

HOLYOKE SOLDIERS' HOME COALITION
TESTIMONY ON SOLDIERS' HOME REFORMS
Delivered to the Joint Committee on Veterans and Federal Affairs

Thank you, Chairman McMurtry and Chairman Velis, for your leadership in our Commonwealth on Veteran issues and for your unwavering support for improving the care for Veterans at our two state Veteran Homes.

My name is John Paradis, and I am the designated spokesperson for the Holyoke Soldiers' Home Coalition, a coalition of Veterans, former leaders at the Home, and more than a dozen family members of those we lost to COVID-19 at the Home as well as many concerned citizens. Together, we have the support of more than 25 municipalities, 25 organizations, with an overall membership of more than 200 concerned citizens.

Today, I wish to speak to the Committee on what has been proposed to date regarding legislation that would dramatically change the trajectory for long-term care at our two state Veteran homes. Although our Coalition knows the intent of today is to receive input on all matters concerning the homes, we feel it is necessary at this time to speak directly to the two bills that have, since last week, been filed – namely 2765 in the Senate and 4474 in the House.

First, our Coalition acknowledges the commitment of Senator Rush and Representative Campbell and respectfully extends our appreciation to both for starting this important and crucial dialogue about transforming the governance and oversight of the two Homes. We believe that these two bills are the start of a conversation. We also know that the proponents are both exceptional lawmakers and good people, and that they will take our feedback in the constructive and positive way in which we intend – our goal, like everyone on this committee, is to give every measure of our devotion and commitment to this endeavor – so we can all truly say that our Commonwealth delivers care to our Veterans with honor and dignity.

There are, however, numerous red flags in this legislation and our Coalition urges Senator Rush and Representative Campbell to make some important course corrections. Most importantly, we are calling on the General Court to truly step back and look at the entirety of the system of care for Veterans at the two Homes, starting with EOHHS. Which is why we, in fact, support House Bill 3804 filed by Representative Barrett for a commission that examines the structure of EOHHS – because there are numerous fault lines everywhere in our state with health care and social services. And those fault lines run right through the two state veteran homes.

Our three biggest issues are as follows:

First – This legislation would remove the board of trustees at both homes and thereby eliminate local autonomy and authority. Consolidating governance into an advisory council that has no authority and that appears to be purely an honorary and ceremonial body with no teeth goes against everything we called for in our testimony to the special legislative inquiry and in our participation with numerous forums and listening sessions. This legislation would assert no checks and balances on the executive branch. You are essentially handing over the reins to a secretariat with no staff (other than a one-person assistant secretary), no resources and no

competencies to run two highly specialized nursing homes for elder Veterans with very complex needs.

Second – You are giving the appointment authority to hire the superintendents of the two homes to the governor. I thought we had already been through this issue with the pandemic and that our feedback was that this was and is a big mistake. We – the Veteran community want a say in who runs the two state veteran homes. It's that simple. Reform the Trustees: not do away with them. Make the appointments on the Trustees based on their leadership in the Veteran community and include a family member – people who know the place inside and out and will advocate for Veterans – people who are not political appointments. Then and only then will you have an independent voice and a process that is beyond reproach with an authentic ability to hire someone outside the political sphere in running the two homes. Perception is reality and I know when I was active duty, my commanders always wanted to know the perception – what's the scuttlebutt? So, I must tell you, the scuttlebutt is that this legislation is a political move plain and simple. I know that's not your intent, but you need to hear it. Someone needs to tell it like it is. I am sorry to say this, but you haven't restored our faith and trust in the system with this legislation.

Third – You continue to place the day-to-day operations of two nursing homes whose residents are nearly all senior citizens and who nearly all have chronic health care conditions such as dementia – exacerbated by their military service and some with very serious psychiatric needs – under the Department of Veterans' Services. The homes need to fall under the Department of Public Health. 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 fact, 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. In fact, 26 percent of the Veterans under the care of DVS lost their lives. 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.

