Welcome to Virtual MSAC
Mass Senior Action Transitions to Zoom Meetings in Response to Physical Distancing Guidelines

As the state, country, and world moved into lockdown and physical gathering have been halted in response to the coronavirus pandemic, Mass Senior Action knows justice work must continue. Starting in late April, MSAC moved its meetings to the virtual platform of Zoom, and participation has been huge. Thanks to the resiliency, perseverance, and flexibility of our members, Mass Senior Action has been able to hold chapter meetings, board meetings at the chapter and state level, and state-wide strategy sessions which members can join via phone or video. These meetings have provided new opportunities for engagement between members across chapters, and the lack of commute as presented one lowered barrier for participation.

MSAC Executive Committee Officer Rosa Bentley joined the Zoom meeting by phone and video. “Meeting on the internet allows to continue fighting for our issues,” Rosa shared with her organizer, “I love to hear from the MSAC members from the across the state and it feels good to know the coronavirus will not stop us.”

Mass Senior Action knows that our membership (and staff!) has different levels of experience with new technology and access to technology is impacted by structural oppressive forces such as racism and classism. This is why Mass Senior Action staff has been working with members one-on-one to provide instruction and troubleshooting for using Zoom.

continued on pg. 4
MEMBERSHIP APPLICATION FORM

Enclosed are membership dues for:

☐ $10 1-year individual  ☐ $15 1-year couple  ☐ $50 individual lifetime  ☐ $75 couple lifetime

NAME(s): ____________________________________________________________

ADDRESS: ____________________________________________________________ APT #:_____

CITY: ______________________________________ STATE:________ ZIP:_____________

PHONE: ___________________________ EMAIL:_________________________  

☐ Yes, I would like all notices sent by email, instead of postal mail, including this quarterly newsletter.

Make checks payable to: MSAC

Mail to: Mass Senior Action, 108 Myrtle Street, Suite 112, Quincy, MA 02171
MESSAGE FROM THE PRESIDENT

by Edna Pruce

Dear Brothers and Sisters,

To those of you who have been affected personally or have had family or friends exposed to COVID-19, our thoughts and prayers go out to you. Massachusetts Senior Action Council (MSAC) is not immune to these unfortunate circumstances. In the past 3 months, we have lost 5 MSAC members to the virus. While the losses have been painful—they will not be in vain as we will continue their fight as well as our push for social justice.

This has been a really challenging time and in many ways because of the crisis we are now facing, our work is needed more than ever. Although the pandemic has stopped us from meeting in person, going to the state house, or raising our voice in the streets—we have not been silenced. The MSAC staff is working hard to help us find new and creative ways to have our voices heard on behalf of the elderly and other vulnerable populations. However, it has been very encouraging to see so many of you connecting to the MSAC Zoom Meetings for continued discussions about the SNAP Benefits program, the Medicare Savings Programs (MSP), and addressing the proposed legislation for easier voter access in the upcoming fall elections.

MSAC’s Executive Director, Carolyn Villers, alongside the City of Boston, resulted in a collaborative effort of acquiring over 70 computer tablets to be distributed to members who have been left out of these online Zoom meetings in the past or who have had limited access due to the digital inequity/digital divide that exists. I commend Carolyn for finding ways to ensure more elderly are part of MSAC’s decision making and strategizing to increase the senior voices within our communities.

In addition, you will see in the next issue of the Senior Action Leader newsletter, that although the COVID crisis caused the MSAC office to close its doors for the time being, it did not deter the dedicated staff nor the diligence of its MSAC members to continue the mission. Do please read over the issues we are working on and reach out to the staff to find a way to join in on the action.

Finally, one thing all of us have the ability to do right now is to ensure that our vote is counted in this upcoming fall election. On the last page of this newsletter, you will find an application for an absentee ballot. Do please fill out the application and mail it to the address provided. While we must make sure the senior voice is loud and plentiful at the ballot box this fall, we must also be prepared to take other measures to ensure our health is not jeopardized in the process.

Please keep the staff informed of your ongoing meetings or community involvement in your given area. More importantly… Stay safe, stay well and stay informed. Now more than ever, it is vital that we take charge!

MISSION: As a democratic, grassroots, senior-run organization, Massachusetts Senior Action is committed to empowering seniors and others to act collectively to promote the rights and well-being of all people, but particularly vulnerable seniors.
In May, the State Legislation passed H4708, allocating 5 million dollars to improve the current system to allow a person to apply for both healthcare and SNAP Benefits simultaneously. Currently, a person is required to fill out 1 application for healthcare and then a 2nd application for SNAP. Both applications ask for the same basic information so the process can be long, cumbersome, and not efficient. Also, this investment will allow SNAP beneficiaries to shop online and do curbside pick-up at grocery stores. Accordingly, hundreds of thousands of people across the Commonwealth qualify for the food supplement program but are not able to jump through the hoops that are in place.

MSAC members from 4 different chapter areas testified at the state house explaining how the food benefit bridges the gap between checks and what they had undergone to apply for the benefit. In some cases, people went back and forth between agencies multiple times before qualifying. MSAC Cambridge/Somerville member Jeanne Cronin testified to lawmakers at the state house, “I was lucky to have support when applying for the SNAP program because I’m not sure if I would have continued with the process on my own. Especially because I didn’t have a lot of experience dealing with government assistance programs. It is hard for people to realize or admit that they need SNAP benefits. That’s why a simplified, common application would make such a big difference.”

