Power, Political Money, Nurse Solidarity, and the MGB-CVS Primary-Care Deal

An evidence-graded investigation of Mass General Brigham's governance, board-linked campaign finance, elected-official support for striking clinicians, and the financial architecture of the CVS MinuteClinic affiliation.

PUBLIC-RECORD REPORT | 26 JULY 2026

Prepared from current board disclosures, IRS filings, Massachusetts and federal campaign-finance data, municipal records, labor statements, and the Massachusetts Health Policy Commission's final cost-and-market review.

Bottom line

The public record supports a strong structural-power explanation: a self-perpetuating nonprofit governance system, very wealthy directors, large disclosed related-party transactions, dense bipartisan political giving, and exceptional market leverage. It also identifies a concrete financial mechanism in the CVS affiliation: existing retail-clinic services move toward MGB-negotiated prices, patients enter MGB's accountable-care and referral network, and statewide spending is projected to rise. The record does not prove a bribery scheme, a quid pro quo, or pharmacy/PBM steering. Those claims require documents that are not public.

Scope warning

The campaign-finance review covers 13 selected board principals and immediate family identities, with strict identity checks. It is not a legal conclusion about conflicts. The user's reported hundreds of access complaints were not supplied for independent verification, so this report treats them as a lead and lays out the evidence needed to prove scale, product, timing, and steering.

Evidence key

- Verified: direct primary record or official filing.
- Corroborated: reliable reporting or multiple consistent records.
- Modeled: an estimate published by the HPC, not realized spending.
- Hypothesis: plausible financial or influence mechanism requiring records; never presented as fact.

1. Executive findings

What the records establish - and what they do not.

1. Governance power is concentrated

MGB's FY2024 filing says its members determine the size of the board, elect directors, may remove a director with or without cause, amend bylaws, and approve mergers. The public materials reviewed do not identify those members by name. That opacity matters more than celebrity alone. [S2]

2. Board-linked commercial relationships are material

The FY2024 parent return discloses $48.96m to Suffolk Construction (director Fish), $8.21m to NPP Development and $1.50m to NPS LLC (director Kraft), and $0.71m to InterSystems (director Ragon). These are company payments, not proof of personal receipt or wrongdoing. [S2]

3. Political giving is broad and bipartisan

The strict OCPF ledger contains 535 records totaling $3,828,746 across 11 matched people. About $620,473 is classified as candidate-recipient money and $3,208,273 as party, ballot-question, or independent-expenditure channels. Classification is based on recipient naming and should be reconciled against committee registrations before litigation use. [S3]

4. Donations and nurse support overlap

Thirty elected officials or officeholders were documented supporting Brigham nurses or MGB Home Care workers. 9 had direct OCPF contribution records from the selected board/family network. Their support despite those donations is evidence against a simplistic claim that contributions automatically controlled their conduct. [S3, S6-S10]

5. The CVS financial incentive is explicit

The HPC projected a $39.9m annual commercial spending increase under the parties' moderate-adoption scenario, including $27.7m tied to new primary-care patients and downstream care, $6.6m from repricing continuing convenience care, and $5.5m from displaced convenience care. It projected $91.5m at full panels. [S5]

6. The access benefit is possible, not guaranteed

The deal could connect about 42,000 adults by year three and up to 120,000 at full panels, while using roughly 80 existing APPs rather than importing a new workforce. The HPC said important implementation details and quality outcomes were unresolved. [S5]

7. A historical MGB-CVS board interlock exists, but timing changes the claim

Anne Finucane served on MGB's board only until June 30, 2024 and is a CVS director. The deal was filed June 6, 2025. The record therefore does not support calling her a concurrent MGB director at filing; the proper question is whether negotiations or conception began before her MGB service ended and what recusals occurred. [S2, S13]

Answer to 'why are they so powerful?'

The strongest evidence-based answer is cumulative: governance insulation, elite networks, valuable vendor relationships, statewide clinical scale, high commercial prices, referral control, and bipartisan political access. None alone proves unlawful conduct. Together they explain why public pressure may not quickly move the board: MGB is not governed by voters, does not depend on one party, and operates through multiple legally distinct channels.

2. Scope and method

Universe searched

Current MGB directors were taken from MGB's governance page. The donor search focused on directors or family networks publicly associated with billionaire-scale or major private-capital wealth: John and Cynthia Fish; Jonathan, Robert, and Joshua Kraft; Scott and Laurene Sperling; Paul and Sandra Edgerley; John and Stephanie Connaughton; and Phillip and Susan Ragon. This is a targeted wealth-network study, not a claim that every person is independently a billionaire. [S1]

Campaign-finance controls

- Massachusetts OCPF itemized receipt records were pulled by exact name, then filtered using employer, location, or distinctive-name context. Ambiguous matches were excluded.
- Direct candidate money is separated from party committees, independent-expenditure PACs, and ballot-question committees. Corporate-name Suffolk records are reported separately.
- Amounts show reported receipts, not net political benefit, access, action, or causation. Refunds, amendments, joint fundraising transfers, and name variants require recipient-level reconciliation for courtroom-grade totals.
- Federal FEC data are included only where the official API returned records and recipient committees could be matched; the complete machine-readable ledgers accompany this report.

