

**HOUSE . . . . . No. 3857**

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*The Commonwealth of Massachusetts*

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THE FINAL REPORT

OF

THE JOINT OVERSIGHT COMMITTEE

(ESTABLISHED UNDER HOUSE ORDER NO. 4835 OF THE

191ST GENERAL COURT)

TO MAKE AN INVESTIGATION AND STUDY

OF THE

SOLDIERS' HOME IN HOLYOKE COVID-19 OUTBREAK.

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June 3, 2021.

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# **Report of the Special Joint Oversight Committee on the Soldiers' Home in Holyoke COVID-19 Outbreak**

Findings & Recommendations

*To care for those  
“who shall have borne the battle”  
and for their families and survivors*

—

*Abraham Lincoln*

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# Abbreviations

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Center for a New American Security	CNAS
Centers for Medicare and Medicaid Services	CMS
Certified Nursing Assistant	CNA
Chelsea Soldiers' Home	CSH
Department of Veterans' Services	DVS
Early Retirement Incentive Program	ERIP
Executive Office of Health and Human Services	EOHHS
Holyoke Soldiers' Home	HSH
Licensed Practical Nurse	LPN
Massachusetts Nurses Association	MNA
Nursing Facilities	NF
Personal Protective Equipment	PPE
Registered Nurse	RN
Skilled Nursing Facilities	SNF
U.S. Department of Veterans Affairs	VA

# Foreword

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In the course of the proceedings of the Special Joint Oversight Committee on the Soldiers' Home in Holyoke COVID-19 Outbreak, what has become clear is that the tragic COVID-19 outbreak at the Holyoke Soldiers' Home occurred due to a multitude of factors and points of failure, both systemic and acute. Members of the Special Committee are resolute in their determination that the recommendations contained in this report be acted upon legislatively and that all relevant recommendations be enacted into statute. We look forward to following through on this mission. We are thankful to all who contributed to this report and for the strong participation of our colleagues.

We would also like to express our gratitude to Holyoke Community College and the General Court's Legislative Information Services, both of whom were instrumental in facilitating operations for the Special Committee's hearings, both in-person and virtual.

**Most importantly, we cannot express how profoundly grateful we are for the testimony of family members of residents and staff from the Holyoke Soldiers' Home who were impacted in a way that we will never be able to fully understand. For many, this is a life-altering event that will impact their well-being for many years.**

We must honor their courage by taking legislative action to turn these recommendations into policies that will honor our profound gratitude to our Veterans.

Sincerely,



**Linda Dean Campbell**  
State Representative, 15<sup>th</sup> Essex District  
Chair, Special Joint Oversight Committee on  
the Soldiers' Home in Holyoke COVID-19  
Outbreak



**Michael F. Rush**  
State Senator, Norfolk and Suffolk District  
Chair, Special Joint Oversight Committee on  
the Soldiers' Home in Holyoke COVID-19  
Outbreak

# Introduction and Purpose of Report

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On March 21, 2020, the Holyoke Soldiers' Home ("HSH") received the first positive test result for COVID-19 for a Veteran residing at the Home.<sup>1</sup> In the days and weeks that followed, a horrific outbreak unfolded that resulted in the tragic COVID-19-related deaths of 77 Veterans at the Home. It is one of the deadliest outbreaks of COVID-19 in the Commonwealth.<sup>2</sup>

A crisis of leadership on many counts contributed substantially to this tragedy. As we outline in this report, the causes were both immediate, including inexplicable decisions made by the Home's leadership in the days and weeks preceding the outbreak, and long-standing, including systemic issues that left the Home mismanaged, understaffed, lacking sufficient oversight, and ill-equipped to protect its residents from a deadly infectious disease.

On March 30, 2020, the Baker Administration placed HSH Superintendent Bennett Walsh on administrative leave and sent a response team to take control of the Home, including support from the National Guard. The response team worked quickly to implement sound infection control policies. Since that time, former Superintendent Walsh and former HSH Medical Director David Clinton have been indicted on criminal neglect charges for their roles in the deadly COVID-19 outbreak,<sup>3</sup> and former Secretary of Veterans' Services Francisco Ureña and Vanessa Lauziere, the former Chief Nursing Officer at the Home, submitted their resignations.<sup>4,5</sup>

In the wake of the tragedy, numerous state and federal agencies initiated investigations into the crisis, including an independent investigation commissioned by Governor Charlie Baker, conducted by Attorney Mark W. Pearlstein, and investigations by Massachusetts Attorney General Maura Healey, Massachusetts Inspector General Glenn Cunha, and the former U.S. Attorney for

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<sup>1</sup> Pearlstein, Mark. *The COVID-19 Outbreak at the Soldiers' Home in Holyoke: An Independent Investigation Conducted for the Governor of Massachusetts*, June 23, 2020.

<sup>2</sup> WWLP, "COVID crisis continues in nursing homes," *WWLP Digital First*, February 15, 2021.

<sup>3</sup> Gainey, Emalie, "AG Healey Announces Criminal Charges Against Superintendent and Former Medical Director of Holyoke Soldiers' Home for Their Roles in Deadly COVID-19 Outbreak," *Office of Attorney General Maura Healey*, September 25, 2020.

<sup>4</sup> Kashinsky, Lisa, "Massachusetts Secretary of Veterans' Services Francisco Ureña resigns ahead of Holyoke Soldiers' Home report," *Boston Herald*, June 24, 2020.

<sup>5</sup> Barry, Stephanie, "'They were the Ultimate Decision Makers': Attorney General Maura Healey Explains Charges in Holyoke Soldiers' Home COVID Outbreak", *MassLive*, September 25, 2020.



Massachusetts. Attorney Pearlstein released the results of his investigation in a report dated June 23, 2020.<sup>6</sup>

On June 25, 2020, the Baker Administration announced a series of reforms to improve staffing, training, facilities, and operations at HSH. On July 2, 2020, the Massachusetts General Court established the Special Joint Oversight Committee on the Soldiers' Home in Holyoke COVID-19 Outbreak to investigate the tragedy and make legislative recommendations to address systemic issues at HSH and ensure that a tragedy of this kind never happens again. This report outlines the Special Committee's scope, proceedings, findings, and recommendations, with legislative language to be filed subsequently.

### **About the Holyoke Soldiers' Home:**

Opened in 1952, the Holyoke Soldiers' Home serves as a long-term health care facility for military Veterans of the Commonwealth of Massachusetts.<sup>7</sup> The Home is accredited by the U.S. Department of Veterans Affairs ("VA") and offers both long-term care and domiciliary accommodations, as well as several on-site health care services such as operating rooms, memory care, hospice services, and outpatient services, including dental care, optometry, ophthalmology, podiatry, hematology, and oncology.<sup>8,9</sup> The facility underwent a substantial renovation in the early 1970s, however, since then, no major renovation or construction projects have been undertaken with the exception of the new Chiller Building constructed in 2006.<sup>10</sup> Designs and funding for a newly reconstructed facility have been approved by the General Court and sent to the Governor.<sup>11</sup>

As of April 2021, HSH has 97 residents in their long-term care facility with 117 more in the domiciliary unit. All residents of the long-term care facility are over the age of 60 and 88% of the Veterans in the domiciliary are over age 60, with 97% of the population being male.<sup>12</sup> HSH

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<sup>6</sup> Pearlstein, Mark. *The COVID-19 Outbreak at the Soldiers' Home in Holyoke: An Independent Investigation Conducted for the Governor of Massachusetts*, June 23, 2020.

<sup>7</sup> Executive Office of Health and Human Services Department of Veterans' Services, *Soldiers' Home in Holyoke, Rapid Planning Report, Needs Assessment and Implementation Roadmap*, pp. 4-6, November 11, 2020.

<sup>8</sup> *Id.*

<sup>9</sup> Massachusetts Department of Veterans' Services, *State of the Commonwealth's Soldiers' Homes*, November 2020.

<sup>10</sup> Executive Office of Health and Human Services Department of Veterans' Services, *Soldiers' Home in Holyoke, Rapid Planning Report, Needs Assessment and Implementation Roadmap*, p. 12, November 11, 2020.

<sup>11</sup> Massachusetts General Court, "An Act Financing the Reconstruction of the Soldiers' Home in Holyoke," *H.3770*, April 2021.

<sup>12</sup> Massachusetts Department of Veterans' Services, *Census Overview*, April 13, 2021.

currently possesses 235 beds in its long-term care facility with 30 beds in the domiciliary unit available to eligible Veterans.<sup>13</sup>

The Holyoke Soldiers' Home is operated by the Commonwealth of Massachusetts through the Department of Veterans' Services ("DVS"). It possesses a Board of Trustees that serves as community oversight of the Home. The day-to-day operations of the Home are conducted by a Superintendent. Prior to the outbreak, the Superintendent of the Home was Bennett Walsh, who started in the role in May 2016.<sup>14</sup> As of March 2021, HSH employed 215 medical personnel. In March 2020, HSH employed 244 medical personnel.<sup>15</sup> HSH's operating budget for Fiscal Year 2020 was \$23,859,727.<sup>16</sup> HSH's operating budget for Fiscal Year 2021 was \$25,490,867.<sup>17</sup>

## **Establishment of the Special Committee**

In July 2020, the General Court adopted House No. 4835, *An Order Establishing the Special Joint Oversight Committee on the Soldiers' Home in Holyoke COVID-19 Outbreak*.<sup>18</sup> Sponsored by former Speaker Robert DeLeo and Representative Linda Dean Campbell, the Order specifically provides that:

*"[...] The committee shall conduct a comprehensive review, which shall include, without limitation: (1) a review of the structure, leadership and staffing levels, at the Soldiers' Home in Holyoke; (2) a review of the quality of medical care provided at the Soldiers' Home in Holyoke; (3) a review of the preparedness and ability of the leadership and staff at the Soldiers' Home in Holyoke to respond to COVID-19 prior to the outbreak; (4) a review of the response of the leadership and staff at the Soldiers' Home in Holyoke, the department of veterans' services and the executive office for health and human services to the COVID-19 outbreak and any other reports of infection at the Soldiers' Home in*

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<sup>13</sup> Executive Office of Health and Human Services, Department of Veterans' Services, Soldiers' Home in Holyoke, *Rapid Planning Report, Needs Assessment and Implementation Roadmap*, November 11, 2020.

<sup>14</sup> Pearlstein, Mark. *The COVID-19 Outbreak at the Soldiers' Home in Holyoke: An Independent Investigation Conducted for the Governor of Massachusetts*, p. 37, June 23, 2020.

<sup>15</sup> Executive Office of Health and Human Services, *Attachment #5, Holyoke Administrators and Direct Care Staff March 2020 vs March 2021*, March 2021.

<sup>16</sup> See item 4190-0100 of section 2 of chapter 41 of the Acts of 2019.

<sup>17</sup> See item 4190-0100 of section 2 of chapter 227 of the Acts of 2020.

<sup>18</sup> Commonwealth of Massachusetts, House of Representatives, *H.4835*, 191st General Court, July 2, 2020.

*Holyoke; (5) a review of all the communications by the leadership and staff at the Soldiers' Home in Holyoke with the department of veterans' services, the executive office for health and human services and any other governmental or non-governmental person or entity 2 of 2 relative to the COVID-19 outbreak; (6) a review of all reports to, and requests for assistance from, the department of veterans' services, the executive office for health and human services and any other governmental or non-governmental person or entity relative to the COVID-19 outbreak; (7) review the results of any state and federal investigation into the mismanagement and the resulting infections and deaths of both veterans and staff at the Soldiers' Home in Holyoke; and (8) to conduct public hearings and examine witnesses to acquire all information necessary to discharge its responsibilities [...]"<sup>19</sup>*

## **Scope of the Committee**

The Special Committee was tasked by the General Court to investigate the causes of this tragedy and make legislative recommendations aimed at preventing future tragedies at the Soldiers' Homes.

**The mission given to the Special Committee was more expansive than what was tasked to Attorney Pearlstein.** Attorney Pearlstein indicated during his testimony before the Special Committee that the Special Committee should consider investigating underlying factors that contributed to the tragedy and review additional documentation.<sup>20</sup> Attorney Pearlstein's charge from Governor Baker was "to investigate the causes of this outbreak, with a goal of preventing similar tragedies in the future."<sup>21</sup> Attorney Pearlstein was also asked to investigate whether the Home complied with rules for timely reporting of COVID-19 infections and deaths to the Massachusetts Department of Veterans' Services ("DVS") and the Executive Office of Health and Human Services ("EOHHS").<sup>22</sup>

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<sup>19</sup> Commonwealth of Massachusetts, House of Representatives, *H.4835*, 191st General Court, July 2, 2020.

<sup>20</sup> *Hearing before the Special Joint Oversight Committee on the Holyoke Soldiers' Home COVID-19 Outbreak*, 7<sup>th</sup> hearing, March 19, 2021.

<sup>21</sup> Pearlstein, Mark. *The COVID-19 Outbreak at the Soldiers' Home in Holyoke: An Independent Investigation Conducted for the Governor of Massachusetts*, pp. 18-19, June 23, 2020.

<sup>22</sup> *Id.*, p. 6.

**The Special Committee was charged with investigating and making recommendations addressing the immediate and the root causes of this tragedy and to report legislative actions that could be taken to address the governance issues that contributed to the tragedy.** Accordingly, the Special Committee held hearings, reviewed extensive written documents, and consulted with Veterans and experts in the field of Veterans affairs regarding staffing, governance, chain of command, communication structures, labor relations, the operation of long-term care facilities for Veterans, and many other issues pertaining to the emergence and details of the tragedy as it became apparent.

**Of note is that the Special Committee requested in writing that both the former Secretary of the Department of Veterans’ Services and the current Chief of Staff of Veterans’ Services, who also served in that capacity before and during the crisis, testify before the Special Committee. The Chief of Staff initially accepted the Special Committee’s invitation and was scheduled to testify but cancelled a few days prior to his scheduled hearing date (see Appendix I).<sup>23</sup> Former DVS Secretary Francisco Ureña provided limited but important written testimony challenging some aspects of the Pearlstein Report (see Appendix O).**

## **Committee Membership**

<b>191<sup>st</sup> GENERAL COURT 2019-2020</b>
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<b>Member</b>	<b>District</b>
House Chair Linda Dean Campbell	15th Essex
Senate Chair Walter Timilty	Norfolk, Bristol and Plymouth
Representative James Arciero	2nd Middlesex
Representative Ruth Balsler	12th Middlesex
Representative Donald Berthiaume	5th Worcester
Representative David DeCoste	5th Plymouth
Representative Mindy Domb	3rd Hampshire
Representative Michael Finn	6th Hampden
Representative Christopher Markey	9th Bristol
Representative Jerald Parisella	6th Essex
Representative Aaron Vega	5th Hampden
Representative Joseph Wagner	8th Hampden
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<sup>23</sup> Moran, Paul, “RE Hearing 4/12,” *E-mail message to Linda Campbell*, April 10, 2021.

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Senator Anne Gobi	Worcester, Hampden, Hampshire, and Middlesex
Senator Michael Rush	Norfolk and Suffolk
Senator Dean Tran	Worcester and Middlesex
Senator John Velis	2nd Hampden and Hampshire
Senator James Welch	Hampden

<b>192<sup>nd</sup> GENERAL COURT 2021-2022</b>
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<b>Member</b>	<b>District</b>
House Chair Linda Dean Campbell	15th Essex
Senate Chair Michael Rush	Norfolk and Suffolk
Representative James Arciero	2nd Middlesex
Representative Ruth Balser	12th Middlesex
Representative Donald Berthiaume	5th Worcester
Representative David DeCoste	5th Plymouth
Representative Mindy Domb	3rd Hampshire
Representative Patricia Duffy	5th Hampden
Representative Michael Finn	6th Hampden
Representative Christopher Markey	9th Bristol
Representative Jerald Parisella	6th Essex
Representative Joseph Wagner	8th Hampden
Senator John Cronin	Worcester and Middlesex
Senator Anne Gobi	Worcester, Hampden, Hampshire, and Middlesex
Senator Patrick O'Connor	Plymouth and Norfolk
Senator John Velis	2nd Hampden and Hampshire

## Executive Summary

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**This Special Committee was charged to ask not only “how” the tragic COVID-related deaths of 77 Veterans occurred at the Holyoke Soldiers’ Home, but also “why” it happened.**

**A very great many things over the course of several years caused the great tragedy that occurred at the Holyoke Soldiers’ Home. Points of failure, both short- and long-term, were numerous. Fourteen findings with recommendations presented below provide a detailed analysis of what created this perfect storm and preventable tragedy. In this Executive Summary, some recurring themes are presented, however, all of the findings and recommendations presented below are integral to understanding the reasons why this tragedy occurred and legislative action necessary to improve care for our Veterans in the Commonwealth.**

The Special Committee was able to hear testimony from Attorney Pearlstein as to the actions and clinically-related decisions taken and not taken by former Superintendent Bennett Walsh and the medical team at the Holyoke Soldiers’ Home as the crisis unfolded. The Special Committee is grateful for the very important work of Attorney Pearlstein and for his willingness to testify before the Committee. Repeated testimony before the Special Committee supports that **the decisions and actions by leadership at the Holyoke Soldiers’ Home were, in many and important ways, the opposite of what should have been done to prevent the spread of COVID-19.** This said, the most immediate cause of the tragedy was the inexplicable decision to combine the patients of the two dementia wards, both of which had some patients who were COVID-19 positive and some patients who were not.<sup>24</sup>

Our investigation indicates that the Home’s Superintendent failed to discharge his duties successfully. While his lack of medical and technical experience likely played a significant role in his failures, his most glaring deficiencies appear to have been in the areas of sound management, human relations, and leadership. Testimony before the Special Committee was consistent in indicating that Superintendent Walsh created a hostile work environment for staff in which most all would be fearful to challenge his authority on anything. **The Special Committee questions**

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<sup>24</sup> Pearlstein, Mark. *The COVID-19 Outbreak at the Soldiers’ Home in Holyoke: An Independent Investigation Conducted for the Governor of Massachusetts*, p. 7, June 23, 2020.

**why Superintendent Walsh was chosen for this key leadership position and why action was not taken to remove him from his duties before the tragedy emerged.**

**The Special Committee also found that the Pearlstein Report generated more questions than answers for the Committee, as the Pearlstein Report focused on the “how.”**

A second theme that repeated itself during the Special Committee’s investigation was the absence of a clear chain of command. There were aspects of the Pearlstein Report regarding who reported what critically time-sensitive information, to whom and when, that were challenged by other testimony, making it difficult for the Special Committee to reach a conclusive finding regarding when critical actions were taken by key leadership within the Executive Office of Health and Human Services (“EOHHS”). **In fact, the limited, but important testimony provided by former DVS Secretary Francisco Ureña sheds important light on an alternative narrative of who reported what and when, and the fact that there existed a muddled, and seemingly ineffective, chain of command from the HSH through EOHHS to the Governor prior to the outbreak.**

Testimony begged the question: who did the Superintendent really work for? He was selected by the Board of Trustees for the Holyoke Soldiers’ Home, and his appointment was confirmed by the Governor. Technical supervision was nominally provided by both EOHHS and DVS. While both Secretary Sudders and Secretary Ureña did provide supervision and oversight, that process proved frustrating for all concerned. It appears that neither Superintendent Walsh nor Secretary Ureña had any trust or confidence in the other and that Secretary Ureña was frustrated and felt powerless to address problems related to Superintendent Walsh’s performance. The lack of situational awareness and effective communication on the part of senior leadership about the situation unfolding at Holyoke Soldiers’ Home proved to be a significant immediate cause of the tragedy.

A third theme that repeated itself in testimony was serious problematic short- and long-term staffing issues at the Home. Through testimony presented at eight public hearings held by the Special Committee, a review of several reports and emails written prior to the outbreak about staffing issues at the HSH, and a review of the Pearlstein Report, the decision to combine the two dementia units was not independent of the staffing circumstances that existed. These were well known before the outbreak and ought to have warranted intervention.

This, in addition to the absence at various times of a Medical Director, Deputy Superintendent, a statutorily mandated Executive Director of Veterans' Homes and Housing within DVS, and others, greatly reduced the probability that the crisis could be averted or mitigated.

The Special Committee also heard and read repeated testimony about governance shortfalls: inconsistency between the administration of our Soldiers' Homes, including selecting and nominating key leadership, ensuring the presence of needed expertise, standard protocols and operating procedures that apply to both Homes, and inconsistencies in inspections. Very significant among these inconsistencies is that Chelsea Soldiers' Home was a certified Medicare facility subject to Medicare/Medicaid protocols for inspection – the Holyoke Soldiers' Home was not.

This report raises important systemic and governance issues that need to be addressed legislatively in order to avoid tragedy arising from a crisis, whatever might generate that crisis.

The Special Committee looks forward to working with all to put in place permanent governing structures that will allow the Homes to weather future storms and to provide exceptional care to our Veterans.



# Findings and Recommendations

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I. **FINDING: The immediate causes of the tragedy resulted from many systemic governance failures laid bare.**

**Discussion:** Attorney Pearlstein’s description of events *immediately* leading up to the tragedy at the Holyoke Soldiers’ Home (“HSH”) plainly documents **unsound medical decisions, poor clinical judgments and applications, the absence of leadership, and the abdication of responsibility by key personnel, all of which contributed to the tragedy.**

Regarding the *immediate causes of the tragedy*, the decision on March 27, 2020 to combine two locked dementia units, allegedly because of insufficient staffing, was the most consequential decision that was made,<sup>25</sup> although there were many instances of unexplainable and harmful clinical and leadership decisions leading up to this critical turning point that also contributed substantially to the deaths of 77 Veterans.

Val Liptak, who was appointed by Secretary Sudders to step into the chaos and stabilize the situation, stated that when she and her team arrived “none of us have ever seen anything like this.” The 1-North unit “looked like a war zone.” Incident Commander Lisa Colombo stated this “hot” unit had Veterans “crammed in on top of each other,” some 91 of whom “were clearly dying.” There were “chairs of people lined up, some were clothed, some unclothed, some were wearing masks, some weren’t.”<sup>26</sup>

**The immediate causes of the tragedy were the result of many systemic governance failures that were laid bare and contributed directly and substantially to the tragedy. Key immediate causes included: possible delays in responding to calls for additional assistance and support from the National Guard; understaffing during the crisis and as it escalated; COVID-19 reporting structures and requirements that were not clearly defined by the Baker Administration; the absence of the Medical Director; a lack of implementation of infection**

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<sup>25</sup> Pearlstein, Mark. The COVID-19 Outbreak at the Soldiers’ Home in Holyoke: *An Independent Investigation Conducted for the Governor of Massachusetts*, p. 7, June 23, 2020.

<sup>26</sup> Id, pp. 90-91.

**control protocols; and the inability for clinical staff to track patients' conditions due to lack of adequate record keeping and the absence of electronic medical records.**

**Recommendations:** While we cannot legislate leadership, we can recognize the importance of good leadership skills, including excellent communication, commitment, and integrity. When combined, these skills result in organizations that are trusted, vibrant, ethically responsible, effective, and accountable. With that in mind, we can legislate chain of command protocols, preparedness and prevention measures, training requirements, clear lines of responsibility and communication, reporting structures, qualifications for leadership positions, governing structures, inspection requirements, and increased transparency. The Special Committee recommends that the General Court enact into law the recommendations in this report.

**II. FINDING: A breakdown in communication between Former HSH Superintendent Bennett Walsh, Former DVS Secretary Francisco Ureña, EOHHS Secretary Marylou Sudders, and Governor Charlie Baker contributed substantially to the tragedy.**

**Discussion:** Documents reviewed by the Special Committee point to the fact that prior to the crisis, and as the crisis unfolded, communication between former Superintendent Walsh and former Secretary Ureña, and by extension Secretary Sudders, was insufficient. This breakdown was not in the best interest of the Veterans and staff at HSH and was a contributing factor to the tragedy.

**What the Special Committee is unsure of, because of lack of access to needed documentation and the fact that both former Secretary Ureña and the DVS Chief of Staff declined to testify in person before the Committee, is the exact timeline in which additional help, including assistance of the National Guard, was requested by Superintendent Walsh to assist with the crisis at the Home. Secretary Ureña did provide written testimony to the Special Committee with comments on this timeline; see Appendix O.**

Regardless, it is the opinion of the Special Committee that even if the timeline of requests for assistance can be ascertained through the examination of emails, the necessary preparations to save lives and prevent the spread of COVID-19 at HSH were not put in place in a timeframe that would have prevented much of the suffering and unnecessary deaths.

While good and effective communication can never be guaranteed, clear chain of command and reporting structures can be put in place to establish clear reporting channels and responsibilities. Hotlines can be established, as well as ombudsman positions at each Soldiers' Home. Lastly, staff coordination between EOHHS and DVS can be improved through mandated cross-reporting protocols.

**Recommendations:**

(1) Clear structures regarding chain of command and communication channels should be established from the Superintendents of both Soldiers' Homes through the Executive Director of Veterans' Homes and Housing within DVS to the Secretary of Veterans' Services to the Governor for normal operations in addition to crisis scenarios.

(2) The Secretary of DVS should be a cabinet-level position with a direct line of communication to the Governor. (See Finding VIII.)

(3) The Secretaries of DVS and EOHHS should make final recommendations to the Governor for the position of Superintendent, and the Governor should appoint the Superintendents of both Soldiers' Homes. (See Finding XII.) Likewise, there should be a statute allowing the Governor to remove a Superintendent.

(4) A hotline should be available for staff and family to report time-sensitive and serious concerns directly, for example to the Department of Public Health and the Executive Director of Veterans' Homes and Housing within DVS.

(5) A paid ombudsman position should be created at each of the Soldiers' Homes. (See Finding III.)

**III. FINDING: Preceding and during the crisis, it was difficult for residents, families, and staff at HSH to raise and resolve issues through existing communications channels – demonstrating the need for an ombudsman position at each Home.**

**Discussion:** Testimony, both oral and written, presented to the Special Committee by family members of HSH residents, HSH staff, and others indicates numerous instances of problems being brought to the attention of leadership at the Home and not resolved. During the crisis, families of

residents found that information was difficult to come by, causing uncertainty and anxiety as families wondered about the status of their loved ones. Additionally, staff were expected to address the COVID-19 outbreak without structures in place to allow them to succeed. It is imperative that residents of the Homes, their families, and staff have a formal mechanism to submit grievances, receive information, resolve problems they might be having, and receive feedback on their recommendations for improvements and initiatives at the Homes.

**Recommendation:** Each Soldiers' Home should have an ombudsman as a paid position on staff. The ombudsman will serve as an advocate for residents and staff of the Homes. They will offer a means for grievances and issues to be raised, investigated, and resolved in addition to responding to proposed initiatives.

#### **IV. FINDING: Long-standing staffing deficiencies at HSH contributed to the tragedy.**

**Discussion: It is difficult to overestimate the extent to which insufficient staffing, labor relation friction, the toxic leadership of former Superintendent Bennett Walsh, floating staff, mandatory overtime, and other staffing-related problems contributed to this tragedy.**

Reports demonstrate that the deaths resulted in part from the HSH Superintendent's catastrophic decision to combine two inpatient units, the failure and absence of infection control procedures in the facility, and inadequate supplies of PPE. The administrative decision to combine cohorts allowed the virus to spread uncontrollably through HSH in March 2020, infecting residents and employees. **The decision was described as a result of staff shortages at HSH that led to a severe lack of coverage the last weekend of March 2020. The Pearlstein Report notes that the Superintendent "argued that because of staffing shortages, they had no choice but to combine these units."**<sup>27</sup> The Special Committee disagrees with the argument that staffing shortages justified the combining of the 2 units. HSH leadership could have mitigated some of these staffing issues by moving patients to other facilities, as was done when the National Guard

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<sup>27</sup> Pearlstein, Mark. The COVID-19 Outbreak at the Soldiers' Home in Holyoke: *An Independent Investigation Conducted for the Governor of Massachusetts*, pp. 116, June 23, 2020.

took over HSH on March 30, 2020.<sup>28</sup> Nonetheless, the underlying staffing shortages were a real and serious long-standing problem at the Home.

**Through testimony at eight public hearings, review of several reports written prior to the outbreak examining staffing issues at HSH, and review of the report completed by Attorney Mark Pearlstein, the decision to combine the two dementia units and the related staffing shortages are not independent of circumstances that existed and were known before the outbreak and ought to have warranted intervention.**

In many ways, the decision appears to be the inevitable result of a Superintendent whose managerial capacity was known to be deficient but who acted without direct supervision or oversight for an institution whose workforce was increasingly unstable.<sup>29</sup> Severe coverage issues were an inevitable consequence of staff shortages and high staff turnover, mandatory overtime, and an overreliance on external hires to provide services (per diem).<sup>30</sup> These factors were known and studied during the five years preceding the tragedy in a minimum of three reports (2017 State Auditor's Report, 2019 Moakley Report, 2021 Holyoke Staff Turnover Analysis). Yet no intervention at the level needed was done at HSH.

### **Staffing Concerns at HSH Date Back to 2015**

There are some community members who testified that Governor Baker's Early Retirement Incentive Program (ERIP) created a rush of retirements that were not filled with full-time direct care staff, causing continuity challenges for the Home. Former staff and union representatives are on the record voicing concerns about staffing at HSH from 2015 on. Indeed, there are several reports that were authored prior to 2020 to examine the staffing issue at HSH. (See testimony in Appendix E from the Massachusetts Nurses Association.)

The former HSH Superintendent Paul Barabani (2011-2015) advocated directly for more staffing resources for the facility.<sup>31</sup> In his resignation in 2015, he cited his inability to lead the organization given his concerns about inadequate state resources for the Home, including facility

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<sup>28</sup> Liptak, Valenda. *The Soldiers Home in Holyoke Transition Plan*, 2020.

<sup>29</sup> Ureña, Francisco, "*Written Testimony of Francisco Ureña Before the Massachusetts General Court Special Joint Oversight Committee on the Soldiers' Home in Holyoke COVID-19 Outbreak*," testimony, April 29, 2021.

<sup>30</sup> *Hearing before the Special Joint Oversight Committee on the Holyoke Soldiers' Home COVID-19 Outbreak*, 5<sup>th</sup> hearing, January 21, 2021.

<sup>31</sup> Plaisance, Mike, "Holyoke Soldiers' Home losing Superintendent Paul Barabani, other top officials," *MassLive*, December 16, 2015.

upgrades. The report submitted by Attorney Pearlstein states that “throughout his tenure, Mr. Barabani was concerned that nursing staff levels were too low.”<sup>32</sup> These were the existing conditions when Bennett Walsh assumed the role of Superintendent in 2016.

### **State Auditor’s Report, 2017**

In 2017, the State Auditor investigated and reported on the use of overtime between July 1, 2014 and June 30, 2016. The concerns of inadequate staffing were dismissed, but the report found that HSH could not substantiate that it properly authorized overtime incurred by its nursing department personnel.<sup>33</sup> Specifically, the audit found possible abuse of overtime in the nursing department. It is not clear why the audit did not explore the role that staffing changes played in the rationale for using overtime to cover shifts as part of its investigation.

Employees and union representatives have also charged inadequate staffing for years before the COVID-19 pandemic.<sup>34</sup>

### **The Moakley Report on Holyoke Soldiers’ Home Cites Overtime Use, 2019**

In June 2019, the Moakley Center for Public Management at Suffolk University identified several problems with staffing at HSH. The Home was employing the equivalent of 171 full-time nursing staff, when it needed 184.2 staff, according to the Moakley Report.<sup>35</sup> The study also reviewed the overuse of overtime (which Secretary Sudders acknowledged was to “fill gaps in staffing structures”).<sup>36</sup> Secretary Sudders described the report in hearings before the Special Committee as a “road map”.<sup>37</sup> It is not clear however, if the report was used as a basis for any administrative action or intervention prior to the March 2020 outbreak.

In a public hearing before the Special Committee, Secretary Sudders described mandatory overtime as “symptomatic that something fundamentally needs to be changed”.<sup>38</sup> And yet it was

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<sup>32</sup> Pearlstein, Mark. The COVID-19 Outbreak at the Soldiers’ Home in Holyoke: *An Independent Investigation Conducted for the Governor of Massachusetts*, pp. 33, June 23, 2020.

<sup>33</sup> Bump, Suzanne. Official Audit Report: *Soldiers’ Home in Holyoke*, December 14, 2017.

<sup>34</sup> Martin, Naomi, and Krueger, Hanna, “Years of understaffing, mismanagement set deadly stage for coronavirus outbreak at Holyoke Soldiers’ Home, employees say,” *The Boston Globe*, April 3, 2020.

<sup>35</sup> Overtime and Nursing Staff Assessment Report Prepared for the Soldiers’ Home in Holyoke, *Moakley Center for Public Management*, August 2019.

<sup>36</sup> *Hearing before the Special Joint Oversight Committee on the Holyoke Soldiers’ Home COVID-19 Outbreak*, 5<sup>th</sup> hearing, January 21, 2021.

<sup>37</sup> *Id.*

<sup>38</sup> *Id.*

not until after the outbreak that staffing reforms began to be implemented, despite at least two reports being instigated by the use of overtime at the facility.

The Special Committee's oversight did not reveal why the Moakley Report did not yield a permanent staff structure in advance of the tragedy. The Moakley Report did clarify that HSH was using overtime (often inappropriately, according to the State Auditor as previously mentioned), including mandatory overtime and per diem (or external) staff to cover hours.<sup>39</sup> This trend began after 2015, although the Special Committee was only provided with staff turnover data from FY18 to the present from EOHHS.<sup>40</sup>

By dismissing the union's consistent calls for action, the Baker Administration might have undermined the efforts needed to address the problems at HSH.

### **The Urgent Need to Cover Shifts, Mandatory Overtime and Staff Turnover**

The compelling need to cover the gap and ensure shift coverage resulted in policies like mandatory overtime and the use of outside per diem staff. These management decisions helped to create what staff described in public hearings as a 'toxic environment.'<sup>41</sup> Where once HSH was viewed as a desirable place of employment, these strategies changed that. The reputation of HSH had changed since 2015. The report filed by Attorney Pearlstein states that "historically, it was difficult to get a job at the Soldiers' Home because it had a reputation as a great place to work."<sup>42</sup> This was repeated in testimony by several witnesses before the Special Committee. The appeal of working at HSH seems to have diminished. It was assumed the appeal of working at the Home would persist despite reduced staffing, when in fact the Home was viewed as a great place to work because of its skilled and adequate staffing pattern. A healthy, productive, and just organizational culture was sacrificed as staffing practices changed.

By 2016 the reputation of the facility had clearly changed. Mandatory overtime, the use of external hiring services and staff turnover were all indicators that there was trouble at HSH. The failure of Administration officials from 2016-2020 to dig deeper into the union's concerns of

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<sup>39</sup> Bump, Suzanne. Official Audit Report: *Soldiers' Home in Holyoke*, December 14, 2017.

<sup>40</sup> Executive Office of Health and Human Services, *Attachment #5*, Holyoke Administrators and Direct Care Staff March 2020 vs March 2021, March 2021.

<sup>41</sup> *Hearing before the Special Joint Oversight Committee on the Holyoke Soldiers' Home COVID-19 Outbreak*, 5<sup>th</sup> hearing, January 21, 2021.

<sup>42</sup> Pearlstein, Mark. *The COVID-19 Outbreak at the Soldiers' Home in Holyoke: An Independent Investigation Conducted for the Governor of Massachusetts*, pp. 31, June 23, 2020.

working conditions, the erratic staffing patterns, and the anger management issues of its Superintendent allowed the facility's tailspin to continue unabated. An intervention was warranted, but none came.

The Home was using mandatory overtime and per diem staff to cover hours. This contributed to staff turnover, which increased pressure on the facility to rely on the very same strategies that created the problem. The issues regarding staff turnover, the use of overtime (revealing inadequate staff), and an increasing dependence on external personnel services were all known by Administration officials for years before the COVID-19 outbreak.

Secretary Sudders noted in her testimony on January 21, 2021 that she had authorized the Holyoke staff turnover analysis well before the outbreak, indicating that changes in staff composition (which will be detailed later in this section) were known by the Administration. She specifically cited that the lack of a permanent staff schedule and the use of mandatory overtime were "all things that demanded action."<sup>43</sup>

Secretary Sudders shared her belief that the outbreak resulted from a "fundamental collapse of structure" at HSH, that the Home as a result could not withstand the pressure of a pandemic, and, furthermore, that staffing issues were not a significant contributor to the COVID-19 outbreak.<sup>44</sup> Secretary Sudders referred to the staff turnover report as a labor/management issue. She cited a lack of certainty about scheduling and a lack of professional development as the main reasons "why people don't stay," producing staff turnover.<sup>45</sup>

### **Impact of Early Retirement Incentive Program ("ERIP")**

At the January 21, 2021 hearing, Chair Campbell requested staffing patterns before the tragedy, during, and after in order to examine staffing trends. The charts provided by EOHHS were extensive and depict staffing from FY18-FY20.

The information provided by Secretary Sudders to show that the ERIP did not impact staffing patterns is not conclusive. However, the staffing trend analysis reinforces concerns heard by the Special Committee during its hearings and reveals a serious problem that could have been identified and addressed prior to the pandemic. The problem, a shift in composition of the HSH

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<sup>43</sup> *Hearing before the Special Joint Oversight Committee on the Holyoke Soldiers' Home COVID-19 Outbreak*, 5<sup>th</sup> hearing, January 21, 2021.

<sup>44</sup> *Id.*

<sup>45</sup> *Id.*



workforce, was evidence of a critical staffing problem at the facility that often resulted in coverage challenges, including on the last weekend of March 2020.

### **Staff Turnover Analysis**

Based on a review of the charts provided by EOHHS, a very distinct pattern exists from FY18 to FY20. From 2018-2020, a consistent decrease in full-time staff is documented while the use of part-time and per diem staff dramatically increases.<sup>46</sup>

The loss of full-time staff and the increase in per diem staff may reflect an institution whose reputation as a great place to work was on the decline. The use of per diem staff indicates a potential inability to attract or engage staff or a reluctance of people to be employed at the Home. The Special Committee received testimony indicating that staff had been asking for more resources, a call repeated by the union and previous administrators – and advocates felt their concerns were being ignored.<sup>47</sup>

In addition, the increase in per diem staff – many of whom may have also been working in other long-term care facilities – may have presented greater infection risk for the facility’s residents and staff. Certainly, a stable workforce would be preferred for many reasons, and clearly based on the staff turnover analysis, HSH did not have a stable workforce.

In the Special Committee’s hearing on January 21, 2021, Secretary Sudders states that she authorized the staffing turnover study and that it was “underway well before the outbreak.” She described the study as a way to collect objective information about “labor/management issues” and information on “*if there was enough staff*”.<sup>48</sup>

**The assumption that the number of staff was the answer to the staffing resource concern was a mistake, and unfortunately, it shaped the Administration’s subsequent actions.** The question should not have focused only on if there were there enough individuals or employees coming into the building (i.e. the “headcount”) – the composition of the workforce also needed to be examined, in addition to how it had changed and how those changes may have

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<sup>46</sup> Executive Office of Health and Human Services, *Attachment #5, Holyoke Administrators and Direct Care Staff March 2020 vs March 2021, March 2021.*

<sup>47</sup> *Hearing before the Special Joint Oversight Committee on the Holyoke Soldiers’ Home COVID-19 Outbreak, 5<sup>th</sup> hearing, January 21, 2021.*

<sup>48</sup> *Id.*

justified the concerns expressed by staff and the union. (See below under **Holyoke Staffing Turnover Analysis.**)

Secretary Sudders described herself as “stunned” by the knowledge that there was no permanent staffing schedule and the use of mandatory overtime. She indicated that these were all things that “demanded action.”<sup>49</sup> Yet none was taken until after the outbreak.

The Secretary did not reflect on the lack of action prior to the outbreak nor comment on the changing composition of the workforce and the impact on its stability or instability. All of these factors contributed to reduced staffing and a vicious cycle of requiring mandatory overtime and hiring more per diem employees to cover shifts, thereby creating the circumstances that resulted in insufficient staffing in March 2020.

### **Holyoke Staffing Turnover Analysis Shows Shifting Staffing Patterns**

Data provided by EOHHS indicates an 8% increase in the number of direct care staff coming into HSH from Fiscal Year 2018 to Fiscal Year 2020.<sup>50</sup> However, a closer examination of the changing composition of that staff reveals a workforce with growing instability.

The separate numbers depicted for RNs, LPNs, and CNAs do show increasing staff totals (the headcounts), but the category of staff showing the most dramatic increase are those in the per diem category.<sup>51</sup> Looking at the combined staffs of RNs, LPNs, and CNAs and the split between full-time employees and part-time (PT) or per diem employees at HSH from FY18-FY20, a pattern emerges.

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<sup>49</sup> *Hearing before the Special Joint Oversight Committee on the Holyoke Soldiers’ Home COVID-19 Outbreak*, 5<sup>th</sup> hearing, January 21, 2021.