With this passing of the above-mentioned bill, the current protocol for applying for added benefits like that of SNAP will adopt a “1 stop-shop” and application process thereby cutting down on both time and paperwork.

If you or someone you know would like to inquire about SNAP Benefits, please call Project Bread at: 1-800-645-8333.

In May, the State Legislation passed H4708, allocating 5 million dollars to improve the current system to allow a person to apply for both healthcare and SNAP Benefits simultaneously. Currently, a person is required to fill out 1 application for healthcare and then a 2nd application for SNAP. Both applications ask for the same basic information so the process can be long, cumbersome, and not efficient. Also, this investment will allow SNAP beneficiaries to shop online and do curbside pick-up at grocery stores.

Accordingly, hundreds of thousands of people across the Commonwealth qualify for the food supplement program but are not able to jump through the hoops that are in place.

MSAC members from 4 different chapter areas testified at the state house explaining how the food benefit bridges the gap between checks and what they had undergone to apply for the benefit. In some cases, people went back and forth between agencies multiple times before qualifying.

MSAC Cambridge/Somerville member Jeanne Cronin testified to lawmakers at the state house, “I was lucky to have support when applying for the SNAP program because I’m not sure if I would have continued with the process on my own. Especially because I didn’t have a lot of experience dealing with government assistance programs. It is hard for people to realize or admit that they need SNAP benefits. That’s why a simplified, common application would make such a big difference.”

With this passing of the above-mentioned bill, the current protocol for applying for added benefits like that of SNAP will adopt a “1 stop-shop” and application process thereby cutting down on both time and paperwork.

If you or someone you know would like to inquire about SNAP Benefits, please call Project Bread at: 1-800-645-8333.

In May, the State Legislation passed H4708, allocating 5 million dollars to improve the current system to allow a person to apply for both healthcare and SNAP Benefits simultaneously. Currently, a person is required to fill out 1 application for healthcare and then a 2nd application for SNAP. Both applications ask for the same basic information so the process can be long, cumbersome, and not efficient. Also, this investment will allow SNAP beneficiaries to shop online and do curbside pick-up at grocery stores.

Accordingly, hundreds of thousands of people across the Commonwealth qualify for the food supplement program but are not able to jump through the hoops that are in place.

MSAC members from 4 different chapter areas testified at the state house explaining how the food benefit bridges the gap between checks and what they had undergone to apply for the benefit. In some cases, people went back and forth between agencies multiple times before qualifying.

MSAC Cambridge/Somerville member Jeanne Cronin testified to lawmakers at the state house, “I was lucky to have support when applying for the SNAP program because I’m not sure if I would have continued with the process on my own. Especially because I didn’t have a lot of experience dealing with government assistance programs. It is hard for people to realize or admit that they need SNAP benefits. That’s why a simplified, common application would make such a big difference.”

With this passing of the above-mentioned bill, the current protocol for applying for added benefits like that of SNAP will adopt a “1 stop-shop” and application process thereby cutting down on both time and paperwork.

If you or someone you know would like to inquire about SNAP Benefits, please call Project Bread at: 1-800-645-8333.
In April, The CARES Act passed by The U.S. Congress included emergency benefit increases for the Supplemental Nutrition Assistance Program (SNAP) also known as food stamps to households across all 50 states and 3 territories. This act paved the way for an increase in food security and food purchasing during the coronavirus national emergency. This added emergency aid represents a 40% increase in overall monthly SNAP benefits, significantly increasing the ability for American families to buy food.

How do I learn how much I get in SNAP Benefits and if I will get extra incentives?

DTA will not send you a notice if you get extra SNAP Benefits. Check your balance and your monthly SNAP benefit amount by going on the DTA Connect mobile app or DTACo...
How do you strike a balance between the country’s economic life and actual human life?

Despite the coronavirus pandemic still raging in the United States, many states are beginning to lift stay-at-home advisories and allowing some businesses to reopen. Since the pandemic shut down much of the economy in March, more than 1 in 4 US workers has lost their jobs. While leaders hope to save the economy by easing restrictions, doctors, nurses, and scientists who study disease warn that reopening too soon could lead to a massive spike in coronavirus cases and death. In just over four months since the first US case was reported, COVID-19 has killed over 100,000 people in the United States. The death toll is far higher than any other nation in the world.

In Massachusetts, Governor Baker has enacted a four-phase plan for the reopening of the state with phase one, called “Safer at Home”, going into effect on May 18 and calling for people to leave home only for health care, worship, and permitted work, shopping, and outdoor activities. Gatherings remain limited to fewer than 10 people, except for religious services, which must be held at 40 percent of capacity.

States have felt pressure to reopen in order to save the current economic system, but many are worried that this will come at the cost of worker’s health and safety. In Massachusetts the governor’s 19-member Reopening Advisory Board consists of corporate, academic and political leaders, but no one from unions or worker advocacy groups. Protestors from both sides have taken to the front of the statehouse in recent weeks, with some groups calling for a faster reopening and others criticizing the Baker administration for reopening too soon and not outlining adequate protections for workers in the first phases of reopening, who are disproportionately Latino and Black.