Conflict test

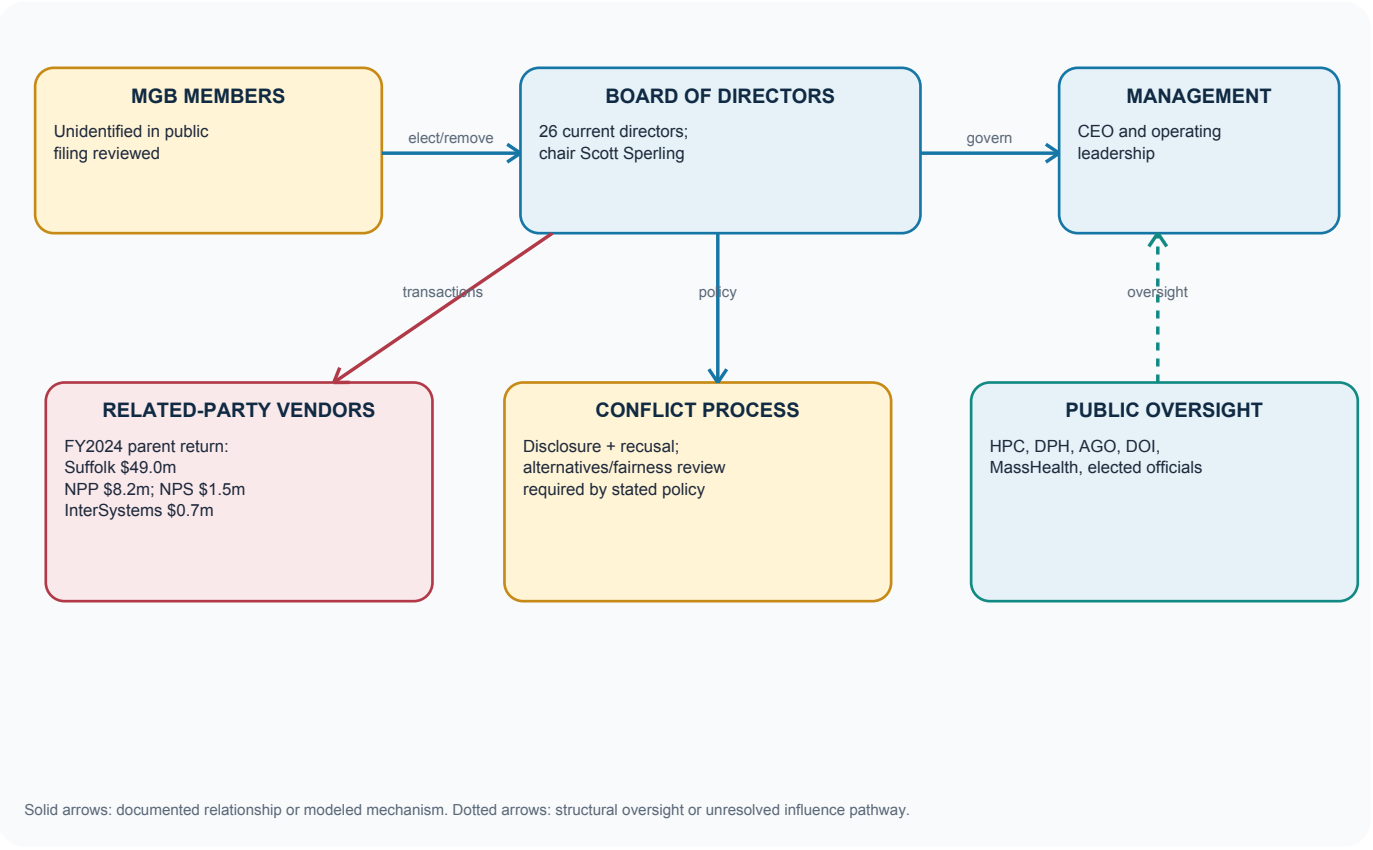
For every official, the correct test is: (1) verified contribution; (2) official authority over a matter affecting MGB/CVS or a board-linked business; (3) temporal proximity; (4) nonpublic contact, solicitation, or intervention; (5) required disclosure/recusal; and (6) a decision departure from normal process. This report establishes parts of step 1 and identifies records needed for steps 2-6.

Limitations

No subpoenas, private emails, board minutes, procurement scoring, payer contracts, referral dashboards, claims data, patient complaint corpus, or recusal logs were available. Public sources can expose structure and testable money mechanisms; they cannot establish secret intent. Searches were current through July 26, 2026.

3. Governance and board-linked money

The board's resilience is institutional, not merely personal.



Solid arrows: documented relationship or modeled mechanism. Dotted arrows: structural oversight or unresolved influence pathway.

What the FY2024 filing says

MGB reports that its members can elect and remove directors, amend bylaws, and approve major structural transactions. The same filing describes annual conflict disclosures, full disclosure and complete recusal when a conflict exists, and - in appropriate circumstances - consideration of at least two alternative disinterested proposals or an explanation for why alternatives were unavailable. [S2]

Related business	Board link disclosed	FY2024 amount	Nature
Suffolk Construction	Director - Fish	$48,964,572	Construction
NPP Development	Director - Kraft	$8,210,840	Lease
NPS LLC	Director - Kraft	$1,500,000	Marketing
InterSystems	Director - Ragon	$709,351	Products/services