<sup>50</sup> Executive Office of Health and Human Services, *Attachment #5, Holyoke Administrators and Direct Care Staff March 2020 vs March 2021, March 2021.*

<sup>51</sup> *Id.*

	<b>Total Staff: RNs, LPNs, CNAs</b>	<b>Total Full- Time Employees</b>	<b>Total Part- Time (PT) Employees (% of total staff)</b>	<b>Total Per Diem Employees (% of total staff)</b>	<b>Total Part- Time + Per Diem Employees (% of total staff)</b>
<b>FY18</b>	211	123	88 (42%)	0 (0%)	88 (42%)
<b>FY19</b>	234	120	94 (40%)	20 (9%)	<b>114 (49%) *</b>
<b>FY20</b>	241	109	106 (44%)	26 (11%)	<b>132 (55%) **</b>

- \* This represents a 30% increase in the staff population that is considered part-time or per diem compared to FY18.
- \*\* This represents a 50% increase in the staff population that is considered part-time or per diem compared to FY18.<sup>52</sup>

Overall, the charts included in the staffing turnover analysis provided by Secretary Sudders indicate a continuing decline in full-time employees from FY18-FY20, increases in part-time staff during that period, and a sharp rise in per diem staff in FY2020. Since the charts provided by the Secretary only date back to FY18, trends prior to that time are unclear.

In summary, when reviewing the total numbers of employees coming into HSH, the numbers have increased over the past three years. These numbers, alone, could dispel the concerns of “inadequate staffing”. However, the staff turnover analysis also portrays a shift in staffing patterns and workforce composition in advance of the pandemic. An investigation of this shift could have prompted many of the changes that were ultimately put into action in the aftermath of the tragedy.<sup>53</sup> These staff changes included multiple hires including to the executive team, new nursing staff, key positions in the nursing department, and an entire social services department. Had these hires been in place, and actions taken to recognize and address the dramatic re-configuring of the workforce, the circumstances which led to the catastrophic decisions in March

<sup>52</sup> Executive Office of Health and Human Services, *Attachment #5, Holyoke Administrators and Direct Care Staff March 2020 vs March 2021, March 2021.*

<sup>53</sup> Liptak, Valenda. *The Soldiers Home in Holyoke Transition Plan*, pp. 2, 4, 8, 11, 2020.

2020 might have been mitigated. In the Special Committee’s public hearing, Secretary Sudders acknowledged that there was no structure at HSH and that the tragedy revealed this fact, stating there “was a complete collapse because it did not exist.”<sup>54</sup> Clearly this is something that should have been known and corrected prior to the outbreak as part of operating a long-term care facility.

**Recommendations:**

(1) The staffing levels at HSH need to be reevaluated and realigned to attain, at a minimum, a five-star rating from the Centers for Medicare and Medicaid Services (“CMS”).

(2) The Special Committee heard repeated testimony from staff and family that one of the best aspects of care that Veterans received at the Home resulted from continuity of care. The Special Committee recommends that continuity of care be a key goal in all future staffing policies for both Soldiers’ Homes.

**V. FINDING: The fact that the Superintendent was not a certified nursing home administrator with health care experience contributed to the tragedy.**

**Discussion:** Those who testified before the Special Committee supported having a licensed Superintendent by an overwhelming majority. The Secretary of EOHHS stated she believed licensure should be preferred but not required, in order to be able to reduce constraints when it comes to filling the position.<sup>55</sup> The Special Committee respectfully disagrees. Although having a Superintendent who is a certified nursing home administrator alone may not have prevented the deaths of so many, it is clearly possible that the Home’s two dementia units might not have been combined that fateful weekend had there been a Superintendent with knowledge of the basic protocols for infectious disease.

It is also reasonable to assert that a certified nursing home administrator may have implemented training for staff that would have prepared them for such a crisis.

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<sup>54</sup> *Hearing before the Special Joint Oversight Committee on the Holyoke Soldiers’ Home COVID-19 Outbreak*, 5<sup>th</sup> hearing, January 21, 2021.

<sup>55</sup> *Hearing before the Special Joint Oversight Committee on the Holyoke Soldiers’ Home COVID-19 Outbreak*, 5<sup>th</sup> hearing, January 21, 2021.

**Recommendation:** Require, at a minimum, that any candidate for Superintendent at the Soldiers' Homes be a certified nursing home administrator with experience running a long-term care facility, with knowledge of Veteran needs and service preferred.

**VI. FINDING: The unfilled positions of Deputy Superintendent at HSH and the statutorily mandated position of Executive Director of Veterans' Homes and Housing contributed to the tragedy.**

**Discussion:** The Special Committee assesses that if one or both of these positions had been filled, it is very possible that an alarm would have been sounded and a call for help would have been answered, saving lives at HSH. It is a reasonable assertion that had one or both of these positions been filled, preparedness would have been implemented to a greater degree.

**The Deputy Superintendent position at HSH was vacant from June 2019 until March 30, 2020, leaving the Home without a key leadership position for nine months, including during the onset of the COVID-19 pandemic in the United States and the onset of the outbreak at the Home.** In his written testimony to the Special Committee, former DVS Secretary Francisco Ureña notes that he pushed to get the position filled but was limited in his formal authority to do so. He states:

*“When the Holyoke Deputy Superintendent left [...] I encountered significant, ongoing resistance as I pushed to ensure that a capable, qualified replacement **with nursing home and/or healthcare experience** was hired. That resistance persisted over an extended period of time and, because the governance structure precluded me from exerting any formal authority with respect to the Deputy Superintendent’s hiring, the position was not filled until March 2020.”<sup>56</sup>*

According to section 71 of chapter 6 of the Massachusetts General Laws, the Superintendent of HSH has the authority to appoint a Medical Director, Treasurer, and Assistant Treasurer (all subject to approval from the Board of Trustees), as well as “such other persons as the superintendent deems necessary for the proper and efficient operation of the facilities of the

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<sup>56</sup> Ureña, Francisco, “Written Testimony of Francisco Ureña Before the Massachusetts General Court Special Joint Oversight Committee on the Soldiers’ Home in Holyoke COVID-19 Outbreak,” testimony, April 29, 2021.

home.” Therefore, the vacancy of the Deputy Superintendent position again underscores the ineffective and problematic leadership of Superintendent Walsh, which should have been addressed long before the crisis emerged. Attorney Pearlstein elaborated on this issue during his testimony before the Special Committee, stating that Superintendent Walsh wanted to hire a candidate who did not have healthcare experience and that he wanted to hire someone on his timeline.<sup>57</sup> Given the critical importance of this position to the operation of HSH, the Deputy Superintendent should be appointed through a more accountable process that allows for greater oversight from the Administration to ensure the position is filled in a timely manner by a candidate who is sufficiently qualified.

**As referenced later in this report, the General Court created the position of Executive Director of Veterans’ Homes and Housing through the HOME Act in 2016.** The law required the position to be filled by someone with “(i) at least 5 years of management, healthcare experience and (ii) military or other experience working with veterans.” The office of the Executive Director was charged with the authority to “(i) coordinate and oversee implementation and enforcement of laws, regulations and policies relative to the veterans’ homes and other housing for veterans; and (ii) investigate and make recommendations on best practices for providing housing for veterans.” Further, the Executive Director was required by statute to meet with the Boards of Trustees of both Soldiers’ Homes jointly at least twice per year. This position was intended to play a critical oversight function in ensuring that the Soldiers’ Homes were operating smoothly and providing high quality care to the Commonwealth’s Veterans. **After the HOME Act was signed into law, the Executive Director position was fully funded in the next state budget (Fiscal Year 2018), yet it was left vacant. It should be noted that a statutorily mandated position is funded out of an agency’s operating budget, without the need for a position-specific appropriation.**

In his written testimony, Secretary Ureña states that there were administrative hurdles that obstructed the hiring of an Executive Director of Veterans’ Homes and Housing:

*“Shortly after the fiscal year 2018 budget (containing the earmark for the Director of Homes) was passed, the Administration froze all earmarks, rendering the Director of Homes position unfunded. When discussing the Director of Homes position with EOHHS officials after that freeze was lifted, they pointedly told me that I could not fill the Director*

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<sup>57</sup> Hearing before the Special Joint Oversight Committee on the Holyoke Soldiers’ Home COVID-19 Outbreak, 7<sup>th</sup> hearing, March 19, 2021.

*of Homes position because DVS was already at its full-time employee cap. In sum, despite my repeated efforts to fill the Director of Homes position, I encountered persistent administrative obstacles that impaired my ability to do so.”<sup>58</sup>*

Notwithstanding, it is the duty of the Administration to implement laws enacted by the General Court and to fill all positions that the General Court mandates by statute. It was not until December 2020 that the Baker Administration filled the Executive Director role under the title of Assistant Secretary of Veterans’ Homes. It is reasonable to believe that, had the role been filled sooner, the deficiencies at HSH would have been given greater attention and oversight, and enhanced preparations for the COVID-19 pandemic may have been implemented.

**Recommendations:**

(1) These key leadership positions must be filled by the Administration, and greater attention needs to be paid to ensure they are filled in a timely manner with qualified individuals.

(2) To ensure an accountable process for hiring a qualified Deputy Superintendent at both Soldiers’ Homes, the Deputy Superintendent should be appointed in the same manner as the Superintendent (see Finding XII). In short, local stewardship councils **as discussed in Finding XIV** could nominate candidates for Deputy Superintendent to a State Board of Directors, which should evaluate and interview candidates and provide recommendations to the Secretaries of EOHHS and DVS. The Governor would then appoint the Deputy Superintendent based upon the Secretaries’ input. It would be highly preferred for the Deputy Superintendents at both Homes to be certified nursing home administrators or have significant work experience in the medical field, in addition to experience with the unique needs of Veterans.

(3) The Secretary of DVS should be a cabinet-level position in order to facilitate more timely attention to all personnel challenges and filling vacancies. (See Finding VIII.)

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<sup>58</sup> Ureña, Francisco, “*Written Testimony of Francisco Ureña Before the Massachusetts General Court Special Joint Oversight Committee on the Soldiers’ Home in Holyoke COVID-19 Outbreak,*” testimony, April 29, 2021.

## VII. FINDING: A toxic leadership environment contributed substantially to the tragedy.

**Discussion:** The hearings of the Special Committee and examined documentation spelled out the toxicity of the working environment for staff at HSH. At the very least, this created a climate of fear and mistrust during the timeframe when critical decisions had to be made and individuals had to step forward to fill a leadership void. This environment made it more difficult for nursing staff to step forward and report the existence of a crisis to authorities outside the Home when that reporting may have reduced the extent of the tragedy and may have effected change to improve management policies before the crisis emerged.

Second and importantly, the leadership deficiencies of Superintendent Walsh, though known by the Governor, Secretary Sudders, and Secretary Ureña, were not adequately dealt with by the Baker Administration. Reports of Superintendent Walsh's problematic performance and ineffective leadership should have prompted serious reconsideration of his suitability to continue serving as Superintendent of the Home. Secretary Ureña, in his testimony to Attorney Pearlstein and written testimony to the Special Committee, indicated that he thought Superintendent Walsh was not qualified to serve as Superintendent. Reports had been made of Mr. Walsh's toxic leadership, which he did not address despite being given opportunities to do so. Instead, he was allowed to remain in his position. In his written testimony provided to the Special Committee, Secretary Ureña highlighted long-standing concerns about Mr. Walsh's leadership deficiencies, stating:

*“During my time at DVS, I had regularly scheduled meetings with EOHHS leadership at which issues with Mr. Walsh were one of my recurring agenda items. In or about the first half of 2018, I attended a meeting at EOHHS in which EOHHS leadership told Mr. Walsh that its Human Resources (“HR”) group had investigated a complaint against him that it had not sustained, and that it was assigning him what it called a “life coach” for six months. EOHHS never told me the allegations that were lodged against Mr. Walsh, and I had no visibility into the details of the complaint that apparently prompted its decision to engage a so-called life coach for him.*

*As the coach's appointment drew to an end, I attended another meeting at EOHHS at which EOHHS leadership told Mr. Walsh that it had received another complaint(s) about him, which its HR group had again investigated and not substantiated. EOHHS*



*told Mr. Walsh that it was extending the executive coach’s engagement for an additional six months. Once again, I had no visibility into the details of the additional complaint(s) that apparently prompted EOHHS to extend the executive coach’s engagement. I found this troubling, especially since I routinely raised issues about Mr. Walsh with EOHHS leadership, and I found the way in which this was handled to have exacerbated the already fraught governance of the Holyoke Soldiers’ Home.”<sup>59</sup>*

**Recommendations:**

(1) A centralized State Board of Directors for the Soldiers’ Homes should be created, in part, to provide input to the selection of the Superintendent. (See Finding XIII.)

(2) Documented annual performance reviews of key leadership positions should be provided by the Executive Director of Veterans’ Homes and Housing to the Secretaries of EOHHS and DVS and the Governor, in addition to a vehicle for the Executive Director of Veterans’ Homes and Housing to receive anonymous input regarding leadership at the Homes. (See Finding III.)

(3) A paid ombudsman position for each Home should be established to provide a resource for family members, staff, and residents of both Homes to address concerns they may have in a more timely manner. (See Finding III.)

(4) The Commissioner of Veterans’ Services position should be converted to a Secretary position in the Governor’s Cabinet. (See Finding VIII.)

**VIII. FINDING: Unnecessary rungs in the chain of command at times hindered the response of executive branch officials as the crisis unfolded. The Commissioner of Veterans’ Services position therefore needs to be converted to a Secretary of Veterans’ Services position and be included in the Governor’s Cabinet.**

**Discussion:** Written testimony by former Commissioner (“Secretary”) of DVS Francisco Ureña and testimony presented by the Executive Office of Health and Human Services clearly indicates that former Secretary Ureña communicated primarily with EOHHS and not directly with the

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<sup>59</sup> Ureña, Francisco, “*Written Testimony of Francisco Ureña Before the Massachusetts General Court Special Joint Oversight Committee on the Soldiers’ Home in Holyoke COVID-19 Outbreak,*” testimony, April 29, 2021.

Governor and that he was frustrated and concerned about the lack of information coming from HSH, the quality of the information he did receive, and the lack of action being taken on the part of EOHHS to accurately assess the situation at HSH. This additional link in the chain of command between the Governor and the Secretary of DVS seems to have resulted in communication barriers and confusion that hampered the ability of DVS to provide effective oversight of the Holyoke Soldiers' Home during the crisis.

Also relevant to this muddled chain of command issue was the fact that the Secretary of Veterans' Services initially felt that former Superintendent Walsh did not have the basic qualifications or experience necessary to serve as an effective Superintendent of the Home. His reservations were not accepted. Secretary Ureña stated in his written testimony provided to the Special Committee that:

*“In late 2015, the Home’s Superintendent retired. The Board of Trustees controlled the selection process for his replacement, holding that I did not have that authority. When I reviewed the applications for the Superintendent position, I noted one applicant in particular who was both a Veteran and an experienced, licensed nursing home administrator. That applicant was also available to fill the position quickly. I urged the Board of Trustees to interview that applicant in addition to the others whose interviews it had already scheduled, but the Board of Trustees declined to do so. The Board of Trustees then chose Mr. Walsh to be the next Superintendent of the Home.”<sup>60</sup>*

When it became apparent that Superintendent Walsh had created a toxic working environment at HSH, and when the required remedial training in the form of an executive coach directed by EOHHS to improve his leadership skills did not improve the environment, Mr. Walsh continued to serve as Superintendent. It was clear that communications between former Superintendent Walsh and former Secretary Ureña were not what they needed to be for proper management of HSH and, further, that former Secretary Ureña felt powerless to change this dynamic.

Elevating the Secretary of DVS to a cabinet-level position, in tandem with other recommendations outlined in this report such as filling the position of Executive Director of Veterans' Homes and Housing and clarifying the chain of command from Soldiers' Home

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<sup>60</sup> Ureña, Francisco, “Written Testimony of Francisco Ureña Before the Massachusetts General Court Special Joint Oversight Committee on the Soldiers' Home in Holyoke COVID-19 Outbreak,” testimony, April 29, 2021.

administrators (i.e. the Superintendent) to DVS to the Governor, would allow for streamlined, focused oversight of the Homes, more immediate remediation of any issues that arise, and more direct advocacy on behalf of the Veteran community.

Some Veterans, citizens, and government officials of the Commonwealth are under the impression that the Commissioner of Veterans' Services is a cabinet-level position and that the Commissioner has the authority and responsibilities of a Secretary, because the position is addressed as the Secretary of Veterans' Services when doing official and public business. However, the Secretary of Veterans' Services is not a cabinet-level position within the Commonwealth, despite serving a population of over 300,000 Veterans with unique and expansive needs.

**Recommendation:** Veterans' Services should no longer be a department within the Executive Office of Health and Human Services, and the Secretary of Veterans' Services should be a member of the Governor's cabinet.

**IX. FINDING: There needs to be a full-time Medical Director at each Soldiers' Home, and a clear chain of command needs to be established.**

**Discussion:** The Medical Director at HSH was out sick at the beginning of the outbreak. The chaos as described by Attorney Pearlstein in his report indicates that no one was in charge to make critical medical decisions. Additionally, the Medical Director was only a part-time employee. The Medical Director needs to be fully invested and immersed in the operation of the Home and therefore must be a full-time employee. In addition, there needs to be a second-in-command in the event of the Medical Director's absence.

**Recommendations:**

- (1) The position of Medical Director should be a full-time position at each Soldiers' Home.
- (2) A clear chain of command consisting of positions and responsibilities along with written procedures for responsibilities and reporting requirements should be established, and

training should take place for all staff to ensure compliance with all written directives. Other findings presented in this report present recommendations for such a clear chain of command.

**X. FINDING: The Holyoke Soldiers' Home must accept Medicare and Medicaid payments and become a CMS facility.**

**Discussion:** Being a designated CMS facility, as the Chelsea Soldiers' Home is, would require HSH to adhere to robust standards of care and greater inspection protocols. HSH provides complicated medical care, including hospice and dementia care, along with other care associated with the often complex diagnoses of Veterans. There is a need to standardize procedures and care at both Soldiers' Homes, and this would contribute to achieving this goal.

Under Medicare and Medicaid, skilled nursing facilities (SNFs) and nursing facilities (NFs) are required to comply with the requirements in 42 CFR Part 483, Subpart B, to receive payment under the Medicare or Medicaid programs.<sup>61</sup>

Additionally, Veterans entering the Homes should be under the same financial obligations for care.

**Recommendation:** The Holyoke Soldiers' Home should accept Medicare and Medicaid payments and become a CMS facility.

**XI. FINDING: Regular state inspections of the Soldiers' Homes by the Commonwealth must be required.**

**Discussion:** Through the course of its investigation, the Special Committee has identified numerous underlying problems that exacerbated the crisis at HSH. While some of these issues

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<sup>61</sup> Federal Regulations, *Title 42. Public Health*, Chapter IV. Centers for Medicare & Medicaid Services, Department of Health and Human Services, Subchapter G. Standards and Certification, Part 483. Requirements for States and Long Term Care Facilities, February 2, 1989.

were well known, others were not. Regularly scheduled inspections can serve as a first line of defense to identify deficiencies at the Homes and ensure problems are addressed quickly.

**Recommendation:** The Department of Public Health should conduct inspections of the two Soldiers' Homes not less than twice per year pursuant to Chapter 115A, or more frequently as the Department deems necessary. After such inspection, the Department should give the facility and the Board notice in writing of every violation of applicable rules and regulations, and the Department should specify a reasonable period of time not exceeding 60 days after receipt thereof to correct and provide a plan to correct such violations within a reasonable time. Inspection reports and corrections of violations should be made available to the public.

**XII. FINDING: A new rigorous and accountable process is needed for the appointment of the Superintendents at both Soldiers' Homes.**

**Discussion:** Based on Attorney Pearlstein's investigation and former Secretary Ureña's written testimony, it is clear that Secretary Ureña was apprehensive about the appointment of Mr. Walsh to the Superintendent position at HSH. He felt Superintendent Walsh was unqualified for the position. However, the leadership deficiencies of Superintendent Walsh, though known and documented, were not adequately addressed by Secretary Ureña, Secretary Sudders, or the Baker Administration.

This demonstrates the necessity for a new appointing structure for the Superintendents of both Homes. A basic principle of good management is that if responsibility is going to be delegated, then leadership should have the ability to impact the selection of key personnel to achieve the mission. The government of the Commonwealth is held responsible by the citizens to provide excellent care to the Veterans at the Soldiers' Homes. Accordingly, in order to serve the public interest, the government of the Commonwealth, through the Governor's Administration, should have primary responsibility for appointing key leaders to make this happen, and to relieve those leaders when negligence and poor performance so require.

**Recommendations:** A system in which local stewardship councils, as discussed in Finding XIV, nominate candidates for Superintendents of the Homes to a State Board of Directors, which will then evaluate and interview candidates and provide recommendations to the Secretaries of EOHHS and DVS for their evaluation, is a sound and fair process. Having both the Secretaries of EOHHS and DVS weigh in on the health care qualifications and understanding of Veteran needs would help to provide a balance of expertise on clinical knowledge, health care administration, leadership skills and experience, and other important factors that are necessary to consider in selecting a Superintendent. The Governor should then appoint the Superintendent based upon the Secretaries' input.

Requiring the Governor to appoint the Superintendents provides the necessary accountability the citizens of the Commonwealth deserve.

The Special Committee also recommends that, at a minimum, any candidate for Superintendent at the Soldiers' Homes should be a certified nursing home administrator with experience running a long-term care facility, with knowledge of Veteran needs and service preferred. (See Finding V.)

**XIII. FINDING: The differences in organizational structure of the two Soldiers' Homes has caused numerous inconsistencies regarding management of the Homes.**

**Discussion:** Throughout the course of its investigation, the Special Committee has been troubled by irregularities and inconsistencies regarding governance of the Soldiers' Homes. Discussions with DVS Secretary Cheryl Poppe, who was the Superintendent of the Chelsea Soldiers' Home ("CSH") when the COVID-19 outbreak began, and with members of the Boards of Trustees from both Homes indicate a clear disconnect between the two facilities.

Discrepancies existed in staff scheduling, preparation for COVID-19, communication protocols, and various operational policies. There are also drastic differences in the roles and responsibilities of the Boards at both Homes. Formal operational procedures for the sharing of information between both facilities would have been helpful and likely very impactful in reducing unnecessary deaths at HSH.

**Recommendations:**

(1) Oversight of the two Soldiers' Homes should fall under the Executive Director of Veterans' Homes and Housing, who is overseen by the Secretary of Veterans' Services.

(2) The Commissioner of Veterans' Services position should be converted to a cabinet-level Secretary of Veterans' Services position. (See Finding VIII.)

(3) **There should be one centralized State Board of Directors to replace the currently operating local Boards.** The title, composition, and roles and responsibilities of the centralized Board should be defined in statute.

**XIV. FINDING: A local stewardship council model could be created to provide a vehicle for local input, and would have important roles to play to support, promote, provide transparency, and contribute to the appointment and review of leadership at the Soldiers' Homes.**

**Discussion:** There are differences in the needs of both Soldiers' Homes. While both Homes serve all Veterans of the Commonwealth, local input for each Home is important to: provide a conduit to the local communities; promote the Homes; promote transparency; provide important feedback to the Executive Director of Veterans' Homes and Housing within DVS and to the Secretaries of DVS and EOHHS; welcome family and staff input; receive required briefings from the Superintendents; assist with fundraising; review the finances of the Homes; coordinate with the proposed State Board of Directors; and participate in nominating candidates for the positions of Superintendent and Deputy Superintendent.

**Recommendations:**

(1) A centralized State Board of Directors should consider establishing a local stewardship council where each state-operated Soldiers' Home is located. These local entities would act as representation for the local community, residents, and family members of each Home. The State Board would adopt the necessary rules, regulations, by-laws, roles, and responsibilities for local stewardship councils.

(2) The local stewardship council of each Home should report annually to the State Board of Directors, which should forward their reports to DVS and to the General Court, regarding issues at the Home, funding requests to improve the Home, etc. This would ensure that legislative requests tailored to the specific Home's needs are identified and made well known to executive branch officials and lawmakers.



## Methodology

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In assembling this report, the Special Committee conducted 8 hearings, listening to oral testimony provided by 33 individuals and additional written testimony. These individuals consisted of Veterans and Veteran organizations and stakeholders outside of the Home, family members deeply affected by this tragedy and the death of their loved ones, staff at HSH, current and former members of the Board of Trustees at HSH, subject matter experts, investigators, government officials, and community partners. An overwhelming majority of the individuals who were asked to testify agreed voluntarily to appear before the Special Committee.

While the majority of the Special Committee's hearings were held virtually due to the COVID-19 pandemic, the Special Committee felt it was important to also offer in-person hearings in Holyoke for family members of HSH residents and HSH staff to share their insights, especially for those who would have been unable to access a virtual hearing. All in-person hearings were held at Holyoke Community College with strict adherence to COVID-19 safety guidelines.

In the discharge of its duties, the Special Committee also reviewed numerous reports, data, and documentation pertaining to Veterans' care in the Commonwealth and the status of care at the Soldiers' Homes, including before, during, and after the crisis. The Special Committee requested and received relevant data and documentation from EOHHS and DVS.

Certain email records detailing communication between relevant parties as the crisis unfolded were not available for review by the Special Committee, with the Baker Administration citing attorney-client privilege on 138 different correspondences.

## Hearing Schedule

Date	Hearing Topic	Location
October 20, 2020	Input from Families and Healthcare Proxies	Holyoke Community College
October 22, 2020	Input from Families and Healthcare Proxies	Virtual
October 27, 2020	Input from Staff and Previous Administrators	Holyoke Community College
October 29, 2020	Input from Staff and Previous Administrators	Virtual
January 21, 2021	Staffing Deficiencies	Virtual
February 9, 2021	Board of Trustees	Virtual
March 19, 2021	Attorney Pearlstein	Virtual
April 5, 2021	Best Practices for Long-Term Care of Veterans	Virtual

## Participating Witnesses

<b>ORAL TESTIMONY</b>
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Name	Affiliation	Date
Kwesi Ablordeppey	SEIU 888	October 27, 2020
Paul Barabani	Former Superintendent, HSH	October 29, 2020
Laurie Mandeville-Beaudette	Citizen	October 20, 2020
Cindy Cormier	Citizen	October 27, 2020
Donna DiPalma	Citizen	October 22, 2020
Andrea Fox	Massachusetts Nurses Association	October 27, 2020
		January 21, 2021
Michael Gaudette	Citizen	October 20, 2020
William Graves	Board of Registered Nursing Home Administrators	January 21, 2021
Nathalie Grogan	Center for a New American Security	April 5, 2021
Nancy Harand	Citizen	October 27, 2020
Kevin Jourdain	Board of Trustees, HSH	January 21, 2021
		February 9, 2021
Francine Kapinos	Citizen	October 27, 2020
Maj. Gen. Gary Keefe	Adjutant General, Massachusetts National Guard	January 21, 2021
	Board of Trustees, HSH	February 9, 2021
Susan Kenney	Citizen	October 20, 2020
Theresa King	Citizen	October 27, 2020
Carol Konrad	Citizen	October 27, 2020
Cindy Lacoste	Board of Trustees, HSH	February 9, 2021

Valenda Liptak	Interim Administrator, HSH	January 21, 2021
Tom Lyons	Board of Trustees, CSH	April 5, 2021
Cheryl Malandrinos	Citizen	October 22, 2020
Isaac Mass	Board of Trustees, HSH	February 9, 2021
Andrew McCawley	New England Center and Home for Veterans	April 5, 2021
Joan Miller	Massachusetts Nurses Association	January 21, 2021
Carmen Ostrander	Board of Trustees, HSH	February 9, 2021
John Paradis	HSH Coalition	October 29, 2020
Mark Pearlstein	Citizen	March 19, 2021
Cheryl Poppe	Secretary, DVS	January 21, 2021
		February 9, 2021
Jessica Powers	Human Resources Liaison, HSH	January 21, 2021
Joseph Ramirez	Citizen	October 27, 2020
Erin Schadel	Citizen	October 22, 2020
Marylou Sudders	Secretary, EOHHS	January 21, 2021
		February 9, 2021
Cheryl Turgeon	Citizen	October 20, 2020
Roberta Twining	Citizen	October 20, 2020

<b>WRITTEN TESTIMONY</b>
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Note: Numerous individuals listed above who testified orally also supplied written testimony to complement their remarks. Additionally, numerous family members and staff who submitted written testimony are not listed here to respect privacy.

<b>Name</b>	<b>Affiliation</b>	<b>Date</b>
Anonymous	Citizen	April 2021
Dr. Gerard Boucher	Citizen	January 2021
Suzanne Bump	Auditor of the Commonwealth	March 2021
Terence Dougherty	UMMS	April 2021
Holyoke Soldiers' Home Coalition	Advocacy Group	February 2021, March 2021
Maria St. Catherine McConnell	Citizen	March 2021
Francisco Ureña	Former Secretary, DVS	April 2021

# Hearings

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## Overview of Hearings

The Special Committee scheduled its first hearings in the city of Holyoke to hear directly from family members and staff. The Special Committee heard painful accounts of the chaos and the absence of leadership and communication, which included unexplainable, harmful clinical and leadership decisions made by Superintendent Bennett Walsh, Medical Director Dr. David Clinton, and Chief Nursing Officer Vanessa Lauziere.

These first hearings provided a clear and consistent picture of the trauma and pain experienced by Veterans, staff, and family members. The Special Committee cannot sufficiently express its admiration, respect, and gratitude for those who voluntarily came forth to tell their stories so that this will never happen again. Their courage demands that we honor their request for action.

Other topic areas examined by the Special Committee during its hearings included staffing issues at the Holyoke Soldiers' Home ("HSH"); the responsibilities and authority of the Board of Trustees of HSH; chain of command, communications, and reporting structures of key positions affiliated with both HSH and the Chelsea Soldiers' Home ("CSH"); licensure requirements and recruitment policies for key leadership positions within EOHHS, DVS, and the Soldiers' Homes; the selection process for the Superintendent; CSH's response to COVID-19; and best practices for long-term care facilities.

During the course of its proceedings, the Special Committee heard and read a great deal of testimony, especially from HSH residents' families and HSH staff, that corroborated the findings and account of events described by Attorney Mark W. Pearlstein in the report he completed at the request of Governor Baker in June of 2020. However, the Special Committee feels there remain important unanswered questions pertaining to communication within the Baker Administration as the crisis unfolded, specifically regarding the reporting of the crisis and the timeline of actions taken in response to it.

Email records detailing this communication were not available for review by the Special Committee, with the Baker Administration citing attorney-client privilege on 138 different correspondences. (See Appendices R, S, and T.)

## **Hearing Summaries**

### **HEARINGS 1 & 2 | Input from Families and Healthcare Proxies – October 20 & 22, 2020**

The Special Committee began its hearings with an open invitation for family members and healthcare proxies of residents of HSH to testify. The Special Committee believed it was important to hear from those who were directly impacted by the tragedy. Two hearings were held over the course of a week, with the first held in person at Holyoke Community College and the second held virtually.

On October 20, 2020, the following family members of current and former residents testified in person: Laurie Mandeville-Beaudette, Michael Gaudette, Susan Kenney, Cheryl T. Turgeon, and Roberta Twining. On October 22, 2020, Donna M. DiPalma, Cheryl C. Malandrinos, and Erin Schadel testified virtually.

The following key themes were conveyed through their testimony:

#### **❖ Poor Communication with Families:**

Witnesses continuously pointed to administrative and managerial communication lapses through various means, including in person, digital, and telecommunications. One family member described a “secretive” nature of the administration and managers during the time of the COVID-19 outbreak. Another stated she had spoken to a case manager on the day residents at HSH began testing positive for COVID-19, but no information related to the situation was conveyed to her during the conversation.

Almost every family member who testified indicated that there was little to no communication from the Home at the onset of the outbreak and throughout its duration. The daughter of a resident left a message and received no answer, and another waited 30 hours for a call back. One resident’s loved one never received a call back after being informed about that

resident's COVID-19 test. One family member was told that the Home's legal team needed to be contacted before they could share answers.

Lapses in communication caused families confusion and distress as the crisis unfolded. One resident had broken hearing aids and misplaced glasses due to a move, which was never reported to the appropriate party. A daughter of a resident was told that her father had been transferred to Holyoke Medical Center, only to find out from a National Guard member a few days later that he had not been transferred. Instead, she learned he had tested positive for COVID-19 and was moved to a positive floor. After his recovery, he stayed on that same floor.

❖ **Lack of Appropriately Used or Enforced PPE:**

A number of family members mentioned a lack of availability and use of personal protective equipment ("PPE"). One family member recounted a visit to the Home on March 11, 2020, in which HSH did not provide a temperature check or PPE. Another family member donned full PPE to visit a passing loved one, but the other 2 residents in the room, also positive for COVID-19, were not wearing masks.

❖ **Poor Staffing Conditions:**

Families unanimously echoed appreciation for the staff at the Home given the circumstances and lack of resources. Staff were described as "deeply caring". Family members used terms like "overworked" and "understaffed" to describe staffing conditions at the Home.

Episodes that occurred prior to the outbreak were shared by family members to illustrate staff fatigue and staffing shortages. As a result of these staffing conditions, residents lacked necessary assistance. One resident using a wheelchair fell down a steep hill because his wheelchair's brakes had not been enabled, and his loved one worried that this was the result of nurse fatigue or understaffing. Another family member shared a story of her husband lacking access to a call button, water, and a wheelchair. This Veteran resorted to crawling, using the wall as a guide, to use the restroom.

❖ **Veteran Mental Health Impacts:**

Witnesses stated that all of the aforementioned issues led to the harm and detriment of their loved ones, the residents of the Home. They expressed worry that what the residents lived through and witnessed would have severe implications for their mental well-being.

**HEARINGS 3 and 4 | Input from Staff and Previous Administrators – October 27 & 29, 2020**

The Special Committee’s next two hearings focused on testimony from HSH staff, previous administrators, and union representatives. Two hearings were held over the course of a week, with the first held in person at Holyoke Community College and the second held virtually. As of the hearing on October 27, 2020, a total of 81 staff members at HSH had tested positive for COVID-19.

On October 27, 2020, the following individuals testified in person as former or current employees of the Home or union representatives: Kwesi Ablordeppey, Cindy Cormier, Andrea Fox of the Massachusetts Nurses Association (“MNA”), Nancy Harand (retired), Francine Kapinos, Theresa King, Carol Konrad (retired), and Joseph Ramirez. On October 29, 2020, the Home’s former Superintendent Paul Barabani and former Deputy Superintendent John Paradis testified virtually to recount their experiences and provide feedback on the report submitted by Attorney Mark W. Pearlstein.

The following key themes were conveyed through their testimony:

❖ **Poor Staffing Conditions:**

Throughout both hearings, witnesses noted staffing shortages and poor staffing conditions. Many staff noted that they were required to work mandatory overtime to cover shortages, and some described a deterioration of staffing levels at the Home due in part to burnout. Some staff suggested this is the reason they retired. These statements corroborate family members’ testimony about staffing shortages and staff not being able to spend adequate time with residents.

When asked what contributed to the low staffing numbers, witnesses cited higher-ups cutting positions and noted that many positions that were vacated by retiring staff were left unfilled. Many nurses expressed that their responsibilities felt like an impossible workload,

especially during the COVID-19 pandemic. The lack of a permanent schedule prevented consistency and added stress to direct care staff. Those who were unable to work a shift were responsible for finding coverage themselves. When Special Committee members asked whether temporary or per diem employees could help to fill staffing gaps, former and current staff members emphasized that a permanent, sustainable solution to staffing is required, not a temporary fix.

❖ **Facility Deficiencies:**

Almost unanimously, the need for a new Home was mentioned. The current Home was described as “very outdated”, and many mentioned the need for better and updated resources, which would enable staff to provide higher quality care and residents to live happier lives. As part of his testimony, former Superintendent Barabani discussed the 2012 proposal to expand the Home, which he believed was eligible for federal funding but did not materialize.

❖ **Managerial Structures and Culture:**

Several staff members expressed not feeling heard or supported by the Home’s management or administration. Staff members stated that even prior to the COVID-19 outbreak, the administration was not easily accessible, and many feared retaliation for speaking out on certain issues.

Many witnesses noted that at the onset of the outbreak, they were barred from sharing information with families and were told by management to “do what they were asked and not ask questions.”

Previous administrators noted that there were communication issues with the Baker Administration. It was noted that few meetings were held with Secretary of Health and Human Services Marylou Sudders and that Secretary of Veterans’ Services Francisco Ureña would deny certain requests without the previous administrators clearly understanding the reason.

❖ **Decisions Impacting the COVID-19 Outbreak:**

Notable during the testimony was staff willingness to discuss the events leading up to, during, and immediately after the late March events that resulted in the combining of two dementia units at HSH. It is widely recognized that the merging of these two units added to the rapid spread



of COVID-19 among residents due to close quarters, lack of PPE, and staffing movement within and around units.

One witness noted that the onset of the outbreak took place during a weekend, when the Home often had a skeleton staff, further hindering the Home's ability to provide an immediate response to the crisis.

As the outbreak grew, staff noted that hospice patients were not being tested and that PPE was withheld from staff. One staff member explained that he was reprimanded for requesting and utilizing PPE, and his union eventually had to get involved in the matter. Many staff understood the need to remove PPE from decentralized locations to avoid shortages, but no information was provided to staff on how to access the PPE or where it was moved to.

❖ **Staff Mental Health Concerns Post-Outbreak:**

Many staff members have been experiencing mental health difficulties, including post-traumatic stress and other forms of mental health issues associated with their experiences during the tragedy at HSH.

After taking over operations of HSH in March, the Commonwealth did begin to provide grief counseling for HSH employees. Some witnesses stated that the outbreak caused them to stop working at the Home or accelerated their retirement plans.

❖ **Culture Shift:**

Another notable theme was the cultural shift throughout the years at HSH. Direct care staff who started working at HSH 30 years ago mentioned that in the past, they had been able to bring residents home or to the movies, but this practice was no longer allowed in recent years. Previous administrators testified about the time they used to spend socializing and connecting with residents in shared spaces like the canteen. Other staff members shared stories of local college students who would visit the Home for projects, but that had dwindled over the years.

A retired staffer mentioned that HSH was once known as “the place to work,” and now it felt as though people could not get out fast enough. There has been significant staff turnover due in part to early retirement incentive programs and the use of temporary or per diem staff.

## **HEARING 5 | Staffing Deficiencies – January 21, 2021**

On January 21, 2021, the Special Committee held its fifth hearing, which examined staffing and other labor-related issues at HSH prior to, during, and after the outbreak. Those who testified virtually included: Andrea Fox and Joan Miller of the Massachusetts Nurses Association (“MNA”); William Graves, Chair of the Board of Registered Nursing Home Administrators; Kevin Jourdain, former Chair and current member of the Board of Trustees for HSH; Major General Gary Keefe, Chair of the Board of Trustees for HSH and Adjutant General of the Massachusetts National Guard; Valenda Liptak, Interim Administrator of HSH; DVS Secretary Cheryl Poppe; Jessica Powers, Human Resources Liaison at HSH; and EOHHS Secretary Marylou Sudders. The witnesses provided their insights and expertise regarding staffing at HSH and related issues that created an environment ill-equipped to respond to COVID-19.

The following key themes were conveyed through their testimony:

### **❖ Staffing Disarray**

The combination of the two dementia units at HSH was a most significant factor for the devastating effects of COVID-19 at HSH.<sup>62</sup> According to testimony, the decision to take this action was made due to staffing shortages caused by staff calling out of shifts.<sup>63</sup> Testimony from Secretary Sudders and representatives of the MNA indicated how erratic scheduling and an overreliance on overtime lowered morale, resulting in staff burn-out and an increase in staff calling out of shifts. Additionally, the Early Retirement Incentive Program (“ERIP”) initiated by the state in 2015 contributed to continuity issues, and many new hires following implementation of the program were not direct care staff. Employees at HSH also expressed concern over the lack of support they received from leadership and felt as if they were being “policed.” Throughout the crisis, PPE was not made readily available to staff, and it was unclear to many how to effectively utilize it.

With the changing of leadership at HSH, numerous improvements have been implemented to create more consistency and structure at the Home. Scheduling has been standardized, and

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<sup>62</sup> Pearlstein, Mark. *The COVID-19 Outbreak at the Soldiers’ Home in Holyoke: An Independent Investigation Conducted for the Governor of Massachusetts*, p. 116, June 23, 2020.

<sup>63</sup> *Id.*, p. 12.

records are being moved into an electronic system, making it more accessible for providers to obtain patient information. New training programs have been implemented, and senior leadership positions have been filled. Additionally, DVS has created an Assistant Secretary for Veterans' Homes position, based on the statutorily mandated position of Executive Director of Veterans' Homes and Housing, whose primary focus will be on HSH and CSH. PPE has been made readily available, and staff have since been given instruction and training on its proper use and application. Current staff at the Home stated that conditions are improving and that new hires are expressing enthusiasm regarding the future of the Home.

Despite the progress made, there are still areas of concern that need to be addressed. Staff at HSH stated the need for more assistance, particularly the need for registered nurses ("RNs") and certified nursing assistants ("CNAs"). Healthcare facilities throughout the area are struggling to find qualified candidates, making this a difficult issue to address. It has also been suggested that many potential candidates have been dissuaded from working at HSH due to previous experience or through conversations with others in the community. Staff compensation at HSH is generally viewed as comparable to similar facilities in the private sector, despite lower salaries at HSH, due to the benefits of being a state employee and the purpose-driven mission of the Home. There are also concerns regarding the lack of behavioral and mental health care for HSH staff who worked through the tragedy, as referenced in earlier hearings.