In closing, our Coalition truly and sincerely believed that following the joint special oversight committee's deliberations that you would be making the lines of authority and chain of command easier and clearer – simplifying things. In fact, this legislation is even more cumbersome in the number of entities now involved and with who does what. We are all here because of a tragedy that occurred because too many people were asleep at the wheel. It gives our Coalition no pleasure to say this and pains us a great deal, but this legislation is not the answer in building up our trust and confidence. Most heartbreaking to us is that this legislation takes away the one thing that has historically been the most positive element of the Soldiers' Home in Holyoke – local community engagement and support through a shared governance model. What this legislation does is give a rubber stamp to the governor for appointments and places the care of our Veterans under a secretariat that does not have the capacity or ability to deliver skilled nursing. We ask you to not let that happen.

We stand firm on our proposed solutions – place the Homes under the Department of Public Health, overhaul the Board of Trustees, and put medical experts in charge of the day-to-day operations of the Homes and staff them both adequately. It's that simple. Our written testimony has more details on how this would work, and we welcome further dialogue. In fact, the future of our Commonwealth's two homes deserves more listening sessions and open and public debate, and we know that is the intent of this Committee as well, and we thank you for taking the time to understand our concerns and to truly build upon the hard work of so many people that has brought us to this point in our history.

Thank you, Mr. Chairman.

ADDITIONAL WRITTEN TESTIMONY

Our Coalition is overall opposed to the proposed legislation (2765 in the Senate and 4474 in the House: "An Act relative to the governance, structure and care of veterans at the Commonwealth's veterans' homes") because it would further consolidate the authority to govern and oversee the operations of the two state Veterans' homes in our Commonwealth under the Governor and would take away the authority of the Board of Trustees. It is the appointment of the Trustees and how the Trustees function that should be fixed, not doing away with the board(s) or, in the case of current MGL at the Soldiers' Home in Holyoke, with the authority of the Board of Trustees to hire and terminate (with cause) the superintendent. We also strongly recommend the Homes be placed under the direction, supervision, and day-to-day control of the Bureau of Hospitals under the Department of Public Health.

In further detail, our Coalition has also taken the following positions relative to the legislation's key provisions as follows:

1. Elevating the Secretary of Veterans' Services to a cabinet-level position and removing the Department of Veterans' Services from within the Executive Office of Health and Human Services, making it its own Executive Office

Coalition position: We do not see how elevating the position will improve the delivery of care for Veterans. Please help us understand the reasoning

-- We support HB 3804 to study and examine the structure of the Executive Office of Health and Human Services. The current problem is that the Department of Veterans' Services is not the competent authority to run a health care institution.

-- What is the justification for DVS to be elevated beyond its current secretariat position today? How would such an elevation have curtailed the pandemic from resulting in 76 plus deaths and 31 deaths at Chelsea? The DVS secretary most certainly should be able to call the governor at any time if she or he has any issue with the delivery of care for Veterans in our state.

-- The legislation would still have one person – an assistant secretary – oversee the management of the two Homes. This doesn't streamline the line of authority. The response to the pandemic made clear that there were too many layers between the

superintendent and the governor. This legislation would still have the superintendent going through an assistant secretary to a secretary and then to the governor.

-- There are approximately 80 employees in the Department of Veterans' Services. Does this justify its own secretariat?

2. The governor shall appoint and may remove a superintendent and deputy superintendent

Coalition position: We oppose

-- Federal code requires long-term care facilities to have a governing authority to appoint and oversee administration. The proposed legislation sets up the Commonwealth for further lawsuits and scrutiny from the courts because it does away with a governing authority. In the case of the four state hospitals, there are boards that make appointments.

-- Even more egregious than giving the appointment authority to the governor for the superintendent is giving the governor the authority to hire the deputy superintendent. The superintendent must be given the authority to hire senior members of the staff – that is inherent in every principle of leadership.

-- While the events of the pandemic made clear that there were supervision and other leadership issues involving DVS and EOHHS, this legislation would further consolidate power under DVS.

-- Our Coalition strongly disagrees with removing the authority of the Board of Trustees to hire or fire the superintendent of the Soldiers' Home in Holyoke.

-- The Board of Trustees must have the authority to hire, conduct performance appraisals and annual evaluation based on Trustee priorities.

-- Board should remove superintendent only for cause.

-- Superintendent should not be “an at will employee.” To require a licensed superintendent, then have the person serve “at will” of the governor, should be a red flag for members of the General Court. The superintendent position should not be a political appointment; the superintendent’s oath is to care for Veterans with honor and dignity and his or her advocacy could, at times, be counter to the political goals of the executive branch – we demand a person who will advocate for Veterans to ensure the highest level of care is always obtained, and we believe the General Court should want this as well. Too often, the General Court did not or does not get unfettered and honest assessments of conditions within the Home.