Across the country, other states have rushed to reopen despite not meeting benchmarks recommended by epidemiologists and public health officials. Businesses, including gyms, hair salons, tattoo parlors and movie theaters, are reopening in Georgia, despite the state’s not demonstrating “flattening the curve” or a downward trajectory of cases over 14 days, as had been laid out among the White House’s benchmarks for states reopening. Nor has South Carolina, which has begun reopening beaches and department stores. Some 38 states have eased restrictions, including Colorado, Florida, Idaho, Indiana, Iowa, Louisiana, Mississippi, Montana, North Dakota, Ohio, Tennessee, Texas, Utah and Wyoming, among others including Massachusetts at the time we went to print.

President Donald Trump has said that it’s possible people will die by reopening the economy, “Will some people be affected badly? Yes,” he said. “But we have to get our country open and we have to get it open soon.” The president told ABC News.

The virus will pass, with or
without a vaccine, and I think we’re doing very well on the vaccines but, with or without a vaccine, it’s going to pass, and we’re going to be back to normal.”

Trump has repeatedly warned that efforts to stem the rapid spread of COVID-19, the disease caused by severe acute respiratory syndrome coronavirus 2, or SARS-CoV-2, are spiraling the economy into another Great Recession.

“But at the same time, we’re going to practice social distancing, we’re going to be washing hands, we’re going to be doing a lot of the things that we’ve learned to do over the last period of time,” Trump said, lamenting the current number of fatalities in the U.S. “I mean, you’re talking about filling up Yankee Stadium with death. So I thought that was horrible.”

One leader taking a different approach is New York Gov. Andrew Cuomo, who said reopening is both an economic question and a public-health matter. He won’t choose between lives and dollars, he told journalists. “There’s a cost of staying closed. There’s also a cost of reopening quickly. That’s the hard truth we are dealing with. Let’s be honest about it. Let’s be open about,” he said, adding, “The question comes down to how much is a human life worth? What the government does today will literally determine how many people live, and how many people die. That is not hyperbolic.”

Cuomo, a Democrat, has resisted calls to restart the economy and open up businesses: “My mother’s not expendable,” he said recently on Twitter. “If it’s public health versus the economy, the only choice is public health. You cannot put a value on human life. You do the right thing.”

Since the coronavirus pandemic has started, the Metro North chapter of Mass Senior Action has been working hard to ensure that no senior is left behind in these times of crisis. Deirdre Campbell-Tompkins, Metro North Chapter Board Delegate, spearheaded an effort to call all seniors in Malden based on the voter roll, working with local mutual aid group Malden Neighbors Helping Neighbors and a number of Mass Senior Action volunteers. These calls checked in with seniors, informed them of local resources including increased SNAP benefits, and reminded seniors to complete the 2020 US census.

In addition to these fantastic efforts, Metro North members have been proactively communicating with city officials about unmet needs that existed in senior/disabled housing. On May 6, Metro North members virtually met with Mayor of Malden Gary Christenson and Director of Human Services & Community Outreach Karen Hayes to outline existing gaps and potential solutions in senior housing. The meeting was very successful and provided the opportunity for Mass Senior Action members and Malden city officials to work together to face the unprecedented challenges presented by the coronavirus pandemic head on.
As the coronavirus pandemic continues to rage in Massachusetts, more evidence emerges each week that the virus is disproportionately affecting the state’s communities of color.

Massachusetts Congresswoman Ayanna Pressley led the charge to add race data when testing for Covid-19, “The reason why I began that call early on, banging the drum, and the need for us to collect racial data in real-time to disaggregate it, to publicly report it, is because history shows us black and brown communities disproportionately bear the brunt of all of our public health challenges,” Pressley said.

The Massachusetts Public Health Association released a review of the state’s reported coronavirus cases on Wednesday that revealed the rate of infections for Latinx residents in Massachusetts is three times that of white residents. Black residents are seeing two-and-a-half times more infections per capita than white residents.

The public health nonprofit is just the latest group to call for urgent action by Gov. Charlie Baker and state officials to address the health inequities and disproportionate impacts the pandemic has had on vulnerable populations in Massachusetts.

Signs of the alarming trend — that the coronavirus pandemic was hitting poor communities and communities of color hard in the Boston area — were present from the onset of the pandemic, according to Alister Martin, an emergency room doctor at Massachusetts General Hospital. In late March, he wrote via twitter that “so many of our patients needing ventilators today were from Boston’s lower [socioeconomic status] communities. Moreover, the pandemic has put our inequities on full display. There will be a post-COVID and our healthcare system needs to learn the lessons from it and be re-made to work for everyone.” Now weeks into the health crisis, Martin’s concerns about what he is seeing at his hospital remains the same.

In a recent interview with Boston.com, he stated that “this disease is just crushing communities of color.” He added that “by far the majority of patients that we are seeing that are really, really, really sick COVID patients are Hispanic at Mass. General.” Both advocates and health care providers agreed as to the factors for why the pandemic is impacting already vulnerable communities and these have had to do with poverty and the inequities that existed before the virus appeared.

Recently, State Rep. Jon Santiago, who works in the emergency room at Boston Medical Center told Boston.com that “so much of a person’s health, even pre-COVID-19, is related to the zip code they live in. Things like poverty and trauma and lack of educational opportunities, all things that define these communities, will inevitably result in poor health outcomes. And that is what was there long before COVID-19. All COVID-19 has really done is expose that to the person who maybe was not paying attention prior.”