### ❖ Leadership Reforms

There were differing opinions regarding certification requirements for Superintendents of the Soldiers' Homes. Secretary Sudders expressed a willingness to require a certification standard, however she also expressed concerns that licensure would disqualify personnel who have previously performed exceptionally well when serving as a Superintendent while unlicensed. However, applying this standard would ensure that a person assuming the position of Superintendent has a baseline knowledge and aptitude. There was a general consensus among those who testified that only candidates who are certified nursing home administrators should be considered for the position of Superintendent of the Home.

Examining how events unfolded at HSH during the spring of 2020, Secretary Sudders discussed how the internal structure at the Home collapsed when confronted with COVID-19. This collapse left staff alone to address the crisis. Ill-equipped to face this scenario, they struggled due

to a lack of leadership and insufficient implementation of infection control protocols to prevent the spread of the virus. This leadership void was further exacerbated by the ERIP enacted in 2015. DVS is working to fill vacant positions, and many critical roles have been filled.

According to testimony provided by previous Chair and current Board of Trustees member Attorney Kevin Jourdain and current Chair Major General Gary Keefe, there is a willingness and desire for changes to be made. The authority of the Board to appoint and dismiss Superintendents was recently confirmed in court, and the Board is interested in ensuring the next Superintendent is a certified nursing home administrator.<sup>64</sup> Attorney Jourdain and Major General Keefe both expressed a desire to work more closely with the General Court and to improve relations with the Board of Trustees at CSH to share best practices and create a more uniform approach for operating HSH.

## **HEARING 6 | Board of Trustees – February 9, 2021**

On February 9, 2021, the Special Committee held its sixth hearing, which focused on the Board of Trustees of the Holyoke Soldiers' Home. Five of the seven members of the Board of Trustees and the Secretaries of EOHHS and DVS participated in the hearing. The hearing focused on membership of the Board, communications between the Board and other agencies pertaining to the operations of HSH, training of Board members, and structural mechanisms pertaining to oversight of the Home. Based on the hearing, several prominent issues emerged:

### **❖ Board Composition**

The Board of Trustees for the Holyoke Soldiers' Home is composed of 7 members. Members are appointed by the Governor of the Commonwealth and serve 7-year terms. It is required for the Board to have at least 1 member each from Berkshire, Hampden, Hampshire, and Franklin counties. The Board currently has 2 members who are women, and a majority of members are Veterans. Governor Baker filed legislation calling for the Board to be

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<sup>64</sup> Sobey, Rick, "Charlie Baker Administration's Firing of Holyoke Soldiers' Home Superintendent After Coronavirus Outbreak was 'invalid': Judge," *Boston Herald*, September 22, 2020.

increased from 7 to 9 members, adding the Secretaries of EOHHS and DVS.<sup>65</sup> Members of the Board who testified expressed a willingness to increase the size of the Board but were hesitant to add the Secretaries due to what they deemed conflicts of interests. Secretary Sudders testified that the rationale for having the Secretaries on the Board emanates from the Superintendent position being the only position of its type not appointed by the Governor, and from a desire to build closer relations between HSH and the executive branch.

Board members believe the composition of the Board should maintain a Veteran majority but recognize that a civilian perspective can greatly aid the Board's decision making. Multiple Board members expressed a desire for a diversity of professional experiences to be represented on the Board, including backgrounds in healthcare, law, finance, logistics, and human services. Having these diverse backgrounds on the Board would provide the breadth of expertise needed to oversee HSH effectively and understand all aspects of the Home.

#### ❖ **Board Member Training**

Throughout the course of the hearing, legislators and witnesses expressed concerns over the lack of training for members of the Board. Multiple Board members expressed a desire for enhanced training or onboarding information for new members. Former Chair and current Board member Attorney Kevin Jourdain highlighted the fiduciary responsibilities of the Board and the need for incoming members to understand not only their responsibilities, but also the powers of the Board. Attorney Jourdain discussed that when he initially joined the Board, he was unaware of many of its responsibilities and powers. Board member Cindy Lacoste expressed a desire for a more elaborate and comprehensive onboarding process to ensure new members are able to quickly understand their role and responsibilities.

#### ❖ **Role of the Board**

During her testimony, Secretary Sudders discussed how the Board is designed to provide an additional layer of oversight for HSH. Additionally, she specified the important relationship the Board can have with the community of Western Massachusetts. Under current statute, it has final approval over the hiring of the Superintendent and is responsible for managing the property

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<sup>65</sup> Governor Charlie Baker, "An Act to improve the governance of the Soldiers' Homes," S.2788, June 2020.

of HSH. Attorney Jourdain testified that the Board has frequently been treated as a ceremonial entity with little power, despite the authority granted in its statute. Board members who testified spoke of their desire to ensure the viability of the Home moving forward. Multiple Board members expressed a willingness to expand the Board from 7 to 9 members to distribute the Board's workload to more people. Additional members on the Board would make it easier to ensure enough members are present to hold a quorum and fully staff all sub-committees.

#### ❖ **Board During COVID-19**

In March 2020, as COVID-19 began to emerge across the nation, the Board and EOHHS began taking what were deemed appropriate actions to prepare for a possible outbreak of COVID-19 at HSH. In his testimony, Attorney Jourdain expressed he felt HSH had taken the appropriate actions to prepare for COVID-19. Secretary Sudders stated it was expected that COVID-19 would impact the Commonwealth as preparations were made. Secretary Poppe stated it was doubtful that, even if the Superintendent of HSH had been a certified nursing home administrator, the outbreak could have been prevented. As the outbreak began, the Board was not informed of the unfolding situation despite attempts to stay in communication with leadership at the Home. Initial calls with Superintendent Walsh indicated to the Board that everything at HSH was going well and appropriate measures were being taken. Board members were informed of the suspension of Superintendent Walsh through the media as Val Liptak and the National Guard took command of HSH. Board member Isaac Mass testified that the Board deferred authority to the Governor because of a desire to address the crisis and a lack of information coming to them. Additionally, it was difficult for the Board to meet as restrictions regarding social distancing were enacted. Mr. Mass also stated that the Board should have held a vote to formally allow the Governor and the Guard to take charge of HSH.

#### ❖ **Leadership Qualifications**

Board members who participated in the hearing agreed that changes needed to be made, though they differed on the changes required. Some members believed it was essential to require that the Superintendent of HSH be a certified nursing home administrator, while others believed that certification should only be a strongly suggested qualification and that the Superintendent

having a background in healthcare, coupled with strong administrative and leadership skills, would be sufficient.

## **HEARING 7 | Attorney Pearlstein – March 19, 2021**

On March 19, 2021, the Special Committee held its seventh hearing, inviting Attorney Mark W. Pearlstein to testify. Attorney Pearlstein was tasked by Governor Baker in April of 2020 to specifically investigate “what happened and why” at HSH during March of 2020. Through the course of his investigation, Attorney Pearlstein assembled a team of 8 lawyers, and together they examined over 17,000 documents and conducted 111 interviews with 100 individuals connected to HSH. The report, published in June of 2020, answered the questions posed by Governor Baker and offered recommendations for HSH moving forward.

During the hearing, the Special Committee sought clarification about specifics within his report. The inquiries varied, examining questions of governance at HSH, preparations for COVID-19, leadership at HSH, communications, requests for the National Guard, staffing issues, the Board of Trustees, previous legislative action, and the overall scope of the investigation. Attorney Pearlstein spoke candidly about the nature of his investigation, the independence he was allowed, and the rationale for not conducting a more comprehensive examination of systemic issues at HSH.

Attorney Pearlstein is a private citizen who conducted an exhaustive pro bono investigation into the COVID-19 outbreak at the behest of the Governor, and his efforts should be commended.

### **❖ Staffing Deficiencies and the National Guard**

When discussing staffing, Attorney Pearlstein highlighted that when the first cases of COVID-19 reached HSH, the practice of “floating” staff (having staff move between units throughout the facility) was still utilized, furthering the potential spread of the virus. Attempts to isolate infected patients were not implemented due to staffing shortages. Attorney Pearlstein corroborated statements from the hearing in January about the impact of the Early Retirement Incentive Program of 2015 on staffing at HSH. Discussions of the Moakley Report of 2019 and

the low morale of staff, their unwillingness to speak out for fear of repercussions, and their overall exhaustion and anguish were also in line with statements made at previous hearings.<sup>66</sup>

Attorney Pearlstein explained how the call for aid from the National Guard by Superintendent Walsh was not given high priority, citing two specific reasons: (1) the dire situation at HSH was unknown to leaders of DVS and EOHHS; and (2) staffing issues had long plagued HSH, and the call for aid from the National Guard was not presented with a sense of urgency. This analysis contradicts statements made by then DVS Secretary Francisco Ureña, who passed HSH's request for aid up to EOHHS upon receiving the request and held meetings to examine the request.<sup>67</sup>

Attorney Pearlstein stated the call for aid from the National Guard should have been sent out 10 days sooner when HSH realized it did not have the ability to isolate residents infected with COVID-19. It is also unusual that, facing staff shortages, HSH leadership did not transfer patients to other facilities in the area, as was done when the National Guard and Val Liptak took charge of the facility on March 30, 2020.

### ❖ Board Structure

Examining the Board of Trustees for HSH, Attorney Pearlstein offered recommendations and his vision for the Board moving forward. He remarked how difficult it is for a volunteer Board to oversee an operation as extensive as HSH. In his estimation, Attorney Pearlstein thought the members of the Board were qualified, thoughtful individuals seeking to do right in service to the Home, and that the Board serves as the conscience of the community. Attorney Pearlstein thought the Board would be better served if it had at least 2 members with some form of medical or healthcare experience. Expanding on this, he believed the Board should have a wide variety of insights and experiences.

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<sup>66</sup> Moakley Center for Public Management, "Overtime and Nursing Staff Assessment Prepared for Soldiers' Home in Holyoke," *Suffolk University*, June 2019.

<sup>67</sup> Ureña, Francisco, "Written Testimony of Francisco Ureña Before the Massachusetts General Court Special Joint Oversight Committee on the Soldiers' Home in Holyoke COVID-19 Outbreak," testimony, April 29, 2021.



### ❖ **COVID-19 Preparations**

The preparations made by HSH for COVID-19 have some noteworthy attributes, according to Attorney Pearlstein. In early March, EOHHS and HSH were focused on preventing the spread of the flu, and COVID-19 was seen as low-risk. Less than a week later, a statewide state of emergency was declared by Governor Baker, and priorities at the Home changed. During this period, the Home's Medical Director fell ill. He attempted to stay involved in the ever-changing situation but was difficult to reach. Attorney Pearlstein stated that the decision to combine the 2 dementia units at HSH was baffling, and based on his investigation, the only scenario in which this action would be allowed would be a natural disaster.

### ❖ **Leadership Qualifications**

Throughout his tenure at the Home, the qualifications of Superintendent Walsh were viewed as less than ideal. Questions of his candor and openness with leaders of EOHHS, DVS, and the Board of Trustees were addressed in Attorney Pearlstein's report, as was the former Superintendent's temperament and lack of certification. Not having a certified nursing home administrator in a leadership position at HSH, in Attorney Pearlstein's opinion, caused a void to emerge where leaders did not know what questions to ask and how to process the information they were given. According to Attorney Pearlstein's testimony, inaction by DVS to fill the position of Executive Director of Veterans' Homes and Housing created by the General Court in 2016 contributed to the problems at HSH.

## **HEARING 8 | Best Practices for Long-Term Care for Veterans – April 5, 2021**

On April 5, 2021, the Special Committee held its eighth hearing, which focused on long-term care for Veterans and the future of the Veteran population in the Commonwealth. Those who testified included Nathalie Grogan, a researcher with the Center for a New American Security ("CNAS"); Tom Lyons, Chair of the Board of Trustees for the Chelsea Soldiers' Home ("CSH"); and Andrew McCawley, CEO of the New England Center and Home for Veterans. Several prominent issues were brought before the Special Committee:

## ❖ **Veteran Population Trends**

Nathalie Grogan spoke on research she conducted through CNAS and Brighton Marine in 2020 on the Veteran population in the Commonwealth and the impact of COVID-19 on Veterans. From this data, there emerged several trends within the Veteran population. With the end of conscription for military service in 1973 and the beginning of the era of all-volunteer service, the number of personnel in the United States Armed Forces and the number of Veterans has been decreasing. All conscription-era Veterans are over the age of 65. As World War II, Korean War, and Vietnam War-era Veterans age and pass away, there is going to be a significant decline in the number of Veterans in the Commonwealth and nationally. The decline of the Veteran population across the Commonwealth is not uniformly distributed, which is representative of the diversity of the state. Dukes and Nantucket counties currently have growing Veteran populations due mostly to Veterans choosing to retire there.<sup>68</sup>

While there are still global threats and the use of the National Guard and reserve components of the military have changed the Veteran population, it appears likely that the Veteran population will continue to decrease. As the Veteran population shrinks, the demographics of the Veteran community will change. For example, women are the fastest growing group within the Veteran population.<sup>69</sup>

In her testimony, Ms. Grogan discussed the challenges around obtaining accurate Veteran data. Only since 2000 has the U.S. census included Veteran status as part of its data collection. Further, many members of the military are hesitant to use the term “Veteran” to identify themselves but respond “yes” to the question, “Have you served in the U.S. armed forces?”

## ❖ **Services and Needs**

As the demographics of the Veteran population change, their needs will reflect this. Both Ms. Grogan and Mr. McCawley spoke about how Veterans are not a monolith. Veterans tend to have a variety of experiences while in the service, and many are productive contributing members of their communities upon their transition back to civilian life. As conscription-era Veterans age, their needs are going to increase. Female Veterans have expressed that childcare is a high priority

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<sup>68</sup> Center for a New American Security, “*Massachusetts Veteran Needs Assessment: During the Pandemic and Beyond*,” December 2020.

<sup>69</sup> Id.

for them. Ms. Grogan and Mr. McCawley also brought up that there is a risk, as conscription-era Veterans pass away and the Veteran population decreases, that services for Veterans will be cut.

Many Veterans age more quickly than their civilian counterparts due to their experience in the service. Additionally, many years can pass before the negative effects of a Veteran's service impact them. During the hearing, it was discussed that steps need to be taken to ensure that supports are available for Veterans needing assistance. Mr. McCawley spoke at length on steps taken by the New England Center and Home for Veterans and many others nationally to utilize a "housing first" model, which focuses on making housing a priority for Veterans experiencing housing insecurity. Housing and access to long-term care were both brought up by the witnesses as major issues faced by the Veteran community.

Through the Special Committee's discussions with its witnesses, the many impacts of COVID-19 on the Veteran community were made clear. In the report filed by CNAS, Ms. Grogan stated that COVID-19 particularly affected Veterans in the areas of mental health, food security, and childcare. The New England Center and Home for Veterans has also been impacted due to the transient nature of much of the population they serve. CSH, although to a lesser extent than HSH, has also been impacted by the pandemic and faced many of the same issues.

#### ❖ **Standardization**

Chair Lyons spoke about the preparations made at CSH beginning in January 2020. An incident command center was established by then Superintendent Cheryl Poppe to prepare for COVID-19. Throughout the planning process and with the arrival of COVID-19 at CSH, communications among the Superintendent, Board of Trustees, Secretary of EOHHS, CSH staff, and CSH residents and their families was consistent and clear. Chair Lyons discussed how this built confidence in the actions taken by the Superintendent. Chair Lyons thought the Soldiers' Homes of the Commonwealth would be better served by a singular Board of Trustees overseeing both Homes. His rationale was the importance of a standardization of processes between the facilities. Additionally, he believed the military and background of the Superintendent and Deputy Superintendent at CSH provided them with the organizational capability and expertise to mitigate many of the most dangerous aspects of COVID-19.

## Previous Legislative Actions Pertaining to the Holyoke Soldiers' Home

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### Establishing Leadership Positions within DVS:

On April 3, 2014, Chapter 62 of the Acts of 2014 (VALOR Act II) was signed into law. Section 32 of the law established the Massachusetts Veterans Long-Term Care and Housing Master Plan Commission. The Commission was created to study, evaluate, and recommend plans for future housing and residential care demands of Veterans and their families:

#### *Chapter 62 of the Acts of 2014 (VALOR Act II)*

*SECTION 32. (a) There is hereby established the Massachusetts veterans long-term care and housing master plan commission. The commission shall study, evaluate and make recommendations regarding the future needs surrounding the housing and residential care demands of veterans, veterans' spouses and veterans' dependents. The commission shall also study the feasibility of waiving the homestead fee, established in section 38 of chapter 262 of the General Laws, for disabled veterans.*

*(b) The commission shall consist of 16 members: the house of representatives and senate co-chairs of the joint committee on veterans and federal affairs, or their designees, who shall serve as co-chairs of the commission; the secretary of veterans' services, or a designee; 4 members appointed by the secretary of health and human services, 1 of whom shall be an expert in healthcare delivery systems, 1 of whom shall be an expert in healthcare facilities management, 1 of whom shall be a member of the trustees of the Soldiers' Home in Massachusetts and 1 whom shall be a member of the trustees of the Soldiers' Home in Holyoke; 1 member appointed by the secretary of administration and finance, who shall be an employee of the division of capital asset management and maintenance; the president of the Massachusetts Veterans' Service Officers Association, or a designee; the executive director of the interagency council on housing and homelessness, or a designee; 1 member appointed by the secretary of veterans' services who is a private citizen, not employed by an agency, city, town or group providing*

*services to veterans and who has extensive knowledge of the United States Department of Veterans Affairs; 1 member appointed by the secretary of the executive office for administration and finance who is a private citizen, not employed by an agency, city, town or group providing services to veterans, with extensive knowledge of real estate, construction and development; 2 members from the governor's advisory committee on women veterans; and 2 members appointed by the secretary of veterans' services who are private citizens, not employed by a city, town or group providing services to veterans, and who are combat veterans of conflicts since 2001.*

*(c) The commission shall study and evaluate the emerging changes in veterans' care and delivery of services relative to long-term health care and housing with the goal of ensuring all services provided by the state are strategically balanced by region and are in-line with and complimentary to those services provided by the federal government and other service providers. The commission shall study and evaluate the current capital needs for both the Soldiers' Home in Massachusetts and the Soldiers' Home in Holyoke and examine best practices in other states for the purpose of developing a long-term master plan and recommendations relative to long-term capital spending.*

*(d) The commission shall convene its first official meeting not later than June 10, 2014. The commission shall file a preliminary report of the study with recommendations for long-term capital spending on or before April 30, 2015 with the secretary of administration and finance and the clerks of the senate and the house of representatives, who shall forward the report to the house and senate committees on ways and means, the house and senate committees on bonding, capital assets and state expenditures and the joint committee on veterans and federal affairs.<sup>70</sup>*

The Joint Committee on Veterans and Federal Affairs, DVS, and EOHHS requested the assistance of the University of Massachusetts Medical School ("UMMS") to assist with the research and development of the Commission's report. From late 2014 until early 2016, the Commission met 10 times and visited the two Soldiers' Homes.

On March 30, 2016, the Commission and UMass Medical School created a report entitled "Massachusetts Veterans' Long-Term Care and Housing Master Plan Commission: Caring for

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<sup>70</sup> Commonwealth of Massachusetts, *Chapter 62 of the Acts of 2014*, 188th General Court, April 3, 2014.

Veterans Today, Tomorrow and Beyond: Anticipating Veterans' Long-Term Care Services, Supports and Housing".<sup>71</sup> The key findings and recommendations of this report were adopted in the HOME Act (Chapter 141 of the Acts of 2016) by the General Court. One of the major recommendations adopted was the establishment of an Executive Director of Veterans' Homes and Housing:

**Chapter 141 of the Acts of 2016 (HOME Act)**

*SECTION 16. Chapter 115A of the General Laws is hereby amended by adding the following section:-*

*Section 12. (a) There shall be within the department of veterans' services an office of veterans' homes and housing. The commissioner of veterans' services shall appoint an executive director of veterans' homes and housing who shall have: (i) at least 5 years of management, healthcare experience and (ii) military or other experience working with veterans. The duties of the executive director shall include, but not be limited to: (i) oversight of the office; and (ii) service as an advisor to the commissioner of veterans' services on matters relative to veterans' housing. The position of executive director shall be classified pursuant to section 45 of chapter 30. The executive director may, with the approval of the commissioner of veterans' services, appoint and remove any employees necessary to carry out the duties of the office. Unless otherwise provided by law, all such appointments and removals shall be made pursuant to chapter 31. The office shall: (i) coordinate and oversee implementation and enforcement of laws, regulations and policies relative to the veterans' homes and other housing for veterans; and (ii) investigate and make recommendations on best practices for providing housing for veterans. The executive director shall meet with the board of trustees of the Soldiers' Home in Massachusetts and the Soldiers' Home in Holyoke jointly at least twice per calendar year. The executive director shall have access to all property of the commonwealth under the oversight of the department of veterans services to carry out the duties of the office; provided, however, that the boards of trustees of the Soldiers'*

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<sup>71</sup> Hale JF, LaCoursiere-Zucchero T, Cragin L, Briggs DP, Kalp J, "Massachusetts Veterans' Long-Term Care and Housing Master Plan Commission Summary Report," March 30, 2016.

*Home in Massachusetts and the Soldiers' Home in Holyoke shall not be subject to the control of the executive director; and provided further, that the executive director shall not have control over the day-to-day operations of the Soldiers' Home in Massachusetts or the Soldiers' Home in Holyoke.*

*(b) Annually, not later than November 1, the office shall submit a report to the general court on the state of the soldiers' homes. The report shall include findings relative to: (i) the quality of care provided at the homes; (ii) the financial status of the homes; (iii) the uniformity of programs at the homes; (iv) the capital needs of the homes; and (v) the status of the United States Department of Veterans Affairs' accreditation, including the efforts necessary to maintain compliance and the efforts necessary to become fully compliant with the United States Department of Veterans Affairs' standards at each soldiers' home. The report shall also include an analysis of activities of the office, including a summary of activities undertaken to implement uniform intake policies and procedures, patient and resident eligibility requirements and rate-setting functions between the Soldiers' Home in Massachusetts and the Soldiers' Home in Holyoke. The office shall submit the report to the governor and to the clerks of the house of representatives and senate and the clerks shall forward the report to the joint committee on veterans and federal affairs, the joint committee on public health and the joint committee on housing.<sup>72</sup>*

The position of Executive Director of Veterans' Homes and Housing was fully funded in the FY 2018 General Appropriations Act, **but it should be noted that a statutorily mandated position is funded out of an agency's operating budget, without the need for a position-specific appropriation (see Finding VI):**

***Chapter 47 of the Acts of 2017***

***Department of Veterans' Services***

*1410-0010. For the operation of the department of veterans' services; provided, that not less than \$85,000 shall be expended for the NEADS Assistance Dogs for Veterans program to train assistance dogs for veterans; provided further, that not less than*

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<sup>72</sup> Commonwealth of Massachusetts, *Chapter 141 of the Acts of 2016*, 189th General Court, July 14, 2016.

*\$30,000 shall be expended for the veterans oral history project at the Morse Institute library in the town of Natick; provided further, that not less than \$200,000 shall be expended for the Museum of World War II; provided further, that not less than \$85,000 shall be expended on staff to carry out the duties of the office established in section 12 of chapter 115A; and provided further, that not less than \$150,000 shall be allocated for Heidrea for Heroes, Inc. .... \$3,844,629<sup>73</sup>*

Although the FY 2018 General Appropriations Act was signed into law on July 17, 2017, the position of Executive Director for the *Office of Veterans' Homes and Housing* remained unfilled until December 14, 2020. The Baker Administration unilaterally reclassified the position to that of “Assistant Secretary for Veterans’ Homes,” and Eric Sheehan, JD, ACHE assumed this role with the responsibility for the oversight of both Soldiers’ Homes.<sup>74</sup> His duties include working with the respective Homes’ leadership to maintain high-quality care, ensure compliance with survey and certification requirements, ensure continued adherence to infection control protocols, and direct ongoing capital projects.

**Section 13 of Chapter 165 of the Acts of 2014 (the Fiscal Year 2015 General Appropriations Act) placed both Soldiers’ Homes under the direction of DVS. This transfer was done at the request of former Secretary of EOHHS John Polanowicz and former Secretary of DVS Coleman Nee. The Secretaries asked for this change because of the enormity of EOHHS and the need to focus resources and personnel to the two Homes:**

***Chapter 165 of the Acts of 2014***

*SECTION 13. Section 16 of chapter 6A of the General Laws is hereby amended by striking out, in lines 31 to 35, inclusive, as appearing in the 2012 Official Edition, the words “, the Massachusetts commission for the deaf and hard of hearing and the Soldiers’ Home in Massachusetts and the Soldiers’ Home in Holyoke; (5) the department of veterans’ services under the direction of the secretary of veterans’ services, who shall be appointed by the governor” and inserting in place thereof the following words:- and the*

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<sup>73</sup> Commonwealth of Massachusetts, *Chapter 47 of the Acts of 2017*, 189th General Court, July 17, 2017.

<sup>74</sup> “Baker-Polito Administration Announces New Senior Leaders at Department of Veterans’ Services and Soldiers’ Homes in Chelsea and Holyoke,” *Mass.gov*, December 10, 2020.



*Massachusetts commission for the deaf and hard of hearing; (5) the department of veterans' services under the direction of the secretary of veterans' services, who shall be appointed by the governor, which shall include the Soldiers' Home in Massachusetts and the Soldiers' Home in Holyoke.*<sup>75</sup>

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<sup>75</sup> Commonwealth of Massachusetts, *Chapter 165 of the Acts of 2014*, 188th General Court, July 11, 2014.

# Appendices

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## Appendix A: Press Release Regarding the State Auditor’s Report on HSH

### PRESS RELEASE

#### **Auditor Bump Provides Recommendations for Improvements at the Soldiers’ Home in Holyoke**

*Audit recommends improvements related to safety inspections and overtime pay.*

FOR IMMEDIATE RELEASE: 12/14/2017

Office of State Auditor Suzanne M. Bump

**BOSTON** — State Auditor Suzanne M. Bump today released an audit of the Soldiers’ Home in Holyoke (SHH) that provides recommended steps the Home can take to improve safety inspections and overtime procedures at the facility. The Home has reported that it has already begun taking steps to implement the audits recommendations.

“The Soldiers’ Home in Holyoke is responsible for providing our brave men and women with a safe and secure home, and care befitting the sacrifices they have made for us. I’m pleased that the Home has indicated its commitment to implementing our recommendations,” Bump said.

Bump has called for improvements to documentation of inspections of safety equipment, dormitories, and care areas after the Home could not provide evidence that these inspections occurred as required. The Home indicated in the audit report that it is working with the appropriate authorities to implement proper electronic tracking and monitoring of inspections.

The audit also found possible abuse of overtime in the nursing department. The nursing department manager worked 868.45 premium overtime hours, taking in \$78,369 in overtime, the need for which could not be substantiated. These deficiencies could result in the Home paying unnecessary payroll costs that are not essential to meeting the care needs of its veterans. The Home indicated in the audit report that they implemented a process requiring approval for overtime work and is exploring additional tools to assist in implementation of this policy.

Bump recently released several audits that aim to improve veterans’ care in the Commonwealth. Earlier this year, Bump released an [audit of the Department of Veterans’ Services](#), which provided recommendations to improve outreach to veterans about benefits for which they may qualify. Last year, [Bump released an audit of the Chelsea Soldiers’ Home](#), which found significant safety and sanitation issues throughout living, eating, and medical facilities, as well as

operational issues with equipment. The Legislature recently appropriated \$199 million to be spent on the design and construction of a new 154-bed Soldier's Home in Chelsea.

The Soldiers' Home in Holyoke was established in 1952 to provide various healthcare services to eligible veterans of the Commonwealth. It operates a healthcare facility with a domiciliary and medical facility.

[The audit of the Soldiers' Home in Holyoke is available here.](#)

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## **Appendix B: Testimony of State Auditor Bump**

The Commonwealth of Massachusetts  
AUDITOR OF THE COMMONWEALTH  
STATE HOUSE, BOSTON 02133  
SUZANNE M. BUMP, ESQ.  
AUDITOR  
TEL (617) 727-2075  
FAX (617) 727-30142

March 15, 2021

The Honorable Linda Dean Campbell  
24 Beacon Street Room 238  
Boston, MA 02133

The Honorable Michael F. Rush  
24 Beacon Street Room 109-C  
Boston, MA 02133

### **Re: Office of the State Auditor's 2017 audit of the Soldiers' Home in Holyoke**

Dear Chairs Campbell and Rush,

In response to an invitation to provide testimony to the Special Joint Oversight Committee on the Soldiers' Home in Holyoke COVID-19 Outbreak, the Office of the State Auditor submits the enclosed summary of findings in its 2017 audit of the Soldiers' Home in Holyoke relevant to the objectives of the committee as set forth in House 4835.

#### **(1) a review of the structure, leadership and staffing levels, at the Soldiers' Home in Holyoke (SHH);**

The 2017 OSA audit contained an objective on staffing. We followed federal criteria, specifically 51.130 of Title 38 of the Code of Federal Regulations (CFR). This regulation is what SHH was required to follow as part of federal requirements. The CFR is titled Per Diem for Nursing Home Care of Veterans in State Homes. The requirement was for SHH to staff the facility in the following manner:

“The facility management must provide nursing services to ensure that there is direct care nurse staffing of no less than 2.5 hours per patient per 24 hours, 7 days per week in the portion of any building providing nursing home care.”

SHH demonstrated this through Nursing Staffing Plans that detailed, for each of their 3 shifts (day, evening, night), the minimum staffing required per floor, per position (CNA, LPN, RN).

We determined the staffing plans in effect during our audit period met the minimum requirement of 2.5 hours per patient per 24 hours, 7 days per week in the portion of any building providing nursing home care.

As part of the testing, we randomly sampled 40 days from the audit period to determine whether the number of nursing staff members scheduled for the shift complied with their own staffing plan. SHH complied with the staffing plan, which complied with the federal standard.

In terms of structure or leadership, we never had an audit objective directly related to assessing this. We did gain an understanding of the management structure related to our audit objectives. There was a Director of Nursing who oversaw the nursing unit we reviewed as part of the staffing and overtime objectives of the audit. There was a Director of Operations, whose employment was terminated a few weeks into field work, who oversaw the facilities and equipment maintenance and inspection objectives of our audit. They replaced her towards the end of our fieldwork.

**(2) a review of the quality of medical care provided at the Soldiers' Home in Holyoke;**

We did not have an audit objective that assessed the quality of medical care provided. SHH had periodic reviews performed by the Federal Department of Veterans Affairs and The Joint Commission on Accreditation of Healthcare Organizations ("The Joint Commission") which had a greater focus on quality of care. Our audit focused on nursing staffing levels, documentation and approval of nursing overtime, facility and equipment inspections and maintenance, and health and safety records of the veteran housing unit and the long-term care areas of the main facility.

Our finding related to nursing overtime was that there was no system to document a need for all nursing overtime incurred. Nursing staff had the ability to clock in early before a shift and clock out late at the end of a shift to earn overtime without documenting the necessity for it. While some instances of overtime had sufficient documentation of its necessity, others did not. There were instances when it was substantiated, an example of which would be a nurse from the following shift running late or calling out requiring current staff to continue working to meet the minimum staffing requirements per the staffing plan.

Our issues related to facility and equipment inspections and cleanliness were relatively minor. In general, they seemed to keep up with periodic maintenance and inspections of the facility. There were some instances where they claimed inspections of equipment of facilities were done, but SHH did not have the records to substantiate it. We were told 3 they were either lost or somehow corrupted in a data migration in the Commonwealth's capital asset maintenance system (CAMIS).

**(3) a review of the preparedness and ability of the leadership and staff at the Soldiers' Home in Holyoke to respond to COVID-19 prior to the outbreak;**

We did not have an audit objective on the subject. SHH had periodic reviews performed by the Federal Department of Veterans Affairs and The Joint Commission.

**(4) a review of the response of the leadership and staff at the Soldiers' Home in Holyoke, the department of veterans' services and the executive office for health and human services to the COVID-19 outbreak and any other reports of infection at the Soldiers' Home in Holyoke;**

We did not have an audit objective on the subject.

**(5) a review of all the communications by the leadership and staff at the Soldiers' Home in Holyoke with the department of veterans' services, the executive office for health and human services and any other governmental or non-governmental person or entity relative to the COVID-19 outbreak;**

We did not have an audit objective on the subject.

**(6) a review of all reports to, and requests for assistance from, the department of veterans' services, the executive office for health and human services and any other governmental or non-governmental person or entity relative to the COVID-19 outbreak;**

We did not have an audit objective on the subject.

**(7) review the results of any state and federal investigation into the mismanagement and the resulting infections and deaths of both veterans and staff at the Soldiers' Home in Holyoke; and**

We did not have an audit objective on the subject.

**(8) to conduct public hearings and examine witnesses to acquire all information necessary to discharge its responsibilities;**

Not applicable.

Please do not hesitate to contact my office if you have any questions or wish to discuss the audit in greater detail.

Sincerely,

Suzanne M. Bump  
Auditor of the Commonwealth

## Appendix C: Testimony of Paul Barabani

### TESTIMONY OF PAUL BARABANI,

Former Superintendent of the Soldiers' Home in Holyoke  
Special Joint Oversight Committee on the Soldiers' Home in Holyoke COVID-19 Outbreak  
In Response to Hearing Conducted January 21, 2021

February 5, 2021

Chairpersons Senator Timilty and Representative Campbell, and members of the Special Oversight Committee:

I am Paul Barabani, a former superintendent of the Soldiers' Home in Holyoke, serving from March 2011 until January 2016. When I provided remote testimony to the Committee in October 2020, I presented detailed information on the staffing shortages at the Soldiers' Home and my many attempts to resolve the situation, and the lack of support from DVS and EOHHS to address this critical issue.

I listened to the hearing on Thursday, January 21, 2021. A question was raised regarding "What other positions are needed at the Soldiers' Home in Holyoke?" My recollection is that there was no answer, implying that there were no additional positions required.

For your visibility into the significant challenges that I faced during my tenure, attached is a letter which I sent through the Secretary, DVS to the attention of the Secretary EOHHS on April 29, 2015. My intent was to ensure the awareness of Secretary Urena, and to gain his support or comment on the request, and then forward this matter to the attention of Secretary Sudders. The letter includes the following information, indicating the serious nature of the deficiencies noted by the VA during the annual survey in January of 2015:

1. That four findings were in Scope and Severity category "L" which the VA defines as "Posing widespread immediate jeopardy to resident health and safety" - the most serious category of a VA finding. These findings were related to our inability to fully accommodate behavioral health needs of residents.
2. The letter goes on to state that the staffing level was significantly below the state and national recommended levels.
  - a. The staffing was at 3.6 HPPD, as opposed to the federal HHS standard of 4.1 hours per resident per day.
  - b. The letter also states that the "VA standard" is that the Home's staffing "be at or above the state average"; which it was not. The chart in the letter indicates that Registered Nurse staffing levels were 29% of the state average, and that overall staffing was at 81% of the state average.

c. The letter also states, “After more than two years of advocacy, in December 2014, the FTE Cap for HLY was raised by 17.2 FTE to reach a staffing level of 3.2 hours of care per resident per day.” What it does not reveal, is that the Home used the License Plate Retained Revenue Account to hire these additional staff, as the annual appropriation was inadequate.

d. During the hearing I heard terms like "industry standard" and "5-Star rating". As you know, the actual HPPD is based upon the severity ratings for the specific facility, further broken down to units within the facility. The Moakley Study conducted by Suffolk University was mentioned in relation to evidence of an adequate level of staffing. I believe the committee is aware that the Pearlstein report found the Moakley study to be invalid, due to “substantial analytical flaws” as the study made conclusions based scheduled, rather than worked hours, and made basic mathematical errors in their computations. I have included an extract from the Pearlstein Report which addresses the errors.

e. I must also note that the Moakley study was conducted in 2019, four years after my April 2015 letter, and also after many attempts on the part of Unions to seek relief for the staffing issue.

3. Beyond formally notifying DVS and EOHHS of the staffing issue, the April 2015 letter also requested four additional specialized positions be added to meet the challenges being faced at the Home, specifically:

a. A Geriatric Physician to serve as the Director of Medicine. A geriatrician is a primary care physician who specializes in treating conditions that affect older adults.

b. A Wound, Ostomy, and Continence Nurse (WOCN). The WOCN serves as a consultant and is regarded as a “Wound specialist” addressing issues such as pressure-ulcers and teaching staff on procedures to prevent such injuries. Despite no response to this letter, I was able to hire a WOCN prior to my retirement.

c. A Geriatric Nurse Practitioner who specializes with patients with diminished cognitive abilities and possess an understanding of how common senior ailments such as delirium, dementia, and depression affect overall health.

d. Psychiatric Nurse Practitioner. Although not psychiatrists, the psychiatric nurse practitioner focuses on helping residents with psychiatric and mental health issues such as depression, anxiety, mood disorders and substance abuse. They also train front line staff on how to better work with residents with these disorders.

Despite the statement in the VA Survey, reiterated in my April 2015 letter, that the findings presented “widespread immediate jeopardy to resident health and safety” there were no inquiries or on-site visits from either DVS or EOHHS to discuss these serious deficiencies; and I never received a response to this letter.

Based upon my experience with the prevalence of psychiatric/behavioral issues within the Soldiers’ Home and the lack of these services in the community, this situation may continue to be an unmet need at the Soldiers’ Home in Holyoke; therefore, I recommend consideration be given to these positions at this time.



The following slide is from a briefing to legislators which demonstrates the resident acuity levels. The slide indicates that 134 residents had a diagnosis of dementia, 100 had behavioral health needs and there were 32 psychiatric diagnoses. As you can see, these needs equate to significant time demands for CNAs and other staff; thereby necessitating the higher HPPD, and funding from the state to support the increase in staffing. One item of note is eating; with 38% requiring assistance. There is not sufficient staff, especially on the second shift, to accommodate those in need of assistance. Numerous studies have stated that residents who live in understaffed nursing homes are at a greater risk of malnutrition, weight loss, bedsores, dehydration, infections, and pneumonia. The data presented on the slide was extracted from the Minimum Data Sets (MDS) which the Home is required to complete on a regular basis. The current administrator of the Home should be able to provide current data.

I request that this letter and attachments be provided to all committee members and be entered into the record of the committee as my testimony to the committee.

I have also provided a copy of this letter to the members of the Board of Trustees of the Soldiers' Home in Holyoke, as I feel that they should be aware of the positions recommended, as well as the history of the staffing and behavioral health issues at the Home.

Respectfully,

Paul Barabani

## **Appendix D: Testimony of John Paradis**

Thank you Senator Timilty, Representative Campbell and all the members of the oversight committee for this opportunity to speak with you today.

My name is John Paradis.

I was an employee at the Soldiers' Home in Holyoke from May 2013 through December 2015, serving as both the communications officer and then deputy superintendent. I am a retired Air Force lieutenant colonel and I live in Northampton.

When I retired from active-duty in 2009 and returned home to Massachusetts, I told my two children, one going into middle school at the time and the other about to enter high school, to look up when we passed the Soldiers' Home in Holyoke on Interstate 91 – I said, “see that big brick building you see up on that hill up there – that’s a place of honor – there are Veterans there who stormed the beaches of Normandy, served like your Pepere did in the Pacific and in Korea, and many many who survived Vietnam and others who, like your Pop Pop were the sentinels guarding our freedoms during the Cold War.” I told them that, hey, “someday you may be visiting ME there.”

In November that year, I took both our kids to the Home on Veterans Day because I believe it’s important for young people to take the time to say thank you to our Veterans for their service and to understand the meaning of sacrifice and to also see the humility and the compassion in the staff in how they care for the Veterans at the Soldiers' Home – that when men and women return from war, our Nation, our state, our community will deliver on its promise to care for our elder Veterans with dignity, respect and honor. The reputation of the Soldiers' Home and that of the state’s care providers was legendary and well-earned and all of us who live in western Massachusetts have been justifiably proud of our Soldiers' Home.

But I will tell you from that visit that as much as I was and still am impressed with the care team and their professionalism, their compassion, and the love for the Veteran residents, I will say that I found the building to be staid and frankly outdated. While the cleanliness of the facility was without question immaculate and the grounds impeccable, I thought, clearly, as a state, can’t we do better? And I asked myself – is this where I truly would want to be? We all want to live out our lives for as long as we can at home with our loved ones, but I know from my own experience with my own family that at some point, we may all need some help and some assistance. And so I thought, do I really want to live out my final years in such a place? At the time, I thought, well, I certainly can’t imagine living in a small, cramped room with two to three other roommates – no thank you. I did my time in the service, and I’m done with all that. But I also thought, the staff really need a new modern facility – a state of the art facility.

So, I started a new professional career after my military service and when I saw a job opening for the communications director at the Soldiers' Home, I applied. Paul Barabani and I had worked briefly together at the VA medical center in Northampton and I found him to be a man of the highest principles and integrity and he was visionary and very well respected at the VA in being a go-to leader among the executive team.

I was hired and energized to work with Paul (I say *with* because to know Paul Barabani you know that he is the kind of transformational leader that builds teamwork and is all about cohesion and collaboration) and I was very proud to be giving back to the state I love and to be part of our Commonwealth government.

