high quality (e.g. KF94, N95) masks in schools and daycare facilities as age appropriate.
- Make remote learning options available so infected or ill children do not get left behind.
- Provide paid sick leave for school employees who are quarantining because of exposures, who have COVID symptoms or known infection, and who have temporary vaccine adverse effects.
- Make pooled testing programs at all schools opt-out, not opt-in.
- Fund materials, staff, and supplies to improve contact tracing, outbreak investigation and reporting in Massachusetts public schools, as outlined by the Massachusetts Coalition for Occupational Safety and Health:
https://docs.google.com/document/d/1gKH05mW_3w42sXU5Jd1diCbwmFyz8n4U42FPMtz4N4/edit

7. Establish effective dialog with frontline communities.

Frontline communities should be asked about their needs and informed about the pandemic situation on an ongoing basis. The dialog partners should be faith-based and community-based organizations which have been struggling with providing for their communities since before the pandemic.

- Fund community health workers to be conveyors of linguistically and culturally appropriate important updates.

- Measure and publish how requests and feedback from these organizations are implemented as policy.
- Provide ongoing training to community health workers on COVID updates and how to deal with common issues such as vaccine hesitancy and COVID denial.

8. Support frontline communities.

Current practice is to distribute food boxes, diapers, feminine hygiene products, and other necessities through community organizations and food pantries. A system that respects the individual preferences and needs, time, and dignity of frontline community members is needed.

- Replace current distribution systems with cash cards so that frontline community members, including undocumented immigrants, can purchase necessities more efficiently and safely. A recent pilot program in Chelsea demonstrated the effectiveness of this approach. In this way, residents of frontline communities can focus on avoiding infection instead of on obtaining items of day-to-day survival.

9. Invest in local public health.

Local entities such as public health boards and community health centers should have the resources needed for them to conduct effective contact tracing and outbreak investigations including investigations of workplace exposures. (The state has dissolved the Community Tracing Collaborative, whose effectiveness was limited because workplace exposures were excluded. Also, by funding the CTC, the state neglected to build robust local contract tracing systems in a sustainable way.)

- Fund local and regional public health staff around the state to offer practical assistance like access to rapid tests, food and housing support, and daily phone check-ins for people needing to isolate.
- Collect and publicly report COVID vaccination data (initial and booster doses), broken down by race, ethnicity, income and other demographics.
- Comply with existing state law requiring collection and publication of COVID case data, including breakthrough infections, hospitalizations and deaths, by race, ethnicity, and other demographics.
- Offer assistance with MassHealth and insurance enrollment through the Health Connector by trained staff at all vaccination and testing centers.

Supporting Organizations

Agencia ALPHA	Lundberg Health Advocates
Allston Brighton Health Collaborative	Massachusetts Climate Action Network
Boston Immigrant Justice Accompaniment Network	Massachusetts Coalition for Occupational Safety and Health
Brazilian Women's Group	Massachusetts Coalition for the Homeless
Community Action Agency of Somerville, Inc.	Massachusetts Jobs with Justice
Center to Support Immigrant Organizing City Life/Vida Urbana	Massachusetts Immigrant and Refugee Advocacy Coalition
Comité TPS Massachusetts	Massachusetts Nurses Association
Equity Now & Beyond	Massachusetts Public Health Association
Families for COVID Safety (FamCOSa)	Massachusetts Voter Table
The Food Bank of Western Massachusetts	Metrowest Worker Center - Casa
GreenRoots	New England United 4 Justice
Groundwork Lawrence	St. Mark Community Education Program
Haitian Americans United, Inc.	Student Clinic for Immigrant Justice
La Colaborativa	True Alliance Center, Inc.
La Comunidad, Inc., Everett	Union of Minority Neighborhoods
Immigrant Service Providers Group/Health Immigrants' Assistance Center, Inc. (IAC)	United Food and Commercial Workers Local 1445
Jamaica Plain Progressives	We Got Us Empowerment Project

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