-- Removing the Trustees is not the solution. Reforming the selection process for board members is the solution. Creating a statewide “advisory council” destroys local autonomy and local sovereignty for both the Chelsea and Holyoke homes, and we strongly oppose such a move.

-- Rather, we propose a new structure and model for the Trustees that retains the sovereignty and governing authority of the Trustees while also ensuring the powers and authorities vested with the Trustees truly represent the interests of the Veteran community, to include residents and family members at the Soldiers' Home. The political appointment process must be removed. This new model would include appointments from the congressionally chartered veterans' services organizations serving the two Homes and would include a Veteran resident from their respective Homes as well as a family member of a Veteran. Board members would elect their chairperson.

3. Creating a statewide Massachusetts Veterans' Homes Advisory Council to provide continuity, predictability, and stability across all state-operated veterans' homes and ensure the highest quality of care is provided

Coalition position: We oppose

-- The legislation says there will be voting members. But while the legislation discusses such things as the authority to visit the Homes and review policies and to propose rules and regulations, this new body would replace the role of the current Board of Trustees, which we strongly oppose.

-- The Board of Trustees must continue to be the governance structure for the state Veteran homes. During our previous testimony and advocacy with the Joint Special Oversight Committee, we strongly recommended that the legislature look at other governance models in our region. Was that not done?

-- We particularly like the governance at the NH State Veterans Home in Tilton.

-- Our Coalition had a very productive discussion with their commandant, Peggy LaBrecque who said that there is a solid team approach when it comes to governance. It begins first with a Board of Managers who are appointed based on their affiliation, leadership, and independent advocacy for Veterans as members of nationally recognized or congressionally chartered veterans service organizations. We call on legislation to institute a similar model.

-- In New Hampshire, by state statute, the commandant supervises the day-to-day delivery of care – bedside care that follows medical and public health guidelines. Finally, our Coalition took note that the Board of Managers provide fiscal stewardship – they ask the tough questions of the administration and submit a report to their legislature, and they must report on the necessary revenue needed to properly care for Veteran residents at their home.

-- We agree there needs to be much greater community collaboration and transparency. Currently the only interaction with the community is through a 2-minute public comment period at the Board of Trustees' level (at least in Holyoke)

-- Our Coalition was the first to advocate for such an advisory council at each individual Home and we believe that there should be regular meetings and updates given to the Veteran community with an opportunity to ask questions, provide feedback and hold listening sessions.

4. Creating local stewardship bodies to serve as community advocates for each state-operated veterans' home

Our Coalition believes such a creation of stewardship bodies is window dressing and does not address the much bigger issue of local autonomy and authority.

-- For the same reasons as is our opposition to the Advisory Council, we do not support taking away the authority of the Board of Trustees.

-- The Coalition also recommends that members of the General Court or their staffs be given an open and regular process to engage, ask questions, receive answers, and have a healthy dialogue to advance the needs of Veteran constituents. We recommend legislative staff be included in any advisory council or stewardship structure. Of note, the federal Management Advisory Council process includes congressional staff who are

responsible for constituent services; the same deference should be afforded staffs of the General Court in building improved legislative-executive branch relationships.

5. Establishing a consistent, transparent process for the appointment of each superintendent and deputy superintendent

Our Coalition supports any measure to improve greater transparency...but only under the current structure at the Soldiers' Home in Holyoke under MGL to rest the hiring process solely with the Board of Trustees as the duly appointed representatives of the Veteran community.

-- Hiring panels to the Board of Trustees must include members of the Veteran community, to include family members of residents at the Soldiers' Home.

-- Our Coalition also advocated for a town hall forum with the final candidates for all members of the community to ask questions and to have a conversation with the candidates as a best practice for hiring panels to evaluate the candidates' abilities in public communication and how they would perform in the very important function of community engagement.

6. Requiring that each superintendent be a licensed nursing home administrator

Our Coalition supports amending this part of the legislation to require the superintendent to obtain a licensure with an established period. There are qualified candidates with demonstrated leadership abilities that can be articulated in the minimum entry requirements and once person is hired, if he/she does not yet have a nursing home license, it can be a condition of hiring that the person obtain the license within a pre-determined time frame. Our Coalition fears that the state would be limiting the pool of candidates and talent by placing this immediate requirement.