Three years later, however, I left dejected, demoralized and utterly frustrated with the bureaucracy that is state government and worse, fearful that the lives of our Veterans were in jeopardy. Here is what I wrote in my hometown newspaper, the Daily Hampshire Gazette on January 8<sup>th</sup> of 2016.

**Headline:**

**Lack of state commitment to serve veterans brought leadership change at Holyoke Soldiers' Home**

When Paul Barabani, a retired colonel from the Massachusetts Army National Guard, became superintendent of the Soldiers' Home in Holyoke in 2011, he had a vision:

Transform the Soldiers' Home from the "old" Soldiers' Home, an aged facility where it was said veterans "went to die," to a vibrant center of clinical excellence where veterans lived out the best possible years of their senior lives.

It might take years in the making, he said, but the first path to any goal would be charting a course. And that he did.

Then, I came over in 2013, inspired to follow such a leader.

First, Paul said, we would need to hire more staff and increase the numbers of hours per veteran care, which, he learned was much lower than state and national averages. Then, we would need to build more capacity to accommodate the enormous demand in the community for long-term care for veterans.

At some 200 or more applicants on any given day, there clearly weren't enough beds to satisfy the number of veterans needing care.

Third was room size. Paul hated seeing veterans "piled into rooms" sometimes three or four to a room not larger than the average living room in your house. "In several of our rooms, veterans can hold hands with one another they are so close," he would often say to visitors. In fact, today, many veterans can't even use a walker or certainly a wheelchair to get to an inside bed in many rooms at the Soldiers' Home because of cramped space.

To conform to trends in the nursing home industry and following recommendations from national experts, the Soldiers' Home, would, in fact, need to expand room sizes and should move toward single room occupancy. Veterans, like everyone, want privacy.

Eventually, the state should also look at investing in adult day health care, where there is a large

need in the veteran community. The state could take advantage of generous federal construction grants to help with the financing of these projects, Paul said, and he even reached out to Washington to secure support.

But all of these ideas take money and significant commitment from those at the seat of state government. And they assume a level of autonomy for the Soldiers' Home leadership to make decisions that staff believe should be made in the best interests of their veteran residents.

On money and commitment, the home always struggles with its budget. The Soldiers' Home is typically either level-funded or receives nominal increases. Given the current state budget shortfall, it's a long hill to climb to expect any great infusion of spending support. On autonomy, it's clear that those who make the decisions in Boston don't take the time to understand the complexity of challenges we face in western Mass.

And so if you don't get the money, the commitment or the autonomy, then you don't have the means to achieve your vision.

So Paul decided it would be best to just concentrate on Job 1 – maintaining and sustaining the current mission of the Soldiers' Home by increasing staff levels to where they need to be in order for veterans under his care to live with the greatest honor and dignity – the mission, itself, of the Soldiers' Home.

But even that became an enormous challenge.

Appeals for help were met with either apathy or flat-out derision. At a legislative breakfast in 2014, Paul had the audacity to note that staffing levels at the Soldiers' Home were far below state and national averages. Afterward, he was reprimanded by those in Boston and told not to bring up our staffing again. Any information we provided to legislators or meetings from that point forward had to be approved in advance.

Then in February this past year (2015), after an inspection that revealed shortfalls in the quality of care we could provide, he sent a note — the first of many — to the state saying we needed more staff. Paul still hasn't received an official response. "Do a study," was the usual reply.

Then in June, the state implemented an early retirement buyout for employees that resulted in nearly 50 employees leaving the Soldiers' Home in one day and causing massive stress on our staff and ultimately our veterans.

And then, like all state agencies, the home is under the constant scrutiny of potential budget cuts where it has to justify and defend every penny. This year's budget isn't looking any better.

So on Dec. 16 before the Board of Trustees' of the Soldiers' Home, after this perfect storm of events, Paul Barabani, the Chicopee son of a World War II veteran who came to state government with one intent to improve the care for elder veterans, announced his intent to retire. He had had enough. And if Paul was leaving, I was, too.

After all, if Paul, as outspoken as he was, wasn't getting the support we needed, how was I going to achieve our shared vision? I immediately announced my resignation and my last day was New Year's Day.

On my way out, I told our trustees that the need in western Massachusetts for the Soldiers' Home in Holyoke has never been greater. On any given day, there are at least 40 veterans waiting placement in the home who are either home alone in the community or have an elder spouse as their primary care provider or have a home health aide visit them for their primary source of care.

The veterans admitted to the home have more multiple and complex conditions than ever before — conditions that require regular assessment and require appropriate levels of nurse staffing. These are people who need 24/7 help for what most of us take for granted and what, in the nursing home industry, is referred to as activities of daily living — getting out of bed and dressed, bathing, eating, and using the toilet.

We continue to see an intense layer of challenges that require individualized care and greater numbers of staff.

This is not just my belief but the belief of the experts, members of our staff, and certainly those who know best about patient safety.

At a hearing with state leaders, Lee Tonet, a retired nurse from Northampton, agreed that the Soldiers' Home needs more nurses. Her husband, Earl, a former Williamsburg High School athletic coach, was a resident before he died at his own home in October. "There's not enough of them and I am telling you, sir, that (the veterans) are not getting the care that they need," Tonet told the state's secretary of Veterans' Services.

The predicament at the Soldiers' Home is not unlike the struggle of many facilities across our state that provide care for senior citizens while dealing with decreased revenues and increasing staff shortages.

At the Soldiers' Home, I would regularly hear from family members of residents whose care before coming to the home was affected by staff shortages in nursing homes. Staff shortages can and do result in malnutrition, dehydration and bed sores. The more frail or demented the patient, the more serious the impact.

In a national report I recently read, it was noted that many nurse leaders believe that decisions affecting staffing levels are made by people in corporate offices who are removed from bedside care and often without consideration to the hours of care actually required by the residents they serve.

In my view, in the case of the Soldiers' Home, this is certainly true. If we continue to ignore the problem, our elder veterans won't receive the care they have earned and deserve.

That was published in the Daily Hampshire Gazette. Again, I wrote that in January of 2016....

Since that time, I have not stopped speaking out to anyone who would ask about my time at the Soldiers' Home. I felt then and I believe now that it is an obligation for all of us to support the staff at the Home. I had discussions with then State Representative Peter Kocot, Rest in Peace, and then State Senator Stan Rosenberg, then State Sen. Don Humason, State Rep. Aaron Vega, State Rep. John Scibak, and John Velis, among others – literally anyone who would take the time to hear me out.

They – you -- are all good people – truly and I mean that sincerely. But even they – you -- could not change the system and truly give the Soldiers' Home what it needed.

So...since then, my message has been about just that...the system...that improvements at the Home and the care for our Veterans is everyone's responsibility – we must all speak up, be candid, follow-up, be alert, look for the trends and the best practices and we must all be advocates for our Veterans.

**ALL OF US ARE RESPONSIBLE** – the system means the staff, you our elected representatives, the media who cover state government, and we in the Veteran community. It all has to work if the Veterans are to thrive and be protected from something as insidious as COVID-19.

On March 31<sup>st</sup> this year, as we were all beginning to learn more about the incredible number of deaths from COVID-19, I started to get calls from friends, colleagues and reporters about what I could make of what occurred – how could this happen, they asked?

This is what I wrote on the morning of March 31 as I read the news:

I am depressed, angry and overcome with tremendous sadness to hear about the deaths of several Veterans at the Soldiers' Home in Holyoke and to hear that more Veterans and staff have tested positive for COVID-19. The news this morning at the Soldiers' Home in Holyoke is beyond belief but there have been warnings and discussions about the Home ad nauseam. I've been asked by several to share my thoughts once again and I will repeat what I have voiced to others so many times before. The Soldiers' Home in Holyoke should be the shining example on the hill of how a long-term care facility should be run. There should never be questions about staffing, hiring freezes, or having to mandate overtime for employees or how many Veterans must share a small room or whether or not a Veteran gets checked in the middle of the night. The Soldiers' Home should have the best fall safety and wound care anywhere. To get to such a shining example, at a minimum, the home must fall under the state Department of Public Health and should undergo the most rigorous of state inspections commensurate with other long-term care facilities. The next superintendent must have a strong medical corps background with FACHE credentials. Staffing levels must be at least commensurate with but should be better than state and national standards and averages. The appointment of members of the Board of Trustees must truly represent the Veterans of Western Massachusetts with representatives from the major veteran service organizations -- loyalty should be to the Veteran residents not to the

political apparatus of any party. I believe there will be talk and renewed discussion about consolidation of the Home with her sister Home in Chelsea given this moment, and the Veterans of western Mass will need to remain vigilant and come together as it has many times before should there be talk and questions about the Home's future. For my friends in the General Court, I ask again -- how is it that the Commonwealth of Massachusetts is building a new Home in Chelsea but, despite design plans on the table and approvals from the previous administration for Adult Day Health Care and much-needed improvements at Holyoke, nothing has been done to demonstrably improve the quality of life for our Veterans in western Mass? Bless all the Veterans and their families and I pray for the acting administrator and all the staff there.

That was March 31<sup>st</sup> and now here we all are nearly seven months later. And what have we learned? Yes, mistakes were made, grave mistakes, and yes, the pandemic has hit long-term care facilities especially hard not just here at Home but all over the Nation. But as you are learning, much could have been done before the pandemic to make the outbreak far less severe and tragic.

So now I will tell you something that I think you all need to hear. And that is the elephant in the room. And that is this: There is a toxic culture in our state government...that is a big part of the problem in my humble opinion.

It's a culture that doesn't embrace transparency, that doesn't support employees when they have something to say, and that certainly discourages dissent or the ability to speak without fear of retaliation.

It pains me to hear comments from employees who say they do not feel safe in identifying problems or with reporting concerns. But it is not surprising. Those who have spoken to you these past few days are courageous and I say to all of them thank you from the bottom of my heart as a Veteran and as a former colleague for your candor and your honesty – it means the world to me and I know it does for Paul Barabani as well. To those writing to this committee or sending in your testimony by confidential means, thank you as well – we can not move forward as a state – all of us as citizens together -- without your voices.

So what I ask of you – the members of this committee – is to seriously consider how to reform state government to make sure that employees are inspired and want to come to work every day, that when they report to work, they want to give their best, and will ultimately give us as citizens and taxpayers their very best.

There has been tremendous turnover at the Soldiers' Home. Staff right now, from every indication in hearing their comments to you and to other inquiries, are demoralized and lack trust and confidence in our state. This will certainly be a recruitment and retention challenge.

The culture at the Soldiers' Home is not unique in our Commonwealth. I have seen instances of the “hear no evil, see no evil” and “fear of speaking up” culture alive in other agencies – whether it be DCF, the State Police, Probation, the State Laboratory among others.

But I'm not going to tackle world hunger here – I just want to see reforms take place at the Soldiers' Home to ensure it is truly the shining example of long-term care in our state and in our Nation.

Here is what I would suggest:

1<sup>st</sup> -- Start a new culture of process improvement and, in particular, high reliability at the Soldiers' Home. A High Reliability “Just Culture” Organization is standard across many of the highest performing health care institutions in our Nation.

Certainly, here in Massachusetts, the hub of the universe for the best health care and education, we understand what this means.

In high reliability organizations, every employee pays close attention to operations and maintains awareness as to what is or isn't working. And they are encouraged, in fact, required to speak up when a process may lead to failure to include the ultimate failure, loss of life.

In a High Reliability “Just Culture” organization, individuals aren't held accountable for system failings over which they have no control.

The U.S. Department of Veterans Affairs, in particular, is heavily vested in this model and it should be instituted at the state Veterans' home and there should be much closer collaboration between the VA center of jurisdiction, which is the VA Central Western Massachusetts Healthcare System, and the Soldiers' Home.

2<sup>nd</sup> – Create, enable and foster an innovative workforce.

Employees must be excited about coming to work. That of course, comes with better staffing and the resources to do their job, which Paul Barabani has already expertly outlined. That is your task now in how to make that happen.

I am pleased and heartened by what I've heard at recent meetings of the Board of Trustees whereby the new chief medical officer has reached out to Baystate, Cooley Dickinson Hospital among others to look at best practices for infection control but why did it take the Holyoke Soldiers' Home Coalition to bring the idea forward of a UV Disinfection System – an automated system – to be acquired by the Home through resources made available through the CARES Act? Best practices and trends in long-term care need to be routinely discussed and brought to the fore and embraced. Why is it that here we are in the year 2020 and the Soldiers' Home in Holyoke still does not have an EMR (Electronic Medical Records) system – only now in the pipeline?

Even before COVID, the staff at the Soldiers' Home experienced burn out. Now they are experiencing trauma, depression, and moral injury.

In situations like this, employees feel like they are alone – and they have felt for some time that no one cares, therefore why address issues, problems or bring up good ideas.



A culture that encourages collaboration and process improvement is so needed. Burnout happens when you realize what you are doing isn't resulting in progress and there is no hope that things will improve.

What's your role as legislators? Participating in rounding, being present at the Home beyond just Veterans Day and Memorial Day, routinely meeting with front line staff and employees and doing it in a way that provides them the confidence that they can share their concerns and issues and that people in state government will care and will follow-up and make things better.

My message to you: Be a cynic, play investigative reporter and ask tough questions – don't trust that everything is rosy and positive all the time from what's reported by the administration. Don't treat the annual legislative budget hearings as pro forma or base your decisions on pre-approved and scripted statements. Probe and dig down to get the ground truth.

For you in the western Mass delegation, request and demand of leadership that you want and will meet with staff and make yourselves available and tell leadership and the executive branch that no employee will ever be retaliated against or suffer repercussions from being forthcoming with you.

Then, demand from the administration, and EOHHS, and ultimately the governor that they listen and fix problems and not treat the Soldiers' Home in a "status quo" manner – please don't accept the status quo.

Demand that these principles get entered into the curriculum for all state leadership training, in particular the Commonwealth's Management Certificate Program – what happened at the Soldiers' Home should be a case study for years to come. I'll be happy to speak to the class.

Finally allow the next superintendent to have an open line with you to address concerns and grievances and to ensure he or she gets the fullest support – the legislative branch and executive branch must work together here.

Paul Barabani and I spoke up and we were labeled malcontents. We were met with either indifference on the part of the administration or worse derision for not being "team players." I mean, "this is the Soldiers' Home, I would hear – that's a wonderful place – it can't be that bad?" That nothing happened after we left is telling isn't it? That it got worse, is shameful.

In the best, highest functioning organizations, you know what they do with malcontents? They make them part of the solution. They are celebrated. They are empowered.

I went from the United States Air Force, arguably the most innovative and technologically advanced organization, in the world to state government. I left state government demoralized and bitter over my experience.

I know about high performance, I know about high reliability, I know about process

improvement, I know about a culture where leadership gives employees room to be innovative and to speak up before an error or worse a tragedy involving human life occurs.

I have every confidence in our state – and in you – to hardwire such a culture into the new Soldiers' Home in Holyoke. The staff of the Soldiers' Home deserves it. We the Veterans of our state deserve it.

Please go to work.

## **Appendix E: Testimony of the Massachusetts Nurses Association**

### **Special Joint Oversight Committee on the Soldiers' Home in Holyoke COVID-19 Outbreak**

January 21, January 21, 2021 Hearing

Testimony by Andrea Fox, RN, Associate Director, Massachusetts Nurses Association

Hello. Thank you for inviting myself and the MNA back today to speak on behalf of staff and the unions at the Holyoke Soldier's Home today. The first time I addressed this body was October 27, 2020. My plan today is to present to you new information of issues that have arisen since October. However, by way of introduction, my name is Andrea Fox, and I am an Associate Director with the Massachusetts Nurses Association representing RNs, Nurse Practitioners, PAs, and Physicians at the Holyoke Soldiers' Home. I have been a Registered Nurse for more than 30 years with my nursing experience focused on behavioral health and caring for people with disabilities.

Holyoke Soldiers' Home caregivers, veterans, and the community at large were shocked and traumatized by their experiences during the COVID-19 outbreak. I have read and heard stories of family members in the media and my heart and condolences respectfully go out to them.

In my opinion, the best form of restorative justice to honor the Veterans who lost their lives and the staff who suffered physically and emotionally, will be to dedicate ourselves to two essential tasks: Reform to ensure that this kind of tragedy can never happen again, and improvements to positively transform patient care and working conditions.

Today I have been asked to speak on two matters: Staffing, and the relationships between the unions and the Soldiers' Home. As you know, these are two areas of importance highlighted within the Pearlstein report as well as in Governor Baker's plan dated June 26, 2020. Inadequate staffing and management's failure to foster positive relationships with staff had disastrous effects during the first surge of the pandemic. Long-standing poor staffing led to the decision to move and mix populations of well and sick Veterans together. When those "utterly baffling from an infection control perspective" decisions were made, staff had been working in a hostile work environment that was retaliative toward anyone who challenged authority, and those with the courage to voice their moral and clinical objections went unheard.

What has happened since I testified previously on October 26?

#### **Improvements**

The facility has undergone a facelift-known as Project Refresh. In addition to physical improvements to the building, the facility underwent a review of the job descriptions for the staff and has hired several essential new staff.

Shortly after speaking with you at the end of October, the facility hired a new very hard working, dedicated to making things better, optimistic Director of Nurses. They have hired a new Deputy Superintendent who is a retired US Army Infantry Officer and was previously the Senior

Operations Official for Patient Care Services at the Bedford VA Medical Center. There is a new Director of Social Work and a new Nurse Practitioner. They have hired as a recommendation of this body, an Ombudsperson.

As of November 30, they hired a new Nurse Educator, and an Infectious Prevention RN. Unfortunately, the facility still awaits the appointment of a permanent Superintendent, a Chief Medical Officer, an Occupational Health and Safety Nurse, Quality and Risk Management Nurse, several Nurse Supervisors especially for the night and evening shifts, and many FTE of CNA and licensed staff nurses.

Consistent with both the Pearlstein report and the Governor's plan, the unions worked collaboratively with the Agency to develop a permanent staffing schedule. The schedule awaits full implementation and will grow as the number of units go from 6 to 8 to 10 and more FTE of direct care nursing staff is added. Before the Home can expand to eight (8) units, in addition to "Agency" supplemental staff they will need six (6) licensed nurses and nine (9) unlicensed CNA's. To meet their final goal of ten (10) units in addition to "Agency" supplemental staff, they will need an additional 18.8 licensed nurses and thirty (30) unlicensed CNA staff.

### **Staffing, Safety and Morale**

While these new additions to the team bring hope, there is still plenty to be done.

Holyoke Soldiers' Home has a history of struggles to recruit and retain qualified staff, leaving the Home with daunting staff shortfalls. In June 2019, when Suffolk University released a report on inadequate staffing at the Home, showing an extraordinary reliance on the use of overtime to fill regular staffing vacancies or holes, MNA nurses and healthcare professionals sounded the alarm to address this. Unfortunately, staffing changes were not made, and staffing problems contributed to the unnecessary deaths of veterans. It is absolutely critical we expand and stabilize the workforce at the Holyoke Soldiers' Home.

The state should adhere to staffing requirements for each job on each unit and minimum staffing ratios. The benefit of improved Registered Nurse staffing is one of the most well-researched healthcare topics, with dozens of studies over decades. These studies show that the more time a patient spends with their RN, the better their health outcomes. Last year, a meta-analysis from Penn Nursing's Center for Health Outcomes & Policy Research synthesized 16 years of studies. The analysis examined outcomes from more than 1.3 million patients and 165,00 nurses, concluding that "better work environments were associated with lower odds of negative outcomes ranging from patient and nurse job dissatisfaction to patient mortality."

Many staff are attracted to working at the Soldiers Home specifically because they recognize or appreciate the true honor it is to provide care to "nation's heroes." Some staff themselves are also veterans and appreciate working with the challenges and life experiences of fellow vets. The Home should be doing everything in its power to transform its work environment into a place staff will want to spend their career.

It is well researched and documented that with appropriate staffing patient and staff safety increases. There is a reduction in the injury due to violence against staff. Safe staffing levels also

create increased satisfaction and an increase in teamwork, productivity, morale, and staff retention.

### **Recruitment and Retention**

After the deadly COVID outbreak, it became clear that the Home was in need of critical staffing positions to bring stability to executive ,administrative and nursing teams. To that end, once the National Guard left, the Commonwealth hired a number of staff from around the country. There is no doubt that the nursing leadership and the executive team needed and continues to need support, but it was also understood that they had specific jobs to do and then they would be rapidly replaced with qualified “organic” staff. Almost a year has gone by and there are still numerous “temporary” interim people earning between \$1650 and \$2000 a day.

In our monthly labor-management meetings, management provides MNA with a list of the vacancies, the interim employees, the new hires, and who has been terminated or resigned. Despite the list of new hires referenced earlier; it is clear that several critical nursing positions still remain vacant. Since November, we have been told that the Soldiers’ Home is engaging in the services of the Statewide Talent Acquisition team from Boston. However, many positions especially on the off shifts still remain unfilled.

The pandemic has created its own set of challenges for how and why and how the hiring of new staff can be a challenge. It is critical that the Homes’ reputation for quality and great care to its Veterans be restored. To that end, the Home must have in place a skilled, talented, consistent, dedicated, and strong workforce able to work well as a team if they are to be successful.

### **Education**

After the loss of lives, the Home was placed under the microscope of many agencies and investigations. The Pearlstein report noted that policies and procedures were in place, “...however, in training and education to ensure compliance with these policies, especially given the high levels of turnover in the nursing staff in recent years. The Soldiers’ Home would benefit from an expanded and professionalized staff training program.” MNA fully shares this opinion and these goals for lasting improvements. However, we strongly feel that for changes to be effective they must be implemented properly. We have heard from many nurses that interim supervisory staff have been coming around to the floors, in the middle of a nurse’s day’ and handing them new policies and procedures. Without the opportunity to read what was handed to them, or an opportunity to ask questions, they were asked to sign as attestation that they are now knowledgeable and competent in the new procedures.

In response to this, at our November 17 monthly Labor-Management meeting, MNA added an agenda item requesting more hands-on education. We felt education would be more effective if it were offered more one on one, or classroom style that accommodated the infection control/ social distancing safety requirements. We were informed by management that the Home had been cited in in this area in a recent Joint Commission Survey, resulting in a facility plan of correction. MNA was aware that staff was not up to date on their CPR certification and learned that part of the reason was because the Home did not have adequate CPR training mannequins.

In December, mannequins, and proper cleaning supplies arrived and CPR training certification resumed and is expected to be completed by the end of this month. Additionally, the Home held an in-person skills fair.

As the Pearlstein report notes, education is strongly correlated with staffing turnover, and the ability to maintain effective recruitment and retention is tantamount to a successful future. How staff are oriented and trained is critical -If licensed staff do not feel competent and confident, they will want to protect their license, and will not stay.

### **Physical Improvements**

Along with empathetic leadership and a permanent solution for staffing, it is exciting to think that Western Mass has potential to restore the Soldiers' Home to the jewel of the Commonwealth it once was. Last fall the MNA and SEIU Local 888 unions were invited and participated in a meeting with state officials and DCAM. As previously mentioned, physical improvements to the building have begun and will continue throughout the year.

It is our hope that recommendations made to DCAM that would directly benefit staff also be included in the project. As a way to assist staff in addressing the long-term effects of the serious mental health concerns resulting from the Soldiers' Home deaths, MNA proposed a wholistic wellness center and a gym to support any staff with ongoing PTSD and mental health first aid needs and alike. We have heard that staff are in need of nice break rooms with windows, and areas where they can be by themselves to eat and take a break from a full shift of wearing their masks. The break areas should have Internet access, a kitchen. A state-of-the-art training center, complete with computers and space to offer various types of training including classes teaching verbal and physical de-escalation techniques would be a welcome addition. Providing childcare would be another way for the state to invest in recruitment and retaining staff.

### **Trauma Informed Care for Staff and Veterans**

In my earlier testimony to this body, I raised this concern, however despite much urging from the MNA, not much seems to have improved. Staff report still suffering the effects of long-term traumas. Staff have identified critical areas where leadership at Holyoke Soldiers' Home failed, and the negative impact of these areas are enhanced by a pervasive culture of fear, retaliation, and distrust. The good news today is those responsible for the reprehensible decisions of the previous administration are no longer working at the Soldiers' Home.

. Staff suffered significant trauma associated with the breach of trust created by the "disturbing and catastrophic" medical decisions of the previous administration. One could not avoid being affected as the entire world was experiencing the pandemic. And if that was not enough, the outbreak at the Soldiers' Home made headlines in news on the local, national, and international levels. These are weighing heavy on the minds and hearts of staff.

It is noteworthy that the transition team has come with an ambitious mission, starting with significant stabilization so the facility can keep doing the important work of providing care to veterans of Western Mass., and ending , we hope, with a full complement of staff and the hiring of a new Superintendent.

As the team navigates this journey, newly hired managers must also keep in mind the level of trauma and pain everyone under its roof has sustained. Staff experience exhaustion, depression, difficulty eating or sleeping, they have trust issues, or may be anxious or edgy. They see and know they are very different from the people who they were almost one year ago. Expecting staff to digest all the new changes and policies and continue to serve and care for the Veterans during this current resurgence of the pandemic without time to heal and restore themselves is just not possible until the mental health needs of staff are addressed, and staff are on a solid path to healing. While help is available and reminders are broadcast through email, so much more healing awaits. For months, MNA has advocated for the Home to offer programs in Resiliency, and they expressed interest, but still have not followed through. The CDC.gov Center for Preparedness and Response has developed six guiding principles to a trauma informed approach. They include:

- 1.Safety
- 2.Trustworthiness & transparency
- 3.Peer support
- 4.Collaboration & mutuality
- 5.Empowerment & choice
- 6.Cultural, historical & gender issues

The CDC explains that “Adopting a trauma-informed approach is not accomplished through any single particular technique or checklist. It requires constant attention, caring awareness, sensitivity, and possibly a cultural change at an organizational level. On-going internal organizational assessment and quality improvement, as well as engagement with community stakeholders, will help to imbed this approach which can be augmented with organizational development and practice improvement”.

Staff would most surely benefit by having their leadership team role model, embody, and lead with compassion, kindness, and open heart rather than iron fist. They must understand that some staff will heal , adjust, and recover sooner than others. Some staff may appear to be holding it together and then later start unraveling. There will be anniversaries, smells, sounds , actions and/or events that will trigger some staff. No one’s journey is linear, and the bounds of grief knows no limits.

One of the more disturbing and newer developments that has occurred since the pandemic, is when there is a concern or complaint about a staff member, instead of speaking with staff in real time, a staff member gets a call from the secretary in the office of the legal counsel or HR , or previously the Colonel from the National Guard, to attend an informal meeting. The Soldiers’ Home lawyer, who will ask questions prompting a nurse to explain. At times, staff are not told the nature of the concern or complaint and it seems more of a nuisance, harassment, and a fishing expedition.

Consistent with the CDC principles, we would like to see leaders at the Home come from a place of understanding and compassion and continue to offer help to those who are still struggling and coming to terms with the unthinkable. Common sense, and direct conversations within a nursing chain of command, with sensitivity, are much more likely to identify any underlying difficulties staff may be struggling with, and likely to help find productive supportive solutions that encourage improvements, or awareness of expectations in work performance where needed.

## **Health and Safety**

In December, when the community spread of the virus was escalating in Western Mass, and throughout the country the MNA made it clear for the protection of Veterans and other staff, that full PPE including N95s should be always worn while in the building. Primary Prevention is a public health concept that serves to prevent illness and injury. Unfortunately, the Homes practice is to only ramp up protection of N95s after it learns of a positive case. That is reactive and not preventive. This information is disseminated through all staff bulletins that regularly come out from the HSH communications department. This back-and-forth on instructions to staff on what level of PPE to be worn is not only poor infection control practice, but it is confusing especially when more than one notice is sent out on the same day. Following the MNA objections, the Home indicated it would “allow” MNA members to wear N95s to which we responded that this needed to be expanded to all staff. Under OSHA respiratory protection is the employer’s responsibility to provide adequate respiratory protection to staff that need it.

The MNA believes that the Home would like to do the right thing. However, it is also clear it needs assistance and support from the State to complete the medical screenings, fit testing, and completion of its Respiratory Protection Plan to become OSHA compliant, and more importantly assure the highest level of safety to the staff and Veterans. In working with the new DON Aimee Desmarais, I would like to give her credit for scrambling to bring in the resources she has and balancing the numerous tasks to bring the facility into compliance. At the January labor management meeting when asked for an update on progress of items above, she indicated they were on hold to accommodate the efforts necessary to vaccinate staff. The State should provide the resources for the Home to be doing both. I would like to emphasize while the Home is working with MNA to do improve health and safety, they are currently not in compliance at this time.

The state should hire a qualified safety and health/industrial hygiene specialist to lead the Holyoke Soldiers’ Home COVID-19 prevention program. This specialist should be knowledgeable and experienced at implementing OSHA requirements such as ventilation, filtration, and development of policies and procedures to prevent the spread of infection. The OSHA Respiratory Protection Standard details further steps to prevent exposure such as the engineering and administrative control measures These were outlined and detailed in my original testimony of October 2020.

The MNA has access to University based worker training resources and is aligned with MASSCOSH and University of Massachusetts, Lowell which has expertise and federal training



resources. We have worked with management to access these resources to institute the elastomeric respiratory pilot and we would like to continue to address these and other concerns as well. We must empower frontline employees so that never happens again.

### **Relationships between the Unions and The Soldiers' Home**

Both the Pearlstein Reports and Governor Bakers plan highlight the need for improved relationships between labor and management. To that end, there was supposed to be an increase in meetings and a mandate for a more professional and respectful interaction.

One of the successes has been the collaborative effort between MNA and the Home to write and submit a proposal to NIOSH for participation in the reusable Elastomeric Mask pilot programs. To that end, the Home is required to complete fit testing, solicit staff to complete an OSHA health questionnaire and have an OSHA approved Respiratory Protection Plan (RPP) in place. The Director of Nurses in consultation with MNA had completed and submitted its application in a timely manner, began, but the Home has not completed the fit testing or the RPP. Despite agreement at the labor management meeting, the HSH has dropped the ball on providing necessary information to encourage employees to complete the health questionnaire, and as such has had a low rate of returns.

While this collaboration has been amicable, and MNA also participated in the plan to move staff to permanent scheduling as described in the Pearlstein report, other areas of labor relations remain problematic.

A critical area of ongoing concern has been staff safety and morale. These issues continue to be seemingly brushed aside. MNA has proposed that in place of criticism and discipline of staff, they initiate an incentive program using the concept of "catching staff doing something right". When the former Interim Exec was here, she told us there was a plan for this in the works, we have yet to see any details on this important program. Acknowledging and naming to staff the areas they are doing well would be a huge morale booster, that could also lead to developing the necessary trust between each other that is so desperately needed.

At the last several labor-management meetings since October, MNA has consistently raised and reminded the labor management attendees of our desire to see improvements in our relationships. While the parties at the table have listened and shown personal respect, they have not transformed their words from the meetings into actions. There has been a significant increase in the number of agenda items to be discussed at the meetings, often because of time constraints, items to be carried over or addressed at a later date.

MNA has filed a significant number of grievances in response to arbitrary actions that are contract violations that have been imposed on our members. With grievances filed, MNA often requests that management provide information necessary for MNA represent our members and to better understand why management has taken the actions they have. Unfortunately, MNA has had to ask several times and or received incomplete responses, which is not only disrespectful to the members and the union, but also creates a backlog of cases that cannot be addressed in a

timely way. This is inconsistent with good labor relations, and MNA has had to raise these concerns every month with little improvements.

### **Recommended Actions**

- 1) Conduct weekly meetings with state and HSH officials, union representatives, direct care staff and other key stakeholders in a continuous improvement process to address problems and concerns. Establish an employee incentive program that acknowledges the good work of all staff. A written occupational infection control program should be established, implemented, and updated as needed.
- 2) Develop a staffing, recruitment, and retention plan. Part of this would be to evaluate problems with staff retention, staff satisfaction, morale, and other factors. The plan should detail minimum staffing ratios per unit and detail action steps when call outs or other conditions prevent HSH from meeting the minimums. Explore the possibility of offering recruitment and retention bonuses.
- 3) Develop a written plan for physical improvements that can be prioritized for immediate, intermediate, or long term action. This should include:
  - a) Safe patient handling equipment, policies and procedures, and related training. Ceiling lifts are the best practice to prevent injury to residents and staff. Bariatric equipment is also needed.
  - b) Modernize the nurse's stations and medications rooms. There needs to be private space for shift reports and secure lockers/storage for staff members.
  - c) Establish the capacity to quickly convert resident rooms into negative pressure isolation rooms to house and treat veterans and prevent the spread of aerosol transmissible diseases (SARS-CoV-2, influenza, tuberculosis, measles) if they do become sick and the hospital system is overwhelmed.
  - d) Create a garden and greenhouse for veterans and staff. They provide a therapeutic and holistic way for veterans and staff to engage in movement and activity that can help with PTSD, anxiety, and depression.
  - e) Veterans should have single rooms with private bathrooms, outdoor recreation space, and secure areas for those with dementia, those with behavioral health issues, or those who need end-of-life care.
  - f) The Home should have negatively pressurized ventilation for visiting areas that can serve as safe areas in case of outbreak.
  - g) There should be appropriate on-site clinical, inpatient and outpatient spaces including areas where Veterans can engage in Yoga, meditation, reiki, and other whole health therapies and activities to revitalize their health.
  - h) For staff, a wholistic wellness center should be added to physical and mental health needs.

i) Staff should have dedicated break rooms with windows, Internet access, a kitchen and gym) A state-of-the-art training center should include computers and space to offer clinical and health and safety training. Classes should include violence prevention, verbal and physical de-escalation techniques, safe patient handling, infection prevention and control, and respiratory protection to name a few.

k) Developing onsite childcare would be another way for the state to invest in recruitment and retaining staff.

4) Assess the organizational climate and culture at HSH and develop a plan to boost employee morale and rebuild trusting collaborative relationships among the staff and HSH leadership. The traumatic impact of the events in the spring must be addressed with a meaningful plan of action. This would include reviewing current systems for supporting staff who are struggling due to work related trauma and stress. Interventions may include improvements to EAP utilization or establishment of a peer based trauma response team. The opportunity for end of shift debriefings. Supervisors should be trained to recognize when a staff member is struggling, they need support, not discipline.

5) Complete a compliant Respiratory Protection Program and plan that meets or exceeds OSHA's requirements. This includes assigning a Respiratory Program Administrator, a written respiratory protection plan, a respiratory risk assessment, medical screening of respirator users, fit testing, and training, and ensuring proper supplies of respirators are available and ready in case of a surge in aerosol infectious disease cases.

6) The HSH should begin education with the unions and staff in preparation for the pilot to replace disposable N95s with reusable elastomeric half face respirators. This will eliminate waste, save money, and provide equal protection to staff.

7) Other OSHA standards and programs that must be complied with include bloodborne pathogens, occupational exposure to tuberculosis, hazard communication, and personal protective equipment. Many of these require written programs and training.

8) The HSH should consider hiring an industrial hygiene/occupational safety and health specialist to establish, monitor, and update these programs as needed.

9) Require each HSH leader to watch or review the testimony by staff from the 10/27/20 and 10/29/20 (virtual) legislative hearings. In that way, leaders hear staff voices about their serious concerns about what happened and what is currently going on in the work environment.

10) Workplace culture needs to be addressed as staff fear retaliation for speaking up about concerns and also feel they will be treated punitively if they make any type of mistake, even if it is the result of inadequate staffing or fatigue from excessive overtime. The focus should be on getting to the root cause by learning and correcting problems, not punishing staff.

Lastly, there is a tremendous need for the new Superintendent to be hired with qualifications they be kind, have proper credentialing in long term care, have respect for and willingness to work with the unions, is someone visible on the floors and available to staff for a consultation and

support. Someone who will be open and honest with families and the community. Dedicated to the mission of providing excellent care to the veterans. Someone who fosters a trusting and respectful fair work environment. Someone who will listen, with an open-door policy, and on day one(1) goes out to meet with staff to get to know them, show their respect and desire to work together with them. The new Superintendent should share their vision with the staff and the Soldier's Home Community, and role model and provide leadership in a positive direction.

### **In Conclusion , Thoughts about the Home**

The facility that cares for our vets on the Hill in Holyoke calls itself the Soldiers' Home. If we are fortunate, home is a place where we embrace and sometimes raise families. A safe and warm home is where we can learn about respect and have trusting and loving relationships. Home can be a place where people care about each other and care for each other. Home is where the heart lives. Homes change over time to meet the needs of occupants, we update , we refresh, we renovate to meet the needs as families expand or as needs change as we grow old together.

The mission statement from the website tells us the Soldiers' Home in Holyoke exists is to provide 'Care with Honor and Dignity' in the best possible health care environment for eligible Veterans who reside in the Commonwealth of Massachusetts. All of the measures I have described to improve the Home and prevent another tragedy –from a culture shift and better staffing to physical upgrades and compliance with OSHA standards –are attainable.

Thank you for inviting me for the honor and opportunity to speak with you today.

Respectfully submitted,

Andrea Fox, RN, MS  
Associate Director Division of Labor Action  
Massachusetts Nurses Association  
340 Turnpike St.,  
Canton, MA 02021  
1-15-21

## **Appendix F: Opening Remarks of Trustee Kevin Jourdain**

### Kevin Jourdain Statement

Distinguished Senators and Representatives,

I am Kevin Jourdain and am proud to be a lifelong resident of the City of Holyoke and a member of the Board of Trustees of the Holyoke Soldiers Home.

In October 2018, I was appointed by the Governor to serve on the Board of Trustees of the Holyoke Soldiers Home. In November 2019, I was appointed as Chairperson of the Board.

I, like all my fellow Trustees, am an unpaid volunteer. My regular “day job” is as an attorney and healthcare executive. It has been a privilege to serve but it certainly also has been an eye opening experience.

For those of us who grew up in Holyoke, the Soldiers Home was always a source of great pride. For a region that often felt short-changed by the powers-that-be in Boston, we had our own place to care for our beloved veterans in our own backyard. For decades, people in Western Mass spoke with pride and gratitude when a family member was admitted to the Holyoke Soldiers Home.

In my first 6 monthly Board meetings, I was essentially a good listener. Once I got my bearings, and having significant prior board experience at the local, regional and state levels, I began to express concerns about the Board’s role – as it seemed that we were not seen as having much authority – that our position was largely advisory, even ceremonial. We were not functioning appropriately for a Board of our scope.

I was not interested in a ceremonial position so I began to ask a lot of questions especially about the administration and management of the facility, including the fact that the Superintendent had no health care experience. It should be noted that neither I nor any current Board member was on the Board at the time Mr. Walsh was hired.

It also appeared that state leadership did not see much use for the board. It should be noted that the administration provided little leadership on the Board and prior to my appointment to chair in November of 2019 had left the position of chair vacant for over 3 years.

As my service continued, I also observed a dysfunctional relationship between the Board, the Superintendent and state leadership at DVS. Requests for information were ignored or needlessly delayed. Input and communication by Board members was not encouraged.

I also questioned the capacity of the Superintendent to lead the facility and how a person of his background could have ever been deemed qualified to lead a skilled nursing facility. As I learned more, it became clear that the Superintendent had no healthcare or skilled nursing experience. At one point, I asked to see Mr Walsh’s resume to confirm for myself the reality of the matter and I was told I could not see it. I was troubled by all of this. I also observed significant

communication breakdowns and tension between state leadership and the Superintendent. There was very much an “us vs. them” mentality. The Pearlstein report picks up on this dynamic.

Despite all of this and my misgivings of Mr. Walsh specifically, Mr. Walsh and others in the leadership led the Board to believe that the quality of the care at the Home was excellent. They pointed to numerous surveys and accreditations to support their contention. These came from both the Veterans Administration, as well as, the highly respected Joint Commission. In later 2019, Mr. Walsh to prove his point even gave me a coffee mug which stated “The Soldiers’ Home in Holyoke: We Rocked the Surveys 2019.”

As an attorney, it was in my nature to look at the law and analyze for myself the true nature of the Board’s responsibilities. I was troubled by the fact that as I began to research the true statutory authority of the Board there was a significant conflict between what state officials had told me and how the statutes read. I was told the Board was in effect nothing more than an advisory board to the Governor. In reality however, MGL c 6 sec 71 gives the Board significant oversight authority over the facility including the appointment and removal authority of the Superintendent.

It should be noted as we turn to the building of a new facility that the statute also holds that the Board shall manage and control all property, real and personal, of the commonwealth that is occupied or used by the Home. Therefore, the Board has the final say on the building and real property of the facility. As we build a new facility, I will be watching carefully to ensure that the Board approves the final plan and that the facility meets the needs of the residents it is designed to serve.

In November 2019, I was appointed Chairperson by the Governor. At this time and in the next couple of months before the Covid outbreak, I was largely focused, with strong support from DVS, on the finances of the facility especially as it related to Trustee Accounts. With Board support, I sought the first ever audit of the Trustee Accounts, which hold the funds donated to the facility, totaling over \$2 million dollars. The Superintendent was unsupportive of an independent audit but with the assistance of Secretary Urena and the Board we got it done. Numerous reforms were put into place relative to these funds. There is more work to be done this year.