Separate from the moral
obligation to address those gaps for vulnerable populations, the emergency room physician warned the impact of recurring clusters of infections in poor communities will mean resurgences of the virus in years to come.

Thus far, some steps have been taken to address concerns about health disparities in the middle of the pandemic. In response to concerns about equity raised by advocates, health care workers and politicians, state officials revised guidelines for how ventilators can be rationed. Previously, the guidelines recommended use of a priority scoring system to assess patients that factored in co-morbid conditions. Critics of those initial guidelines, which included Martin and Santiago, argued that the recommendations would have disproportionately impacted patients with disabilities and patients of color. Given the longstanding health care and socioeconomic disparities mean those communities are more likely to suffer.

The change that had been adapted was a step in the right direction, according to Martin, but the doctor argued before the Boston City Council’s Public Health Committee in early May that more can be done to address inequities in health care.

Pointing to how the outbreak unfolded in Chelsea, Santiago said communities of color should be considered as vulnerable and potential hotspots before infections occur and action should be taken, in the same way that the state has moved to address cases in nursing and long-term care homes. Interventions for people to easily get tested, care and information about the virus should be proactive in cities across the state like Lynn, Lawrence and Springfield, he said.

Increasing the availability of testing, both Martin and Santiago emphasized, is a critical step. State officials announced this week they were expanding testing at community health centers as a means of trying to address the emerging clusters of infections. Santiago added that it is important for those involved in the contact tracing efforts to be representative of the communities they are working with and for there to be an emphasis on culturally competent health services. Existing leadership in minority communities should also be tapped by the state for involvement in the coronavirus response, he said.

The two emergency room physicians say the pandemic — in exposing so clearly the disparities — presents a tremendous chance to create change. For the first time, Martin said, many people are seeing how inequitable the health care system is in a way they had not been exposed to before. A month ago, he recalled, patients were coming into the hospital seeking tests for the coronavirus only to be told the tests were not available for them. The question soon followed, “What do you mean you do not have any tests? I just saw the entire Brooklyn Nets basketball team got tested; what do you mean you do not have any tests?” Martin said. He continued by saying “that should tell you everything you need to know about our system. You start to get who the winners and losers are in our system with that fact alone. And often people who are living comfortably do not get to see the cracks in the healthcare system.”

Both physicians said they are encouraged by how physicians and local leaders alike have raised awareness and made moves to address the disproportionate impacts of the pandemic. The ongoing advocacy and discussions make them hopeful that more change is possible to address the longstanding inequities and prevent the situations that have arisen with the coronavirus from repeating during the next public health crisis. Furthermore, “not just with respect to these long standing health inequities, but just whether we should tie health care to employment, whether we should be more aggressive when it comes to addressing housing insecurity and all the issues that come with that,” Santiago said. He continued by saying “I think this is a prime moment…what can we do to put ourselves in a position to live in a fair, more just society? So with the next crisis we will not be dealing with the same questions and we’ll be better prepared to deal with the challenge.”
In April, the Department of Health and Human Services (HHS) is announcing $955 million in grants from the Administration for Community Living (ACL) to help meet the needs of older adults and people with disabilities as communities implement measures to prevent the spread of COVID-19. The grants will fund home-delivered meals; care services in the home; respite care and other support to families and caregivers; information about and referral to supports; and more.

Through these programs, a network of community-based organizations, such as Area Agencies on Aging, Centers for Independent Living, senior centers, and other non-profits provide a vast array of resources and services to help older adults and people with disabilities stay healthy and live independently in their communities across the United States.

The need for these services has increased as community measures to slow transmission of COVID-19 have closed locations where many people typically receive services like their local senior center and made it difficult for families to assist loved ones who live alone.

This nearly $1 billion in new funds will help communities support older adults and people of all ages with disabilities in staying healthy, safe, and independent during the COVID-19 pandemic,” said MSAC President Edna Pruce after reviewing the contents of CARES Act. “The aging and disability networks supported by these programs are delivering meals, ensuring safe transitions home following hospitalizations, and providing other essential services to older Americans and Americans with disabilities during this challenging time. For over 39 years MSAC members fought to make sure Massachusetts seniors have the choice to remain in their homes as they age with the services they need to stay healthy.”

The CARES Act funding includes:

• $200 million for Home and Community Based Services. This will fund personal care assistance; help with household chores and grocery shopping; transportation to essential services.
• $480 million for home-delivered meals for older adults.
• $85 million for Centers for Independent Living to provide direct and immediate support and services to individuals with disabilities.
• $20 million for nutrition and related services for Native American Programs
• $100 million for the National Family Caregiver Support Program to help family and informal caregivers provide support for their loved ones at home.
• $20 million to support State Long-term Care Ombudsman programs in providing consumer advocacy services for residents of long-term care facilities across the country.
• $50 million for Aging and Disability Resource Centers (ADRCs), which will fund programs that both connect people at greatest risk to COVID-19 to services needed to practice social distancing and seek to mitigate issues created by it, such as social isolation.

Homecare funding has always been a top priority for MSAC members. Metro North members chanted, “Keep us Covered!” during the homecare budget debates.
COVID-19 has upended “life as usual” for all of us. While the spotlight rightfully remains on this devastating virus, there is another public health crisis we need to avoid – one that is within our own control. It depends on patients paying attention to all physical, mental and emotional health needs, and not forgoing care or check-ins with your physician or healthcare team out of fear of contracting COVID-19.