7. Requiring that a full-time specialist to oversee infection control and emergency preparedness be employed at each home

Our Coalition questions if this is one position since infection control and emergency preparedness are two completely different specialties with different skills and experience levels needed.

-- We would further require a full-time geriatrician, risk manager, quality manager and behavioral health specialist

-- However, under current staffing shortages, our Coalition cautions the General Court that requiring such positions and finding these positions will be difficult at best. Access to specialists as well as trained and competent existing staff is more a necessity given the current state of our economy. A more worthy goal would be to require specialized training in the functions of infection control, and regular emergency preparedness exercises and that there be staff assigned to these functions as collateral duties to ensure continuity of such functions when there is a vacancy in a full-time position.

8. Creating guidelines to ensure vacant positions are filled in a timely manner

Coalition supports

9. Requiring annual performance reviews for all leadership positions at each home

Our Coalition supports this imperative although isn't this already a state requirement?

10. Establishing a clear chain of command from the Superintendent to the Executive Director of Veterans' Homes and Housing to the Secretary of Veterans Affairs to the Governor

The Coalition is opposed to continued governance of the two veteran homes under the Department of Veterans' Services (or under the creation of a new Secretary of Veterans Affairs) under the current structure and resources and budget given to DVS, which is under one person, an assistant secretary, located in Boston, and without "boots on the ground" ability to oversee day-to-day operations.

-- Rather, our Coalition believes the Homes should fall under the Bureau of Hospitals in the Department of Public Health and be managed similarly to the other state hospitals in our Commonwealth with a clear chain of command from the Superintendent to the Commissioner of Public Health and with local governing boards.

-- Our Coalition recommends that both Holyoke and Chelsea homes fall under the state Department of Public Health and should be operated day-to-day like other state health care facilities with a clear reporting chain to DPH under the Bureau of Hospitals.

-- It is our firm belief that DPH has both the appropriate staff, to include healthcare facility inspectors and epidemiologists, who possess far greater expertise than the one individual at the Department of Veterans' Services, who currently provides oversight of the two Soldiers' homes.

-- Our Coalition also believes that the DPH Commissioners office structure, which includes the Office of Preparedness and Emergency Management, provides planning and preparedness resources for disasters, outbreaks, and other large-scale public health emergencies.

-- The Coalition believes that had the Soldiers' Homes been under DPH they would have been much better prepared for the COVID-19 outbreak. In fact, the fatality rate for COVID-19 for DVS was 9 times higher than DPH. The "tragic and preventable" situation, as described in the proponent's media release, was made much worse under DVS leadership as noted in the numerous investigations. The lines of command must be streamlined under the agency in our state best resourced and with the greatest expertise in overseeing health care and that is DPH.

11. Requiring each home to update its organizational plans annually and exercise its emergency response plan twice per year to ensure staff are adequately trained

Our Coalition supports this requirement although this should already be happening.

-- The Coalition further recommends each home should be required to conduct a strategic planning session with the Veteran community (through the advisory council idea as suggested in the legislation but at each home)

-- The Coalition further recommends that the emergency response plan require public notification procedures (a crisis communication plan) that includes the Veteran

community, family members of residents, and the public at large and that recognizes the importance of maximum disclosure at minimum delay

12. Requiring that regular situation reports be provided to state officials during emergencies

Our Coalition supports this requirement but with the following concerns:

-- The governing authority must define the circumstances in which such a situation report is developed, what it should include and when and to whom it is sent. It is the governing authority's responsibilities to task this responsibility.

-- There should already be requirements for the reporting of sentinel events to both the federal Department of Veterans Affairs and to the state. This process should be further studied to ensure there is no duplication of effort.

-- Define "state officials"? At a minimum, there should be clarity of what is considered an emergency, what body stands up in such an emergency and there should be policies and procedures and checklists of required communication and situation reports – like a military command post / crisis center. How would this process interact with the state's current Mass. Emergency Management Agency (MEMA) structure?