I learned of Covid-19 the same way we all did – from media accounts. On March 10 2020, the first Board meeting after Covid became a national concern, I and other Board members questioned Superintendent Walsh about Covid preparations and precautions. I draw your attention to pages 65-67 of the Pearlstein report on this point. The Board acted properly and presciently in bringing up the Covid situation prior to the outbreak at the Home when Mr. Walsh did not. The minutes of the March 10 meeting are also there for your review. The Board was assured that the situation was under control.

Following the March meeting, I asked for Mr. Walsh to keep the Board up to date on any developments on the Covid situation. I received no updates. It was not until I heard of problems at the Home on my own, I contacted him.

During that March 29 call, Mr. Walsh stated to me that since March 25 that 3 patients had died and that 9 patients and staff had tested positive. I said this is a very serious situation and asked if

he had reported all of this to the state. He said yes. He said they are aware of status and he is getting whatever he needs from the state. He stated that they are trying to figure out the staffing situation but he has it under control. He informed me that they have 7 new people starting the next day plus he is recalling former employees. He stated that staffing level is at 75% because they cannot get pool employees since they refuse to send because there is Covid-19 in the building. I asked him to please keep the board up to date on this situation as I had requested previously and I would like a teleconference for the entire Board the next day at 5 – he agreed. I then proceeded to update the Board members on what I had heard and to get them to the update meeting. Secretary Urena called me the next day and informed me that Mr. Walsh had been suspended and that they would not be in a position to update the Board fully yet.

He did tell me the devastating news that the situation was much worse than Mr. Walsh had described and that at least 11 residents had died and 36 residents and staff had tested positive. From that point forward, the Home was in true crisis mode and, as you've heard, with the help of Val Liptak, the National Guard and others, multiple measures were undertaken in an effort to save the lives of our veterans. The Board so appreciates their hard work under the most difficult of circumstances.

Tragically, many veterans did not make it. They and their family members are with us every day in our thoughts and prayers. And, it's in the memory of those we lost and, the protection of those who are still with us, that I and my fellow Trustees continue to serve.

As you know, Atty. Mark Pearlstein was retained to do an independent report of the Covid outbreak at the Home. I have read it thoroughly and I agree with it in its entirety, especially with respect to staffing. In fact, on July 14, 2020 the Board unanimously passed the following resolutions in response to the report. (Read and attach).

Overarching in these resolutions is the firm commitment that Mr Pearlstein puts well on page 129 of his report, *“the veterans who served our country and spend the last years of their lives at the Soldiers’ Home deserve—at a minimum—the same standards and protections as residents at private long-term care and nursing facilities. This is not to say that someone cannot do a good job as Superintendent without being licensed—but licensure in this profession (like other professions for which Massachusetts requires licensure) is one way to help ensure a baseline of competence. The same is true as to the Commonwealth’s licensing and inspection (survey) regime for long-term care facilities: the Commonwealths should conduct the same surveys at the Soldiers’ Homes as it does at private nursing homes. Again, we can think of no reason or explanation why the veterans at the Soldiers’ Home should not receive the same protections as residents at private facilities.”*

Moreover stated Mr Pearlstein, “Accordingly, we recommend that future Superintendents of the Soldiers’ Home should be licensed nursing home administrators with substantial healthcare experience, and that the facility should comply with the Department of Public Health’s licensing and inspection regime.” I wholeheartedly agree with him. I will only vote for a Superintendent who is properly licensed and has the necessary experience to be the leader we need.

As you also know, litigation ensued with Mr. Walsh that ended with his resignation. However, an issue was raised during the proceedings that remains very important moving forward. A Superior Court Judge ruled that it was the Board, not the Governor, that had the power to hire and fire. It is my position, that of the Board, and our legal counsel that this decision is indisputable. In fact, the statute that governs the Holyoke Soldiers Home says so explicitly.

As Chairman and now as a regular member, following the coronavirus epidemic in the building, I have articulated 4 primary goals that the Board needs to accomplish in order for the Holyoke Soldiers' Home to be a success:

1. The appointment of a highly qualified licensed Superintendent who will be the transformational leader the facility needs to lead the facility through the challenges ahead.
2. The building of a brand new state of the art facility worthy of the residents it serves and will meet their needs for generations to come.
3. Full and complete implementation of all 9 of Attorney Pearlstein primary recommendations for the Home.
4. An Independent Board free of outside influence by the Administration exercising its lawful authority of oversight and accountability to ensure that management is acting consistent with its mandate to provide the residents with excellent care with dignity and honor.

On the positive side, the administration deserves a great deal of credit for their response to the Covid situation at the Home following their March 30 intervention and suspension of Walsh. Val Liptak, the National Guard and rest of the team have done an outstanding job under very difficult circumstances to bring the situation under control. It really was an "all hands on deck" approach. The entire Board is so appreciative of their efforts.

Likewise, the administration and in particular Secretary Tsai deserve high marks for showing real leadership on moving us through the needs assessment, design and application process for a new facility to meet the April 15, 2021 application deadline.

The state also has been very helpful in supporting the reforms I have advocated for in bringing greater accountability and transparency to how donor funds are managed and accounted.

On the troubling side, the administration continues to ignore the Board's authority regarding the Superintendent position. As recently as this month, the DVS secretary attempted to appoint an Interim Superintendent without Board approval stating that this appointment did not require Board approval. Fortunately, the Board would have none of it. It is also my opinion that a majority of the Board wants a Licensed Nursing Home Administrator as recommended by Mr Pearlstein. The days of political appointments to positions over the lives of our veterans must be over and only licensed individuals with real experience running a long term skilled nursing facility should ever hold that authority again.

Secondly, it should be noted that the Governor is attempting to water down the authority of the Board and change its composition by appealing to the legislature for law changes. The Board was never invited to speak or told of the hearing on the Governor's legislation. I highly



recommend that the legislature please consider the unanimous vote of the Board on our guidance on the Governor's proposal for your consideration. I am providing a copy of that resolution and vote for the record. Obviously, the administration inherently must recognize the Board's authority or most of these changes would not be necessary.

Thirdly, the Home's Ombudsman program needs to be fully funded and independent of the DVS chain of command preferably under DPH. Currently it is staffed by an unpaid volunteer. As thoughtful as that is for the current ombudsman to volunteer we cannot be relying on his charity as a sustainable model for the vetting of resident concerns. I also recommend the adoption of an independent compliance vendor to allow residents, staff and others to safely report problems without fear of retaliation.

Fourth, the EMR system needs to be a top priority and fully funded by the legislature. It has been discussed for 6 years and no vendor has even been selected yet. Prior to Covid and Mr Pearlstein's recommendation, the administration was relying on private donations to get this funded. Funds our Board is now seeking to get returned to our residents.

In addition to the other legislative changes, I recommend elimination of Administration's use of M.G.L. c. 6 sec 17 as a tool to supersede the authority of the Board of Trustees. I recommend you amend sec 17 to end this future misuse going forward.

I came into this unpaid volunteer assignment with my integrity and I intend to leave with it. I will as a Board member continue to honor the memory of those we have lost and their families by ensuring all 4 of the goals I laid out as chair are achieved to the best of my human ability prior to my service wrapping up in 2025. It is my hope that some great good for future generations of veterans can come out of this terrible tragedy so we create a lasting legacy to those who died. A real Board with real oversight is one more layer protection for our veterans. We cannot afford to go backwards.

Thank you for the opportunity to speak with you today. I'd be happy to answer any questions you might have.

## **Appendix G: Opening Remarks of Trustee Isaac Mass**

### **Opening Remarks of Trustee Isaac Mass**

I want to thank the Special Committee for the opportunity to testify today about the Holyoke Soldiers' Home. My name is Isaac Mass and I was appointed by Governor Baker to serve as a Franklin County designated member of the Holyoke Soldiers' Home Board of Trustees for a term beginning November 29, 2019 and expiring July 22, 2026. As such, I had served as a Trustee for three months when the Covid19 related tragedies at the Holyoke Soldiers Home began to unfold.

Prior to my service on the Board of Trustees, I have held other state positions including two terms on Local Government Advisory Committee by virtue of my elected position as Vice President of the Massachusetts Municipal Councilors' Association; I currently serve on the Board of Trustees of Greenfield Community College appointed by Governor Baker; and I served on the State Ballot Commission with an appointment by Governor Deval Patrick. I have served in many roles in municipal government including six-terms as a Greenfield City Councilor.

Professionally I am an attorney with a solo practice located in Greenfield Massachusetts since 2011, primarily focusing on criminal law. I am a veteran of the Massachusetts Army National Guard, serving as a noncommissioned officer with B-Co of the 1-104th Infantry from 1995 until 2003, deploying to Bosnia-Herzegovina in the immediate aftermath of September 11, 2001. I am a life member of the John J. Galvin American Legion Post 81 in Greenfield Massachusetts serving as their Judge Advocate. My grandfather Ronald Cushing served in World War II as a Navyman in the South Pacific. My uncle George Cushing is a Vietnam era Coast Guard veteran. My uncle Leander Currier served in the Marines and my stepfather Karl Banghart in the Army, both during multiple deployments to Vietnam. My younger brother Casey Barrett served in the Vermont Air National Guard.

Residents of the Holyoke Soldiers' Home who died during the Covid19 outbreak include my own personal friends and mentors, the parents of friends, and many who gave a tremendous amount back to people of Franklin County in continued service to their community after their time in the military was complete.

It is one of the great privileges and honors of my life to serve the Commonwealth as a Trustee of the Holyoke Soldiers' Home. While I certainly did not envision the momentous responsibility that would be entailed with that role as a result of these events, serving now gives me a greater opportunity to make an impact for veterans of the Commonwealth in the future and I am grateful for that opportunity. I thank the Committee for its time and I welcome your questions.

## Appendix H: Invitation to Testify to DVS Chief of Staff

**From:** Campbell, Linda D. - Rep. (HOU)  
**Sent:** Friday, April 2, 2021 2:19 PM  
**To:** Moran, Paul J (VET)  
**Cc:** Rush, Mike (SEN)  
**Subject:** Time Sensitive: Hearing Invitation

April 2, 2021

Paul Moran, Chief of Staff  
Department of Veterans' Services

**Subject:** Request to testify before the Special Committee on the Holyoke Soldiers' Home COVID-19 Outbreak

Dear Chief Moran,

This letter serves as a formal request for your participation in the upcoming hearing conducted by the Special Joint Oversight Committee on the Soldiers' Home in Holyoke COVID-19 Outbreak. This hearing is scheduled for April 12, 2021 at 1 PM.

The Special Joint Oversight Committee on the Soldiers' Home in Holyoke COVID-19 Outbreak was established by the State Legislature in July 2020 in response to the tragic outbreak at the Soldiers' Home, which led to the death of 76 Veterans. The Special Committee is tasked with investigating this tragedy, identifying systemic issues that exacerbated the outbreak, and issuing legislative recommendations to ensure such a tragedy never occurs again. It is the goal of the Special Committee to guarantee all Veterans who reside within the Commonwealth's Soldiers' Homes receive the highest quality of care.

Your insight and testimony on this subject will be vital in assisting the Special Committee in forming its recommendations. You are welcome to offer opening remarks. Then, we respectfully request that you field questions from committee members. We ask that you provide a copy of any remarks presented to the committee.

Your analysis and discussion of the Pearlstein Report and any additional information you can offer regarding this report would be most helpful as would any information on governance, chain of command, communication and reporting requirements pertaining to the Holyoke Soldiers' Home.

This hearing will be conducted virtually. More details will follow as the logistics are finalized. Please RSVP to confirm your attendance no later than April 9, 2021 by emailing Ryan Wayne ([ryan.wayne@mahouse.gov](mailto:ryan.wayne@mahouse.gov)) and Ashley Powers ([Ashley.powers@masenate.gov](mailto:Ashley.powers@masenate.gov)). Please let us know if you have any questions.

Sincerely,

Linda Dean Campbell  
State Representative, 15<sup>th</sup> Essex District  
Chair Advanced IT, Internet, and Cybersecurity Committee  
Chair, Special Joint Oversight Committee on the Soldiers' Home in Holyoke COVID-19  
Outbreak

Michael F. Rush  
State Senator  
Norfolk and Suffolk District  
Majority Whip  
Chair, Special Joint Oversight Committee on the Soldiers' Home in Holyoke COVID-19  
Outbreak

## **Appendix I: Withdrawal from Hearing of DVS Chief of Staff**

**From:** Moran, Paul J (VET)  
**Sent:** Saturday, April 10, 2021 7:13 PM  
**To:** 'Campbell, Linda D (HOU)'  
**Cc:** Michael Rush (SEN)  
**Subject:** RE: Hearing 4/12

Chair Linda Dean Campbell  
Chair Michael Rush

I am no longer planning to attend the hearing on April 12 on this difficult topic.

Please know that I respect this committee's work. The events you are reviewing were a terrible tragedy, one that hits home for me in a particular as a veteran myself. This is especially so given that I am in the same age group as those most impacted by the terrible virus.

You may certainly use this as my formal, written statement if you wish.

Thank You

Sincerely

Paul Moran

**From:** Moran, Paul J (VET)  
**Sent:** Saturday, April 10, 2021 8:11 PM  
**To:** Moran, Paul J (VET)  
**Cc:** Campbell, Linda D. - Rep. (HOU); Rush, Mike (SEN)  
**Subject:** [External]: RE: Hearing 4/12

Chair Campbell and Chair Rush

Please note I am referring to the April 13 rescheduled hearing date. My apologies for the error.

Paul Moran

## **Appendix J: Public Statement from Labor Unions**

Contacts: Joe Markman, MNA, 781-571-8175  
Cory Bombredi, SEIU Local 888, 617-241-3319  
Chris Cook, SEIU NAGE, 617-376-0220

### **As Anniversary of Holyoke Soldiers Home COVID-19 Tragedy Approaches, Unions Representing Staff Call for Trauma-Informed Care to Improve Veteran Care and Working Conditions and Urge Hiring of a Supportive and Qualified Superintendent**

*Workers represented by the Massachusetts Nurses Association, SEIU Local 888, and NAGE SEIU call for a new permanent superintendent with long-term care credentials and a kind and respectful vision for the future of the Home*

HOLYOKE, Mass. – Three unions representing workers at the Holyoke Soldiers Home – the Massachusetts Nurses Association, SEIU Local 888, and NAGE SEIU– have joined together to advocate for safer and more supportive conditions for staff and veterans as the one-year anniversary of the COVID-19 tragedy at the Home approaches. The unions have also made clear recommendations about the new permanent Superintendent the Board of Trustees are in the process of hiring.

“A year after COVID-19 devastated the veterans and staff of the Holyoke Soldiers Home, the employees, through their respective unions, continue to advocate for critical changes to improve the safety and well-being of everyone at the Home,” the unions said. “Despite a year of investigations, public hearings and compelling testimony by frontline staff, the state has failed to create a positive and supportive work environment. This failure greatly impacts the ability of staff to provide the best possible and safest care to our veterans.

“The staff at the Soldiers’ Home are an incredibly honorable group of hard-working, dedicated and professional people. Along with the veteran residents, they have endured more than one year of trauma and disregard for their health and safety. They have been betrayed by their previous leaders. They are in dire need of compassion and inclusion. Due to the failure of the Home’s administration, no Veteran who resides there, or staff who worked there throughout the pandemic will ever be the same.

“The same toxic workplace and punitive culture that made it hard to recruit and retain staff before the pandemic are still in place today. A lack of appropriate staffing levels and poor leadership decisions contributed to the tragedy last spring. Those problems persist today.

“Staff suffered significant trauma associated with the breach of trust created by the disturbing and catastrophic medical decisions of the previous administration. In addition to experiencing the

loss of so many veterans and the illness of colleagues, the outbreak has been in the news locally, nationally, and internationally, weighing heavy on the minds and hearts of staff.

“Consistent with requirements in long-term care in the private sector, the next superintendent must have qualifications, certification and experience in long-term care. The person appointed must be dedicated and skilled so as to transform the current work environment into a culture of safety based on CDC guidelines for trauma informed processes to protect the staff and residents. The superintendent must be kind, compassionate, and respectful with a willingness to work with the unions. It is critical that the superintendent be visible on the floors and available and supportive of the staff’s hard work.

“The new superintendent must also be someone who will be open and honest with the Veterans, their families, and the community. They must be dedicated to the mission of providing excellent care to Veterans and be someone who fosters a trusting and respectful fair work environment. The superintendent must have no tolerance for a hostile and toxic work environment. They should have a vision for how the Soldiers’ Home will be even better under their leadership. They need to share that vision with the staff and the community, role model and provide leadership with dignity and respect for all.

“In recognition of the upcoming one-year anniversary, all our unions continue to advocate for robust and accessible mental health services for any employee who worked at the Holyoke Soldiers Home from March 1, 2020 to present who requests it.

“The unions have made it clear that they are willing to partner and work collaboratively to create positive changes going forward. However, because the Commonwealth has failed to take meaningful steps or responsibility for the trauma and injury to its own employees, and because staff continue to have a need to heal and be supported in a trauma-informed environment, we will continue to advocate for the immediate transformation of the work environment from one of fear and retaliation to one of safety, compassion, and trust. While plans for building upgrades are exciting and overdue, without proper leadership, safe staffing, and trauma-informed safety in the work and care environment, we fear history will repeat itself. And to that we say: “Never Again.”

*Additional recommendations from the unions:*

- Increase Nurse staffing by up to twenty (20) full-time equivalent staff positions (FTEs) to attain a veteran to RN ratio that does not exceed 1:6.
- Complete a staffing study done for all positions within the home.
- On-going real time education and instruction that does not blame and discipline staff.
- Develop a staffing recruitment and retention plan.
- Provide ongoing mental health support services to staff who lived through the crisis of 2020.
- Hire an industrial hygienist or occupational health and safety specialists to monitor the HSH.

- Establish a Respiratory Protection Program to comply with regulatory agencies and assure the safety of veterans and staff.
- Initiate education and preparation for the upcoming elastomeric mask program.

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Diane Scherrer, MS, BSN, RN  
Associate Director/Community Organizer  
MNA Division of Legislation and Government Affairs



## Appendix K: Opening Remarks from NECHV

New England Center  
And Home for Veterans  
The General Court of The Commonwealth of Massachusetts

The Special Joint Oversight Committee on the Soldiers' Home in Holyoke COVID-19 Outbreak  
Hearing Date: 5 April 2021  
Opening Remarks from the NECHV

Linda Dean Campbell  
State Representative, 15th Essex District  
Chair Advanced IT, Internet, and Cybersecurity Committee  
Chair, Special Joint Oversight Committee on the Soldiers' Home in Holyoke COVID-19  
Outbreak

Michael F. Rush  
State Senator, Norfolk and Suffolk District  
Majority Whip  
Chair, Special Joint Oversight Committee on the Soldiers' Home in Holyoke COVID-19  
Outbreak

Madam Chair Dean Campbell and Chair Rush, members of the Special Committee; my name is Andy McCawley, and I serve as the chief executive of the New England Center and Home for Veterans (NECHV).

Thank you for inviting me here this afternoon to speak with your committee; I want to ensure that I am available to you and address any question that the Committee and its members may have.

The New England Center and Home for Veterans (NECHV) is the nation's premier and one of its largest private community-based providers of human services to Veterans who are experiencing challenges following their military service. Now in its third decade of service, the NECHV is a private institution in Downtown Boston, with the very public mission of helping to fulfill this nation's pledge to support those who have served. It offers a broad array of programs and services that enable success, reintegration, meaningful employment and independent living. Since its founding in 1989, the NECHV has helped more than 28,000 Veterans regain control of their lives. Although located here in Boston, it serves Veterans from across the country.

- It is open 24 hours a day
- Serves as a one-stop support facility for Veterans of all ages from all eras
- Provides housing, clinical support, education and employment services in a secure and supportive environment

- Supports as many as 1,300 individual Veterans each year, and is home to as many as 300 Veterans each and every night

**DRAFT**

The COVID-19 public health emergency has affected, and continues to impact the entire world wide community and every aspect of our lives. The pandemic has presented a daunting challenge to the New England Center, in that the coronavirus poses both a dire health threat to the very COVID-susceptible population of Veterans that we serve, but it also cannot prevent the committed and professional Staff of the Center from providing the very hands-on and high touch Human Service models that they deliver to Veterans. Essential services that enable Veteran success and help ensure their welfare and dignity.

As in the every-day operations and service delivery at the Center, irrespective of the COVID pandemic; the generous resources provided to the NECHV by the Massachusetts Legislature have been VERY helpful in enabling the Center to meet (and to-date) overcoming the challenges of COVID; and to be successful in our mission of keeping Veterans safe.

Thank you Madam Chair Dean Campbell and Mr. Chair Rush. I am available now to answer your question and the questions of your Committee.

## **Appendix L: Opening Remarks from Secretary Poppe, January 2021**

January 21, 2021

House Chair Linda Dean Campbell

Senate Chair Walter F. Timilty

Good Afternoon Chairman Timilty and Chairwoman Dean Campbell, and Members of the Special Oversight Committee,

Thank you for the opportunity to provide testimony today on the Soldiers' Home in Holyoke.

As you both may know, I have served as the Superintendent at the Soldiers' Home in Chelsea as well as a four-month period at the Soldiers' Home in Holyoke. I am deeply dedicated to the mission of both Homes to serve our Veterans with dignity, honor and respect. Both Homes have the same mission although they serve somewhat different demographics and have characteristic unique to their surroundings.

I have worked collaboratively with the previous Superintendents, and while we may have had different approaches, I have been honored to serve with all of them. We often exchanged policies, procedures, shared any new practices and collaborated on projects such as researching Electronic Medical Records and learning about best practices through state and national partnerships.

I can tell you from my time in 2016 I found the Home in Holyoke to have a dedicated mission. The Home was not without its challenges. Two of the key leaders and the chairman of the Board of Trustees resigned abruptly in December and January of 2015/ 2016 respectfully. While the staffing ratios did look good on paper, there were some staffing challenges due to significant staff callouts. I had reached out to Val Liptak for guidance as I knew she was a staffing subject matter expert. Most importantly, however, was the high number of Veterans in the facility compared to the space requirements by VA. This was noted on the 2016VA survey that many of the rooms with 3 and 4 beds did not meet the square footage requirements. I initiated a plan to reduce the beds through attrition to make the spaces better for the Veterans and comply with the VA regulations. By the Fall of 2016 the beds were at 253 vs the previous census of over 270. We were serving fewer Veterans, but we were serving them better.

The current facility problems that are present today were not evident when I was there. There were no significant building or HVAC issues apart from an egress project which I believe has now been completed. As a matter of fact, each weekend during that period when I went back to Chelsea, I bemoaned the leaking old buildings and looked forward to going back to the Holyoke building. While the Soldiers' Home in Holyoke main building is only three years younger than the Quigley building in Chelsea, it did not show the same wear and tear.

As the pandemic raged last Spring, I assisted Val Liptak for two days on March 30th and 31st to set up the Incident Command at the Soldiers' Home. I was able to witness the work of Val and the Incident Command, the National Guard who responded, as well as the Staff at the Soldiers'

Home. This was a difficult time for all involved. I returned after that to Chelsea where my incident command team was responding to our own outbreak. As you have visited Senator Timilty, you know what we worked to do consistently, and you toured our incident command.

On June 24th I was appointed as the Acting Secretary of Veterans' Services. I became engaged once again with the Soldiers' Home in Holyoke and watched how Val and her Interim Leadership team worked to establish revised processes, procedures and protocols with support from the Executive Office of Health and Human Services. We worked together with Chelsea incident command to share policies, protocols and procedures to insure the Home was following and trained in CDC, CMS and VA guidance for infection control. We began efforts to staff the Home with permanent Leadership. Colonel Michael Lazo had been on site since April with the National Guard response team. Mike first came on board under a contract and then full time as the Chief Operating Officer, maximizing his skills as a Military Medical Service Officer and his civilian expertise in medical supply chains. We brought on some additional interim staff to relieve the team who had been onsite for 10 months. I believe we can all agree that ten months is much longer than we would have expected anyone to serve in that capacity.

When I became permanent Secretary of the Department of Veterans Services, one of my first priorities was to hire an Assistant Secretary for Veterans' Homes. This position provides a vital link between both the Chelsea and Holyoke Soldiers' Homes, the Department of Veterans Services, the Executive Office of Health and Human Services, and other resources available to the Homes through the Commonwealth. The Assistant Secretary for Veterans' Homes coordinates across both Veterans' Homes on best practices, improvements, and quality of service to our Veterans. In addition to filling this position, we have also hired talented managers and leaders to fill vital roles for the Holyoke Soldiers' Home. We also hired a permanent Deputy Superintendent for the Holyoke Soldiers' Home with extensive medical facility experience, and Michael Lazo has stepped forward to serve as Interim Superintendent while a search continues for a permanent Superintendent. DVS has also hired Robert Engell, a Licensed Nursing Home Administrator, to serve at DVS, who is currently deployed to Holyoke to provide that licensed expertise to support Mike Lazo and the team. We are still working to fill permanent vacancies; however, we have never stopped in our efforts.

The Department of Veterans' Services also resumed military funeral honors at our cemeteries in June. These honors had previously been suspended due to COVID 19. Resuming services has allowed families of loved ones lost to the pandemic some solace and closure. Upon learning that some of our surviving family members of annuitants were having difficulty accessing the annuity due to the cause of death being COVID vs service-connected disability, we issued guidance to Veterans' Service Officers, allowing them to assist our families whose Veterans who passed from COVID-19, to include the families of the Soldiers' Home and received the annuity, to facilitate the continuance of that benefit.

One of the challenges we faced when responding to the COVID-19 pandemic and working to rebuild the staffing, building, and operations of the Holyoke Soldiers' Home was the antiquated statute vesting broad authority to the Board of Trustees. This 68-year-old statute located at M.G.L.A. 6 § 71 does not allow for the flexibility required to quickly respond to the rapidly

changing needs of the facility. The management of the Holyoke Soldiers Home must be able to perform daily management of the homes without waiting for an answer once a month on vital questions of veteran care, important personnel changes, and the hiring of additional resources. The Statute needs to be changed to be consistent with that of its sister facility in Chelsea. The purpose of a Board of Trustees at a State operated Facility should be to manage the funds in their specified Trusts and to provide support and assistance to the Home as consultants, liaisons, and subject matter experts.

As you are aware, there were several studies of both Soldiers' Homes to determine long term needs of Veterans in the future. While there has been much discussion over Chelsea receiving a new home sooner, it is evident that the open ward design at Chelsea was much more egregious and unsuitable under VA regulations than the layouts at Holyoke. While the Homes serve similar functions, the location, size, layout, bed numbers, age, and nearly all other factors are different. The constant comparison of both homes and their individual budgets is not helpful and must end.

The global pandemic has brought our attention to some previously unseen issues. There were infrastructure and HVAC issues that did not present themselves fully until the height of the pandemic. Many improvements have been made to the building thanks to Val Liptak and her team, with the assistance and consistent support of EHS and DCAMM. However, these changes are a bridge to the construction of a new facility in Holyoke. Therefore, while it may be a challenge to have two major construction projects underway at once, the time has come for the Soldiers' Home in Holyoke to receive a new facility, not a renovation or reconfiguration.

Finally, I want to publicly thank the staff of the Soldiers' Home in Holyoke for their resilience, dedication, tenacity, and compassion. This has been a difficult journey for the day to day workers at the Home and the Department of Veterans Services' along with the Executive Office of Health and Human Services worked hard to ensure both the Chelsea and Holyoke Soldiers' Home residents and staff were among the first in the Commonwealth to receive the COVID-19 vaccine on December 29, 2020.

Thank you for your time to hear my testimony. I am happy to respond to questions you may have.

Sincerely,

Cheryl Lussier Poppe  
Secretary, Department of Veterans' Services

## **Appendix M: Opening Remarks from Secretary Sudders, January 2021**

**Testimony of the Executive Office of Health and Human Services  
Hearing of the Special Joint Oversight Committee on the Soldiers' Home in Holyoke  
COVID-19 Outbreak  
Marylou Sudders, Secretary  
January 21, 2020**

Good afternoon. Thank you Chairs Campbell and Timilty for inviting me to speak with you today.

Like other long-term care facilities across the Commonwealth and nation, the Soldiers' Home in Holyoke was impacted by COVID-19, and upon learning of the circumstances on the ground, the administration took immediate steps to stabilize and support the home. As we now know, the lack of clear internal management and clinical controls led to a rapid and calamitous turn at the Home resulting in many deaths and untold trauma experienced by staff, residents and their loved ones. The independent investigation ordered by Governor Baker into the tragic circumstances and impact of COVID-19 at the Holyoke Soldiers' Home resulted in a detailed report, and series of specific recommendations released in June, 2020. Immediately following the report, the Administration filed a bill that addressed several of the recommendations in response to the Pearlstein Report, including: oversight of the Soldiers' Homes; the composition and expertise of the Boards of Trustees; and, increased clinical and operational inspections at the Home.

The Baker-Polito Administration is committed to providing quality care and services to the veteran residents of the Soldiers' Home in Holyoke and has been focused on making significant changes in recent months including hiring new permanent leaders, improving clinical care, collaborating with the board and making both short and long term improvements to the building.

We have spent the past ten months taking strong steps to implement meaningful and sustainable change to support veteran residents, their families, and staff at the Home. We have either completed or made significant progress on all of the recommendations in the Pearlstein report that we are able to within the current construct of the law.

Secretary Poppe brings her extensive experience in military service, hands-on management and public sector leadership, and is the right person for the role in the midst of reform and change. In addition to having served as Interim Superintendent at the Soldiers' Home in Holyoke, she also played an important role in the early establishment of the clinical command team last spring. She is now supported by a new Assistant Secretary for Veterans' Homes, Eric Sheehan.

Sheehan was appointed on December 14, after previously serving in several roles at the Soldiers' Home in Chelsea, and as Bureau Director for the Bureau of Health Care Safety and Quality at the Department of Public Health. He is responsible for the oversight of both Soldiers' Homes, including working with leadership on the ground to maintain high-quality care, ensure

compliance with survey and certification requirements, maintain constant communication between the Homes' and DVS, and continued adherence to infection control protocols, and direct ongoing capital projects. The search for his successor took 5 months and resulted in the appointment of Eric Johnson, MBA, LNHA as Superintendent effective December 14. Mr. Johnson is a health care and long term care executive and U.S. Army veteran, joining Chelsea from Norwood Healthcare and Rehab, where he had been Executive Director since 2018.

A search for a qualified permanent Superintendent for Holyoke is underway. The Executive Office of Health and Human Services hired an executive search firm to aid in the search, and Secretary Poppe is working with the Board of Trustees, which under current statute must make the appointment.

Within the confines of the current law regarding the appointment of members to the Board of Trustees, and as vacancies occur, we have appointed strong candidates with medical, military service and management backgrounds, including Massachusetts National Guard Adjutant General Gary Keefe, who is now the Chairman of the Board, Brigadier General Sean T. Collins, and Lieutenant Colonel Mark A. Bigda, D.O. These new appointments represent extensive experience in the military and health care, have a direct connection to Western and Central Massachusetts, and a commitment to serve the Commonwealth's veterans.

The Administration increased funding and staffing at the facility, and is ensuring staffing levels to provide quality resident care. This includes implementing a permanent staffing schedule for adequate coverage and predictability, hiring a Director of Nursing, an Assistant Director of Nursing, Nurse Educator dedicated to improving staff education and training, and an Occupational Health Nurse to support staff. A Deputy Superintendent, Director of Social Work, and Facilities Director have also been hired. Additionally, we've continued to make strides in strengthening labor relations. The permanent staffing schedule was negotiated in good faith at the table with bargaining units and took effect January 4, 2021.

To enhance infection control during and beyond the public health emergency, the Home is engaging infectious diseases experts alongside its medical team. Additionally, the Department of Public Health provided an onsite inspection and the Department of Veteran Services and the Home has recently received the report.

On top of implementing each of the recommendations in Attorney Pearlstein's report, we have been making other critical changes, including \$6 million for short term capital improvements to refresh veteran care units for increased infection control and safety needs. To address the future and longer term physical plant needs, the Commonwealth has been working on the expedited Capital Project process, currently in the Design Phase working toward the April 15 deadline for the VA State Home Construction Grant program. The next steps include working with the Legislature on a bond bill because a project of this magnitude cannot be afforded within the existing bond authorization. If the initial grant application is approved for the federal grant program, which allows for 65% reimbursement of the project, then additional plan documentation will be due by August 1, 2021.

While we have been able to make progress within the current confines of the law, the bill filed by the Governor proposed other requirements including:

- Eliminating the ambiguity in different sections of statute around the authority to appoint Superintendents.
- Requiring the Department of Public Health to inspect the Soldiers' Homes annually, with additional inspections to be completed if necessary, consistent with other long-term care facilities.
- Requiring two Board members to have a health care background, either as a clinician or administrator, and proposed expanding the board from seven members to nine members and include the Secretary of the Department of Veteran Services and the Secretary of the Executive Office of Health and Human Services, as ex-officio members.

The Administration will continue to collaborate with the Board of Trustees, ensure that management has the resources necessary to meet the current needs of the resident veterans, and plan for the capital improvements for the future. As always, thank you for your commitment to our veterans and your ongoing work and collaboration to ensure that our veterans are treated with honor and dignity.



## **Appendix N: Opening Remarks from Secretaries Sudders and Poppe, February 2021**

### **Testimony of the Executive Office of Health and Human Services Hearing of the Special Joint Oversight Committee on the Soldiers' Home in Holyoke COVID-19 Outbreak**

**Marylou Sudders, Secretary of Health and Human Services  
Cheryl Lussier Poppe, Secretary of Veterans' Services**

**February 9, 2021**

Good afternoon. Thank you, Chairs Campbell and Timilty, and members of the Committee for inviting us again.

Since March, the executive branch took immediate action to stabilize and strengthen the Soldiers' Home in Holyoke. Over the past 11 months, the administration has taken strong and immediate measures to implement meaningful and sustainable change to support veteran residents, their families, and staff at the Home.

Immediately, the administration placed the Superintendent on leave, brought in an acting Administrator, terminated and replaced leadership personnel, enlisted the National Guard, engaged Commonwealth Medicine for technical advice and executive staffing, instituted a command structure, engaged the support of Holyoke Medical Center, invested state funds, both capital and operating, conducted an internal review of policies and practices for improvements, initiated the electronic medical record procurement, participated and responded to external inspections and surveys, worked with the Division of Capital Asset Management and Maintenance to launch an expedited capital project, and set on a path of reform and renewal. These were the actions of the executive branch of government, not the Board of Trustees. It is the executive branch that can redirect state funds within its authority, request the assistance of other public agencies, and mobilize public resources as necessary. It is the executive branch that prepares the state operating and capital budgets and provides testimony and follow up with the legislature.

The independent investigation ordered by Governor Baker into the tragic circumstances and impact of COVID-19 at the Soldiers' Home in Holyoke resulted in a detailed report, and a series of specific recommendations released in June, 2020, including increased oversight and stronger governance of the Home. Immediately following the report, the Administration filed legislation that addressed, among other things, oversight of the Soldiers' Homes as well as the composition and expertise of the Boards of Trustees.

In addition to immediate and ongoing efforts to provide quality care and services to the veteran residents, the Soldiers' Home leadership, the Department of Veterans' Services, and the Executive Office of Health and Human Services have been making every effort to build a positive relationship with Holyoke's Board of Trustees.

While the Administration and the Board share the same goal of providing the highest quality of care to the veteran residents, there is a lack of clarity that stems from the language in the current statute which has created confusion, and makes the management of the Home an outlier compared to other 24/7 state facilities under the operating control of the Executive Office of Health and Human Services.

We have seen the impact of this ambiguity in action. Once again, we urge the legislature to align the statutes of the two Soldiers' Homes to provide clarity around the roles of the Board, the executive branch, and oversight of the Homes.

The Trustees are volunteers and are subject only to term limits. As currently written, the statute confuses and conflates the duties and responsibilities of the Trustees with the executive branch of government. A 24/7 state operated and financed long term care facility cannot and should not be managed by a volunteer group; the management and oversight are the responsibility of the executive branch of government.

As Attorney Pearlstein noted succinctly in his report, *"To be clear, the Board is a volunteer group that meets periodically; no matter its composition, it cannot replace the day-to-day professional management by the Home's clinical staff or the role of the Executive Director of Veterans' Homes within the Department of Veterans' Services."*

As with all other 24/7 state operated and state financed facilities, day-to-day oversight and management is the role of the executive branch. Functionally, both Superintendents report to the Department of Veterans' Services and receive regular and ongoing technical management, supervision and oversight from the Assistant Secretary for Veterans' Homes and the Secretary of Veterans' Services, both of whom have deeply relevant experience.

Additionally, the appointment authority of an executive branch manager should rest with the executive branch, through the Department of Veterans' Services and the Executive Office of Health and Human Services, as in other health and human services agencies. The Departments of Public Health and Mental Health both operate 24/7 facilities with Boards of Trustees. In these cases, the Commissioners of the agencies appoint the hospital Superintendents, not the Boards. The Commissioner of the Department of Developmental Services also has appointing authority for all 24/7 facilities operated by the agency. And, the Secretary of Health and Human Services appoints the Superintendent of the Soldiers' Home in Chelsea.

This chain of command and appointment authority must be clear in order to ensure that policies and programs are appropriately implemented and overseen. There is no room for ambiguity.

Boards of Trustees are important to ensure citizen, consumer, and family input and provide strategic and transparent guidance to the administrators of the Soldiers' Homes. Boards of Trustees ensure a connection to the community for valuable input, provide a sounding board for management and serve as important institutional ambassadors to the community. Well-functioning Boards of Trustees of public health and human services

facilities are the connective tissue to ensuring that a facility is part of the community fabric and not isolated within its four walls. To build the capacity and expertise of the Board, as vacancies occur, the Governor has appointed candidates with health care, military service and management backgrounds, including Massachusetts National Guard Adjutant Major General Gary Keefe, who is now the Chairman of the Board, Brigadier General Sean T. Collins, and Lieutenant Colonel Mark A. Bigda, D.O. These new appointments, as well as some current Trustees, reflect experience in the military and in health care, are long-time residents of Western and Central Massachusetts, and have demonstrated deep commitment to both their communities and support of our Commonwealth's veterans.

While we have been able to make progress, it has not been without significant challenges due to the current confines of the law. We urge continued reforms so that we can all move forward with a shared understanding as expeditiously as possible by:

- Eliminating the ambiguity in different sections of statute, including clarifying the authority to appoint Superintendents in the executive branch.
- Requiring two Board members to have a health care background, either as a clinician or administrator, and expanding the board from seven members to nine members and include the Secretary of the Department of Veteran Services and the Secretary of the Executive Office of Health and Human Services, as ex-officio members.
- Aligning the two Soldiers Homes statutes with regard to governance, appointing authority and scope of the role of the Trustees.

We appreciate the continued support of the Legislature as we strengthen the Soldiers' Home in Holyoke and plan for the future. The Administration is committed to continued collaboration with the Legislature, the Board of Trustees, the veteran community, and families to provide quality care for veteran residents

## Appendix O: Testimony of Secretary Ureña

### Written Testimony of Francisco Ureña Before the Massachusetts General Court Special Joint Oversight Committee on the Soldiers' Home in Holyoke COVID-19 Outbreak

Thank you for the opportunity to testify about the tragedy that occurred at the Soldiers' Home in Holyoke (the "Home" or "Holyoke") in March 2020. I hope that my testimony assists the Special Committee in assessing factors that contributed to that tragedy and ways to prevent similar events in the future. Unfortunately, pending investigations and litigation constrain me to provide only limited testimony at this time. I will therefore limit my comments to certain governance challenges that the current statutory scheme poses and some issues related to potential governance reforms. I will also correct the record with respect to my involvement in the assignment of an executive coach for Mr. Walsh and my response to the March 27, 2020 request for National Guard assistance. In offering this limited testimony, I am not in any way suggesting that I agree in all other respects with other testimony this Special Committee has heard or with the contents of the Pearlstein Report. I do not. But, because Mr. Walsh's executive coach and National Guard request in particular are discrete issues that have garnered significant attention from this Special Committee and others, I will correct specific factual misstatements that this Special Committee has heard concerning my actions related to them. <sup>1</sup>

#### Governance Issues

As a veteran, I recognize the importance of having a clearly defined chain of command. But, throughout my tenure at the Department of Veterans' Services ("DVS"), governance issues were an ongoing challenge at the Home. In late 2015, the Home's Superintendent retired. The Board of Trustees controlled the selection process for his replacement, holding that I did not have that authority. <sup>2</sup> When I reviewed the applications for the Superintendent position, I noted one applicant in particular who was both a veteran and an experienced, licensed nursing home administrator. That applicant was also available to fill the position quickly. I urged the Board of Trustees to interview that applicant in addition to the others whose interviews it had already scheduled, but the Board of Trustees declined to do so. The Board of Trustees then chose Mr. Walsh to be the next Superintendent of the Home.

The statutory scheme also afforded me no authority over the hiring of the Home's Deputy Superintendent. <sup>3</sup> Nonetheless, when Mr. Walsh was sworn in as Superintendent, I gave him that other candidate's resume and persuaded him to consider that candidate for the Deputy Superintendent's position because he was an experienced and licensed nursing home administrator, unlike Mr. Walsh. Mr. Walsh ultimately hired that candidate as Holyoke's Deputy Superintendent.