Interpretation

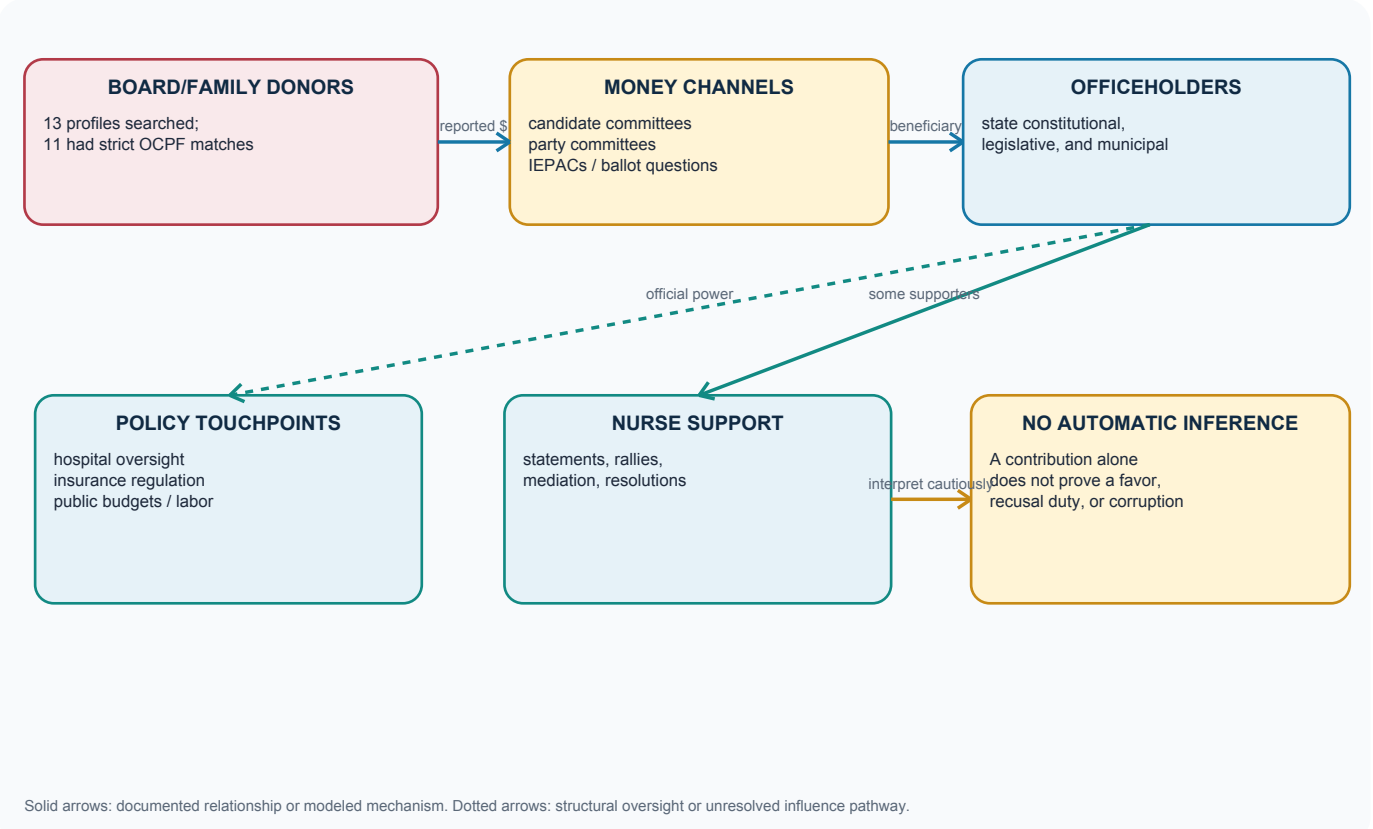
These figures are Schedule L disclosures by the MGB parent entity. They should not be added to overlapping group-return figures. Payment is not contract-award date, and disclosure is not proof that the director voted, influenced selection, personally received the full amount, or violated policy.

What would move the analysis from structural concern to an actual conflict finding

- Identify MGB's legal members and obtain member/board election records.
- Obtain conflict disclosures and recusal minutes for Fish, Kraft, Ragon, and any director tied to a vendor.
- Obtain bids, scoring sheets, sole-source justifications, renewals, change orders, and independent fairness opinions.

• Compare vendor prices and performance against disinterested alternatives, with decision-maker names and dates.

4. Massachusetts political-money map



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Aggregate finding

Strictly matched Massachusetts receipts: $3,828,746 across 535 records. The concentration is mostly in ballot/IEPAC/party channels, not candidate committees: $3,208,273 versus approximately $620,473 classified as candidate-recipient money. [S3]

Donor identity	Total	Records	Recipients
Paul Edgerley	$1,341,000	31	19
Sandra Edgerley	$1,064,167	56	26
John Fish	$897,990	324	137
John Connaughton	$248,015	14	9
Jonathan Kraft	$159,050	25	17
Scott Sperling	$38,200	8	5
Robert Kraft	$31,700	14	9
Joshua Kraft	$16,625	33	16
Susan Ragon	$15,000	16	12
Phillip Ragon	$11,000	11	8
Cynthia Fish	$6,000	3	3

