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Holyoke Soldiers' Home Coalition

# WHITE PAPER

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## On proposed reforms (HB 4474 & SB 2765) for Holyoke & Chelsea veteran homes

We have significant concerns with the bills proposed by Rep. Campbell and Sen. Rush and believe there should be a vigorous debate about their suggested reforms. If there is anything the pandemic brought to light, it's that more local governance is needed to protect those who are not always able to speak for themselves – the Veteran residents in long-term care under our state's stewardship.

It is obvious that a lot of effort went into these bills, but as a response to the problems identified during the COVID-19 tragedy, they fail because they leave the same levels and agencies of government in charge without setting up checks and balances needed for good management and transparency.

There are many red flags within these bills. They continue to place and consolidate control of the Homes with the Department of Veterans' Services (DVS) when, clearly, DVS does not have appropriate expertise in managing a nursing home. They eliminate the Board of Trustees and hand more authority to the governor.

The bills ignore the basic and historical differences between Chelsea and Holyoke (Chelsea's population is primarily domiciliary while Holyoke is long-term care), which demand explicit differences in management yet lump them together under one statewide advisory council whose members would be appointed by the governor, removing all powers of actual action and management from both the trustees from whom a great deal of reporting is demanded. The bills also give the governor the authority to also appoint the superintendents and deputy superintendents of both facilities, thus turning all management of the facilities over to the governor with absolutely no system of checks and balances and no body to which the governor is responsible for his/her actions.

### **On the merits of retaining the Board of Trustees and strengthening their independence, local autonomy and improved transparency and shared governance with members appointed by the Veteran community it serves.**

The Board of Trustees at each of the two homes, not the governor, should be responsible for the hiring, evaluating, and terminating of their superintendent. The past model failed the Veterans living at the Holyoke Soldiers' Home and those charged with their care. Investigations have shown that there were known concerns regarding the superintendent in place at the time of the COVID-19 outbreak; concerns that a Board of Trustees lacking *real* authority could not have fixed.

What happened to Veterans because of the COVID-19 outbreak made us painfully aware of how in the dark families were as the situation at Soldiers' Home in Holyoke developed. Improved transparency is crucial to repairing the damage done to the Veteran community and their families.

Instead of abolishing the Board of Trustees and replacing it with a statewide Massachusetts Veterans Advisory Council, we need to have a discussion on how the Commonwealth can give the Boards of Trustees in Holyoke and in Chelsea the authority to ensure the level of care our Veterans deserve. It is time to reform the selection process. While political appointments consider qualifications, they also factor in political connections, campaign donations, and loyalty. Removing the political appointment process will better assure Veteran interests are represented.

**On the merits of moving day-to-day operational control of the two Homes under the Department of Public Health, which is staffed and resourced to oversee long-term care in our Commonwealth**

The two homes belong where expertise exists: under the Secretariat covering hospitals and long-term care facilities in the Department of Public Health (DPH). We support the Bureau of Hospitals under the Department of Public Health supervising and directing the Homes in Massachusetts. Their mission is to "maintain, protect, and improve the health and well-being of citizens of the Commonwealth." Since health and well-being is their sole mission, are they not better suited for this role than the Department of Veterans' Services, which handles many Veterans services, including housing, jobs, and cemeteries?

It is our resolute position that DVS has clearly demonstrated its inability to manage and provide oversight of the two Veteran Homes since it lacks the staff, expertise, resources, competencies, and experience to provide these essential functions to a health care facility.

DVS is responsible for the administration of the Chapter 115 program of Veteran benefits and services to include financial assistance for Veterans: essentially verifying eligibility and processing applications for benefits. That is its niche, and it should remain as an agency that advocates for and assists Veterans with obtaining the benefits they have earned. However, DVS is clearly not a health care agency.

Is our Commonwealth prepared to create a new agency to properly manage and resource the two state Veteran homes? As just one example, in the last 7 years, the two Homes – under DVS -- still do not have the basic health care necessity of electronic medical records (EMR), failing to procure a system that is standard practice in hospitals and other long-term care institutions. In fact, the federal government required all public and private healthcare providers to use the EMR by January 1, 2014 to maintain their Medicare and Medicaid reimbursement levels. The EMR was instituted in state facilities within the Department of Public Health; however, the EMR was never implemented at the two Veteran Homes!

In our state, DPH is the responsible agency for health care and therefore possesses vast resources and expertise. They also provide nursing home consumer information and operate the patient safety navigator.

Most important to our Coalition is that the Department of Public Health provides the key response network for preparedness, emergency management and is postured to handle health care disasters to include a pandemic – with direct links to their federal counterparts and the CDC.

Through a public records request, we obtained the number of COVID-19 cases and number of deaths from COVID-19 at each of the DPH hospitals. The fatality rate at the two Veteran Homes was 9 times

higher than at the four DPH operated facilities. We conclude that DPH not only provided steadfast oversight prior to the pandemic; but also provided updated guidance directly to the facilities and was responsive to their needs throughout the pandemic, resulting in fewer COVID-19 cases and deaths.

It is our conclusion that had the two Homes been under the supervision of DPH prior to the pandemic and had been part of the DPH system – and that system’s environment of care -- in the years leading up to the pandemic, that the two Veteran homes would have been far better prepared for the pandemic and that the level of catastrophic loss of life would have been prevented. Veteran lives would have been saved!

### **In Summary**

While we support measures to require an ombudsman and licensed staffing, we are concerned that these bills eliminate local control. The bills also set up a series of layers of reporting processes that are confusing and non-transparent and are overly cumbersome for veterans and their families to track and follow.

The Soldiers’ Home in Holyoke and the Soldiers’ Home in Chelsea must be managed day-to-day by health care experts with direct oversight by a health care agency (which in Massachusetts is the Department of Public Health) with a clear reporting line, and with governance that includes representation from the Veteran community it is obligated to serve.