



PRESS RELEASE

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ADVOCATES RAISE CONCERN THAT LIFTING UNIVERSAL MASK MANDATE LEAVES MOST VULNERABLE AT RISK

*Massachusetts Public Health Association and allies urge equity approach
as hospitals and other healthcare institutions establish mask policies*

Boston, MA – As the Massachusetts COVID-19 Public Health Emergency ends on May 11, public health advocates are calling upon hospitals, doctors, and other health providers to adopt masking policies that will continue to provide access to safer environments for their patients and their staff who are immunocompromised or otherwise at higher risk for the severe consequences of COVID.

“The end of universal masking policies in health care settings will put those seeking medical care who are already more vulnerable – people with respiratory diseases or cancer, people with disabilities, and older adults – at risk of contracting COVID and other potentially life-threatening illnesses,” said **Carlene Pavlos, Executive Director of the Massachusetts Public Health Association (MPHA)**.

MPHA supports a more nuanced approach that centers equity and does not put the onus on the patient, an undue burden on those who may already feel disempowered in health care settings. One example that warrants consideration is the decision by UMass Memorial Medical Center in Worcester to keep masks in higher risk settings such as the emergency department and oncology. This approach aligns with public health strategies deployed over the past few decades to reduce hospital-acquired infections that have shifted the practice of wearing gloves only in certain circumstances to one that is now considered a universal precaution.

Pavlos also underscored that predictions by public health advocates played out time and time again over the past three years as historically marginalized communities experienced the highest rates of COVID infections and death due to COVID. According to the Commonwealth’s data collection, those who identified as Black, Asian, American Indian/Alaskan Native, Hispanic/Latine accounted for 76.84% of the cumulative case rates and 75.62% of the cumulative death rates since the onset of COVID-19 despite accounting for only 38.99% of the population in the Commonwealth of Massachusetts. ([COVID-19 Response Reporting | Mass.gov](#)) These disparate health outcomes

expose the deeply embedded systemic barriers caused by racial and social inequities that existed long before the pandemic and were exacerbated by it.

“The imperative to center equity in policy making and institutional approaches to public health became more universally understood and shared over the past three years. Going forward, everyone deserves consistency and predictability, regardless of race, geography, or income. To do otherwise is to dishonor the tens of thousands who have died from and been impacted by COVID in Massachusetts,” Pavlos said.

Disability rights leaders raise concerns about the current end of the mask mandate by pointing to lax infection controls in nursing homes during the pandemic that caused tens of thousands of deaths and discriminatory crisis standards of care that would have sent many people with disabilities to the back of the line for ventilators. **Colin Killick, Executive Director of the Disability Policy Consortium**, noted “Universal masking has been a life saver for many people with disabilities, the pandemic has repeatedly shown how little value the healthcare system can place on the lives of people with disabilities. The fact that hospital mask mandates are being lifted this week, and some hospitals are telling patients they cannot even ask their providers to wear a mask, will once again needlessly endanger the lives of those who are at greater risk because of their disabilities. In response, our community will do what we’ve done since long before the start of the pandemic: fight for the principle that our lives are just as valuable as every other person’s.”

Elizabeth Sweet, Executive Director of the Massachusetts Immigrant and Refugee Advocacy (MIRA) Coalition, raised concerns for immigrant communities who were particularly hard-hit by COVID, “Many immigrants are employed as front-line workers in our hospitals, putting themselves and their families at risk of being exposed to COVID. Universal masking has literally saved lives. Lifting the mask mandate flies in the face of all the accolades and appreciations bestowed upon these ‘heroes among us.’ It’s a chilling reminder of how the contributions of immigrants in our workplaces, our health care settings, and our neighborhoods are routinely overlooked and ignored. Going “back to normal” is unacceptable.”

Public health advocates acknowledge that recent downward trends of both infections and deaths due to COVID suggest a new era in how to manage this virus on individual, institutional and societal levels. **Oami Amarasingham, Deputy Director of MPHA**, warned that “returning to the pre-pandemic status quo, however, ignores important lessons learned and potentially leaves the Commonwealth open to the ravages of the next large-scale public health crisis. Masking policies and legislation such as the [Statewide Accelerated Public Health for Every Community \(SAPHE 2.0\) Act](#) will help ensure the consistency of policies, resources, and tools needed across the Commonwealth to address both daily health needs and crisis situations impacting the health and lives of its residents.”

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COVID-19 Interactive Data Dashboard

[COVID-19 Response Reporting | Mass.gov](#)

	% of Case Rate	% of Death Rate	% of population
Asian non hispanic	9.86	8.38	7.26
Black or African non-Hispanic	16.65	20.06	6.78
Hispanic	12.5	16.56	24.75
American Indian/ Alaskan Native, non-Hispanic	12.8	9.24	.14
Native Hawaiian/Pacific Islander, non-Hispanic	25.03	21.38	.03
	76.84 %	75.62% Death rate	38.99 %