When the Holyoke Deputy Superintendent left about three years later, I encountered significant, ongoing resistance as I pushed to ensure that a capable, qualified replacement ***with nursing home and/or healthcare experience*** was hired. That resistance persisted over an extended period of time and, because the governance structure precluded me from exerting any formal authority with respect to the Deputy Superintendent's hiring, the position was not filled until March 2020.

These are only a few of the myriad ways in which the current statutory scheme creates a diffuse and fractured governance structure that makes oversight of Holyoke especially challenging. Because both Soldiers' Homes are meant to be a resource for all veterans throughout the Commonwealth, I believe that one state official within DVS should have clear, undivided supervisory authority over the Homes and their respective Superintendents. To achieve that goal, the current statutory scheme governing the Homes would need to be revised.

The Executive Director of Veterans' Homes and Housing (the "Director of Homes") is an important step forward in improving the governance structure of the Soldiers' Homes. It has been reported that I was dilatory in filling that position when it was created. That is incorrect. I supported the creation of the Director of Homes position when it was under consideration by the General Court in 2016 and documented that support to the Executive Office of Health and Human Services ("EOHHS"). Nonetheless, EOHHS officials told me that no funding was available to fill the Director of Homes position when the General Court created that position in 2016. I provided that feedback to a member of the General Court and, in the 2017 budget cycle, the General Court approved an earmark funding the Director of Homes position.<sup>4,5</sup> Shortly after the fiscal year 2018 budget (containing the earmark for the Director of Homes) was passed, the Administration froze all earmarks, rendering the Director of Homes position unfunded.<sup>6</sup> When discussing the Director of Homes position with EOHHS officials after that freeze was lifted, they pointedly told me that I could not fill the Director of Homes position because DVS was already at its full-time employee cap. In sum, despite my repeated efforts to fill the Director of Homes position, I encountered persistent administrative obstacles that impaired my ability to do so. I am heartened that the Administration has now filled that position and am hopeful that this position will improve oversight of the Soldiers' Homes.<sup>7</sup>

I have been told that the General Court is also considering whether to shift some of the Commonwealth's resources away from traditional, large veterans homes to smaller, community based settings throughout the Commonwealth. I will take this opportunity to briefly note some aspects of the federal regulatory scheme and related financial incentives that may factor into those deliberations.

Pursuant to 38 U.S.C. § 8134 and 38 C.F.R. § 59.40(b), the Commonwealth cannot receive federal aid to build any new nursing home care or domiciliary care beds for veterans located within two hours of the existing Soldiers' Homes. As a result, it is unlikely that the General Court could find suitable locations for new satellites or smaller facilities that would qualify for federal construction funds. That means that the Commonwealth would have to bear the full costs of constructing such veterans facilities, foregoing federal reimbursement of 65% of the construction costs and the costs of any potential future renovations.

Any such new facilities may also be ineligible for federal reimbursements under 38 U.S.C. § 1741. The Holyoke Home is currently entitled to reimbursement of up to \$446.01 per day/per veteran to offset the costs of each resident's daily care. The Chelsea Home is currently entitled to reimbursement of up to \$517.01 per day/per veteran.<sup>8</sup> I applaud the General Court's commitment to continually exploring how best to meet the needs of the Commonwealth's veterans. Enlisting support from our formidable congressional delegation to make revisions to, or secure exemptions

from, the applicable federal regulatory scheme, may help the Commonwealth defray the costs of innovations in providing these vital services.

### Executive Coaching

It has been reported that I engaged an executive coach to work with Mr. Walsh on his management skills and that I extended that coach's appointment when Mr. Walsh's performance did not improve sufficiently. That is incorrect, but I can shed at least some limited light on circumstances surrounding that decision.

During my time at DVS, I had regularly scheduled meetings with EOHHS leadership at which issues with Mr. Walsh were one of my recurring agenda items. In or about the first half of 2018, I attended a meeting at EOHHS in which EOHHS leadership told Mr. Walsh that its Human Resources ("HR") group had investigated a complaint against him that it had not sustained, and that it was assigning him what it called a "life coach" for six months.<sup>9</sup> EOHHS never told me the allegations that were lodged against Mr. Walsh, and I had no visibility into the details of the complaint that apparently prompted its decision to engage a so-called life coach for him.

As the coach's appointment drew to an end, I attended another meeting at EOHHS at which EOHHS leadership told Mr. Walsh that it had received another complaint(s) about him, which its HR group had again investigated and not substantiated. <sup>10</sup> EOHHS told Mr. Walsh that it was extending the executive coach's engagement for an additional six months. Once again, I had no visibility into the details of the additional complaint(s) that apparently prompted EOHHS to extend the executive coach's engagement. I found this troubling, especially since I routinely raised issues about Mr. Walsh with EOHHS leadership, and I found the way in which this was handled to have exacerbated the already fraught governance of the Holyoke Soldiers' Home.

### National Guard Request

This Committee has also received incorrect information about my response to the request Mr. Walsh made on March 27, 2020 for staffing assistance from the National Guard. I will take this opportunity to correct the record on this point: I did not deny the National Guard request, nor did I have the authority to do so. The chain of command required me to elevate this request, which I did immediately upon receiving it.

As late as March 24, 2020, Mr. Walsh reported that Holyoke's staffing resources were sufficient for purposes of responding to the pandemic.<sup>11</sup> To ensure that the most up-to-date safety precautions were being followed and there were no concerns regarding the Home's ability to respond to the ongoing risks of COVID-19, I organized a March 25, 2020 conference call between Department of Public Health ("DPH") epidemiologists and the Home's leadership and staff. At that meeting, DPH offered guidance on the most current safety protocols to mitigate the risks of contracting and/or spreading COVID-19 at the Home, and the Home's leadership and staff were invited to raise any questions or concerns they had regarding implementing those practices and procedures.

After that meeting, both Mr. Walsh and the DPH epidemiologists reported that Holyoke was following DPH's recommendations in response to COVID-19, and neither Mr. Walsh nor the

DPH epidemiologists raised any concerns to me regarding cases, staffing, or personal protective equipment resources. DPH emailed me on March 25, 2020 to assure me that they would maintain regular contact with the Home around those very issues.

Consequently, I was taken aback when I received an email from Mr. Walsh at 1:24 p.m. on March 27, 2020 requesting National Guard assistance to address staffing needs arising from the pandemic. I knew that I did not have the authority to deploy the National Guard and that the chain of command required me to elevate the request to EOHHS. I did so immediately. *Six minutes* after receiving Mr. Walsh's National Guard request, I elevated his email to my then principal points of contact at EOHHS: EOHHS Assistant Secretary of Administration and Finance Alda Rego and EOHHS Human Resources Director Catherine Starr. Mr. Walsh himself copied two additional EOHHS officials on his email request: Suzanne Quersher, Director of Labor Relations and Jeffrey Krok, Labor Relations Specialist.<sup>12</sup> While I awaited a response from EOHHS, I emailed Mr. Walsh to gather more information about his staffing situation and the status of other potential staffing resources at his disposal. Approximately one-half hour after I sent Mr. Walsh's National Guard request to EOHHS, Assistant Secretary Rego emailed me and Catherine Starr that she was not available to discuss the request until 6:00 p.m., more than four hours later.

Concerned about such an extended delay in addressing a request for National Guard assistance, I pressed EOHHS to address Mr. Walsh's request with more urgency. Ultimately, I was able to convene a 3:00 p.m. conference call with Assistant Secretary Rego, Ms. Starr, and Mr. Walsh, along with EOHHS Undersecretary for Human Services Catherine Mick, and EOHHS Assistant Secretary for Communications and Public Affairs Colleen Arons. During that call, EOHHS did not make a determination about whether to deploy the National Guard to Holyoke as Mr. Walsh had requested. I do not know when a decision was made regarding that request or who was involved in making it. EOHHS did not include me in any further discussions it had about Mr. Walsh's request for assistance from the National Guard or seek my input about it. On the evening of March 29, 2020, the head of the Command Center told me that the National Guard would be deployed to the Holyoke Soldiers' Home the following day.

Contrary to some testimony this Committee has heard, I did not deny Mr. Walsh's request for the National Guard, advocate against it, or tell anyone that I had done so.<sup>13</sup> To the contrary, I immediately elevated Mr. Walsh's National Guard request up the chain of command and pressed EOHHS to address it with the urgency it called for.

Thank you for this opportunity to testify. I hope that my testimony assists the Special Committee in completing its important work.

## Citations

- 1 My testimony on these topics is not intended to be a comprehensive factual record regarding them. Rather, I have tried to present the Special Committee with sufficient facts to illustrate some governance issues the General Court may want to address and to correct at least some misinformation the Special Committee has before it.
- 2 The statutory scheme vests the Holyoke Board of Trustees with sole authority to hire and fire the Home's Superintendent. G. L. c. 6, § 71; *Walsh v. Bd. of Trs.*, Nos. 145160, 2079CV00194, 2020 Mass. Super. LEXIS 139, at \*9 (Sep. 21, 2020). Moreover, DVS cannot influence the Home through the power of the purse since the General Court appropriates money for the Soldiers' Homes separately from the DVS budget.
- 3 See G. L. c. 6, § 71 ("The superintendent shall, subject to the approval of the trustees, appoint and may remove a medical director, a treasurer and an assistant treasurer. . . . The superintendent shall also appoint and remove such other persons as the superintendent deems necessary for the proper and efficient operation of the facilities of the home.").
- 4 14100010 – Veterans Services Administration and Operations, Mass. FY2018 Budget Summary (Dec. 6, 2017), [https://budget.digital.mass.gov/bb/gaa/fy2018/app\\_18/act\\_18/h14100010.htm](https://budget.digital.mass.gov/bb/gaa/fy2018/app_18/act_18/h14100010.htm) (requiring that "that not less than \$85,000 shall be expended on staff to carry out the duties of the office established in section 12 of chapter 115A").
- 5 Budget Amendment ID: FY2018-S3-311-R1, Mass. Senate, <https://malegislature.gov/Budget/FY2018/SenateDebate/Amendments/1410-0010> (accessed Apr. 24, 2021).
- 6 Michael P. Norton, Gov. Baker Lifts Hold on Spending Earmarks, WCVB5 (Jan. 2, 2018), <https://www.wcvb.com/article/gov-baker-lifts-hold-on-spending-earmarks/14532127>.
- 7 Section 12 of chapter 115A of the General Laws provides that "the boards of trustees of . . . the Soldiers' Home in Holyoke shall not be subject to the control of the executive director; and . . . the executive director shall not have control over the day-to-day operations of . . . the Soldiers' Home in Holyoke." Through additional legislative reforms, I believe that this position can serve an important oversight role within a clearly defined chain of command for the Soldiers' Homes.
- 8 State Veterans Home Program: FY20 Per Diem Rates for Selected Veterans Under Pub. L. 112-154, Section 105, U.S. Dep't of Veterans Affairs (Nov. 5, 2019), [https://www.va.gov/COMMUNITYCARE/providers/SH\\_Payment\\_Rate.asp](https://www.va.gov/COMMUNITYCARE/providers/SH_Payment_Rate.asp). The reimbursement amount varies based on a veteran's service-connected disabilities.
- 9 Pearlstein Report at 17, 39, 123.
- 10 See *id.*
- 11 Pearlstein Report at 84.
- 12 I have since learned that, before his 1:24 p.m. email requesting National Guard assistance, Mr. Walsh asked Ms. Quersher to delineate the process for procuring National Guard assistance. Email from Bennett Walsh to Suzanne Quersher, Jeffrey Krok, Erica Crystal & Paul Moran re: Holyoke situation (Mar. 27, 2020 at 1:09 p.m.), available at p.19 at <https://www.wvlp.com/wp-content/uploads/sites/26/2020/10/Bennett-Walsh-resignation-10-2-20-and-supporting-documents-1.pdf>. Fifteen minutes later, Mr. Walsh emailed his request for assistance from the National Guard, noting that the request should go to the Command Center. Email from Bennett Walsh to Francisco Ureña, Paul Moran, Cheryl Poppe, Jennifer Rathje, Anthony Preston, Debra Foley, Suzanne Quersher & Jeffrey Krok re: request national guard medical assistance (Mar. 27, 2020 at 1:24 p.m.), available at p.20 at <https://www.wvlp.com/wp-content/uploads/sites/26/2020/10/Bennett-Walsh-resignation-10-2-20-and-supporting-documents-1.pdf>
- 13 Testimony of Attorney Mark W. Pearlstein at 1:16:00-1:16:40, available at <https://malegislature.gov/Events/Hearings/Detail/3645> (Mar. 19, 2021). The Pearlstein Report itself does not substantiate this testimony.



## Appendix P: Testimony of Nathalie Grogan of CNAS

APRIL 5, 2021

### TESTIMONY BEFORE THE MASSACHUSETTS SPECIAL JOINT OVERSIGHT COMMITTEE ON THE SOLDIER'S HOME IN HOLYOKE COVID-19 OUTBREAK

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Hearing on Addressing the tragic outbreak at the Soldier's Home;  
investigating this tragedy and identifying systemic issues that exacerbated  
the outbreak.

## The Aging Veteran Population of Massachusetts

BY

**Nathalie Grogan**

*Research Assistant*

*Military, Veterans, and Society Program*

*Center for a New American Security*

Thank you to the Chairs and Members of the Joint Committee for the opportunity to appear today and speak on this important topic. The tragedy observed at Soldiers Homes over the course of the COVID-19 pandemic affected the Massachusetts veteran subpopulation most at risk. While we all hope for an end to the COVID-19 pandemic, the risks to elderly veterans remain concerning. Demographic, population, and generational changes interact to challenge veterans' care throughout the Commonwealth of Massachusetts, particularly elderly residents of full-time Soldiers Homes. Through my work at the Center for a New American Security, I co-authored a Massachusetts Veteran Needs Assessment that focused significantly on the effects of the COVID-19 pandemic. In the course of this report, I conducted quantitative analysis examining population trends facing the Massachusetts veteran population with three specific takeaways relevant to the future of Soldiers Homes. First, the veteran population is shrinking while the general population is increasing, a demographic change that is predicted to accelerate in the future. Second, due to these demographic changes, veterans will make up a smaller percentage of the Massachusetts population with some variation across counties. Third, as veterans become a smaller segment of the population there is a significant risk of reduced resources available to their needs, which can have tragic results.

Publicly available data indicates a number of county-level population trends. While the general population at both the state and county levels are growing, veteran population numbers are declining as a reflection of generational changes. The rate of decline in the Massachusetts veteran population is nearly three times greater than that of the United States, at an annual rate of 3.5 percent as compared to the national rate of less than 2 percent.<sup>1</sup> Compared to the national rate

of decline in the veteran population, only two Massachusetts counties (Franklin and Suffolk) have declined slower than the national average.<sup>ii</sup> The greatest per-capita veteran population decline in Massachusetts has taken place in Hampshire County, at a rate of 12.3%.<sup>iii</sup> Only two counties are an exception to the declining trend in veteran populations: Dukes Nantucket Counties- mostly due to retirements relocations.

The overall decline of the veteran population, both nationwide and in Massachusetts, can be explained by the aging of conscription-era veterans and the broad context of generational change. Nationwide, there is a strong positive relationship between the per capita senior population and the per capita veteran population, due to the generations affected by military draft policies, such as the veterans of World War II, Korea, and Vietnam who make up the vast majority of Soldiers Homes residents. Since conscription ended in 1973, individuals at least 18 years old at the time of the switch to an all-volunteer military are now over 65 years old. In both Massachusetts and the United States more broadly, the population of individuals over 65 represents roughly 15 percent of the population. Massachusetts counties with smaller senior populations than 15 percent include Middlesex, Nantucket, and Suffolk Counties. Suffolk County is home to the lowest proportion of seniors in Massachusetts at 12 percent. Barnstable County is home to the highest per capita senior population at 30.6 percent.<sup>iv</sup> General population growth and veteran population decline seem to trend together.

Using predictive analysis, CNAS forecasted the population trends of veterans in Massachusetts at both the state and county level, using the geometric growth model.<sup>v</sup> The model made some assumptions about the representation of veterans in the data; exact figures are limited since veteran status hasn't been included in the U.S. Census since 2000.<sup>vi</sup>

Using data from the past five years, CNAS conducted population forecasting for the next five years. While the general population is predicted to increase, the veteran population is projected to drop two percent. In five years, veterans are projected to make up just 3.7 percent of the Massachusetts population, as compared to 5.3 percent in 2018. In all 14 Massachusetts counties, the veteran proportion of the population is expected to decrease significantly, including in Dukes and Nantucket counties. Barnstable County is predicted to experience the most dramatic decrease in veterans in the state; the projected veteran population will drop from 10 percent to 6.4 percent of the population. The counties with the smallest predicted veteran demographic change are Dukes and Suffolk counties, where the veteran percentage of the population will drop by less than one percent.

The overall population trends of Massachusetts will contribute to a changing landscape for veterans. By 2035, 23 percent of the population will be over 65 years old, as compared to 18 percent in 2020.<sup>vii</sup> As older generations of veterans from the era of conscription continue to age, the veteran population will change significantly. The large cohort of veterans who were included in the draft are now at least 65 years old, and many could live for an additional two or three decades. Along with increases in medical knowledge and increased longevity in the general population, veterans are likely to live longer than previous generations. Based on the data analysis, several trends can be summarized for the future of the Massachusetts veteran

population. Areas of Massachusetts with a higher percentage of older veterans, such as rural areas, Western Massachusetts, Cape Cod, and the islands, can expect an increase in needs for veterans of advanced age before significantly dropping off as this generation of veterans age and pass away. Areas of the state with a younger population, such as the greater Boston region, will require a more targeted approach to veteran support.

These findings regarding population trends for Massachusetts veterans indicate significant demographic change. As the general population increases and the veteran population simultaneously decreases, the veteran population will make up a smaller percentage of the overall Massachusetts population exactly at the moment when their needs will increase dramatically. As lifespans increase, the need for full-time care will increase.

However, the current decline in the Massachusetts veteran population indicates that veterans will represent a smaller proportion of the general population. The shrinking veteran population as a percentage of the Massachusetts community indicates that fewer resources may be provided specifically to their needs, since budgetary constraints force hard decisions, especially on the heels of the devastating COVID-19 pandemic and associated economic crisis. The shrinking population of Massachusetts veterans indicates that veterans will become a smaller segment of the visible public, putting resources specifically meant for veterans at risk. As the tragedy at the Soldiers Homes demonstrate, resource deficits can have tragic effects. Thank you for your time and I look forward to your questions.

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<sup>i</sup> U.S. Census Bureau, *American Community Survey: Veteran Status*, 2018, 1-Year Estimates version, U.S. Department of Commerce, 2018.

<sup>ii</sup> U.S. Census Bureau, *American Community Survey: Veteran Status*, 2018 1-Year Estimates version.

<sup>iii</sup> U.S. Census Bureau, *American Community Survey: Veteran Status*, 2018 1-Year Estimates version.

<sup>iv</sup> U.S. Census Bureau, *American Community Survey: Veteran Status*, 2018 1-Year Estimates version.

<sup>v</sup> Christine Eibner, Heather Krull, Kristine Brown, Matthew Cefalu, Andrew W. Mulcahy, Michael S. Pollard, Kanaka Shetty, David M. Adamson, Ernesto F.L. Amaral, Philip Armour, Trinidad Beleche, Olena Bogdan, Jaime Lee Hastings, Kandice A. Kapinos, Amii M. Kress, Joshua Mendolsohn, Rachel Ross, Carolyn M. Rutter, Robin M. Weinick, Dulani Woods, Susan D. Hosek, and Carrie M. Farmer, “Current and Projected Characteristics and Unique Health Care Needs of the Patient Population Served by the Department of Veterans Affairs,” *RAND Health Quarterly*, 5 no. 4 (2016), <https://www.rand.org/pubs/periodicals/health-quarterly/issues/v5/n4/13.html>.

<sup>vi</sup> Megan Tomasic, *Tribune-Review*, and the Associated Press, “Veteran Status Left out of Census Count”, *Military.com*, July 21, 2020, <https://www.military.com/daily-news/2020/07/21/veteran-status-left-out-of-census-count.html> - :~:text=The veteran question has not,2000, spokeswoman Susan Licate said.&text=Demographic, social and economic data,and budgeting of veteran programs.

<sup>vii</sup> Henry Renski, “Long-term Population Projections for Massachusetts Regions and Municipalities,” University of Massachusetts Donahue Institute, March 2015, prepared for the Office of the Secretary of the Commonwealth of Massachusetts, 17, [http://pep.donahue-institute.org/downloads/2015/new/UMDI\\_LongTermPopulationProjectionsReport\\_2015\\_04\\_29.pdf](http://pep.donahue-institute.org/downloads/2015/new/UMDI_LongTermPopulationProjectionsReport_2015_04_29.pdf).

## **Appendix Q: Testimony of Terence Dougherty of UMMS**

My name is Terence Dougherty, and currently I am employed within the Commonwealth Medicine Unit of UMass Medical School as the Corporate Strategy Advisor. I have been with UMMS since 2011, and previously served the Commonwealth as the Assistant Secretary for Health and Human Services from 2007 to 2011, and as the Director of MassHealth.

In March 2016, I was part of a research team at the University of Massachusetts Medical School who prepared a report for the Veterans Long Term Care and Master Housing Plan Commission of the Legislature. Our report included a multi-state review of services offered to Veterans, an analysis of the changing demographics of veterans, and an assessment of resources devoted to Veterans at the time.

That report included a number of observations from States, which had recently addressed challenges in their own services offered to Veterans. Those recommendations included:

Implementing a central governing Board or governance structure over Soldiers' Homes in Massachusetts, while maintaining a Community Board at the facility level.

Developing a method for residents and family members to have representation on both the Community and Central Board.

Within DVS, create a single leadership position for policy development, administrative oversight, coordination and collaboration with the VA System, and others serving veterans across the State. This person, and any staff in support of that role should have "strong background and experience" in nursing home management, and experience with military culture.

To improve management transparency and accountability, we suggested that there should be public meetings of all governance boards, with agendas and minutes publicly disseminated.

That the Homes should adopt, train and adhere to all publications of results that reflect the best practices in the field, and that measures and metrics of such be posted.

That the Homes needed to plan for an increased number of secure units and beds, with flexibility to address the changing demographics expected over the coming decades.

We also encouraged;

That the Homes strive to employ staff with prior military experience either directly or family members, and that all staff have a sensitivity to and appreciation of the military culture,

That options be developed along the full continuum of care embrace a variety of housing options, supports and services to serve our Veterans adhering to national standards of excellence, quality, quality, safety and best practices.

The events over the past year may not have been prevented had these recommendations been fully adopted, but I am confident that between the Legislature's oversight and the Administration, Massachusetts will do better by those who have made our Country free.

## Appendix R: EOHHS Privilege Log for Emails in Pearlstein Investigation, Part 1

June 22, 2020

### EOHHS Privilege Log for Emails in GOV-Pearlstein Investigation Custodians: DiStefano, Powers, Sudders, Surreira, Tsai, Ureña

	A	B	C	D	E	F	G	H	I	J
1	BegControl	Custodian	From	To	Cc	Sent Date and Time	Document Modified Date	Email Subject	Attachment Names	Privilege Type
2	DOC0049959	Ureña	Moran, Paul J (VET) Paul.J.Moran2@mass.gov	Urena, Francisco (VET) francisco.urena@mass.gov		2/19/2020 7:05:34 AM		Fwd: Inspector General Interview with Kevin Jourdain, Chair, Board of Trustees, Holyoke Soldiers' Home		Attorney Client
3	DOC0049955	Ureña	Ivimey, Stuart (VET) stuart.ivimey@MassMail.State.MA.US	Urena, Francisco (VET) francisco.urena@mass.gov; Moran, Paul J (VET) Paul.J.Moran2@mass.gov		2/19/2020 12:21:03 PM		Summary of HLY BOT Meeting of 18 Feb 20		Attorney Client
4	DOC0049954	Ureña	Ivimey, Stuart (VET) stuart.ivimey@MassMail.State.MA.US	Urena, Francisco (VET) francisco.urena@mass.gov; Moran, Paul J (VET) Paul.J.Moran2@mass.gov		2/19/2020 12:56:33 PM		Summary of HLY BOT Meeting of 18 Feb 20 -- REVISED		Attorney Client
5	DOC0046484	Sudders	Boyle, Sharon (EHS) sharon.c.boyle@commonwealth of massachusetts.com	Sudders, Marylou (EHS) marylou.sudders1@commonwealth of massachusetts.com	Darcy, Leslie (EHS) leslie.sturm@commonwealth of massachusetts.com	2/19/2020 7:02:34 PM		HLY Meeting Minutes		Attorney Client
6	DOC0047774	Tsai	Boyle, Sharon (EHS) Sharon.C.Boyle@MassMail.State.MA.US	Tsai, Daniel (EHS) Daniel.Tsai@MassMail.State.MA.US	Mick, Catherine G (EHS) Catherine.G.Mick@MassMail.State.MA.US	3/30/2020 2:38:42 PM		Holyoke Soldiers Home		Attorney Client
7	DOC0047766	Tsai	Boyle, Sharon (EHS) Sharon.C.Boyle@MassMail.State.MA.US	Arons, Colleen M. (EHS) Colleen.M.Arons@MassMail.State.MA.US	Tsai, Daniel (EHS) Daniel.Tsai@MassMail.State.MA.US ; Mick, Catherine G (EHS) Catherine.G.Mick@MassMail.State.MA.US; Starr, Catherine (EHS) catherine.starr@MassMail.State.MA.US	3/30/2020 4:18:24 PM		Re: URGENT Holyoke soldiers' home statement and background		Attorney Client
8	DOC0047758	Tsai	Boyle, Sharon (EHS) Sharon.C.Boyle@MassMail.State.MA.US	Rego, Alda (EHS) Alda.Rego@MassMail.State.MA.US; Tsai, Daniel (EHS) Daniel.Tsai@MassMail.State.MA.US		3/30/2020 4:52:15 PM		FW: Draft - BW Paid Admin Leave-.docx	BWalshAdminLeave.doc	Attorney Client
9	DOC0047759	Tsai					3/30/2020 4:51:00 PM			Attorney Client
10	DOC0045540	Sudders	Boyle, Sharon (EHS) sharon.c.boyle@commonwealth of massachusetts.com	Sudders, Marylou (EHS) marylou.sudders1@commonwealth of massachusetts.com	Rego, Alda (EHS) alda.rego@commonwealth of massachusetts.com; Mick, Catherine G (EHS) e02bbf241d9b4ae0bccdda0d4fed@commonwealth of massachusetts.com; Povich, Lon F (EHS) 4626412b45e74aa6add58376b52@commonwealth of massachusetts.com	3/31/2020 5:53:48 PM		Termination - Superintendent Holyoke Soldiers Home		Attorney Client
11	DOC0047636	Tsai	Boyle, Sharon (EHS) Sharon.C.Boyle@MassMail.State.MA.US	Tsai, Daniel (EHS) Daniel.Tsai@MassMail.State.MA.US		3/31/2020 6:53:54 PM		Fwd: Termination - Superintendent Holyoke Soldiers Home		Attorney Client
12	DOC0048519	Tsai	Tsai, Daniel (EHS) dan.tsai@commonwealth of massachusetts.com	Sharon.C.Boyle@MassMail.State.MA.US		3/31/2020 6:55:18 PM		Re: Termination - Superintendent Holyoke Soldiers Home		Attorney Client

### EOHHS Privilege Log for Emails in GOV-Pearlstein Investigation Custodians: DiStefano, Powers, Sudders, Surreira, Tsai, Ureña

	A	B	C	D	E	F	G	H	I	J
1	BegControl	Custodian	From	To	Cc	Sent Date and Time	Document Modified Date	Email Subject	Attachment Names	Privilege Type
13	DOC0046725	Sudders	Sudders, Marylou (EHS) marylou.sudders1@commonwealth of massachusetts.com	Boyle, Sharon (EHS) sharon.c.boyle@commonwealth of massachusetts.com	Rego, Alda (EHS) alda.rego@commonwealth of massachusetts.com; Mick, Catherine G (EHS) e02bbf241d9b4ae0bccdda0d4fed@commonwealth of massachusetts.com; Povich, Lon F (EHS) 4626412b45e74aa6add58376b52@commonwealth of massachusetts.com	3/31/2020 7:10:37 PM		RE: Termination - Superintendent Holyoke Soldiers Home		Attorney Client
14	DOC0047629	Tsai	Boyle, Sharon (EHS) Sharon.C.Boyle@MassMail.State.MA.US	Tsai, Daniel (EHS) Daniel.Tsai@MassMail.State.MA.US; Rego, Alda (EHS) Alda.Rego@MassMail.State.MA.US; Mick, Catherine G (EHS) Catherine.G.Mick@MassMail.State.MA.US		3/31/2020 7:55:45 PM		Fw: Termination - Superintendent Holyoke Soldiers Home		Attorney Client
15	DOC0045537	Sudders	Boyle, Sharon (EHS) sharon.c.boyle@commonwealth of massachusetts.com	Sudders, Marylou (EHS) marylou.sudders1@commonwealth of massachusetts.com; Tsai, Daniel (EHS) dan.tsai@commonwealth of massachusetts.com	Rego, Alda (EHS) alda.rego@commonwealth of massachusetts.com; Mick, Catherine G (EHS) e02bbf241d9b4ae0bccdda0d4fed@commonwealth of massachusetts.com; Povich, Lon F (EHS) 4626412b45e74aa6add58376b52@commonwealth of massachusetts.com	3/31/2020 7:56:06 PM		Re: Termination - Superintendent Holyoke Soldiers Home		Attorney Client
16	DOC0047628	Tsai	Boyle, Sharon (EHS) Sharon.C.Boyle@MassMail.State.MA.US	Sudders, Marylou (EHS) Marylou.Sudders@MassMail.State.MA.US; Tsai, Daniel (EHS) Daniel.Tsai@MassMail.State.MA.US	Rego, Alda (EHS) Alda.Rego@MassMail.State.MA.US; Mick, Catherine G (EHS) Catherine.G.Mick@MassMail.State.MA.US; Povich, Lon F (EHS) Lon.F.Povich@MassMail.State.MA.US	3/31/2020 7:56:06 PM		Re: Termination - Superintendent Holyoke Soldiers Home		Attorney Client
17	DOC0048518	Tsai	Tsai, Daniel (EHS) dan.tsai@commonwealth of massachusetts.com	Boyle, Sharon (EHS) Sharon.C.Boyle@MassMail.State.MA.US; Rego, Alda (EHS) Alda.Rego@MassMail.State.MA.US; Mick, Catherine G (EHS) Catherine.G.Mick@MassMail.State.MA.US		3/31/2020 8:03:06 PM		Re: Termination - Superintendent Holyoke Soldiers Home		Attorney Client
18	DOC0047622	Tsai	Boyle, Sharon (EHS) Sharon.C.Boyle@MassMail.State.MA.US	Tsai, Daniel (EHS) Daniel.Tsai@MassMail.State.MA.US; Rego, Alda (EHS) Alda.Rego@MassMail.State.MA.US; Mick, Catherine G (EHS) Catherine.G.Mick@MassMail.State.MA.US		3/31/2020 9:24:04 PM		Re: Termination - Superintendent Holyoke Soldiers Home		Attorney Client

**EOHHS Privilege Log for Emails in GOV-Pearlstein Investigation  
Custodians: DiStefano, Powers, Sudders, Surreira, Tsai, Ureña**

	A	B	C	D	E	F	G	H	I	J
1	BegControl	Custodian	From	To	Cc	Sent Date and Time	Document Modified Date	Email Subject	Attachment Names	Privilege Type
19	DOC0047580	Tsai; Ureña	Boyle, Sharon (EHS) Sharon.C.Boyle@MassMail.State.MA.US	Tsai, Daniel (EHS) Daniel.Tsai@MassMail.State.MA.US ; Urena, Francisco (VET) francisco.urena@mass.gov	Ivimey, Stuart (VET) stuart.ivimey@MassMail.State.MA.US	4/1/2020 2:28:20 PM		Proposed meeting agenda		Attorney Client
20	DOC0049185	Ureña	Tsai, Daniel (EHS) Daniel.Tsai@MassMail.State.MA.US	Boyle, Sharon (EHS) Sharon.C.Boyle@MassMail.State.MA.US; Urena, Francisco (VET) francisco.urena@mass.gov	Ivimey, Stuart (VET) stuart.ivimey@MassMail.State.MA.US	4/1/2020 3:22:55 PM		Re: Proposed meeting agenda		Attorney Client
21	DOC0048509	Tsai	Tsai, Daniel (EHS) dan.tsai@commonwealth of massachusetts.com	Boyle, Sharon (EHS) Sharon.C.Boyle@MassMail.State.MA.US; Urena, Francisco (VET) francisco.urena@mass.gov	Ivimey, Stuart (VET) stuart.ivimey@MassMail.State.MA.US	4/1/2020 3:22:56 PM		Re: Proposed meeting agenda		Attorney Client
22	DOC0047574	Tsai; Ureña	Boyle, Sharon (EHS) Sharon.C.Boyle@MassMail.State.MA.US	Tsai, Daniel (EHS) Daniel.Tsai@MassMail.State.MA.US ; Urena, Francisco (VET) francisco.urena@mass.gov	Ivimey, Stuart (VET) stuart.ivimey@MassMail.State.MA.US	4/1/2020 3:42:42 PM		RE: Proposed meeting agenda		Attorney Client
23	DOC0048508	Tsai	Tsai, Daniel (EHS) dan.tsai@commonwealth of massachusetts.com	Boyle, Sharon (EHS) Sharon.C.Boyle@MassMail.State.MA.US; Urena, Francisco (VET) francisco.urena@mass.gov	Ivimey, Stuart (VET) stuart.ivimey@MassMail.State.MA.US	4/1/2020 3:56:13 PM		Re: Proposed meeting agenda		Attorney Client
24	DOC0049184	Ureña	Tsai, Daniel (EHS) Daniel.Tsai@MassMail.State.MA.US	Boyle, Sharon (EHS) Sharon.C.Boyle@MassMail.State.MA.US; Urena, Francisco (VET) francisco.urena@mass.gov	Ivimey, Stuart (VET) stuart.ivimey@MassMail.State.MA.US	4/1/2020 3:56:13 PM		Re: Proposed meeting agenda		Attorney Client
25	DOC0047572	Tsai; Ureña	Boyle, Sharon (EHS) Sharon.C.Boyle@MassMail.State.MA.US	Urena, Francisco (VET) francisco.urena@mass.gov; Ivimey, Stuart (VET) stuart.ivimey@MassMail.State.MA.US	Tsai, Daniel (EHS) Daniel.Tsai@MassMail.State.MA.US	4/1/2020 4:02:39 PM		Draft Agenda - Holyoke Soldiers Home Board of Trustees		Attorney Client
26	DOC0047552	Tsai	Boyle, Sharon (EHS) Sharon.C.Boyle@MassMail.State.MA.US	Tsai, Daniel (EHS) Daniel.Tsai@MassMail.State.MA.US	Mick, Catherine G (EHS) Catherine.G.Mick@MassMail.State.MA.US; Rego, Alda (EHS) Alda.Rego@MassMail.State.MA.US	4/1/2020 6:47:37 PM		FW: Holyoke Soldiers' Home statement from Bennett Walsh	Statement- Supt. Bennett Walsh-1.pdf	Attorney Client
27	DOC0047534	Tsai	Boyle, Sharon (EHS) Sharon.C.Boyle@MassMail.State.MA.US	Tsai, Daniel (EHS) Daniel.Tsai@MassMail.State.MA.US		4/1/2020 9:39:30 PM		Fw: Holyoke Soldiers' Home statement from Bennett Walsh	Statement- Supt. Bennett Walsh-1.pdf	Attorney Client
28	DOC0048352	Tsai	Daniel.Tsai@MassMail.State.MA.US	Boyle, Sharon (EHS) Sharon.C.Boyle@MassMail.State.MA.US		4/1/2020 11:22:13 PM		Re: Holyoke Soldiers' Home statement from Bennett Walsh		Attorney Client
29	DOC0048500	Tsai	Tsai, Daniel (EHS) dan.tsai@commonwealth of massachusetts.com	Boyle, Sharon (EHS) Sharon.C.Boyle@MassMail.State.MA.US		4/1/2020 11:22:14 PM		Re: Holyoke Soldiers' Home statement from Bennett Walsh		Attorney Client
30	DOC0049160	Ureña	Ivimey, Stuart (VET) stuart.ivimey@MassMail.State.MA.US	Kahn, Stephanie (EHS) Stephanie.Kahn@MassMail.State.MA.US	Moran, Paul J (VET) Paul.J.Moran2@mass.gov; Urena, Francisco (VET) francisco.urena@mass.gov	4/2/2020 8:50:58 AM		RE: Holyoke - Updated Information for Modification of Bennett Walsh Notice Letter:		Attorney Client
31	DOC0049159	Ureña	Ivimey, Stuart (VET) stuart.ivimey@MassMail.State.MA.US	Boyle, Sharon (EHS) Sharon.C.Boyle@MassMail.State.MA.US	Kahn, Stephanie (EHS) Stephanie.Kahn@MassMail.State.MA.US; Urena, Francisco (VET) francisco.urena@mass.gov; Moran, Paul J (VET) Paul.J.Moran2@mass.gov	4/2/2020 8:55:04 AM		AGENDA - HLY Board of Trustees Meeting		Attorney Client



### EOHHS Privilege Log for Emails in GOV-Pearlstein Investigation Custodians: DiStefano, Powers, Sudders, Surreira, Tsai, Ureña

	A	B	C	D	E	F	G	H	I	J
1	BegControl	Custodian	From	To	Cc	Sent Date and Time	Document Modified Date	Email Subject	Attachment Names	Privilege Type
32	DOC0049157	Ureña	Boyle, Sharon (EHS) Sharon.C.Boyle@MassMail.State.MA.US	Ivimey, Stuart (VET) stuart.ivimey@MassMail.State.MA.US	Kahn, Stephanie (EHS) Stephanie.Kahn@MassMail.State.MA.US; Urena, Francisco (VET) francisco.urena@mass.gov; Moran, Paul J (VET) Paul.J.Moran2@mass.gov	4/2/2020 9:02:03 AM		RE: AGENDA - HLY Board of Trustees Meeting		Attorney Client
33	DOC0047519	Tsai	Boyle, Sharon (EHS) Sharon.C.Boyle@MassMail.State.MA.US	Tsai, Daniel (EHS) Daniel.Tsai@MassMail.State.MA.US		4/2/2020 10:15:54 AM		FW: letter for Walsh	Letter to Walsh - Notice of Meeting.4.2.2020 SB edits final.docx	Attorney Client
34	DOC0047520	Tsai					4/2/2020 9:43:00 AM			Attorney Client
35	DOC0049153	Ureña	Ivimey, Stuart (VET) stuart.ivimey@MassMail.State.MA.US	Urena, Francisco (VET) francisco.urena@mass.gov; Moran, Paul J (VET) Paul.J.Moran2@mass.gov; Boyle, Sharon (EHS) Sharon.C.Boyle@MassMail.State.MA.US; Kahn, Stephanie (EHS) Stephanie.Kahn@MassMail.State.MA.US; kevin.jourdain@verizon.net		4/2/2020 10:19:49 AM		FW: Correspondence from Holyoke Soldiers' Home Board of Trustees	Letter to Walsh - Notice of Meeting.4.2.2020 SB (signed).pdf; Letter to Walsh - Notice of Meeting.4.2.2020 SB edits final.pdf	Attorney Client
36	DOC0049151	Ureña	Ivimey, Stuart (VET) stuart.ivimey@MassMail.State.MA.US	Preston, Anthony (VET) Anthony.Preston@mass.gov	Urena, Francisco (VET) francisco.urena@mass.gov; Moran, Paul J (VET) Paul.J.Moran2@mass.gov	4/2/2020 10:27:43 AM		FW: agenda	AGENDA (003).docx	Attorney Client
37	DOC0049152	Ureña					4/2/2020 10:25:00 AM			Attorney Client
38	DOC0047513	Tsai	Boyle, Sharon (EHS) Sharon.C.Boyle@MassMail.State.MA.US	Tsai, Daniel (EHS) Daniel.Tsai@MassMail.State.MA.US		4/2/2020 10:35:29 AM		FW: Correspondence from Holyoke Soldiers' Home Board of Trustees	Letter to Walsh - Notice of Meeting.4.2.2020 SB (signed).pdf; Letter to Walsh - Notice of Meeting.4.2.2020 SB edits final.pdf	Attorney Client
39	DOC0047489	Tsai	Boyle, Sharon (EHS) Sharon.C.Boyle@MassMail.State.MA.US	Tsai, Daniel (EHS) Daniel.Tsai@MassMail.State.MA.US		4/2/2020 4:58:00 PM		FW: Bennett Walsh		Attorney Client
40	DOC0047468	Tsai	Boyle, Sharon (EHS) Sharon.C.Boyle@MassMail.State.MA.US	Tsai, Daniel (EHS) Daniel.Tsai@MassMail.State.MA.US; Mick, Catherine G (EHS) Catherine.G.Mick@MassMail.State.MA.US		4/2/2020 11:48:39 PM		Fwd: Holyoke Soldiers' Home		Attorney Client
41	DOC0047429	Tsai	Boyle, Sharon (EHS) Sharon.C.Boyle@MassMail.State.MA.US	Tsai, Daniel (EHS) Daniel.Tsai@MassMail.State.MA.US	Rego, Alda (EHS) Alda.Rego@MassMail.State.MA.US; Mick, Catherine G (EHS) Catherine.G.Mick@MassMail.State.MA.US	4/3/2020 12:47:14 PM		FW: Holyoke Soldiers' Home		Attorney Client
42	DOC0048454	Tsai	Tsai, Daniel (EHS) dan.tsai@commonwealthofmassachusetts.com	Boyle, Sharon (EHS) Sharon.C.Boyle@MassMail.State.MA.US; Jona, Vered (EHS) Vered.Jona@MassMail.State.MA.US		4/5/2020 9:07:25 AM		Fw: Draft Board of Trustee Meeting Minutes - 3/10/20	BoT-Minutes-20203-Draft.pdf; ATT00001.htm	Attorney Client
43	DOC0047326	Tsai	Boyle, Sharon (EHS) Sharon.C.Boyle@MassMail.State.MA.US	Tsai, Daniel (EHS) Daniel.Tsai@MassMail.State.MA.US; Colombo, Lisa (Med School) Lisa.Colombo@umassmed.edu	Jona, Vered (EHS) Vered.Jona@MassMail.State.MA.US	4/5/2020 1:26:35 PM		HLY Soldiers Home Board Members		Attorney Client