The pressing healthcare needs that existed before COVID-19 have not gone away. Heart attack and stroke symptoms occur. Behavioral health crises strike. Chronic medical issues require care. Patients should know that Massachusetts hospitals and physicians are able to safely provide care for these and all other types of serious care needs during this pandemic.

With so much attention focused on COVID-19, many patients are understandably wary about going to a doctor’s office, clinic or emergency department for non-COVID-19 care. However, it is important to remember that physicians and healthcare teams across the commonwealth are ready and able to provide guidance and care by phone or computer, and have also made accommodations to safely offer all types of emergency and in-person visits.

We urge all individuals to contact their doctor or seek emergency care for any serious or ongoing medical or mental health need. Anyone who needs to be seen in person can be assured that rigid safeguards to protect patients – as well as those caring for them - have been put into place. On-site caregivers will address any concerns regarding COVID-19 risks and collaborate with patients or their loved ones to plan the safest and most appropriate care for them.

MSAC members have had positive experiences receiving healthcare during the pandemic. North Shore member Richard Smith shared, “I am able to connect with my doctor’s office by phone or by video. My psychiatrist meets with me through video just like when I went to the office. I want all seniors to know they do not have to ignore their health. We can still get our healthcare.”

No one in the healthcare community is recommending that social distancing restrictions be lifted at this point. Social distancing remains the most effective and proven means to slow the spread of coronavirus. Hospitals and other healthcare providers are successfully balancing the demand for COVID-19 patient care with the capacity and resources needed to treat non-COVID-19 patients with chronic diseases and those with an acute injury or illness.

Ignoring symptoms or choosing to forgo consultation with your physician is already proving to have drastic consequences on the health of some of our patients. We do not want to see a widespread avoidance of medical care prompt yet another public health crisis within Massachusetts. Even under these unprecedented circumstances, it is the responsibility of hospitals, medical practices and all caregivers to ensure that patients are safe. That is just what we plan on doing. We urge you to never let the fear of exposure to COVID-19 supersede your seeking care. Your healthcare teams are actively prepared.

Contributed by Maryanne C. Bombaugh, MD, MSc, MBA, FACOG, and Steve Walsh, president & CEO of the Massachusetts Health & Hospital Association

North Shore member Richard Smith has had positive experiences with tele-health since the pandemic began.
Imagine if the United States had a federal agency so well run that it had maintained a 90 percent approval rating even as the public’s trust in other institutions had cratered. Imagine this entity also created hundreds of thousands of high-quality, middle-class jobs at a time when such positions were in short supply — while providing a valuable, publicly subsidized service to rural areas in desperate need of federal support.

Now, let’s say that some historic calamity dealt the U.S. a massive economic blow, triggering Great Depression–era levels of joblessness this year and putting North America on pace to suffer upwards of 9 percent unemployment through the end of 2021. Let’s further stipulate that this crisis also happened to make the overwhelmingly popular agency’s services indispensable for meeting consumers’ needs and preserving the integrity of U.S. elections.

Finally, let’s say American taxpayers could fully fund this hypothetical agency for about $14 billion a year — in other words, for about one-tenth of the amount of money Congress has added to the Pentagon’s annual budget since 2016.

The agency I describe is, of course, not some utopian bureaucracy but the actually existing United States Postal Service (USPS). In real life, however, the USPS is not funded by congressional appropriations. Rather, since the 1970s, Congress has required the Postal Service to simultaneously:

• Finance its own operations, as though it were a business.
• Provide mail service to every part of the country — and charge Americans the same (affordable) postal rates no matter where they live, even if such Americans happen to reside in rural hinterlands that private carriers ignore because they cannot be profitably served.

This dual mandate was always a challenge. But as the internet’s growth reduced demand for snail mail, it became nigh impossible for the USPS to meet both of these requirements without cutting jobs and employee compensation. And, in 2006, Congress deliberately made the agency’s predicament worse by (needlessly) forcing it to prepay all its employees’ pension and retirement health costs decades in advance.

All this rendered the Postal Service technically insolvent before COVID-19 made its presence felt. Now that the crisis has also drastically reduced America’s overall mail volume, the agency’s revenue is in free fall. According to Postmaster General Megan Brennan, USPS will incur $22 billion in new losses over the next 18 months.

Congressional Democrats would like to help the Postal Service through this troubled time by providing it with a federal bailout. The Trump administration would like to use the agency’s financial crisis to both force through cuts to postal workers’ compensation and allow the agency to charge low-density parts of the country higher rates.

In truth, there’s nothing wrong with the Postal Service’s business model that can’t be fixed by ceasing to run this essential government agency as though it were a business. The USPS’ growing crisis of profitability presents America with a choice: It can maintain the Postal Service in its current form by providing the agency with federal funding, or it can force the agency to cut jobs, benefits, and service provision.

The Postal Service was not always expected to cover its own costs, or that requiring it to do so was (and is) a political choice. Congress
could completely eliminate the Postal Service’s “financial crisis” by:

1. reducing the Defense Department’s Trump-era raise by a tiny fraction
2. increasing America’s annual deficit spending by a tiny fraction or
3. eliminate the 2006 legislation requiring the full funding of pensions for 75 years in advance.

As a country, we must decide where we want to invest our dollars. Do we save a service affordable and available to all or do we cut jobs, cut services, and increase the price of mailing to give private-for-profit delivery services a monopoly?

