Anatomy of a Massachusetts nursing home catastrophe in the COVID-19 pandemic

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Massachusetts Republican Governor Charlie Baker ordered “Phase II” of the state’s reopening plan beginning June 8. The governor’s order gave the green light for a number of nonessential businesses and activities to resume, including day camps, funeral homes, public pools, golf courses, house cleaning services, retail stores and professional sports teams, among others. Casinos are also in talks with state officials about reopening on June 29.

Perhaps most significant is that the total ban on nursing home visits has been lifted, with requirements in place now that visitors meet residents outside and maintain social distancing. Indoor visits are now allowed in “compassionate care” and “end of life scenarios.” Massachusetts thus became the first state to open up nursing homes to nonresidents and staff, despite the fact roughly two-thirds of all COVID-19 deaths in the state occurred in nursing homes, 30 percent higher than the national average, as reported in late May.

The high-profile mass fatality events in Massachusetts nursing homes have shown an extreme level of unpreparedness. Most dangerous for staff and residents is the ongoing unavailability of sufficient amounts of effective Personal Protective Equipment (PPE) as well as access to testing. Systematic efforts to hide and downplay major outbreaks by state officials and nursing home administrators have also played a large role in facilities run by federal agencies, such as the US Department of Veterans Affairs (VA) as well as those run on a for-profit basis by corporations that in some cases operate hundreds of nursing homes.

76 dead at Soldiers Home in Holyoke

One outbreak this past March at the VA-operated Soldiers Home in the small city of Holyoke in western Massachusetts previously reported on by the WSWS made national headlines and resulted in the deaths of 76 residents. Under the direction of superintendent Bennett Walsh, staff at the facility were denied proper PPE, and were ignored or bullied when they raised concerns about basic protocols not being followed, such as isolating residents who either had contracted the virus or were suspected of having contracted it. As growing numbers of staff called out of work after they became infected, a critical shortage of manpower led to orders from management to combine multiple floors in a single ward. This meant that residents would be packed together, ideal conditions for the spread of the disease.

The timeline and details of the deadly outbreak are instructive in that they expose the unwillingness of state officials to provide any serious assistance or make the information public, until public exposure forced their hand. Members of the Holyoke Board of Health became aware of the outbreak and deaths when a worker made contact on March 27 with Brenda Rodrigues, president of the local branch of the Service Employees International Union (SEIU). Rodrigues described the staff member as “basically in tears” as she related how there had been 11 deaths and that management was acting with reckless indifference.

Holyoke Mayor Alex Morse was alerted and placed a call the following day to Holyoke VA superintendent Walsh. Morse claims that Walsh admitted there had been deaths but downplayed them by mentioning that all the patients had preexisting conditions. Unsatisfied with what he described as Walsh’s “clear lack of urgency,” Morse was compelled to call State Secretary of the Massachusetts VA Francisco Ureña. To the mayor’s dismay, Ureña also seemed to downplay the situation. Morse followed up with a text to Massachusetts Lieutenant Governor Karyn Polito. Only then did officials with the Massachusetts Health and Human Services (HHS) respond by promising to send a task force to the facility.

When the news broke, Governor Baker claimed it was the first he had heard of the matter, and that he and other state officials had been left in the dark until contacted by Morse. The deputy secretary of the state Department of Health and Human Services (HHS) declared that superintendent Walsh was being placed on leave. The following Monday, Baker announced the launch of an investigation into the affair (the results of which have yet to be released), to focus in part on “management and organizational oversight of the COVID-19 response in the Holyoke Soldiers’ Home ...”

Roughly a month later, on May 26, Walsh’s lawyer convened a press conference in defense of his client, saying he would make public a series of emails and texts demonstrating Bennett had been in regular contact and sent updates to state authorities with regards to the deteriorating situation at the Soldiers Home. As to the real reason for his dismissal, Bennet’s attorney said, “State officials were livid that Walsh had talked to local officials about the situation at the Soldiers’ Home without their prior approval ...”

Upon their release, the emails and texts indeed showed Bennet appraising State officials of the situation, who declined to provide any serious assistance while simultaneously expressing confidence in the management of the Soldiers Home. In one email—sent five days before Bennett’s suspension—an associate commissioner of the state HHS wrote “Holyoke staff are doing everything they can and consistent with DPH recommendations.”

Meanwhile, the staff was facing a critical shortage of PPE and manpower. Two days after receiving the email, Walsh contacted Ureña on March to formally request he send National Guard Medics to assist with jobs that would normally be performed by medical staff. No such aid was forthcoming. Only *after* state officials were contacted by Holyoke Mayor Morse on March 28 did state HHS officials shift their response, taking command of operations at the Soldiers Home and sending a task force that included national guard medics. Bennett was immediately placed on administrative leave.

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Nursing home outbreaks across the state

The case of the Veterans Home is only the most-high profile of many such incidents. Another large-scale outbreak hidden from local authorities occurred in late March at the Life Care Center of Nashoba Valley **,** a for-profit care home in Littleton, Massachusetts. As was the case at the VA hospital in Holyoke, staff were not being provided with proper PPE and protocols to stem the rampant spread of the virus.

Meanwhile, local officials were kept in the dark by nursing home administrators. Town officials only became aware of the scope of the disaster after the fire department was called 18 times over a five-day stretch, transporting 16 patients from the facility to the hospital. That outbreak would ultimately result in the deaths of 26 residents. Maria Krier , a nurse at the Nashoba Valley, who told a local news outlet after the first infection that nothing was being done to protect nurses and patients from the virus, succumbed to the disease after contracting it at the home.