13. Requiring regular meetings between the Executive Director of Veterans' Homes and Housing and the leadership at each home

We are opposed to this governing structure on the principal that the Executive Director of Veterans' Home, as a singular person or entity, cannot manage the complexity of leadership issues or day-to-day management of the two homes. The two homes should fall under the Bureau of Hospitals in the Department of Public Health and within the structure of DPH in its management of other state hospitals and its expertise and oversight of long-term care institutions in our state, i.e., Western Mass. Hospital.

14. Creating an ombudsperson role and an emergency hotline to allow residents, their families, and staff to communicate concerns and time-sensitive issues more easily, with whistleblower protections in place

These functions should already be required by civil rights laws and procedures, and they are required at all health care institutions. If the Homes were under DPH, they would have already been in place as required. During the pandemic, the hotline established by the state was not responsive, and several family members complained they did not receive call backs. A hotline is only as good as its effectiveness and immediacy. Such a function needs to be properly managed with 24/7 resources.

-- We further would emphasize that any commissioner and secretary in our Commonwealth (in fact, any state employee and certainly licensed health care provider) has an obligation to call, contact or otherwise immediately alert the Governor and others within the executive branch of any crisis or issue that, left unresolved, would result in a Veteran's death or unnecessary suffering or loss of dignity and honorable care.

-- The Coalition further recommends there be a requirement to post information on the ombudsman position and how to contact the ombudsperson and how to report abuse and

civil rights issues on the state's web page and in prominent locations throughout both homes.

-- Further mandate that the ombudsperson position be independent of the chain of command structure and be given full authority to provide testimony to the General Court and to advocate publicly on behalf of Veteran residents and their family members.

15. Directing the Department of Public Health to conduct inspections of each home twice per year

The Coalition supports this direction, but the inspection process must match and mirror what is currently required for all nursing homes in our Commonwealth. Again, place the homes under DPH and follow the same guidelines and requirements as any other long-term care facility. For example, currently DPH is required to inspect at least once every 9 to 15 months. Inspections are required by the Division of Health Care Facility Licensure and Certification, the Bureau of Health Care Safety and Quality, and the Department of Public Health.

16. Requiring that each home be certified by the Centers for Medicare and Medicaid Services (CMS)

The Coalition supports this, but it is a lengthy process and will need the full support of the General Court and the executive branch

17. Directing each home to pursue a 5-star staffing rating from CMS in order to ensure adequate staffing levels

This requires much greater examination.

-- The whole discussion of quality measures requires much further examination and scrutiny and a determination of the best quality measures to give indicators of a high functioning health care system at the two homes. The Coalition supports a "dashboard" of key indicators that should be reported and scrutinized on a regular basis by leadership and the executive branch. One key indicator, among many, is staffing. There is recognized industry staffing standards that should be followed, and minimum staffing levels must be followed with a contingency plan in place when staffing levels fall below minimum standards (i.e., calling in National Guard or other supports)

-- Regarding the CMS rating system: There is much debate about the 5-star rating system and its accuracy. Some have said that the system allows nursing homes to hide its shortcomings and misleads the public. (See New York Times article, "[Maggots, Rape and Yet Five Stars: How U.S. Ratings of Nursing Homes Mislead the Public.](#)")

18. Ensuring that mental health resources are made available to staff who worked at the Holyoke Soldiers' Home during the outbreak in 2020 and that such resources are made available in the event of any future emergency

The Coalition supports the intent of this language, but it is vague, and we question why this wasn't done in the first place and whether the current Employee Assistance

Program is effective at all state agencies. The EAP program is intended to provide immediate support and help for any state employee. Is the program not working as it was intended? Why not?

19. Establishing an advisory commission to make recommendations on the renaming of each home in honor of a Veteran who has paid the ultimate sacrifice for our nation and our Commonwealth

Our Coalition strongly opposes this establishment.

-- There are many very worthy Veterans in our Commonwealth deserving of such a distinction, to include several Medal of Honor recipients, as just an example? No one Veteran, who served our Nation honorably, should be held above others. Also, you are missing VVA, MOPH, Gold Star families

-- Our Coalition believes it is time to acknowledge that Veteran status is broader than just those of our Soldiers and includes all branches of our nation's Armed Forces. We support changing the names of the two homes to the following, respectively: the Massachusetts Veterans Home in Holyoke and the Massachusetts Veterans Home in Chelsea.