Largest candidate-recipient totals in the strict ledger

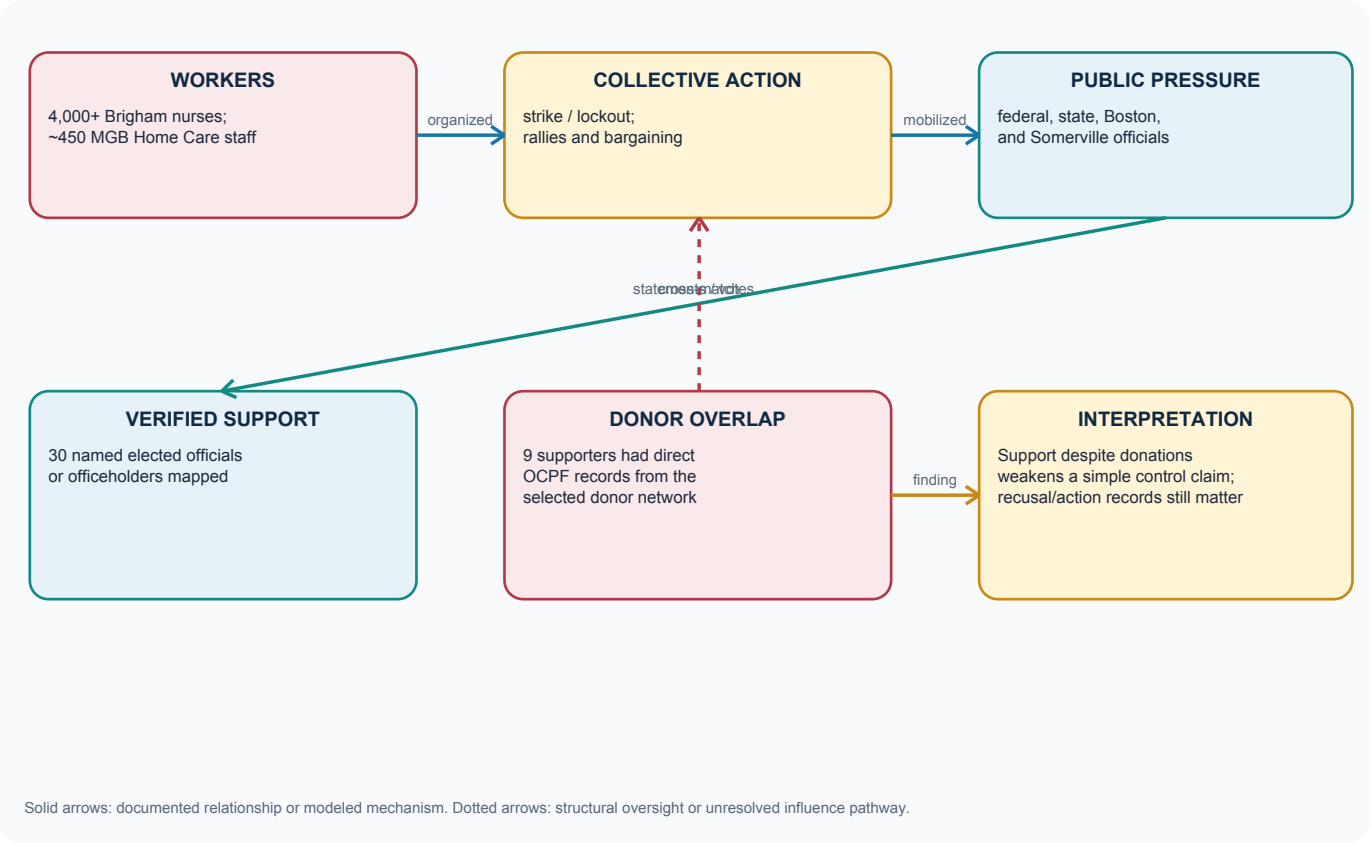
Recipient	Status/office	Total	Donor identities
Protect Our Kids' Future: Vote No on 2	state/local candidate or former official	$295,000	John Connaughton, John Fish, Paul Edgerley
Campbell, Andrea Joy	MA attorney general	$21,000	John Fish, Jonathan Kraft, Paul Edgerley, Robert Kraft, Sandra Edgerley
Healey, Maura T.	MA governor	$18,833	John Fish, Jonathan Kraft, Joshua Kraft, Paul Edgerley, Phillip Ragon, Sandra Edgerley, Susan Ragon
Wu, Michelle	Boston mayor	$13,500	John Fish, Sandra Edgerley
Walsh, Martin J.	former Boston mayor / former U.S. labor secretary; now MGB director	$9,000	John Fish, Paul Edgerley, Sandra Edgerley, Susan Ragon
Baker, Charles D.	former MA governor	$8,350	John Fish, Joshua Kraft, Paul Edgerley, Sandra Edgerley, Scott Sperling
Driscoll, Kimberley	MA lieutenant governor	$7,500	John Fish, Jonathan Kraft, Sandra Edgerley
Goldberg, Deborah	MA treasurer	$7,500	John Fish, Sandra Edgerley
Flynn, Edward Michael	Boston councilor	$7,000	John Fish, Sandra Edgerley
Patrick, Deval L.	former MA governor	$6,100	John Fish, Phillip Ragon, Robert Kraft, Scott Sperling, Susan Ragon
Cahill, Timothy	former MA treasurer	$5,750	John Fish, Scott Sperling
Hayden, Kevin	state/local candidate or former official	$5,000	John Fish, Joshua Kraft
Joyce, Brian A.	state/local candidate or former official	$5,000	Cynthia Fish, John Fish
DeLeo, Robert A.	state/local candidate or former official	$4,750	John Fish
Decker, Marjorie C.	state/local candidate or former official	$4,500	John Fish, Phillip Ragon, Susan Ragon

Associated companies

The OCPF search found two Suffolk Construction corporate-name receipts: $7,500 to the Coalition Against Taxpayer Funded Political Campaigns (2002) and $100,000 to the NO on One Committee (2014). Both were ballot-question committees, not direct officeholder contributions. No strict corporate-name records were found for The Kraft Group, InterSystems, Bain Capital, or Thomas H. Lee Partners in this OCPF receipt query. A non-hit is not proof that affiliates, executives, PACs, or vendors gave nothing.

5. Officials who backed the nurses

Public solidarity and donor overlap are both part of the record.