We need to take a stand to save the postal service for everyone.

---

#NoBodyIsDisposable
COVID-19 Triage Plans Discriminate Against Seniors, Others

Across the country, triage plans for hospitals overwhelmed by coronavirus patients discriminate against seniors, disabled people, fat people, and people with AIDS or other illnesses. These policies disproportionately target people of color, poor people, immigrants, LGBTQ+ people, and others considered disposable by society. The people targeted by these triage plans have been raising their voice against these discriminatory policies under the campaign No Body is Disposable.

As the world struggles with the outbreak of COVID-19, many locations are facing shortages of needed resources, especially ventilators, some medicines, and staff. Many countries, individual states within the United States, professional organizations, and medical facilities are proposing discriminatory triage protocols that exclude certain disabled patients and older patients from treatment that offers them the best chance of survival, even when they are likely to benefit from that treatment and will die without it. This discrimination is common despite the existence of a variety of anti-discrimination laws.

In Massachusetts, health officials issued guidelines in April instructing hospitals on how to ration ventilators, should they become overwhelmed with coronavirus patients and run out of critical treatments. The guidance, which is not mandatory, asks hospitals to assign patients a score that gives preference to healthier patients who have a greater chance of surviving their illness, and living longer overall. It gives additional preference to medical personnel who are vital to treating others, and to women further along in pregnancy. In the event of tie scores, younger patients are given priority.

In response, the No Body Is Disposable campaign is calling on government officials to distribute more medical equipment and asking hospitals to not let marginalized people—fat, disabled, HIV positive, chronically ill, elderly—die. To learn more about the #NoBodyIsDisposable Campaign, including resources such as a Know Your Rights Guide and to sign on to an open letter to care providers and hospitals, visit https://nobodyisdisposable.org/.

Photo: Michaela Oteri/ @ogrefairy
Members of Massachusetts’ Congressional delegation are calling on Beacon Hill lawmakers to pass a statewide vote-by-mail law, while urging Congress to fund efforts to expand voter access. The push follows the recent primary in Wisconsin — where tens of thousands of people were forced to choose between their right to vote and risking their health.

Mass Senior Action members met by video and phone in May to discuss the obstacles people face when voting and especially during the pandemic. The conclusion is MSAC members will work with community allies to make sure everyone who is eligible is able to vote in a safe way.

Statistically unproven, certain media outlets spew incorrect information about mail-in ballot corruption. ABC news did a recent poll showing 63% of voters feel mail-in ballots are safe and should be considered for health reasons during the 2020 election. When asked about Wisconsin forcing in-person voting during the pandemic, the President of the United States argued mail-in ballots are frequently fraudulent and the issue partisan. Election experts, who evaluate voting data of state mail-voting say that it can be done safely and securely, and that election fraud is extremely rare in both mail-in and in-person voting instances.

When pressed about examples of fraud during the White House briefing, Trump specifically referred to people collecting other people’s ballots, what’s sometimes referred to as “ballot harvesting.” But experts, especially those with experience in the handful of states that vote completely by mail, say states can implement things like ballot tracking, as well as pre-paid postage and ballot drop boxes which eliminate the need for voters to hand over their ballots to a third party. The state of Oregon has had mail-in voting for 20 years.

Mass Senior Action members work hard each election to get the vote out and want their elected officials to resist the urge to write off a voting method that would make voting more accessible (and safer with Covid-19 precautions in mind) for thousands of people because of a few isolated incidents and work on addressing those concerns.

MSAC North Shore activist Barbara Mann said, “I think it’s something we need to resist as a reaction.” She continued by proclaiming, “If and when a bank gets robbed or a car gets stolen, we don’t stop using banks or cars. We enforce the laws we have in place. The same with voting. A few bad apples should not stop us from doing everything we can to have safe, accessible voting for all.”

**State-Wide Vote-By-Mail Is Needed**
**We Must Ensure Safe Voting During the Pandemic**

Absentee Ballot Application Can Be Found on Page 19
Return to your local elections office, if you need the address call the MSAC staff (pg 17)

Call Your State Legislators at 617-722-2000
Ask Them to Support:
An Act Relative to Voting Options in Response to COVID-19
On September 7, 2018, the Department of the Interior issued a decision in which it refused to reaffirm the status of the Mashpee Wampanoag Tribe’s Reservation. The decision opens the door for the Mashpee Wampanoag Tribe’s Reservation to be disestablished and follows on the heels of the federal government’s refusal to continue to defend the status of the Tribe’s reservation in court.

While reservation lands are often associated with Native American Indian tribes’ unique ability to oversee casinos, maintaining the trust land also allows them to provide critical services to their members. After the court decision, Mashpee Wampanoag Chair, Cedric Cromwell declared that “our land is sacred. It’s where our people receive health services. It’s where our children attend our language immersion school ... Taking our land is a direct attack on our culture and our way of living.”

For more than four years, the Mashpee Wampanoag Tribe has been providing transportation to the State House for Bristol County Mass Senior Action Council Members. These collaborative efforts began because tribal members sat on the same advisory council board as Bristol County’s former President, George Smith. Now, the Mashpee Wampanoag tribe needs our MSAC solidarity and support.