### EOHHS Privilege Log for Emails in GOV-Pearlstein Investigation Custodians: DiStefano, Powers, Sudders, Surreira, Tsai, Ureña

	A	B	C	D	E	F	G	H	I	J
1	BegControl	Custodian	From	To	Cc	Sent Date and Time	Document Modified Date	Email Subject	Attachment Names	Privilege Type
44	DOC0049057	Ureña	Yankopoulos, Mark (HLY) Mark.Yankopoulos@mass.gov	Urena, Francisco (VET) francisco.urena@mass.gov	Moran, Paul J (VET) Paul.J.Moran2@mass.gov; Ivimey, Stuart (VET) stuart.ivimey@MassMail.State.MA.US	4/5/2020 5:33:13 PM		CONFIDENTIAL ATTORNEY CLIENT PRIVILEGE: Requested Presentaion Materials	BoT PP-February 18, 2020 - Final.pptx; BoT PP-March 10, 2020 - Final.pptx; BoT PP - March 12, 2019.pptx; BoT PP - April 9, 2019.pptx; BoT PP - May 14, 2019.pptx; BoT_April 10 2018.pptx; BoT Minutes_February 21, 2017.pdf; Interim Director's Report-February 17, 2016 BoT Meeting.docx; CP Supt. Report-April 26, 2016 Meeting.pdf; CP Supt. Report-May 24, 2016 Meeting.pdf; 2-3-15 Supt Rpt-Final.docx	Attorney Client
45	DOC0047202	Tsai	Colombo, Lisa (Med School) Lisa.Colombo@umassmed.edu	Boyle, Sharon (EHS) Sharon.C.Boyle@MassMail.State.MA.US	Tsai, Daniel (EHS) Daniel.Tsai@MassMail.State.MA.US ; Jona, Vered (EHS) Vered.Jona@MassMail.State.MA.US	4/5/2020 8:53:49 PM		Re: HLY Soldiers Home Board Members		Attorney Client
46	DOC0047163	Tsai	Jona, Vered (EHS) Vered.Jona@MassMail.State.MA.US	Tsai, Daniel (EHS) Daniel.Tsai@MassMail.State.MA.US ; Colombo, Lisa (Med School) Lisa.Colombo@umassmed.edu	Boyle, Sharon (EHS) Sharon.C.Boyle@MassMail.State.MA.US	4/6/2020 11:15:25 AM		Holyoke - Talking Points for Board Meeting	Dan Tsai - Talking points.docx; Lisa_Colombo-Talking_Points.docx	Attorney Client
47	DOC0047164	Tsai					4/6/2020 11:12:00 AM			Attorney Client
48	DOC0047165	Tsai					4/5/2020 10:33:00 PM			Attorney Client
49	DOC0047160	Tsai	Boyle, Sharon (EHS) Sharon.C.Boyle@MassMail.State.MA.US	Tsai, Daniel (EHS) Daniel.Tsai@MassMail.State.MA.US ; Colombo, Lisa (Med School) Lisa.Colombo@umassmed.edu; Arons, Colleen M. (EHS) Colleen.M.Arons@MassMail.State.MA.US	Jona, Vered (EHS) Vered.Jona@MassMail.State.MA.US	4/6/2020 11:23:53 AM		FW: Holyoke - Talking Points for Board Meeting	Dan Tsai - Talking points.docx; Lisa_Colombo-Talking_Points.docx	Attorney Client
50	DOC0047161	Tsai					4/6/2020 11:12:00 AM			Attorney Client
51	DOC0047162	Tsai					4/5/2020 10:33:00 PM			Attorney Client
52	DOC0047156	Tsai	Boyle, Sharon (EHS) Sharon.C.Boyle@MassMail.State.MA.US	Tsai, Daniel (EHS) Daniel.Tsai@MassMail.State.MA.US		4/6/2020 11:38:19 AM		FW: April 9 postponed _ QUESTIONS ON APRIL 11th MEETING	NorwoodCovid19Article.pdf; BoT Bylaws-Approved 12 13 16-FINAL.pdf	Attorney Client
53	DOC0047111	Tsai	Boyle, Sharon (EHS) Sharon.C.Boyle@MassMail.State.MA.US	Tsai, Daniel (EHS) Daniel.Tsai@MassMail.State.MA.US		4/6/2020 1:55:50 PM		FW: April 9 postponed _ QUESTIONS ON APRIL 11th MEETING	NorwoodCovid19Article.pdf; BoT Bylaws-Approved 12 13 16-FINAL.pdf	Attorney Client
54	DOC0045095	Sudders	Boyle, Sharon (EHS) sharon.c.boyle@commonwealth of massachusetts.com	Sudders, Marylou (EHS) marylou.sudders1@commonwealth of massachusetts.com	Tsai, Daniel (EHS) dan.tsai@commonwealth of massachusetts.com	4/6/2020 2:59:06 PM		FW: April 9 postponed _ QUESTIONS ON APRIL 11th MEETING	tmpNorwoodCovid19Article.pdf; tmpBoT Bylaws-Approved 12 13 16-FINAL.pdf	Attorney Client
55	DOC0047096	Tsai	Boyle, Sharon (EHS) Sharon.C.Boyle@MassMail.State.MA.US	Sudders, Marylou (EHS) Marylou.Sudders@MassMail.State.MA.US	Tsai, Daniel (EHS) Daniel.Tsai@MassMail.State.MA.US	4/6/2020 2:59:06 PM		FW: April 9 postponed _ QUESTIONS ON APRIL 11th MEETING	NorwoodCovid19Article.pdf; BoT Bylaws-Approved 12 13 16-FINAL.pdf	Attorney Client
56	DOC0045342	Sudders	Sudders, Marylou (EHS) marylou.sudders1@commonwealth of massachusetts.com	Boyle, Sharon (EHS) sharon.c.boyle@commonwealth of massachusetts.com	Tsai, Daniel (EHS) dan.tsai@commonwealth of massachusetts.com	4/6/2020 3:25:24 PM		RE: April 9 postponed _ QUESTIONS ON APRIL 11th MEETING		Attorney Client

**EOHHS Privilege Log for Emails in GOV-Pearlstein Investigation  
Custodians: DiStefano, Powers, Sudders, Surreira, Tsai, Ureña**

	A	B	C	D	E	F	G	H	I	J
1	BegControl	Custodian	From	To	Cc	Sent Date and Time	Document Modified Date	Email Subject	Attachment Names	Privilege Type
57	DOC0047094	Tsai	Sudders, Marylou (EHS) Marylou.Sudders@MassMail.State.MA.US	Boyle, Sharon (EHS) Sharon.C.Boyle@MassMail.State.MA.US	Tsai, Daniel (EHS) Daniel.Tsai@MassMail.State.MA.US	4/6/2020 3:25:24 PM		RE: April 9 postponed _ QUESTIONS ON APRIL 11th MEETING		Attorney Client
58	DOC0047093	Tsai	Sudders, Marylou (EHS) Marylou.Sudders@MassMail.State.MA.US	Boyle, Sharon (EHS) Sharon.C.Boyle@MassMail.State.MA.US	Tsai, Daniel (EHS) Daniel.Tsai@MassMail.State.MA.US	4/6/2020 3:29:56 PM		RE: April 9 postponed _ QUESTIONS ON APRIL 11th MEETING		Attorney Client
59	DOC0045341	Sudders	Sudders, Marylou (EHS) marylou.sudders1@commonwealth of massachusetts.com	Boyle, Sharon (EHS) sharon.c.boyle@commonwealth of massachusetts.com	Tsai, Daniel (EHS) dan.tsai@commonwealth of massachusetts.com	4/6/2020 3:29:57 PM		RE: April 9 postponed _ QUESTIONS ON APRIL 11th MEETING		Attorney Client
60	DOC0046976	Tsai	Tsai, Daniel (EHS) dan.tsai@commonwealth of massachusetts.com	Sudders, Marylou (EHS) Marylou.Sudders@MassMail.State.MA.US; Boyle, Sharon (EHS) Sharon.C.Boyle@MassMail.State.MA.US		4/6/2020 3:30:04 PM		Re: April 9 postponed _ QUESTIONS ON APRIL 11th MEETING		Attorney Client
61	DOC0045786	Sudders	Boyle, Sharon (EHS) sharon.c.boyle@commonwealth of massachusetts.com	Sudders, Marylou (EHS) marylou.sudders1@commonwealth of massachusetts.com	Tsai, Daniel (EHS) dan.tsai@commonwealth of massachusetts.com	4/6/2020 3:37:26 PM		RE: April 9 postponed _ QUESTIONS ON APRIL 11th MEETING		Attorney Client
62	DOC0047091	Tsai	Boyle, Sharon (EHS) Sharon.C.Boyle@MassMail.State.MA.US	Sudders, Marylou (EHS) Marylou.Sudders@MassMail.State.MA.US	Tsai, Daniel (EHS) Daniel.Tsai@MassMail.State.MA.US	4/6/2020 3:37:26 PM		RE: April 9 postponed _ QUESTIONS ON APRIL 11th MEETING		Attorney Client
63	DOC0045338	Sudders	Sudders, Marylou (EHS) marylou.sudders1@commonwealth of massachusetts.com	Boyle, Sharon (EHS) sharon.c.boyle@commonwealth of massachusetts.com	Tsai, Daniel (EHS) dan.tsai@commonwealth of massachusetts.com	4/6/2020 3:39:10 PM		RE: April 9 postponed _ QUESTIONS ON APRIL 11th MEETING		Attorney Client
64	DOC0047090	Tsai	Sudders, Marylou (EHS) Marylou.Sudders@MassMail.State.MA.US	Boyle, Sharon (EHS) Sharon.C.Boyle@MassMail.State.MA.US	Tsai, Daniel (EHS) Daniel.Tsai@MassMail.State.MA.US	4/6/2020 3:39:10 PM		RE: April 9 postponed _ QUESTIONS ON APRIL 11th MEETING		Attorney Client
65	DOC0047047	Tsai	Jona, Vered (EHS) Vered.Jona@MassMail.State.MA.US	Boyle, Sharon (EHS) Sharon.C.Boyle@MassMail.State.MA.US	Daniel.Tsai@MassMail.State.MA.US : Lisa Colombo Lisa.Colombo@umassmed.edu	4/7/2020 7:48:25 AM		Re: HLY Board Meeting		Attorney Client
66	DOC0045303	Sudders	Boyle, Sharon (EHS) sharon.c.boyle@commonwealth of massachusetts.com	Sudders, Marylou (EHS) marylou.sudders1@commonwealth of massachusetts.com; Tsai, Daniel (EHS) dan.tsai@commonwealth of massachusetts.com		4/7/2020 10:32:42 AM		HLY Soldiers Home Board Meeting		Attorney Client
67	DOC0047039	Tsai	Boyle, Sharon (EHS) Sharon.C.Boyle@MassMail.State.MA.US	Sudders, Marylou (EHS) Marylou.Sudders@MassMail.State.MA.US; Tsai, Daniel (EHS) Daniel.Tsai@MassMail.State.MA.US		4/7/2020 10:32:42 AM		HLY Soldiers Home Board Meeting		Attorney Client
68	DOC0046626	Sudders	Sudders, Marylou (EHS) marylou.sudders1@commonwealth of massachusetts.com	Boyle, Sharon (EHS) sharon.c.boyle@commonwealth of massachusetts.com		4/7/2020 10:41:18 AM		RE: HLY Soldiers Home Board Meeting		Attorney Client

## Appendix S: EOHHS Privilege Log for Emails in Pearlstein Investigation, Part 2

June 23, 2020

EOHHS Privilege Log for Emails in GOV-Pearlstein Investigation  
Custodian: Yankopoulos

BegControl	Custodian	From	To	Cc	Sent Date	Document Modified Date	Email Subject	Attachment Names	Privilege Type
DOC0008112	Yankopoulos	Walsh, Bennett (HLY) Bennett.Walsh@MassMail.State.MA.US	Yankopoulos, Mark (HLY) Mark.Yankopoulos@MassMail.State.MA.US		1/20/2020 6:46:59 PM		Re: couple questions (privileged & confidential)		Attorney Client
DOC0041209	Yankopoulos	Yankopoulos, Mark (HLY) 21ba2ed034e843a099579c04657@commonwealthofmassachusetts.com	Munic, Jerome (HLY) Jerome.Munic@MassMail.State.MA.US		1/24/2020 1:36:28 PM		Confidential		Attorney Client
DOC0040137	Yankopoulos	Walsh, Bennett (HLY) Bennett.Walsh@MassMail.State.MA.US	Yankopoulos, Mark (HLY) Mark.Yankopoulos@MassMail.State.MA.US	Shimel, Nancy (HLY) Nancy.Shimel@MassMail.State.MA.US	1/27/2020 11:31:18 AM		FW: couple questions (privileged & confidential)		Attorney Client
DOC0039540	Yankopoulos	Unspecified Sender			1/30/2020 8:24:50 AM		Quick question		Attorney Client
DOC0041162	Yankopoulos	Yankopoulos, Mark (HLY) 21ba2ed034e843a099579c04657@commonwealthofmassachusetts.com	Ivimey, Stuart (VET) stuart.ivimey@MassMail.State.MA.US		1/30/2020 3:22:46 PM		Quick question		Attorney Client
DOC0040119	Yankopoulos	Ivimey, Stuart (VET) stuart.ivimey@MassMail.State.MA.US	Yankopoulos, Mark (HLY) Mark.Yankopoulos@MassMail.State.MA.US		1/30/2020 3:31:21 PM		RE: Quick question		Attorney Client
DOC0041161	Yankopoulos	Yankopoulos, Mark (HLY) 21ba2ed034e843a099579c04657@commonwealthofmassachusetts.com	Ivimey, Stuart (VET) stuart.ivimey@MassMail.State.MA.US		1/30/2020 3:37:18 PM		RE: Quick question		Attorney Client
DOC0041158	Yankopoulos	Yankopoulos, Mark (HLY) 21ba2ed034e843a099579c04657@commonwealthofmassachusetts.com	Ivimey, Stuart (VET) stuart.ivimey@MassMail.State.MA.US		1/31/2020 8:45:48 AM		RE: Quick question		Attorney Client
DOC0041095	Yankopoulos	Yankopoulos, Mark (HLY) 21ba2ed034e843a099579c04657@commonwealthofmassachusetts.com	Walsh, Bennett (HLY) Bennett.Walsh@MassMail.State.MA.US	Shimel, Nancy (HLY) Nancy.Shimel@MassMail.State.MA.US	2/13/2020 11:21:22 AM		RE: couple questions (privileged & confidential)		Attorney Client
DOC0005507	Yankopoulos	Walsh, Bennett (HLY) Bennett.Walsh@MassMail.State.MA.US	Yankopoulos, Mark (HLY) Mark.Yankopoulos@MassMail.State.MA.US	Shimel, Nancy (HLY) Nancy.Shimel@MassMail.State.MA.US	2/13/2020 4:20:10 PM		Re: couple questions (privileged & confidential)		Attorney Client
DOC0040973	Yankopoulos	Yankopoulos, Mark (HLY) 21ba2ed034e843a099579c04657@commonwealthofmassachusetts.com	Ivimey, Stuart (VET) stuart.ivimey@MassMail.State.MA.US		2/26/2020 3:00:14 PM		Open Meeting Law Question		Attorney Client
DOC0039976	Yankopoulos	Ivimey, Stuart (VET) stuart.ivimey@MassMail.State.MA.US	Yankopoulos, Mark (HLY) Mark.Yankopoulos@MassMail.State.MA.US	kevin.jourdain@verizon.net	2/27/2020 10:26:04 AM		RE: Open Meeting Law Question		Attorney Client
DOC0040971	Yankopoulos	Yankopoulos, Mark (HLY) 21ba2ed034e843a099579c04657@commonwealthofmassachusetts.com	Ivimey, Stuart (VET) stuart.ivimey@MassMail.State.MA.US		2/27/2020 10:29:56 AM		RE: Open Meeting Law Question		Attorney Client

EOHHS Privilege Log for Emails in GOV-Pearlstein Investigation  
Custodian: Yankopoulos

BegControl	Custodian	From	To	Cc	Sent Date	Document Modified Date	Email Subject	Attachment Names	Privilege Type
DOC0040951	Yankopoulos	Yankopoulos, Mark (HLY) 21ba2ed034e843a099579c04657@commonwealthofmassachusetts.com	Gousy, Norman (HLY) Norman.Gousy@mass.gov	Walsh, Bennett (HLY) Bennett.Walsh@mass.gov	3/3/2020 1:11:02 PM		RE: Trustee Account policy	Management of the Trustee Account draft (3)_MY edits.doc; Chelsea Management of the Donation Account (3)_MY edits.doc	Attorney Client
DOC0040952	Yankopoulos					3/3/2020 1:03:00 PM			Attorney Client; Work Product
DOC0040953	Yankopoulos					3/3/2020 1:08:00 PM			Attorney Client; Work Product
DOC0040936	Yankopoulos	Yankopoulos, Mark (HLY) 21ba2ed034e843a099579c04657@commonwealthofmassachusetts.com	Deacon, Matthew (CHE) matthew.deacon@mass.gov		3/5/2020 2:56:28 PM		A couple of Questions		Attorney Client
DOC0039953	Yankopoulos	Deacon, Matthew (CHE) matthew.deacon@mass.gov	Yankopoulos, Mark (HLY) Mark.Yankopoulos@mass.gov		3/6/2020 8:53:11 AM		RE: A couple of Questions		Attorney Client
DOC0040932	Yankopoulos	Yankopoulos, Mark (HLY) 21ba2ed034e843a099579c04657@commonwealthofmassachusetts.com	Gosselin, Vanessa (HLY) Vanessa.Gosselin@mass.gov; Walsh, Bennett (HLY) Bennett.Walsh@mass.gov	Lauziere, Vanessa (HLY) Vanessa.R.Lauziere@mass.gov	3/6/2020 10:49:18 AM		RE: question		Attorney Client
DOC0039936	Yankopoulos	Tranghese, David (HLY) David.Tranghese2@mass.gov	Yankopoulos, Mark (HLY) Mark.Yankopoulos@mass.gov		3/10/2020 3:53:24 PM		Your Question		Attorney Client; Work Product
DOC0040916	Yankopoulos	Yankopoulos, Mark (HLY) 21ba2ed034e843a099579c04657@commonwealthofmassachusetts.com	Tranghese, David (HLY) David.Tranghese2@mass.gov		3/10/2020 5:47:53 PM		RE: Your Question		Attorney Client
DOC0040882	Yankopoulos	Yankopoulos, Mark (HLY) 21ba2ed034e843a099579c04657@commonwealthofmassachusetts.com	Surreira, Celeste (HLY) celeste.surreira@mass.gov	Lauziere, Vanessa (HLY) Vanessa.R.Lauziere@mass.gov; Lariviere, Linda (HLY) Linda.Lariviere@mass.gov	3/19/2020 10:29:15 AM		RE: abuse log		Attorney Client
DOC0039774	Yankopoulos	Shimel, Nancy (HLY) Nancy.Shimel@mass.gov	Urena, Francisco (VET) francisco.urena@mass.gov	Ivimey, Stuart (VET) stuart.ivimey@MassMail.State.MA.US; Yankopoulos, Mark (HLY) Mark.Yankopoulos@mass.gov	3/31/2020 11:57:40 AM		Draft Board of Trustee Meeting Minutes - 3/10/20	BoT-Minutes-20203-Draft.pdf	Attorney Client
DOC0039775	Yankopoulos					3/31/2020 11:56:40 AM			Attorney Client
DOC0039773	Yankopoulos	Ivimey, Stuart (VET) stuart.ivimey@MassMail.State.MA.US	Shimel, Nancy (HLY) Nancy.Shimel@mass.gov; Urena, Francisco (VET) francisco.urena@mass.gov	Yankopoulos, Mark (HLY) Mark.Yankopoulos@mass.gov	3/31/2020 11:59:39 AM		RE: Draft Board of Trustee Meeting Minutes - 3/10/20		Attorney Client
DOC0039770	Yankopoulos	Ivimey, Stuart (VET) stuart.ivimey@MassMail.State.MA.US	Shimel, Nancy (HLY) Nancy.Shimel@mass.gov; Urena, Francisco (VET) francisco.urena@mass.gov	Yankopoulos, Mark (HLY) Mark.Yankopoulos@mass.gov	3/31/2020 12:05:41 PM		RE: Draft Board of Trustee Meeting Minutes - 3/10/20		Attorney Client
DOC0039765	Yankopoulos	Shimel, Nancy (HLY) Nancy.Shimel@mass.gov	Yankopoulos, Mark (HLY) Mark.Yankopoulos@mass.gov		3/31/2020 2:30:54 PM		FW: covid conf call with BOT-Tuesday 5:00pm		Attorney Client

EOHHS Privilege Log for Emails in GOV-Pearlstein Investigation  
Custodian: Yankopoulos

BegControl	Custodian	From	To	Cc	Sent Date	Document Modified Date	Email Subject	Attachment Names	Privilege Type
DOC0040768	Yankopoulos	Yankopoulos, Mark (HLY) 21ba2ed034e843a099579c04657@commonwealthofmassachusetts.com	Shimel, Nancy (HLY) Nancy.Shimel@mass.gov		3/31/2020 2:34:33 PM		RE: covid conf call with BOT- Tuesday 5:00pm		Attorney Client
DOC0040764	Yankopoulos	Yankopoulos, Mark (HLY) 21ba2ed034e843a099579c04657@commonwealthofmassachusetts.com	Shimel, Nancy (HLY) Nancy.Shimel@mass.gov	Liptak, Valenda (DPH) Valenda.Liptak@MassMail.State.MA.US	3/31/2020 3:02:44 PM		RE: covid conf call with BOT- Tuesday 5:00pm		Attorney Client
DOC0039763	Yankopoulos	Shimel, Nancy (HLY) Nancy.Shimel@mass.gov	Yankopoulos, Mark (HLY) Mark.Yankopoulos@mass.gov		3/31/2020 3:05:34 PM		RE: covid conf call with BOT- Tuesday 5:00pm		Attorney Client
DOC0040746	Yankopoulos	Yankopoulos, Mark (HLY) 21ba2ed034e843a099579c04657@commonwealthofmassachusetts.com	Ivimey, Stuart (VET) stuart.ivimey@MassMail.State.MA.US	Deacon, Matthew (CHE) matthew.deacon@mass.gov	4/1/2020 9:13:32 AM		Legal Counsel Conference Call		Attorney Client
DOC0039749	Yankopoulos	Ivimey, Stuart (VET) stuart.ivimey@MassMail.State.MA.US	Boyle, Sharon (EHS) Sharon.C.Boyle@MassMail.State.MA.US	Kahn, Stephanie (EHS) Stephanie.Kahn@MassMail.State.MA.US; Yankopoulos, Mark (HLY) Mark.Yankopoulos@mass.gov	4/1/2020 11:57:34 AM		FW: HLY Soldiers Home		Attorney Client
DOC0039748	Yankopoulos	Kahn, Stephanie (EHS) Stephanie.Kahn@MassMail.State.MA.US	Ivimey, Stuart (VET) stuart.ivimey@MassMail.State.MA.US	Boyle, Sharon (EHS) Sharon.C.Boyle@MassMail.State.MA.US; Yankopoulos, Mark (HLY) Mark.Yankopoulos@mass.gov	4/1/2020 12:00:12 PM		Re: HLY Soldiers Home		Attorney Client
DOC0039747	Yankopoulos	Boyle, Sharon (EHS) Sharon.C.Boyle@MassMail.State.MA.US	Ivimey, Stuart (VET) stuart.ivimey@MassMail.State.MA.US	Kahn, Stephanie (EHS) Stephanie.Kahn@MassMail.State.MA.US; Yankopoulos, Mark (HLY) Mark.Yankopoulos@mass.gov	4/1/2020 12:00:20 PM		RE: HLY Soldiers Home		Attorney Client
DOC0039745	Yankopoulos	Ivimey, Stuart (VET) stuart.ivimey@MassMail.State.MA.US	Kahn, Stephanie (EHS) Stephanie.Kahn@MassMail.State.MA.US	Boyle, Sharon (EHS) Sharon.C.Boyle@MassMail.State.MA.US; Yankopoulos, Mark (HLY) Mark.Yankopoulos@mass.gov	4/1/2020 12:18:25 PM		RE: HLY Soldiers Home		Attorney Client
DOC0039742	Yankopoulos	Kahn, Stephanie (EHS) Stephanie.Kahn@MassMail.State.MA.US	Ivimey, Stuart (VET) stuart.ivimey@MassMail.State.MA.US	Boyle, Sharon (EHS) Sharon.C.Boyle@MassMail.State.MA.US; Yankopoulos, Mark (HLY) Mark.Yankopoulos@mass.gov	4/1/2020 12:56:32 PM		Re: HLY Soldiers Home		Attorney Client
DOC0039741	Yankopoulos	Ivimey, Stuart (VET) stuart.ivimey@MassMail.State.MA.US	Yankopoulos, Mark (HLY) Mark.Yankopoulos@mass.gov		4/1/2020 2:00:54 PM		FW: Soldiers' Home in Massachusetts		Attorney Client

EOHHS Privilege Log for Emails in GOV-Pearlstein Investigation  
Custodian: Yankopoulos

BegControl	Custodian	From	To	Cc	Sent Date	Document Modified Date	Email Subject	Attachment Names	Privilege Type
DOC0040737	Yankopoulos	Yankopoulos, Mark (HLY) 21ba2ed034e843a099579c04657@commonwealthofmassachusetts.com	Ivimey, Stuart (VET) stuart.ivimey@MassMail.State.MA.US		4/1/2020 2:31:21 PM		RE: Soldiers' Home in Massachusetts		Attorney Client
DOC0039740	Yankopoulos	Ivimey, Stuart (VET) stuart.ivimey@MassMail.State.MA.US	Yankopoulos, Mark (HLY) Mark.Yankopoulos@mass.gov		4/1/2020 2:31:31 PM		FW: Soldiers' Home in Massachusetts		Attorney Client
DOC0040736	Yankopoulos	Yankopoulos, Mark (HLY) 21ba2ed034e843a099579c04657@commonwealthofmassachusetts.com	Ivimey, Stuart (VET) stuart.ivimey@MassMail.State.MA.US		4/1/2020 2:34:04 PM		RE: Soldiers' Home in Massachusetts		Attorney Client
DOC0039739	Yankopoulos	Ivimey, Stuart (VET) stuart.ivimey@MassMail.State.MA.US	Yankopoulos, Mark (HLY) Mark.Yankopoulos@mass.gov		4/1/2020 2:35:52 PM		RE: Soldiers' Home in Massachusetts		Attorney Client
DOC0040735	Yankopoulos	Yankopoulos, Mark (HLY) 21ba2ed034e843a099579c04657@commonwealthofmassachusetts.com	Ivimey, Stuart (VET) stuart.ivimey@MassMail.State.MA.US		4/1/2020 2:42:58 PM		RE: Soldiers' Home in Massachusetts		Attorney Client
DOC0039738	Yankopoulos	Ivimey, Stuart (VET) stuart.ivimey@MassMail.State.MA.US	Kahn, Stephanie (EHS) Stephanie.Kahn@MassMail.State.MA.US	Yankopoulos, Mark (HLY) Mark.Yankopoulos@mass.gov	4/1/2020 2:50:23 PM		RE: Soldiers' Home in Massachusetts		Attorney Client
DOC0039737	Yankopoulos	Kahn, Stephanie (EHS) Stephanie.Kahn@MassMail.State.MA.US	Ivimey, Stuart (VET) stuart.ivimey@MassMail.State.MA.US	Yankopoulos, Mark (HLY) Mark.Yankopoulos@mass.gov	4/1/2020 3:01:14 PM		Re: Soldiers' Home in Massachusetts		Attorney Client
DOC0039733	Yankopoulos	Shimel, Nancy (HLY) Nancy.Shimel@mass.gov	Yankopoulos, Mark (HLY) Mark.Yankopoulos@mass.gov		4/1/2020 4:34:11 PM		FW: Regular Board of Trustees Meeting		Attorney Client
DOC0040732	Yankopoulos	Yankopoulos, Mark (HLY) 21ba2ed034e843a099579c04657@commonwealthofmassachusetts.com	Shimel, Nancy (HLY) Nancy.Shimel@mass.gov		4/1/2020 4:36:08 PM		RE: Regular Board of Trustees Meeting		Attorney Client
DOC0039724	Yankopoulos	Ivimey, Stuart (VET) stuart.ivimey@MassMail.State.MA.US	Yankopoulos, Mark (HLY) Mark.Yankopoulos@mass.gov		4/2/2020 9:48:44 AM		FW: letter for Walsh	Letter to Walsh - Notice of Meeting.4.2.2020 SB edits final.docx	Attorney Client
DOC0039725	Yankopoulos					4/2/2020 9:43:00 AM			Attorney Client; Work Product
DOC0039723	Yankopoulos	Ivimey, Stuart (VET) stuart.ivimey@MassMail.State.MA.US	Boyle, Sharon (EHS) Sharon.C.Boyle@MassMail.State.MA.US	Kahn, Stephanie (EHS) Stephanie.Kahn@MassMail.State.MA.US; Yankopoulos, Mark (HLY) Mark.Yankopoulos@mass.gov	4/2/2020 9:55:12 AM		RE: letter for Walsh		Attorney Client
DOC0039722	Yankopoulos	Boyle, Sharon (EHS) Sharon.C.Boyle@MassMail.State.MA.US	Ivimey, Stuart (VET) stuart.ivimey@MassMail.State.MA.US	Kahn, Stephanie (EHS) Stephanie.Kahn@MassMail.State.MA.US; Yankopoulos, Mark (HLY) Mark.Yankopoulos@mass.gov	4/2/2020 9:57:03 AM		RE: letter for Walsh		Attorney Client

EOHHS Privilege Log for Emails in GOV-Pearlstein Investigation  
Custodian: Yankopoulos

BegControl	Custodian	From	To	Cc	Sent Date	Document Modified Date	Email Subject	Attachment Names	Privilege Type
DOC0039721	Yankopoulos	Boyle, Sharon (EHS) Sharon.C.Boyle@MassMail.State.MA.US	Ivimey, Stuart (VET) stuart.ivimey@MassMail.State.MA.US	Kahn, Stephanie (EHS) Stephanie.Kahn@MassMail.State.MA.US; Yankopoulos, Mark (HLY) Mark.Yankopoulos@mass.gov	4/2/2020 9:59:14 AM		RE: letter for Walsh		Attorney Client
DOC0039707	Yankopoulos	Ivimey, Stuart (VET) stuart.ivimey@MassMail.State.MA.US	Yankopoulos, Mark (HLY) Mark.Yankopoulos@mass.gov	Urena, Francisco (VET) francisco.urena@mass.gov; Moran, Paul J (VET) Paul.J.Moran2@mass.gov	4/2/2020 11:25:19 AM		Affidavit of Service	Affidavit of Mark Yankopoulos - 2 Apr 20.docx	Attorney Client
DOC0039708	Yankopoulos					4/2/2020 11:14:00 AM			Work Product
DOC0039287	Yankopoulos	Unspecified Sender	Ivimey, Stuart (VET) stuart.ivimey@MassMail.State.MA.US		4/2/2020 11:38:47 AM		RE: Affidavit of Service	Affidavit of Mark Yankopoulos - 2 Apr 20 (signed).pdf	Attorney Client
DOC0039704	Yankopoulos	Ivimey, Stuart (VET) stuart.ivimey@MassMail.State.MA.US	Yankopoulos, Mark (HLY) Mark.Yankopoulos@mass.gov		4/2/2020 11:40:31 AM		FW: agenda	AGENDA (003).docx	Attorney Client
DOC0039705	Yankopoulos					4/2/2020 10:25:00 AM			Attorney Client; Work Product
DOC0040721	Yankopoulos	Yankopoulos, Mark (HLY) 21ba2ed034e843a099579c04657@commonwealth of massachusetts.com	Ivimey, Stuart (VET) stuart.ivimey@MassMail.State.MA.US		4/2/2020 11:40:39 AM		RE: Affidavit of Service	Affidavit of Mark Yankopoulos - 2 Apr 20 (signed).pdf	Attorney Client
DOC0040722	Yankopoulos					4/2/2020 11:40:38 AM			Work Product
DOC0039641	Yankopoulos	Ivimey, Stuart (VET) stuart.ivimey@MassMail.State.MA.US	Yankopoulos, Mark (HLY) Mark.Yankopoulos@mass.gov	Boyle, Sharon (EHS) Sharon.C.Boyle@MassMail.State.MA.US	4/5/2020 5:24:47 PM		Notice Letter to Bennet Walsh	Letter to Walsh - Notice of April 11 2020 meeting - EXECUTION Draft (2)- 4 Apr 20.docx	Attorney Client; Work Product
DOC0039642	Yankopoulos					4/5/2020 5:20:00 PM			Attorney Client; Work Product
DOC0040661	Yankopoulos	Yankopoulos, Mark (HLY) 21ba2ed034e843a099579c04657@commonwealth of massachusetts.com	Ivimey, Stuart (VET) stuart.ivimey@MassMail.State.MA.US	Boyle, Sharon (EHS) Sharon.C.Boyle@MassMail.State.MA.US	4/5/2020 5:26:46 PM		RE: Notice Letter to Bennet Walsh		Attorney Client; Work Product



## Appendix T: EOHHS Privilege Log for Text Messages in Pearlstein Investigation

June 9, 2020

### EOHHS Privilege Log for Text Messages in GOV-Pearlstein Investigation

Custodians: Mick, Sudders, Tsai, Ureña

	Custodian	From	To	Sent Date	Sent Time	General Subject Matter	Privilege Type	PDF	Pg. #, Line/Thread
1	Sudders	Daniel Tsai	Marylou Sudders	4/1/2020	10:02 PM	Reflects advice of EOHHS GC, Sharon Boyle	Attorney Client Privilege	Chats	85, thread 29
2	Tsai	Francisco Ureña	Daniel Tsai	4/1/2020	9:07 AM	Reflects advice of EOHHS GC, Sharon Boyle and DVS GC Stuart Ivimey	Attorney Client Privilege	SMS	4, line 16
3	Tsai	Daniel Tsai	Marylou Sudders; Sharon Torgerson	4/1/2020	12:49 PM	Discussing legal strategy of meeting	Attorney Client Privilege	SMS	4, line 24
4	Tsai	Daniel Tsai	Marylou Sudders; Sharon Torgerson	4/1/2020	12:52 PM	Discussing legal strategy of meeting	Attorney Client Privilege	SMS	4, line 25
5	Tsai	Daniel Tsai	Francisco Ureña; Sharon Boyle; Alda Rego	4/2/2020	7:42 AM	Requesting draft document from EOHHS GC, Sharon Boyle	Attorney Client Privilege	SMS	6, line 42
6	Tsai	Sharon Boyle	Daniel Tsai; Francisco Ureña	4/2/2020	6:54 PM	Reflecting privileged call with DVS, BOT	Attorney Client Privilege	SMS	8, line 60
7	Mick	Francisco Ureña	Catherine Mick	4/1/2020	7:17 AM	Discussing legal review of document	Attorney Client Privilege	SMS	7, line 60
8	Mick	Catherine Mick	Francisco Ureña	4/1/2020	7:20 AM	"Liking" above privileged message	Attorney Client Privilege	SMS	7, line 61
9	Tsai	Daniel Tsai	Sharon Boyle; Lauren Peters; Leslie Darcy	3/17/2020	12:25 AM	Discussing EOHHS GC, Sharon Boyle, drafting guidance	Attorney Client Privilege	Chats	10, thread 13
10	Ureña	Francisco Ureña	Catherine Mick	4/1/2020	7:17 AM	Discussing legal review of document	Attorney Client Privilege	CM	5, line 55
11	Ureña	Catherine Mick	Francisco Ureña	4/1/2020	7:20 AM	"Liking" above privileged message	Attorney Client Privilege	CM	5, line 56
12	Ureña	Francisco Ureña	Daniel Tsai	4/1/2020	9:07 AM	Reflects advice of EOHHS GC, Sharon Boyle and DVS GC Stuart Ivimey	Attorney Client Privilege	DT	1, line 5

## **Appendix U: Cover Letter from Secretary Sudders Regarding Staffing Data**

March 18, 2021

The Honorable Linda Dean Campbell  
Special Joint Oversight Committee on the Soldiers' Home in Holyoke  
Massachusetts House of Representatives  
The State House RM 238  
Boston, MA 02133

The Honorable Michael F. Rush  
Massachusetts Senate  
Special Joint Committee on the Soldiers' Home in Holyoke  
The State House RM 109-C  
Boston, MA 02133

Dear Madame Chairwoman and Mister Chairman:

Thank you for inviting Secretary Poppe and me to testify at the hearings on January 21 and February 9. We look forward to continuing our partnership with you to ensure our aging veteran population in the Commonwealth receives the best care possible with dignity, honor and respect. As a follow up to our testimonies, I would like to share the additional information requested by members of the committee as well as your recent letter of March 5<sup>th</sup>.

The Administration has spent the past year taking strong and deliberate measures to implement meaningful and sustainable change to support veteran residents, their families, and staff at the Home. Newly implemented leadership roles, clinical protocols and procedures, and communications have proven invaluable as we continue to move forward.

To illustrate the work completed and ongoing at the Soldiers' Home in Holyoke since the beginning of the pandemic, I have included former Interim Superintendent Val Liptak's transition plan (Attachment #1: The Soldiers Home in Holyoke Transition Plan). This plan addresses staffing needs within the facility and the status of reforms and continued initiatives at the Home (staff education, social services, infection control, Refresh Project, etc.).

While we have been able to make progress, it has not been without significant challenges due to the current confines of the law. We urge continued reforms so that we can all move forward with a shared understanding as expeditiously as possible by:

- Eliminating the ambiguity in different sections of statute, including clarifying the authority to appoint Superintendents in the executive branch.
- Requiring two Board members to have a health care background, either as a clinician or administrator, and expanding the board from seven members to nine

members and include the Secretary of the Department of Veteran Services (DVS) and the Secretary of the Executive Office of Health and Human Services (EOHHS), as ex-officio members.

- Aligning the two Soldiers' Homes statutes with regard to governance, appointing authority and scope of the role of the Trustees.

At the February hearing, the Committee requested Boards of Trustee vacancy information for both Homes in Holyoke and Chelsea. I have included that document as Attachment #2: Board of Trustee Vacancy Review.

In the summer of 2020 following the release of the Pearlstein report, the Baker-Polito Administration proposed reforms that would require health care and management expertise at several levels both directly at the Home and at the Department of Veterans' Services, all of which would contribute to experienced, knowledgeable oversight of the facility. Additionally, under the reforms there is a new position of Assistant Secretary for Veterans' Homes at the Department of Veterans' Services whose primary responsibility is to support the Secretary of Veterans' Services in oversight and management of the Soldiers' Homes. That individual is required to have health care management experience; this position was filled by Eric Sheehan, JD, ACHE.

The Pearlstein report recommended that the Superintendent of the home be a licensed nursing home administrator. Although a nursing home administrator license is a valuable credential, limiting the applicant pool to exclusively those with this specific license would exclude other potentially highly qualified health care administrators and severely shrink the applicant pool. Some of the requirements for this licensure category are not applicable to a state operated facility with regard to capital financing and other state regulatory requirements.

There are highly qualified individuals who would be strong, appropriate leaders of a medical facility - for example the head of a hospital - that would be excluded. Val Liptak, the former Interim Administrator of the Home would not be qualified to be a candidate. As we continue to search for new and qualified candidates to lead our Soldiers' Homes, we follow a strictly outlined hiring and appointment process. This process includes a well-rounded job description aligned with a recruitment strategy; a pre-screen to make sure all candidates are reviewed against the minimum entrance qualifications; a robust interview process with a panel of those within the organization in collaboration with Talent Acquisition. This is then followed by candidate selection process, background check, formal offer and acceptance, and onboarding.