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Support universe

The record identifies 30 elected officials or officeholders across federal, state, Boston, and Somerville government. Actions include a joint federal/local statement, picket or rally appearances, gubernatorial mediation, and two municipal resolutions. A resolution is nonbinding; a statement is not an appropriation or enforcement action. [S6-S10, S18]

Federal (4)

Elizabeth Warren, Edward Markey, Ayanna Pressley, Stephen Lynch

State (3)

Maura Healey, Mike Connolly, Michael Brady

Local (23)

Michelle Wu, Ruthzee Louijeune, Liz Breadon, Miniard Culpepper, Sharon Durkan, John FitzGerald, Ed Flynn, Julia Mejia, Erin Murphy, Enrique Pepen, Henry Santana, Benjamin Weber, Brian Worrell, Wilfred Mbah, Matthew McLaughlin, Ben Ewen-Campen, Jesse Clingan, Emily Hardt, Jon Link, Naima Sait, Jefferson Thomas Scott, Kristen Strezo, Ben Wheeler

Direct OCPF overlap among nurse supporters

Official	Role	Matched amount	Selected donors	Records
Maura Healey	Governor	$18,833	John Fish, Jonathan Kraft, Joshua Kraft, Paul Edgerley, Phillip Ragon, Sandra Edgerley, Susan Ragon	20
Michelle Wu	Mayor of Boston	$13,500	John Fish, Sandra Edgerley	14
Ed Flynn	Boston City Councilor	$7,000	John Fish, Sandra Edgerley	7
Sharon Durkan	Boston City Councilor	$2,000	John Fish, Sandra Edgerley	2
John FitzGerald	Boston City Councilor	$2,000	John Fish	2
Erin Murphy	Boston City Councilor	$2,000	John Fish	2
Ayanna Pressley	U.S. Representative MA-07	$1,250	Jonathan Kraft, Joshua Kraft	2
Julia Mejia	Boston City Councilor	$1,000	Jonathan Kraft	1
Enrique Pepen	Boston City Councilor	$1,000	John Fish	1

Federal reconciliation note

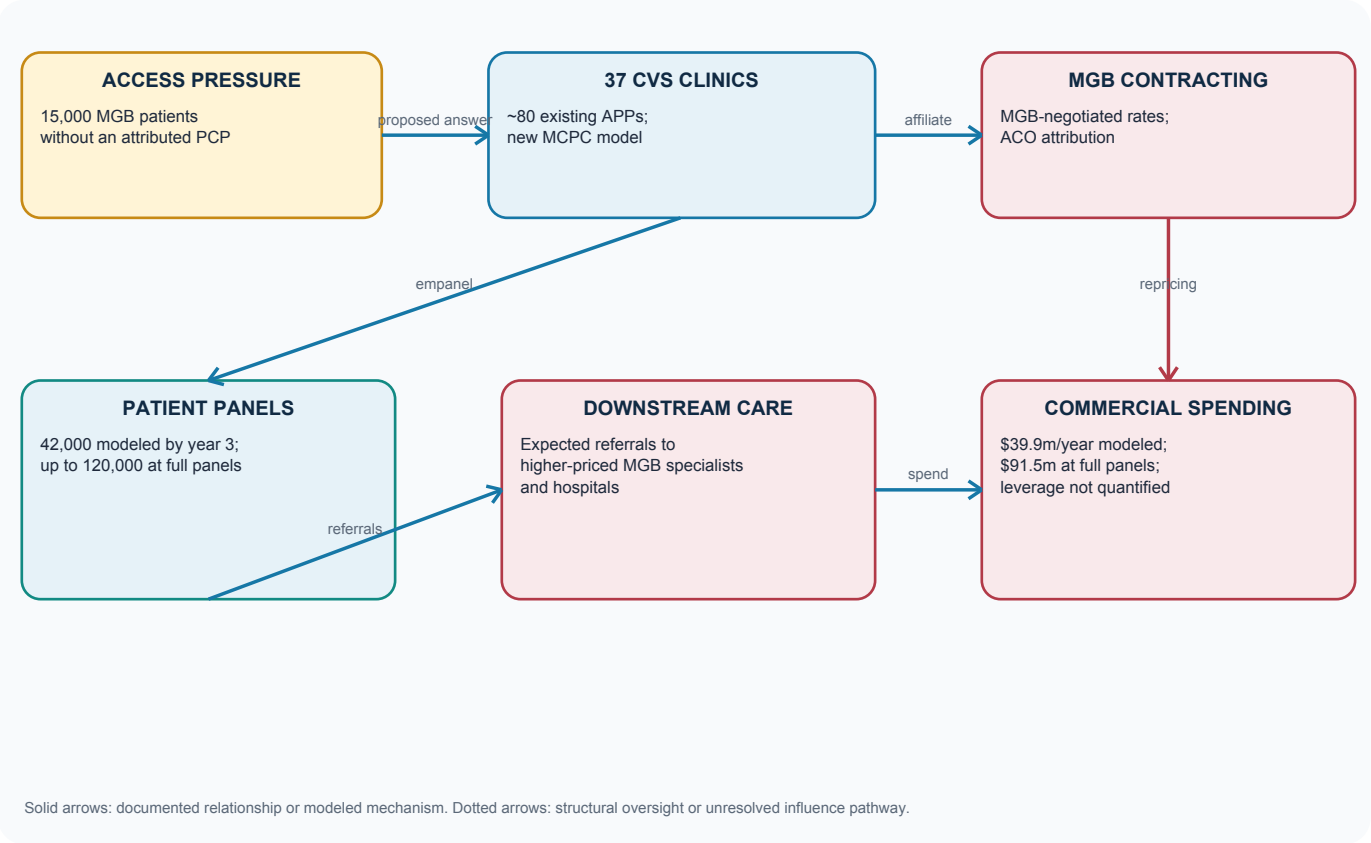
The official FEC API did not yield a complete reconciled federal ledger in time for this edition. Federal officeholders' support is verified, but their campaign-finance overlap must be read from the accompanying FEC ledger only after amendment and joint-fundraising reconciliation. No zero-funding conclusion is drawn.