The Mashpee Wampanoag, the People of the First Light, have occupied the same region for over 12,000 years and have faced diminishment of their homelands since colonization. The latest court ruling is a blow to tribal sovereignty and undermines the future and sustainability of the tribal nation. The tribe is asking Congress to protect its reservation lands and has put forth the “Mashpee Wampanoag Tribe Reservation Reaffirmation Act (HR.312).

Mass Senior Action is supporting these efforts, as George Smith explained, “we are asking for signatures in support of this legislation. They’re nice people and we’re happy to fight with them to secure their land, schools and housing.” Smith elaborated that “it’s not only the right thing to do but we have to stand with our friends in solidarity. They also support the local community through giving medical transportation. They’ve been there for us and we have to be there for them in their time of need”.

To support the tribe, please sign the petition at https://sign.moveon.org/petitions/stand-with-the-mashpee

Or send letters of support to: SENATE INDIAN AFFAIRS COMMITTEE CHAIRMAN HOEVEN AND RANKING MEMBER UDALL

ADDRESS:
The Honorable John Hoeven
The Honorable Tom Udall
Chairman Senate Indian Affairs Committee Ranking Member Senate Indian Affairs Committee
838 Hart Senate Office Building 838 Hart Senate Office Building
Washington, DC 20515

Photo: Mashpee Wampanoag Tribe/ #StandwithMashpee Video
In the course of one’s lifetime, change is imminent as are the seasons in a given year. These ongoing transfers are accepted in society as a normalcy. Through understanding and adaptation, we have come to terms with these ongoing scenarios as aspects of the natural course/cycle of life. With the entrance of COVID-19, our everyday lives were abruptly disrupted on a global and unfathomable scale. Countries all over the world stopped in their tracks with businesses across the globe closing their doors as well as putting production to a standstill save for those deemed as essential businesses (eg; grocery food chains, USPS, medical facilities & police/fire departments). Meanwhile, the world shifted to conducting business as usual online. With this shift, a new societal norm was established; however, countless were unprepared for this transformation and many have been left outside looking in.

Many of us have heard the phrase, “digital divide” but what exactly does it mean? According to Wikipedia, “The term digital divide, was coined and publicized by Larry Irving when he was head of the National Telecommunication & Information Administration (NTIA); of which describes a gap in terms of access to and usage of information and communication technology. It was traditionally considered to be a question of having or not having access… it is becoming a relative inequality between those who have more and less bandwidth and more or fewer skills.”

Notably, this digital inequality has been made ever evident within the low-income urban communities of the US, rural areas and most especially within our senior population. In its simplest understanding, this digital divide is the lack thereof of being able to access the world wide web/internet. This imbalance of having internet access has led to a more widespread discussion into this digital connectivity problem throughout the United States as a whole. Some groups have even proclaimed it to be a fundamental human right at this time.

Prior to the pandemic entering the United States, free broadband and internet access could be found in places, such as public libraries, parks, coffee shops, etc., where those who could not afford to purchase internet access could easily be connected through a computer device, smart phone or tablet. With quarantine measures and stay-at-home ordinances being put into practice on a state-wide basis and thereafter adopted as a national practice for precautionary measures, thousands—if not millions, have been put at a huge disadvantage as these free internet/broadband services and access to such have been discontinued for the time being. Moreover, cities like Cambridge, Springfield, Worcester, Lawrence and Boston have had problems keeping students in-tune with school assignments and many have fallen behind with school work due to the lack of a sufficient internet access source. Rural areas like those found in the Berkshires and western mountain regions have also experienced hardships with digital connectivity as well as speed
connectivity issues.

Senior citizens have had their fair share of challenges as many have to rely on family and friends, support from local/community organizations and the radio/television in order to be provided with updates as many do not have access to digital devices, may lack an understanding on how to use a computer device or quite simply do not have sufficient broadband or internet access at their disposal due to its high cost or area of service.

While there are few carriers that provide discounted internet service—let alone advertise them, these come with a set-back in that connection speed depends on cost. The higher you pay, the faster service you get; the lower you pay, the slower your connection and access.

Lack of access to a computer device or broadband/internet connection creates roadblocks in obtaining pertinent information as well as being able to apply for/receive services during the COVID-19 pandemic. While households that are connected are able to purchase food/other items online, study/work from home, get daily updates from government sources, and connect over videos with health specialists and family members, senior citizens who are not online cannot access these resources. For this reason, the Massachusetts Senior Action Council began discussing avenues weeks ago as a way to curve this imbalance and inequality to broadband/internet access.

Through collaborative efforts with the City of Boston, MSAC was initially able to secure 20 computer/digital tablet devices, and connect them to broadband so that they could be distributed to some of our MSAC members. The need for additional devices became apparent immediately as the MSAC staff began contacting its 1000+ members and 50 additional devices were secured with further talks.

As with school districts across the nation, MSAC also began to see the dire need for its senior members to be connected as a way to curtail the digital divide but also to create opportunity for its members to continue to meet (albeit online) and continue its mission despite the stay-at-home measures. Having access to both a computer device and internet capability has also been instrumental in decreasing social isolation amongst seniors according to various sources.

Despite these efforts, it is evident that more computer training geared towards seniors and low-income households alike needs to be made available as is the case with affordable broadband/internet access for all regardless of income. The COVID-19 pandemic has clearly put the spotlight on the digital inequity that exists and the urgency needed to close that gap. Should you have an interest in obtaining a computer tablet, do please reach out to MSAC.