Massachusetts saw at least six other towns and cities report additional outbreaks, each of which resulted in dozens of fatalities, including a staggering 66 deaths at the Leavitt Family Nursing Home in Longmeadow and 64 confirmed fatalities at the Mary Immaculate Nursing and Restorative Center in Lawrence.

At the time of the outbreaks, nursing homes were not legally required to report infections to residents or their families. Had such a directive been in place, members of the community may otherwise have intervened by removing their loved ones from what had become virtual deathtraps. Such a mandate for reporting was only issued by the Centers for Medicare and Medicaid Services on May 7, fully two months after deaths began mounting across the state.

Aside from the issue of transparency is the more fundamental question of government preparedness and the shortage of PPE, both of which remain unaddressed. Four months after Trump declared a national state of emergency, officials across the country have yet to equip medical professionals with sufficient amounts of protective equipment, nor has testing and contract tracing been implemented in line with even the most conservative estimates produced by scientists and health experts of what is needed.

For example, a research report published by the Harvard Global Health Initiative on April 20, authored by experts in public health, economics, and technology, used three different models to estimate the scale of testing that would be necessary in order to safely reopen the economy on a state-by-state basis. In the case of Massachusetts, around 65,000 daily tests would need to be performed according to the more conservative "Los Alamos" model before any reopening can be safely carried-out, while another estimate produced using the "MIT" model found that roughly 158,000 tests would be needed.

State pushes ahead with "Four Phase" reopening

Despite this information being publicly available, Governor Baker has pushed ahead with his "Four Phase" reopening, implementing "Phase I" on May 18, when only 7,500 tests were being conducted per day—a fraction of what is needed, according to the models. Three weeks later, at the time of Baker's "Phase II" re-opening on June 7, only around 10,000 daily tests were being conducted, a marginal increase. It should be noted that estimates for testing numbers were produced before tens if not hundreds of thousands of people throughout the state began attending large-scale protests in reaction to police violence and the murder of George Floyd in Minneapolis.

As in Massachusetts, all 50 states are now testing at levels falling dramatically short of what is needed. According to the authors of the Harvard Global Health Initiative report, "We need to deliver 5 million tests per day by early June to deliver a safe social reopening. This number will need to increase over time (ideally by late July) to 20 million a day to fully remobilize the economy. We acknowledge that *even this number may not be high enough to protect public health"* (emphasis added).

Had political leaders in the state and federal government taken this warning seriously and acted accordingly, over 250 million tests would now have been carried out in the US. As of June 12, the actual number of tests carried out, as cited by tracking site https://covidtracking.com/data, totaled around 22 million, or 9 percent of what is needed according to the Harvard researchers.

Instead of investing resources in a massive scaling-up of testing and contract tracing infrastructure, Governor Baker, like his Republican and Democratic counterparts across the country, has been enacting plans to send millions of people back to work while their children return to daycare centers and summer camps. These workers, youth and children will have no way of knowing whether they and their families are being exposed to the deadly virus.

Baker claims—contrary to reality?—that he is making decisions "based on the data" and that he has been seeing "positive trends for the past several weeks." While new deaths have indeed gone down from a single-day peak of 197 on April 26 to roughly a quarter of that figure at the time of this article's publication, the decrease has been achieved primarily through social distancing measures coupled with severe restrictions on nonessential businesses. Baker's "Four-Phase" reopening plan is now setting the stage for a drastic increase in COVID-19 cases. Baker tacitly acknowledged that possibility, saying the plan could be "halted or rolled back" if infections spike again.

The drive to "reopen the economy" in Massachusetts has been a thoroughly bipartisan affair. This was shown at a recent press event staged by the Massachusetts Nurses Association (MNA) featuring Democratic Senator Ed Markey. Donna Stern, regional director of the MNA said at the event, "I call upon Charlie Baker to do the right thing. Now, he's done a lot of things right during this pandemic, and I do not want to take that away, but the one thing that he has not done, is stepped up, and stopped the egregious behavior of hospitals across the state" she then appealed to Markey to place a phone call to the governor and insist he halt the imminent closure of a vital psychiatric hospital.

A WSWS reporter at the scene was able to ask the long-serving senator in front of news cameras why anyone should trust Governor Baker to safeguard public health, considering he was pushing ahead with his "Four Phase" plan without adequate testing and contact tracing. Markey responded by avoiding any criticism of Baker. The Democratic senator instead professed that "The question isn't when we open, it's how we open, so we clearly need sufficient testing, sufficient contact tracing ... [so that] public health is truly protected." Three days later, in an interview with the National Public Radio member station Northeast Public Radio, Markey was able to more clearly express his opinion, saying, "We have to listen to the scientists and base our steps on science and medical expertise ... We have to walk the line. I think the governor is trying to do that, and hopefully we can be successful in achieving those goals."

Whether through omission, obfuscation or outright lies, the entire political establishment is engaged in an effort to hide the dangers facing the population as they are driven back to their workplaces without basic measures. This is because, as previously explained by the WSWS, the ruling class views the COVID-19 pandemic, "not as a health crisis, to be dealt with by the application of scientifically based measures, but as a blow to profit accumulation." While they seek to temporarily mitigate the loss of profits due to factory and workplace shutdowns via intervention by the Fed, the stocks that make up their fortunes represent claims that must

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be supported by the extraction of surplus value from workers.

However, the working class will have its say in the course of these developments. The homicidal policies of the entire ruling class, assisted by its appendages in the mainstream media and among union bureaucrats, must be answered by the struggle of all workers, who should form rank-and-file committees completely independent of hostile class forces, armed with a socialist perspective.

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