What the overlap means

It establishes political proximity: named donors in the board/family network gave to some officials who later acted publicly in a labor dispute involving MGB. It does not establish a conflict by itself. In fact, the documented pro-worker conduct shows that donations did not uniformly prevent criticism of MGB. The sharper question is whether officials with regulatory or contracting authority took, declined, delayed, or shaped official action after donor contact.

6. The MGB-CVS primary-care transaction

The strongest financial theory comes from the state's own market review.



Solid arrows: documented relationship or modeled mechanism. Dotted arrows: structural oversight or unresolved influence pathway.

Transaction design

MGB and CVS filed their affiliation on June 6, 2025. Thirty-seven Massachusetts MinuteClinic locations would transition to a primary-care model under MinuteClinic Primary Care (MCPC). Roughly 80 existing advanced-practice providers could manage panels of up to 1,500 adults each. MCPC would join the MGB accountable-care organization and receive MGB-negotiated rates for primary care and continuing convenience care. [S5]

Metric	HPC finding	Evidence type
MGB patients without attributed PCP	~15,000; waiting months	Party submission cited by HPC
Expected primary-care patients by year 3	~42,000	Parties' moderate-acceptance model
Maximum adult panel capacity	120,000	80 APPs x 1,500 panels
Price differential examined	MGB rates 129% above MinuteClinic average	HPC payer/service analysis
Annual commercial-spending effect	$39.9m	HPC modeled, moderate adoption
Annual effect at full panels	$91.5m	HPC modeled upper scenario
Incremental bargaining leverage	Likely, not quantified	HPC market finding

Where the $39.9 million comes from

Mechanism	Annual amount	Who benefits / bears risk
New primary-care patients plus downstream care	$27.7m	MGB/MCPC revenue; access and potentially appropriate care; commercial payers/members bear spending
Repricing continuing convenience care	$6.6m	MGB/MCPC higher unit revenue; payers/members bear spending
Diverted convenience care to higher-cost sites	$5.5m	Other higher-cost providers may gain volume; patients lose some low-cost convenience capacity
Total	$39.9m	Does not include additional bargaining-leverage effects

Who is positioned to benefit most

At the entity level, MGB gains network reach, patient attribution, downstream referrals, and potential negotiating leverage. CVS gains a path to reposition its retail clinics as primary-care sites, access to MGB rates for certain services, and potential leverage in its independently negotiated contracts. Specialists and hospitals in MGB's referral network may gain downstream volume. Commercial payers, employers, and members are positioned to bear the higher spending through claims, premiums, or cost sharing. These are entity-level incentives; the public record does not show a board member receiving transaction-specific compensation.

7. Why CVS - tested explanations, not predetermined conclusions

Question	What supports it	What cuts against it / missing proof	Status
Was CVS chosen because it already had statewide retail infrastructure?	37 sites, ~80 APPs, broader geographic reach than MGB	No public competitive-procurement file or alternative scoring	Strong practical explanation; selection process unresolved
Does the deal create a price-arbitrage opportunity?	Same convenience care moves toward MGB rates averaging 129% higher in HPC analysis	Some higher spending may reflect new, appropriate care	Verified mechanism; motive not proven
Does MGB gain referrals and risk-contract attribution?	HPC expects higher-priced MGB downstream care and ACO attribution	Actual referral patterns require post-close data	Verified design; outcomes modeled
Could CVS's Aetna/Caremark ownership enable insurer or PBM steering?	CVS owns both entities	HPC report does not document transaction-specific pharmacy, formulary, PBM, or Aetna steering	Plausible hypothesis only
Was this a substitute for rebuilding physician capacity?	Uses existing APPs; MGB reported 15,000 patients without PCP and physician workload concerns	MGB also pledged major primary-care investment and new support staff	Mixed evidence
Did a board interlock shape selection?	Anne Finucane was an MGB director through 6/30/24 and remains a CVS director	Filing was 6/6/25; no evidence yet of negotiations during overlap or participation	High-priority records question
Could reporting obscure who pays?	Total-cost contracts, negotiated rates, non-claims payments, downstream spending, and PBM economics use different ledgers	HPC's monitoring can expose some categories	Accounting-risk hypothesis; audit needed

Critical correction: Anne Finucane

The FY2024 MGB return identifies Anne M. Finucane as a director only until June 30, 2024. CVS's proxy identifies her as a CVS director. Because the transaction was filed nearly a year later, the defensible statement is a historical interlock, not a concurrent directorship at filing. Records should test when discussions began, whether she received materials, and whether either board recorded a recusal. [S2, S5, S13]

Why the financial incentive can be real without a secret conspiracy

The affiliation can be attractive through ordinary, documented economics: higher negotiated rates, attribution under total-cost contracts, network expansion, downstream referrals, and leverage. A rigorous investigation should start there. Claims of secret kickbacks, intentional deprivation of PCP access, or pharmacy/PBM steering should be made only if contracts, communications, claims, or referral data support them.