Staff Contact Info
For Assistance or More Information Please Call Us

Carolyn Villers .................................................................................... (617) 435-1926
Pam Edwards ..................................................................................... (781) 864-2596
Zach Boyer ......................................................................................... (508) 858-8167
Tracey Carpenter............................................................................... (413) 328-4659
Brandon Gibbs ................................................................................... (857) 212-2320
Josie Hatuey (Habla Español) ...........................................................(617) 413-0460
Claudia Pérez (Habla Español) .........................................................(857) 236-5719
Netanya Perluss .................................................................................(617) 501-7490
Since moving to Malden in May of 2019, AnnaMarie Russo has made her involvement in Mass Senior Action one of her top priorities. It was a lucky coincidence that on the day after she moved in with her son and daughter-in-law, she was visiting the Malden Senior Center and ran into Metro North President Karen Lynch who invited her to a meeting happening the very next day. AnnaMarie says that “I showed up at that meeting and was hooked right away, because... of the membership, the people who were there, the things they were talking about that were going on, the challenges of housing and healthcare prescriptions and just the wellbeing of seniors.” Since that fateful meeting, AnnaMarie has been a dedicated and active member of both the Metro North Chapter and statewide activities.

AnnaMarie has been involved in activism and organizing for many years, first becoming active when her son, McKay, was in college. AnnaMarie and her son shared a common interest and involvement in progressive politics, and AnnaMarie organized in Western Mass as a part of the anti-war movement and labor movement.

AnnaMarie finds being a part of Mass Senior Action a way to bring together her lived experiences and her book learning knowledge. Growing up during World War II, her father was an undocumented immigrant from Italy, and she experienced firsthand the dangers of xenophobia and feels a strong connection to the immigration justice work being done today. As a young mother she experienced homelessness, at one point living in eight different places in one year, and knows the vulnerability that not having a permanent address can bring. As a student at Smith College at age 55, AnnaMarie majored in the Study of Women and Gender which gave her an academic perspective on her lived experiences.

While actions at the statehouse with MSAC are a different organizing tactic than the mass marches and sit-ins she was familiar with from her past experiences, AnnaMarie appreciates energy and connection Mass Senior Action brings in our actions, and the shared values of the membership that they express. She thinks the MSP campaign and the SNAP campaign are extremely important in our current pandemic crisis. Of the SNAP campaign, AnnaMarie shared “When

AnnaMarie donned a Santa hat and her signature fringed MSAC shirt to sing carols to legislators at the statehouse and ask for an expansion of the Medicare Savings Program in December 2019.

I was a young mother of a young child I lived in Florida and got USDA food benefits, but I haven’t been on SNAP benefits. I have found it incredibly valuable to learn about how the SNAP benefits work from membership of MSAC, who would talk about their experience using EBT card, maximizing benefits.”

AnnaMarie Russo has been a member of Mass Senior Action since May 2019 and currently serves as the Secretary and State Board Delegate on the Metro North Chapter Board.
Massachusetts Official
Absentee Ballot Application
See reverse side for instructions

<table>
<thead>
<tr>
<th>Voter Information</th>
<th>Name: ____________________________</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Legal Voting Residence:</td>
</tr>
<tr>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>Date of Birth: ________________</td>
</tr>
<tr>
<td></td>
<td>Telephone Number: __________________</td>
</tr>
<tr>
<td></td>
<td>E-mail Address: ____________________</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Ballot Information</th>
<th>Mail Ballot to: ____________________</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>Ballot Requested For:</td>
</tr>
<tr>
<td></td>
<td>□ All elections this year</td>
</tr>
<tr>
<td></td>
<td>□ All general elections (No primaries)</td>
</tr>
<tr>
<td></td>
<td>□ A specific election: ____________</td>
</tr>
<tr>
<td></td>
<td>Date of Election: __________________</td>
</tr>
<tr>
<td></td>
<td>Party (only if requesting primary ballot):</td>
</tr>
<tr>
<td></td>
<td>State Primaries: __________________</td>
</tr>
<tr>
<td></td>
<td>Presidential Primary: _____________</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Special Circumstances (If applicable)</th>
<th>□ This application is being made by a family member of the voter.</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Relationship to voter: ______________________________________</td>
</tr>
<tr>
<td></td>
<td>□ Voter is a member of military on active duty or dependent family member of active duty personnel.</td>
</tr>
<tr>
<td></td>
<td>□ Voter is a Massachusetts citizen residing overseas.</td>
</tr>
<tr>
<td></td>
<td>□ Voter has been admitted to a healthcare facility after noon on the fifth day before the election and has designated the following person to hand-deliver the ballot: ________________________________</td>
</tr>
<tr>
<td></td>
<td>□ Voter required assistance in completing application due to physical disability.</td>
</tr>
<tr>
<td></td>
<td>Assisting person's name: ________________________________</td>
</tr>
<tr>
<td></td>
<td>Assisting person's address: ____________________________</td>
</tr>
</tbody>
</table>

Signed (under penalty of perjury): ____________________________ Date: _____________
Voting By Mail Is Safe.
Absentee Application is inside.

REMEmber to REQUEST your
ABsEntee BALLOt

Fill out the application and mail to your local election office. For more information or to find your election office address, call your MSAC staff or go to https://www.sec.state.ma.us/ele/eleclk/clkidx.htm