8. Patient-access complaint investigation

Current evidentiary position

The HPC confirms a serious access problem inside MGB: approximately 15,000 patients without an attributed PCP and months-long waits. It also cites physician reports of overload and administrative burden. That corroborates the plausibility of patient complaints. It does not establish the user's reported count of hundreds, whether the affected members all selected MGB Health Plan products, or whether they were directed only to CVS. [S5, S11-S12]

Minimum complaint dataset

Field	Why it matters
Member plan name, employer/group, product, network tier	Tests whether failures cluster in one network or sales channel
Enrollment/effective date and ZIP code	Measures temporal/geographic access and site availability
Directories searched and PCPs called	Tests ghost networks and inaccurate availability
Dates, wait times, denial/reference numbers	Creates auditable access intervals and appeal evidence
What the plan or MGB representative said	Separates suggestion, default pathway, and mandatory steering
CVS/MCPC referral, distance, appointment date	Measures exclusivity and whether the alternative produced care
Premium, copay, deductible, claim/EOB	Tests price and cost-sharing consequences
Clinical urgency, delayed care, ED/urgent-care use	Measures harm and downstream cost
Consent and de-identification status	Allows lawful publication and regulator submission

Tests to run

- Secret-shop a stratified sample of listed PCPs by ZIP, plan, language, age eligibility, and appointment urgency; preserve recordings only where lawful.
- Compare provider-directory acceptance with actual scheduling. Calculate ghost-provider rate, median days to appointment, travel distance, and CVS steering rate.
- Link de-identified complaints to EOBs and claims: office, urgent care, emergency, CVS/MCPC, specialist referral, and out-of-network costs.
- Compare pre- and post-affiliation unit prices, site of service, new-patient coding, risk attribution, referrals, and non-claims payments.
- Submit a structured complaint packet to DOI, HPC, DPH, AGO, and - where applicable - MassHealth, and request aggregate disposition data.

Network-adequacy trigger

If members cannot obtain an in-network PCP within the plan's promised geography or time standard, the investigation should ask whether the plan offered an exception, out-of-network authorization at in-network cost, continuity protection, and a formal grievance. MGB Health Plan directs members who need a PCP to customer service/care management and identifies DOI complaint routes. [S14]

9. Conflict-of-interest analysis

Evidence pattern	What can be said now	What is needed for a defensible conflict finding
Donor -> official	A reported contribution creates political access/proximity	Official act, donor contact, timing, disclosure duty, recusal rule, and departure from normal process
Board director -> MGB vendor	MGB disclosed a business relationship and payment	Procurement role, bid alternatives, vote/recusal record, pricing comparison, beneficial ownership
Historical MGB/CVS interlock	Finucane sat on both boards until 6/30/24	Deal-conception timeline, board packets, contacts, confidentiality waivers, recusals
MGB-CVS pricing	HPC modeled large spending increases and leverage	Executed rate schedules, claims, referral data, non-claims payments, member cost impact
PCP access failure	MGB reported 15,000 unassigned patients	Plan-specific complaint denominator, directories, call logs, access standards, remedies

The most important negative finding

The records reviewed do not show that an elected official changed a decision because of a donation; that an MGB director personally received CVS transaction proceeds; that CVS was the only vendor considered; that patients were deliberately denied physicians to create MinuteClinic volume; or that Aetna/Caremark steered pharmacy benefits through the affiliation. These remain questions, not findings.

The most important affirmative finding

There is no need to speculate about whether money matters. The state's expert agency has already identified the financial pathways: MGB rates replace lower MinuteClinic rates for relevant services, new patients enter MGB's network and downstream referral system, and both parties may gain negotiating leverage. The public-interest question is whether improved access justifies the cost and whether implementation protects continuity, comprehensiveness, quality, and affordability. [S5]

10. Records plan - the next proof layer

Prioritized requests designed to turn hypotheses into findings.

Priority	Recipient / source	Records sought	What it tests
1	HPC	All five-year reporting templates and submissions: prices, sites, panels, referrals, payer mix, volumes, hours, quality, MassHealth outreach	Whether access gains occur and where spending/referrals move
2	DPH Determination of Need	Application, attachments, staff analyses, conditions, public comments, meeting minutes, implementation reports	Public-benefit claims, conditions, and enforcement
3	MGB and CVS	Term sheet, definitive agreements, service/management contracts, rate migration, risk-sharing, data-sharing, exit rights	Who is paid, how, and who controls referrals and closure
4	MGB/CVS boards	Minutes and packets from Jan. 2023 forward; conflict disclosures and recusals for Finucane and relevant directors	Deal inception, interlock, approval, and alternatives
5	MGB procurement	RFI/RFP, bidders, evaluation matrix, consultants, sole-source rationale, board approvals	Why CVS and whether alternatives existed
6	MGB Health Plan / DOI	Network-adequacy filings, PCP directory audits, complaints, access exceptions, corrective actions by product/ZIP	Whether insurance marketing matched real access
7	AGO / MassHealth	Referral correspondence, analyses, conditions, complaints, enforcement, payment methodology	Regulatory response and public-payer exposure
8	Officials	Calendars, meeting logs, emails/texts with selected donors, MGB, CVS, lobbyists around material decisions	Donation-contact-action timing
9	MGB vendor governance	Conflict forms, recusals, bids and amendments for Suffolk, NPP, NPS, InterSystems	Whether stated conflict policy operated in practice
10	Claims / EOB cohort	De-identified pre/post claims and referral paths, including site of service and patient cost sharing	Actual price, volume, steering, and harm

Recommended sequencing

Start with the complaint database and official implementation reporting. Those can prove or disprove the access and steering claim fastest. In parallel, request the transaction timeline, board recusals, and procurement record. Only after dates are fixed should campaign-finance records be matched to official contacts and decisions; otherwise the exercise risks producing a misleading donor list instead of a conflict analysis.

11. Publication-safe conclusions

- MGB's board is difficult to move because the system combines internal governance control with immense clinical scale, commercial leverage, wealthy directors, and relationships that cross business, philanthropy, and politics.
- Board/family political giving is extensive, but it is spread across candidates, both parties, ballot questions, and independent channels. The evidence supports a network-of-access description, not a proven command-and-control system.
- Many elected officials who received money from the selected network nevertheless publicly backed nurses. That fact should be included prominently; omitting it would bias the investigation.
- The MGB-CVS deal has a documented revenue and price logic. Under the HPC model, access may improve while commercial spending rises substantially. The access-versus-affordability tradeoff is real, not hypothetical.
- The historical Finucane interlock is a valid lead, but the dates do not support describing her as an MGB director when the transaction was filed. Investigate pre-filing activity and recusal; do not overstate.
- The strongest next evidence is not another broad web search. It is a structured patient cohort, network-adequacy records, executed contracts/rate schedules, referral and claims data, board minutes, recusals, and procurement files.

Suggested public framing

Massachusetts regulators found that the MGB-CVS primary-care affiliation could connect tens of thousands of adults to care, while also moving retail-clinic services into MGB's higher-priced contracting system and increasing commercial spending by an estimated $39.9 million a year under moderate adoption. Board-linked donors have funded a wide bipartisan field, including officials who later supported MGB nurses. The remaining accountability questions are who approved and benefited from the deal, why CVS was selected, whether conflicts were disclosed and recused, whether members were sold networks that could not deliver PCP access, and whether actual post-deal referrals and prices match the state's warnings.

Appendix A. Source register

S1 - Mass General Brigham, Leadership and Governance - current board roster
https://www.massgeneralbrigham.org/en/about/leadership-and-governance

S2 - IRS/ProPublica, MGB Incorporated FY2024 Form 990, EIN 04-3230035
https://projects.propublica.org/nonprofits/organizations/043230035/202502269349302855/full

S3 - Massachusetts OCPF Data Center and public API
https://www.ocpf.us/Data

S4 - Federal Election Commission campaign-finance data
https://www.fec.gov/data/receipts/individual-contributions/

S5 - Massachusetts Health Policy Commission, Final CMIR: MGB and CVS MinuteClinic Primary Care
https://masshpc.gov/publications/market-oversight-report/cmir-report-mass-general-brigham-and-cvs-minuteclinic-primary

S6 - Joint statement by Sens. Markey and Warren, Reps. Lynch and Pressley, and Mayor Wu
https://www.markey.senate.gov/news/press-releases/joint-statement-from-senators-markey-and-warren-representatives-lynch-and-pressley-mayor-wu-on-nurses-strike

S7 - Boston City Council docket 2026-0885, resolution supporting Brigham nurses
https://boston.legistar.com/LegislationDetail.aspx?GUID=6744C1BC-AF79-4382-8ACE-9AA50B0CF249&ID=7994421&Options=&Search=

S8 - Somerville City Council docket 26-1181, resolution supporting MNA workers
https://somervillema.legistar.com/LegislationDetail.aspx?GUID=F6FE549B-235A-48AB-9AC8-3254FE082372&ID=8129024&Options=&Search=

S9 - Massachusetts Nurses Association, July 8-9 strike and rally updates
https://www.massnurses.org/2026/07/08/mna-nurses-prepare-for-end-of-brigham-strike-and-noon-rally-with-senator-markey-thursday-as-mgb-home-care-clinicians-continue-7-day-strike/

S10 - WBUR, Brigham nurses strike coverage
https://www.wbur.org/news/2026/07/08/brigham-nurses-strike

S11 - NLRB case 01-RC-354925, MGB primary-care physician organizing
https://www.nlrb.gov/case/01-RC-354925?page=1%2C0

S12 - Boston City Council urges MGB to address primary-care physician concerns
https://www.boston.gov/news/city-council-urges-mass-general-brigham-address-physician-concerns

S13 - CVS Health 2026 proxy statement and board biographies
https://www.sec.gov/Archives/edgar/data/64803/000130817926000201/cvs014969-def14a.htm

S14 - MGB Health Plan member provider-access instructions
https://www2.massgeneralbrighamhealthplan.org/members/find-provider

S15 - Mass.gov directory of current constitutional officers
https://www.mass.gov/topics/constitutionals-independents

S16 - City of Boston current elected-official directory
https://www.boston.gov/departments/311/city-boston-government

S17 - MNA letter to the MGB board
https://www.massnurses.org/2026/07/06/as-july-8-strike-looms-brigham-nurses-write-to-mgb-board-billionaires-this-strike-and-lockout-is-your-responsibility/

S18 - MGB Home Care rally announcement naming elected officials
https://www.prnewswire.com/news-releases/mna-elected-officials-union-supporters-to-rally-friday-at-mgb-home-care-strike-in-somerville-as-brigham-nurse-lockout-continues-302822431.html

Companion evidence files

- research/mgb-political-cvs-investigation/political-contributions-ocpf.csv
- research/mgb-political-cvs-investigation/political-contributions-fec.csv (when API collection completes)
- research/mgb-political-cvs-investigation/political-contributions-ledger.csv
- research/mgb-political-cvs-investigation/strike-support-map.csv
- research/mgb-political-cvs-investigation/associated-company-ocpf.csv
- research/mgb-political-cvs-investigation/sources/hpc-mgb-cvs-final-report.txt
- research/mgb-public-pull/documents/irs-parent-2024.xml

Reproducibility note

The underlying CSV ledgers preserve donor identity, reported name, date, amount, recipient, employer/occupation context, record ID, and source URL. The report generator calculates aggregates from those files. Because campaign filings can be amended, totals should be refreshed before publication or legal use.

Refresh triggers

- Refresh OCPF and FEC ledgers after any new filing, amendment, election, or official action; preserve the prior snapshot rather than overwriting it.
- Update the CVS implementation section when HPC's required five-year reports disclose actual panels, rates, referrals, payer mix, quality, or MassHealth access.
- Replace the complaint lead with a de-identified denominator and auditable call/scheduling records before publishing a quantified access-failure claim.