The Soldiers' Home in Holyoke is surveyed by the federal Veterans Administration annually and the Joint Commission every three years. Joint Commission accreditation is considered the gold standard of care. Holyoke voluntarily opted into the accreditation process. Unlike the Soldiers' Home in Chelsea, the Soldiers' Home in Holyoke is not certified by The Centers for Medicare and Medicaid Services (CMS), because the Soldiers' Home in Holyoke does not accept Medicaid as a payer. However, they did request and received a survey from the Department of Public Health, which serves as

the state surveyor for CMS in Massachusetts.

In regard to your questions about the ideal mix of full-time and part-time staff at the Soldiers' Home, I concur with Secretary Poppe's testimony. Direct care staff should contain a mix of full-time and part-time employees, which allows for stability and continuity provided by permanent full-time employees, and also allows for part-time employees to provide the flexibility to cover varied shifts and meet sometimes changing clinical needs. Determining the optimal mix requires us to continue to evaluate the resident care needs and staff make-up on a regular and ongoing basis. There is no ideal ratio of full-time to part-time for a long-term care facility, but what has been observed as working well in other long-term care facilities is a majority of full-time, somewhere between 60 - 80% of employees with part-time employees, making up the rest of the staff.

Please see below for information on staffing at the Soldiers' Home in Holyoke, including those hired, separated, full-time, part-time, and per diem from January 1, 2015 to present.

- **330 Direct Patient Care Hires**
  - 89 Still Active
    - 21 Full-Time
    - 58 Part-Time
    - 10 Per Diem
  - 241 Separated (i.e. Resigned, Retired or Terminated)
    - 26 Full-Time
    - 171 Part-Time
    - 44 Per Diem
- **131 Non-Direct Patient Care Hires**
  - 65 Still Active
    - 46 Full-Time
    - 17 Part-Time
    - 2 Per Diem (one has since converted to a full-time employee)
  - 66 Separated (i.e. Resigned, Retired or Terminated)
    - 34 Full-Time
    - 28 Part-Time
    - 4 Per Diem

Additionally, we have provided an in-depth analysis of staffing trends at the Soldiers' Home in Holyoke in Attachment #3: Holyoke Turnover Analysis. This analysis breaks down the staffing data at the Soldiers' Home in Holyoke from Fiscal Years 2018 to 2021 YTD. This data includes metrics that the human resources team with EOHHS, DVS and staff at the Home rely on to monitor hiring and staffing trends. The staffing metrics include a review of historical hiring, terminations, job types, and full-time/part-time breakdown: and, the data broken down by job title, including type of clinical staff, facility service worker, and management positions (noted as M-1 - M-10). This data is helpful in monitoring trends and complements the on-the-ground staffing office at the Home,

which develops and maintains the permanent staffing schedule and ensures continued adequate staffing ratios for patient care.

Your recent letter requested 2015 Early Retirement Incentive Program (ERIP) information for the Home. Attachment #4 details the Homes' employees who took the ERIP in 2015 and which of those positions were backfilled. To summarize the information, a total of 45 employees elected to exercise the ERIP option in 2015 and 40 of those positions were backfilled over time while 5 positions were eliminated.

In addition to the ERIP information, you also requested data pertaining to staffing levels at the Home currently and just prior to the COVID-19 outbreak in March 2020; this information is included as Attachment #5: Administrators and Direct Care Staff March 2020 vs March 2021. This information breaks out the filled number of administrators and direct care clinical staff and their license type just prior to the outbreak and current. Attachment #6, entitled: Holyoke Vacancies and Postings, includes a list of unfilled positions at the Home currently as well as prior to the outbreak in March 2020.

This pandemic has been particularly devastating for all of our Commonwealth's long-term care facilities, their residents, the staff and their loved ones. Out of the 16,339 COVID-19 related deaths in Massachusetts, 8,765 (or 53.6%) are associated with Long-Term Care facilities. We remain steadfast in our commitment to ensure that these facilities are as safe as possible and that the residents are cared for with compassion and dignity.

Please do not hesitate to contact me if there are any questions or any additional information needed. Thank you for your dedication to our Massachusetts veterans.

Sincerely,



Marylou Sudders

Cc: Senator Walter F. Timilty  
Secretary Cheryl Poppe, Department of Veterans' Services Alda Rego, Assistant Secretary for Administration and Finance

## **Appendix V: HSH Transitional Plan**

ATTACHMENT #1

### **The Soldiers Home in Holyoke Transitional Plan**

**Submitted by Valenda M. Liptak, MM, RN  
Administrator of the Soldiers Home in Holyoke**

**3/30/2020 – 12/18/2020**

**This overview covers the high level status of the work completed at the Soldiers Home in Holyoke (SHH) and next steps needed/recommended.**

**In addition to the summary attached are several documents that have been created and assigned to members of the SHH Team to continue the processes and procedures that have initiated.**

**Please note there are additional department evaluations that need to be completed with the change in census, increase in support staff, and improvements in the overall operations of the facility.**

### **Executive Team/Leadership:**

- Organization charts created in Visio – access given to administration assistant (M. Stone) – *attached last updated.*
- Added key positions to ensure success of future programming needs and monitoring of services. I.e. DCAMM coordinator, Informatic Coordinator, Program Analyst, Staffing manager, COO, additional nursing positions, staffing patterns based on HPPD.
- MQ's created for all managers– files given to administrative assistant (M. Stone) and originals with HR.
- Started working with Leadership on ACE's – handed off to Lazo. *Email sent to HR to move to Lazo's list.*
- Reviewed/ revised all Form 30's and created EPRS's – binders given to administrative staff.
- On call schedule – none present for Administration – some coverage had been done by the interim team that will be gone as of 1/2020.
- On call schedule for Facilities – currently one employee covers all call – the Institutional Maintenance Foreman.
- There is no monitoring of off hours "calls" for situational awareness of administrative or facility issues that may need additional follow up.
- No Departmental Hours noted.
- Annual inventory wasn't completed.
- Developed Work Streams for Managers – discontinued in November – moved to weekly minutes and follow up at the Executive Team Meeting. *Minutes attached.*
- Reviewing contracts with the CFO.

- Foot Care Program in progress.
- Developed Contract with Infection Prevention Team at Baystate MedicalCenter.
- Started meeting with EOHHS for staff trainings.  
*COO and CNO are point on education.*
- Kirby Bates Executive List needs to be monitored.  
*Attached last update spreadsheet.*

**Next steps/Recommendations:**

- Updates needed with organizational changes.  
*Please note as the Home stabilizes changes to the organizational chart may be needed.*
- Continue with Weekly Leadership follow up with completion dates.
- Complete annual inventory.
- Ensure copies of MQ's are available to the new leadership team –originals with HR.
- Complete Leadership ACES.
- Administrative and Facility On-call coverage needs to be developed andimplement ASAP.
- Develop weekly review process regarding on - call activities for both Administrative and Facilities. Review at the Executive Meeting for followup/closure.
- Department Hours – review of Department Hours and document needs tobe created for the facility to improve communication.
- Stage B of EPRS's needs to be completed by January 2021.
- A review of the Form 30's and EPRS's is recommended for June with all the changes in employee positions and the leadership team. Measureable goals should be implemented.
- Dental Care and Health Drive Services in review – we have met with bothcontracts to get services in place/reviewed – this will need to be completed.

*Programs developed/reviewed with expectations/monitoring*



*data, including Eye Services in process.*

- Foot program needs to be completed/fully implemented.
- Continue meeting with EOHHS Team to create educational trainings.
- An excel spreadsheet with all SHH contracts and end dates should be created and reviewed with the Executive Team regularly.
- Follow up on the status of the Kirby Bates Executive Team in place.  
*Attached last updated list.*

## **2. Nursing/Leadership:**

- Established clinical/census worksheets.
- Revised the Provision of Care for the Home.
- Nursing organization charts created and kept separately – move to Visiowhen final numbers are decided.
- Please note with the completion of the set schedules  
*The Nursing Organizational charts will need to be updated.*
- Census by unit needs to be decided in order to complete the Bidding process –  
  
*This will also change the number of overall staff needed for the Home. All documentation will need to be updated.*
- Established nursing after hours call log.

## **Next steps/Recommendations:**

- Review the Provision of Care for updates with operational changes in process.
- Nursing organizational charts need to be updated with set schedules in place as of January 2021. Recommend using Vizio.
- Set Scheduled and staffing needs will need to be updated based on the final census by unit.
- New staff hired over the last three months will need to bid into positions by hire date in January 2021.
- Organizational Charts will need to be kept up by newly created “position number” for future hiring/replacement.

- The Bid Book process will need to be reviewed regularly to ensure a positive employee/management relationship with open positions.
- A staffing meeting should be added monthly in addition to Labor to ensure a smooth process with all the operational changes in the home. The Staffing Manager and Staff should attend this meeting.
- After hours calls needs to be reviewed/evaluate for future needs/medical coverage and education.
- Review and decide status/role of Admission nurse form 30.

### **3. Committee List and Charters**

- Developed Committee list and started Charters for each Committee.

#### **Next steps/Recommendations:**

- Finalize Committee list and Charters.
- Develop a system to report out at the Executive Team Meeting regarding status of key Committees – Safety, Qi, etc....
- Added new committees – Ethics and Diversity develop charters.
- DON currently working on the Committee list.

### **4. Labor Management**

- Set up Weekly Labor Management meetings with minutes and follow up.
- Set up a Grievance grid for tracking.
- Set up tracking system for disciplinary added education to the process.
- Cleaned up PAL's and Grievances – organized documentation for Hearings.
- Created binders with all Form 30's and Specs by union.
- Set up Monthly Union Meeting with an agenda, standing items, and minutes.
- Added Legal Counsel to Labor Team and point person for interview team during investigations.
- Developed Staffing Patterns by units, based on HPPD, and

created Minimums.

- Created a tracking system for biweekly hires by 6, 8, 10 units – this information is reported out/emailed biweekly by our Program Analyst.
- Created a Mandating Response Report in excel for tracking purposes.
- Created tracking system for Covid Testing Compliance.
- Started review of Holiday MOU's
- Set up bidding process per contract forms.
- Daily report for staffing numbers on each unit created.
- Completed the Bidding process with the unions starting in January.
- Started set schedules process for EVS and Dietary.

**Next steps/Recommendations:**

- Continue weekly/monthly meetings and follow up.
- Complete set schedules for EVS and Dietary.
- Complete the review of Holiday MOU's.
- Continue to send out Bi-weekly Staffing updated.
- Continue all tracking systems developed over last nine months.
- Continue to track non-compliance with mandatory testing –ensure thesame process is being followed for all employees.

**5. Informatic Coordinator and /Program Analyst:**

- Completed contract process and started the implementation of PolicyTech.
- Started the implementation of Omnicell.
- Health Stream was reviewed for medical reference and education.

**Next steps/Recommendations:**

- Policy Tech continued implementation – target date end of January.
- A complete review of all policies and procedures need to happen.
- All forms in the medical record need to be reviewed and an

approval process needs to be developed.

- Omnicell will happen after PolicyTech – Information Specialist assigned to take the lead implementation for February needs to be reassessed.
- Follow up and plan for Health Stream or some type of nursing/medical - reference is still needed. No medical references in building are up to date.
- Hand off staffing monitoring to the Staffing Manager once final numbers are decided.
- Complete Set Schedules for EVS and Dietary.

#### **6. Health Information Medical Services:**

- Medical Records organized – contract with Iron Mountain for storage secured.
- Removed all older records to Iron Mountain – please note they were not in a secure appropriate setting for storage onsite.
- Medical Record System Ordered for the “Old CSR”
- HIMS’s team moving to the “Old CSR”
- Furniture is set up in the Old CSR/new HIMS.

#### **Next steps/Recommendations:**

- A policy regarding storage, shredding and record retention needs to be developed/revised and implemented.
- The Medical Record System needs to be installed.
- Weight bearing test to be completed by Sage for storage areas/office areas.
- Access to the HIS needs to be discussed:
  - Example: at this time Security does not have access.

#### **7. Admissions:**

- Waitlist does not have a system for how the process is maintained.
- The medical evaluation/assessment for criteria/appropriateness

for admission needs to be reviewed.

- I.e. demographics, health needs, ADL status, mental status, accepted, denied, and pending. Etc.
- Revision of the Admission packet for Veterans is in process
- Review of Admission paperwork for the facility is in process

**Next steps/Recommendations:**

- Create a policy regarding how the wait list is managed and a monthly report regarding the status of the wait list to be able to have a fact based waitlist.
- Complete the Admission packet for the Veteran and families.
- Complete the Admission packet for the facility for the intake/waitlist policy and procedure.

**8. Nursing Department**

- Created key positions for the department
  - *Occupation Health Nurse, Staff Educator, Staffing Department and Administrative positions*
- Implemented a tracking review system for the employees probationary/evaluation process. Reported out at the Executive Meeting.
- MDS delinquency brought into compliance.
- Investigation regarding MS syringes needs follow up by the end of the month. *Attached request.*
- Started cleaning and setting up electronic files.
- *All other staffing noted under labor section*

**Next steps/Recommendations:**

- Complete follow up for Investigative Team.
- Pharmacy and Medication policies/procedures need to be reviewed. Nursing has the list of issues regarding medication management.

- Staffing Department will need to have guidelines developed regarding work flow once all the temp hiring slows down. This is a new department.
- Example – point person for time, hiring, pool agency, improvements can be made when the staffing department is stabilized.
- A partnership with the Staffing manager/ HR Liaison role for backup coverage.
- Reporting out on nursing vacancies and review of the Bid Book should happen at least every two weeks. Tracking sheets created.
- Monitoring tools for overtime and sick calls have been shared – sick time has not been brought forward to the Labor meetings yet and continues to be a concern. This should happen ASAP.
- All (especially Nursing) Electronic files need to be organized/updated.

#### **9. Quality Department:**

- Developed tracking tools for data collection.
- VA and JC Correction plans completed.
- Updated incident reporting system.
- Developed a patient/family complaints and grievances process.
- Created a patient elopement policy.
- Please see “work stream” document for several tools that have been put into place.

#### **Next steps/Recommendations:**

- A Quality report that includes the analysis of the data collection tools.  
*Answering the question – SO what? What was done based on the data?*
- There is a large amount of data being collected.
- The next step is what did the facility do with the data and what was the outcome?
- What changed after the evaluation was completed.
- I found no documentation for drills, i.e. elopement, codes, etc...
- Recommendation would be a quarterly report evaluating findings.

**10. Nurse Education Department:**

- Hired two new Nurse Educators.
- Created a new employee orientation program.
- Created a competency validation program.
- Staff clinical competencies.
- Created an orientation handbook.
- Reviewed current CPR program – ordered equipment needed for program.
- Created space for a CPR training lab and computer lab due to the increase in number of staff that will need to be trained in CPR and computer training. Please note prior to this evaluation only RN were CPR certified.

**Next steps/Recommendations:**

- Creating a team with the Quality Nurse and Educator to develop education and training based on QI data.
- Organize files – it was noted that disciplinary information is in educational files.
- Evaluate educational programs set up during interim staff on site to ensure that it operational works for the organic staff.
- Evaluate required education and educational needs based on data.
- Evaluate what the role of the LPN can do in LTC.
- Create annual competency program.
- CPR space needs to be completed.
- Computer training spaces throughout the building including in the basement need to be added for PolicyTech and ongoing training.

**11. Infection Control**

- See Work Streams.  
*Attached.*

**Next steps/ Recommendations:**

- There are several items that are addressed/in progress in the workstreams.
- Regular meetings with the Infection Prevention (IP) Team from Baystate to review the IP plan and policies and procedures would be a benefit to the organization.

**12. Medical Staff:**

- Completed Time and Attendance review.
- Moved to swiping in for time management.
- Bylaws are being reviewed and moving to Policy and Procedures – this is currently being worked on with Commonwealth Medicine and Dr. Higgins.
- MOLST P/P developed and needs to be approved.
- Developed Anti-Psychotic Consent Form.
- Palliative Care Program in review.
- On-call program in process – looking at day and night coverage.
- Review overall Medical coverage needs with decrease census/no OPD, hand off communication, daily rounding, and daily coverage based on industry standards.

**Next steps/Recommendations:**

- Complete Bylaws review and move to Policy and Procedures.
- Complete Palliative Care Program Review and implement revised program.
- Evaluate Medical Staff coverage hours needed for reduced bed size and discontinuation of OPD.

*The Medical Team spent 6 to 8 hours of their time in OPD. They were given extra duties during this decrease in work load.*

- Develop a medical coverage program for days and nights that has a handoff communication component to ensure all veterans' current medical status is communicated.



- Review required consents that need to be completed – ensure that all required documentation is being completed in a timely manner.  
*This includes and not limited to AIMS, anti-psychotic form, etc.*

**13. Social Service Department:**

- Hired a contracted Director of Social Services.
- Hired a Director of Social Worker and one social worker.
- Developed Social Work Management Action Plan.

**Next steps/Recommendations:**

- Status update on action plan needed.  
*Attached evaluation and plan.*

**14. Facilities:**

- See Refresh Plan below for more project details.
- Set up HLY Project Tracking form. *Attached.*
- Started EVS auditing plan and 7 step cleaning process.
- Started monitoring completed daily work orders by staff.
- Created competencies for EVS – no competencies were identified.
- Started looking at what signage needs to be updated in building.
- Started cleaning up the trash around grounds – started the implementation of a grounds maintenance schedule.

**Next steps/Recommendations:**

- Basement area:
  - CSR space for cleaning dirty equipment needs to be set up – this space needs a sink and is considered a dirty area.
- Staffing evaluation of facility team regarding work orders completion and number of employees needed based on best practice guidelines reviewed with Director of Facilities.
- Snow removal team – review the certifications of the department and what is needed – work with unions for changes.

- Finish creating cleaning plan and auditing plan – create a quarterly evaluation report.
- Create annual competencies for EVS and Facilities
- Signage needs to be updated
- Basement area needs a redesign:
  - CSR dirty cleaning area with sink.
  - Break room for staff
  - Locker room area
  - Director of FM office
  - Storage needs to be organized – multiple issues with storage.
  - Rehab area improvements are needed
- Grounds operations need a complete review including what licenses are needed to maintain the grounds. A review of the condition of the all equipment.

**Dormitory Building:**

- Revised Dormitory handbook - Social Services has the document.
- Reinstated nursing coverage.
- Added an exam room for MD visits
- Overall improvements to the space were completed.
- Hearing needs to be scheduled for one Dorm Veteran regarding stay.

**Next steps/Recommendations:**

- Review policies and procedures for the Dorm.
- Develop plan based on the plan for the overall operations of the Home.
- Ensure nursing coverage during the transitional stage.
- Assign a nurse and social worker to the Dorm.
- Develop a Recreational Program during this season of limited access to the Home.

**Outpatient Services:**

- Review done for Payette/DCAMM Study

- Reviewed OPD's three staff assigned to area
- Lab room evaluated.

**Next steps/Recommendations:**

- Three CNA's III are assigned to Outpatient Services
- Review and Revise Form 30's with union.
- The lab is noncompliant and needs to be cleaned out. There is currently a desk and frig for food in a clinic area.
- OPD needs a full evaluation.

**Refresh Project Status Update**

**5th floor:**

**Training Room:**

- Painted Training Room
- Broken Divider being replaced – on order
- Office Space for IT/Education Staff – completed
- Three staff assigned to this area
- Computers – need one more jack
- No window treatments needs

**Badge Room:**

- Furniture ordered
- *Mom's room needed*

**Staff Education Office:**

- Furniture ordered
- Shades ordered
- 2 staff assigned with 3 office spaces

**Financial Department:**

- Furniture ordered
- Shades ordered
- 4 staff assigned – extra space available

**Health Informatics:**

- Ordered HIS storage system
- Work Stations set up
- 2 employees assigned
- Need to move filing cabinets out to complete project

**Break Room:**

- Furniture ordered
- Frig – needs to be ordered
- Microwave – needs to be ordered
- Space scheduled for demo

**4<sup>th</sup> Floor:**

- Refresh planned
- VCC Office – change from the linen room?
- Break area – lockers ordered
- Solarium

**3<sup>rd</sup> Floor:**

- Change 4 rooms to singles – after 4<sup>th</sup> floor refresh
- Recreation Room – furniture order
- Storage Area/Kitchen – need cabinets and storage space (rec)
- Shower Curtains corrected
- Recreation Office Area – where does Maggie go?
- Finish punch list

**2<sup>nd</sup> Floor:**

- Media Center – 3 computers – shelving and furniture
- Barber Shop – furniture ordered
- Canteen – furniture needs to be picked out
- Bingo installed – purchased by the Elks
- Large TV hung up
- Garden Area – floor done and order furniture

**1<sup>st</sup> Floor:**

- Lobby – design for communications and security

- Hang TV's in conference spaces
- Order Furniture
- Communication/Security set up – emergency response cart to go in this area
- Who will maintain the files?
- Staffing Office – set up
- Break areas – copier rooms – set up
- Get rid of all dorm frigs in the building

### **Executive Summary of Kirby Bates and SHH Work List**

*Please note attached is the work stream file and details regarding work completed in the last 7 months.*

#### **Leadership**

- Guidelines and protocols for frequency of testing and escalation of test results for staff
- Created visitation plan for Veterans
- Staff COVID 19 swabbing procedures and monitoring of COVID status of all staff
- Leadership Education re Roles and Responsibilities
- Developed multiple quality monitors
- Implemented Team patient care rounds
- Implemented Fall program, CAUTI monitoring
- Created mechanisms for increased communication of leadership with change of shift report for VCCs
- Tightened process for control of controlled substances
- Tracking of sick calls
- Tracking proper use of PPE gear
- Created a staffing and scheduling contingency plan for use during major illness or absence

- Hired all levels of permanent and temporary staff (80 temporary, I think 30perm staff)
- Created a centralized staffing and scheduling system
- Created checks and balances to assure adequate coverage of staff 24/7
- Developed a Float Pool of staff
- Created a system for tracking use/cost of agency staff
- Created a hand-off communication tool
- Updated and distributed Emergency Carts

### **Education**

- Created a new employee orientation program
- Created a competency validation program
- Created 26 Policies and Procedures and in-serviced all staff on all new P&Ps
- Educate all staff on all new Policies and Procedures (to date 26)
- Validated Staff clinical competencies
- Created an orientation handbook

### **Infection Control**

- Standardizing the onboarding requirements of staff for Employee Health
- Created clean equipment identification process
- Review of the Pharmacy environment and practices for medicationdistribution
- Cleaning and disinfecting instruments throughout the facility
- Developed foot care guidelines
- Implemented visitor screening and tracking log
- Developed guidelines for use and storage of N95 masks
- Developed Veteran specific BP cuff use and storage protocol
- Developed protocol for cleaning and storage of patient care equipment

### **Quality and Risk Management**

- Created and implemented all components of TJC Plan of Correction
- Created an incident reporting system
- Developed a patient/family complaints and grievances process
- Created a patient elopement policy
- Implemented processes to secure the building and prevent patient elopement
- Implemented a patient lift system.

## **Appendix W: Board of Trustees Vacancy Review, EOHHS**

### **Attachment #2**

#### **Board of Trustees Vacancy Review Oversight Committee**

#### **Holyoke Soldiers' Home Board of Trustees**

##### **Legal Authority: Section 70, Chapter 6**

There shall be a board of trustees of the Soldiers' Home in Holyoke, consisting of seven persons, who shall be residents of the counties of Berkshire, Franklin, Hampden and Hampshire. Each of said counties shall be represented on said board by at least one trustee who is a resident therein. Upon the expiration of the term of office of a member, his successor shall be appointed by the governor, with the advice and consent of the council, to serve for seven years. The governor shall designate one of the members as chairman. The members shall serve without compensation, but shall receive their necessary expenses incurred in the discharge of their official duties.

#### **Berkshire County Seat**

Steve Como resigned approximately December 18, 2015

Mike Case filled the seat on February 1, 2016 ~ 45 days to

fill Mike Case resigned on August 10, 2017

Nancy Roseman filled the seat on March 30, 2018 ~232 days to

fill Nancy Roseman resigned on May 10, 2018

Carmen Ostrander filled the seat on January 11, 2019 ~246 days to fill

#### **Franklin County Seat**

Benjamin Cluff's term expired on July 22, 2019

Benjamin Cluff served in holdover until November 29, 2019 ~130 days in

holdover Isaac Mass filled the seat on November 29, 2019

0 days vacant during administration.

#### **Hampden County 1 Seat**

Daniel Smith's term expired on July 22, 2018

Daniel Smith served in holdover until September 28, 2018 ~ 68 days in holdover

Kevin Jourdain filled the seat on September 28, 2018

0 days vacant during administration.

#### **Hampden County 2 Seat**

Brian Corridan's term expired on July 22, 2017

Brian Corridan served in holdover until February 28, 2020 ~ 951 days in holdover

Richard J. Girard Jr. filled the seat on February 28, 2020

Richard J. Girard Jr. resigned on June 23, 2020

Brigadier General Sean T. Collins Ph.D. APRN-BC filled the seat on July 31, 2020 ~37



days to fill

### **Hampden County 3 Seat**

John J. Fitzgerald served in holdover until January 20, 2016 ~ 182 days in holdover

Cesar Lopez filled the seat on January 20, 2016

Cesar Lopez resigned on September 14, 2020

Lieutenant Colonel Mark Bigda filled the seat on 10/30/2020 ~45 days to fill

### **Hampden County 4 Seat**

Margaret Oglesby's term expired on July 22, 2016

Margaret Oglesby served in holdover until December 28, 2016 ~159 days in holdover

Cindy Lacoste filled the seat on December 28, 2016

0 days vacant during administration

### **Hampshire County Seat**

Spiros Hatiras' term expired on July 22, 2020  
Spiros Hatiras resigned on May 12, 2016

Christopher Dupont filled the seat on September 11, 2017 ~ 487 days to fill

Christopher Dupont served in holdover from July 22, 2020 until October 30, 2020  
~100 days in holdover

\*Major General Gary Keefe filled the seat on October 30, 2020 ~ 0 days to fill

### **Chelsea Soldiers' Home Board of Trustees**

#### **Legal Authority: Section 40, Chapter 6**

There shall be a board of trustees of the Soldiers' Home in Massachusetts, consisting of seven persons, at least five of whom shall be war veterans. Upon the expiration of the term of office of a member, his successor shall be appointed by the secretary of health and human services, with the approval of the governor, to serve for seven years. The secretary shall designate one of the members as chairman. The members shall serve without compensation, but shall receive their necessary expenses incurred in the discharge of their official duties.

The secretary of health and human services shall appoint, with the approval of the governor, the superintendent of the soldiers' home, who shall have the title of commandant, and who shall serve at the pleasure of the secretary and may be removed by the secretary at any time, subject to the approval of the governor.

### **Seat #1**

Thomas Daley's term expired on January 31, 2010

Thomas Daley served in holdover until September 5, 2019~3504 days in holdover  
Kurt Power filled the seat on September 5, 2019

0 days vacant during administration

**Seat #2**

Raymond O'Brien's term expired January 31, 2015

Raymond O'Brien served in holdover until June 21, 2019~1602 days in holdover

Ira Novoselsky filled the seat on June 21,  
20190 days vacant during administration

**Seat #3**

\*Thomas Lyons' term expired January 31, 2013

Thomas Lyons currently serves in holdover ~2960 days in  
holdover0 days vacant during administration

**Seat #4**

Barry Berman's term expired January 31, 2015

Barry Berman served in holdover until June 14, 2019~1595 days in holdover

Janet Fraser Hale filled the seat on June 14, 2019  
0 days vacant during administration

**Seat #5**

Albert Ewing's term expired January 31, 2015

Albert Ewing currently serves in holdover ~2230 days in  
holdover0 days vacant during administration

**Seat #6**

Kenneth Turner's term expired December 23, 2020

Kenneth Turner currently serves in holdover ~77 days in  
holdover0 days vacant during administration

**Seat #7**

Jeffrey Clifford's term expired December 23,  
2020Jeffrey Clifford resigned on February 6,  
2019

Dawn Slaven filled the seat on May 25, 2019~108 days to  
fill108 days vacant during administration

**\*CHAIR**

# Appendix X: Holyoke Staff Turnover Analysis, EOHHS



## Holyoke Turnover Analysis / Fiscal Years 2018 - 2021

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<u>Job Title Abbreviations:</u>			
<b>RN</b>	Registered Nurse	<b>FSW</b>	Facility Service Workers
<b>LPN</b>	Licensed Practical Nurse	<b>M4 - M10</b>	Non-Bargaining Management Level Positions including: Superintendent, Deputy Superintendent, Nursing Dir., Operations Dir., HR Liaison and Dir of Community Programs
<b>NA</b>	Nursing Assistant		

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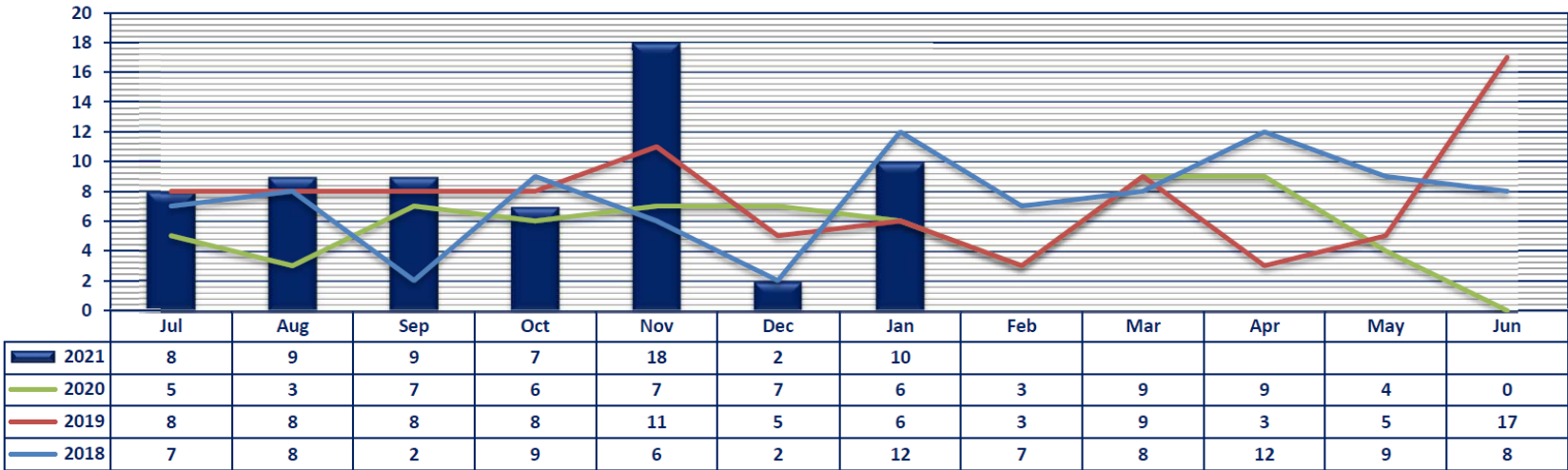
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● Figure 40: Holyoke MassCareer's total Postings for fiscal years 2018, 2019, 2020, 2020 Covid* (03/01/2020 - 06/302020) and 2021 YTD	17 of 17
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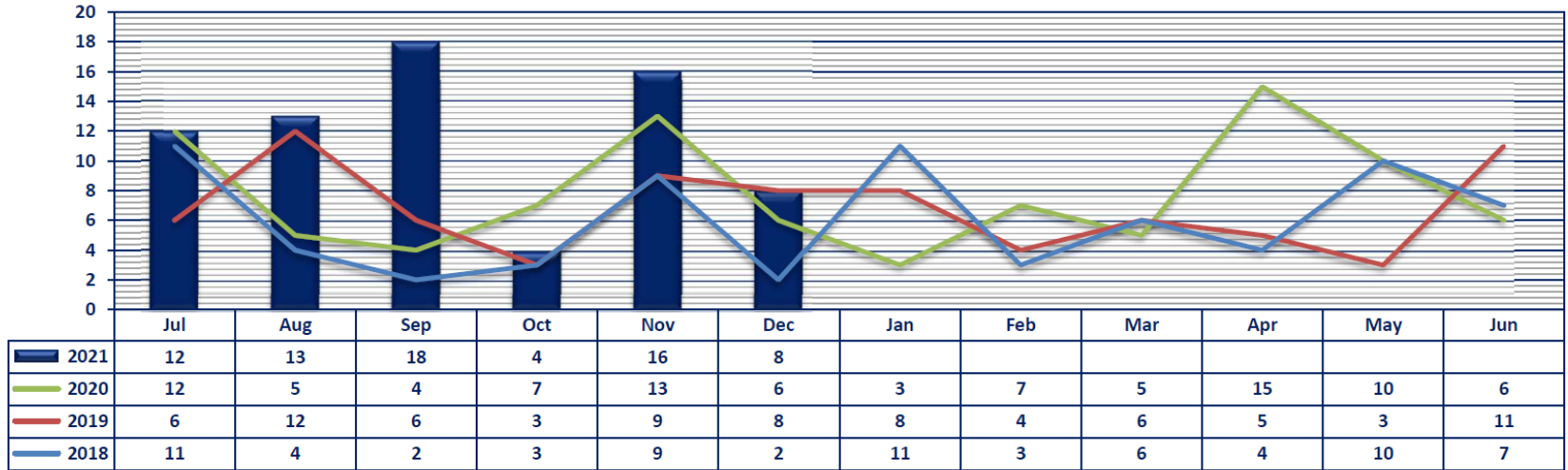
**Figure 1: Total Hires**

Total: 2021 YTD 63    2020 66    2019 91    2018 90



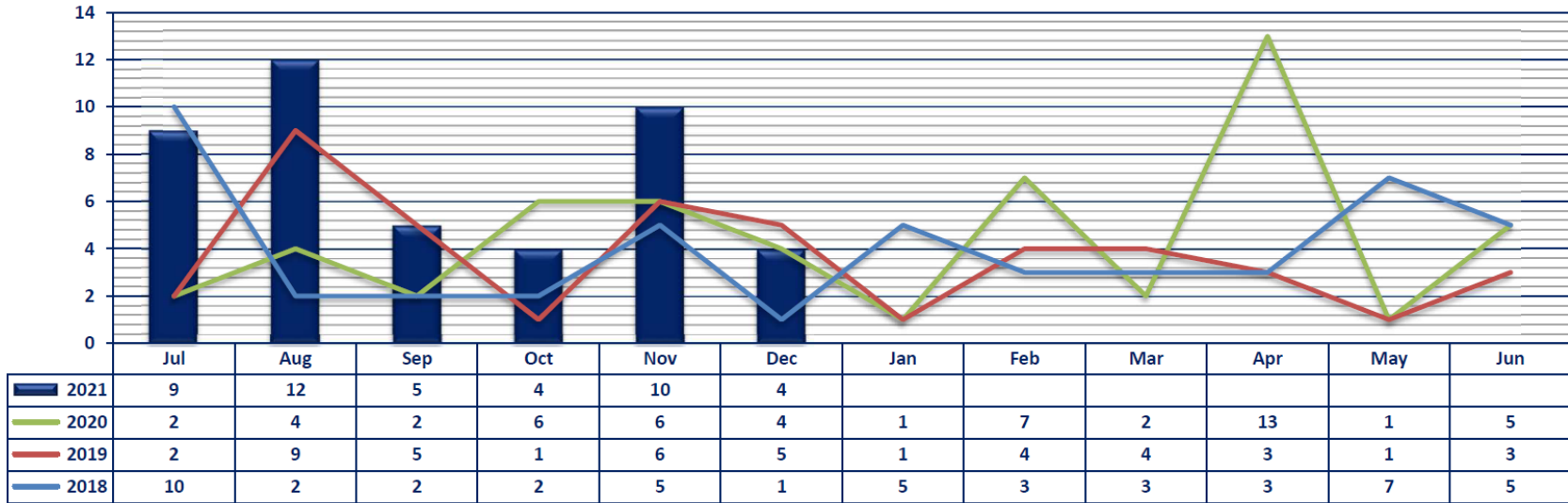
**Figure 2: Total Terminations**

Total: 2021 Q2 71    2020 93    2019 81    2018 72



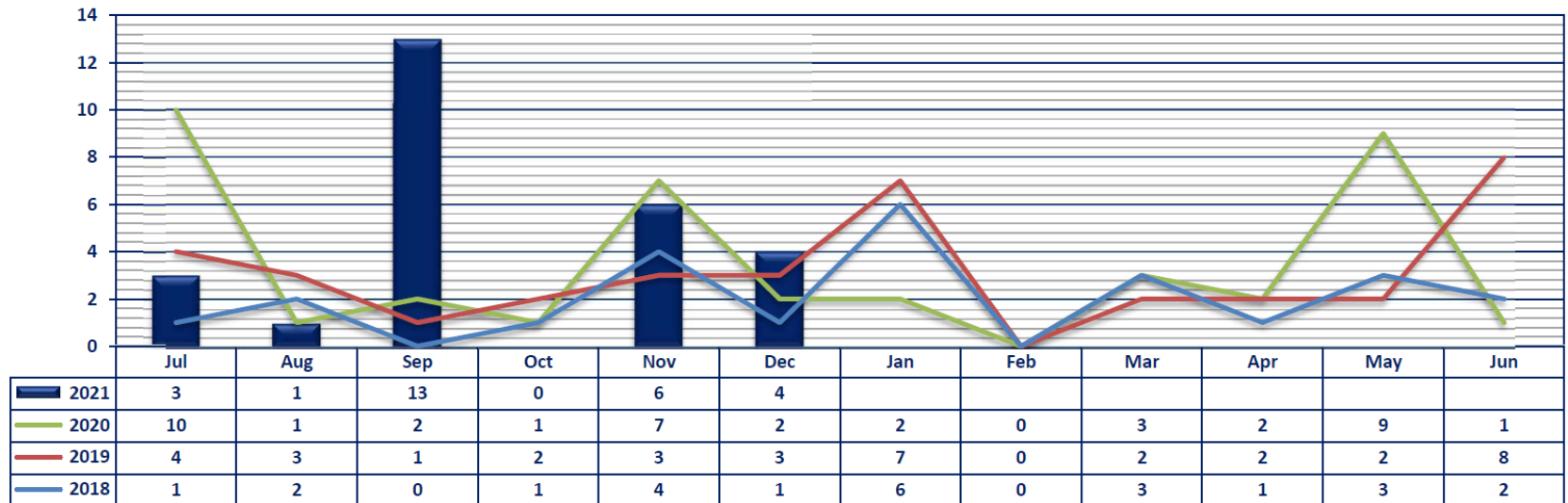
**Figure 3: Total Voluntary Terminations**

Total: **2021 Q2** 44      **2020** 53      **2019** 44      **2018** 48

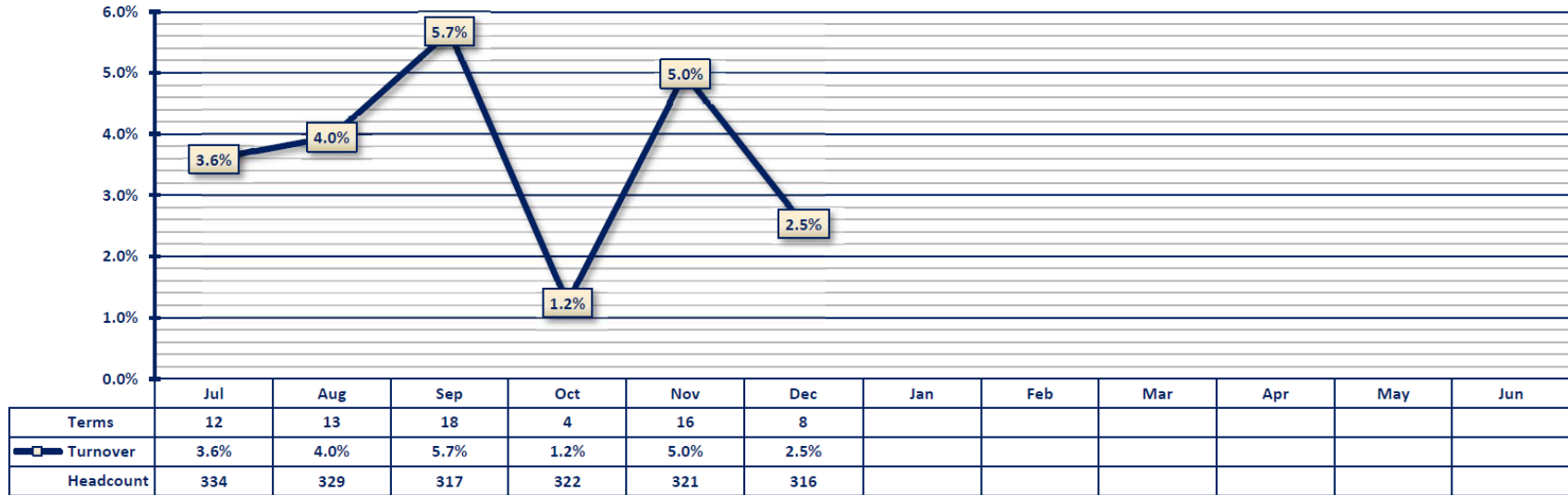


**Figure 4: Total Involuntary Terminations**

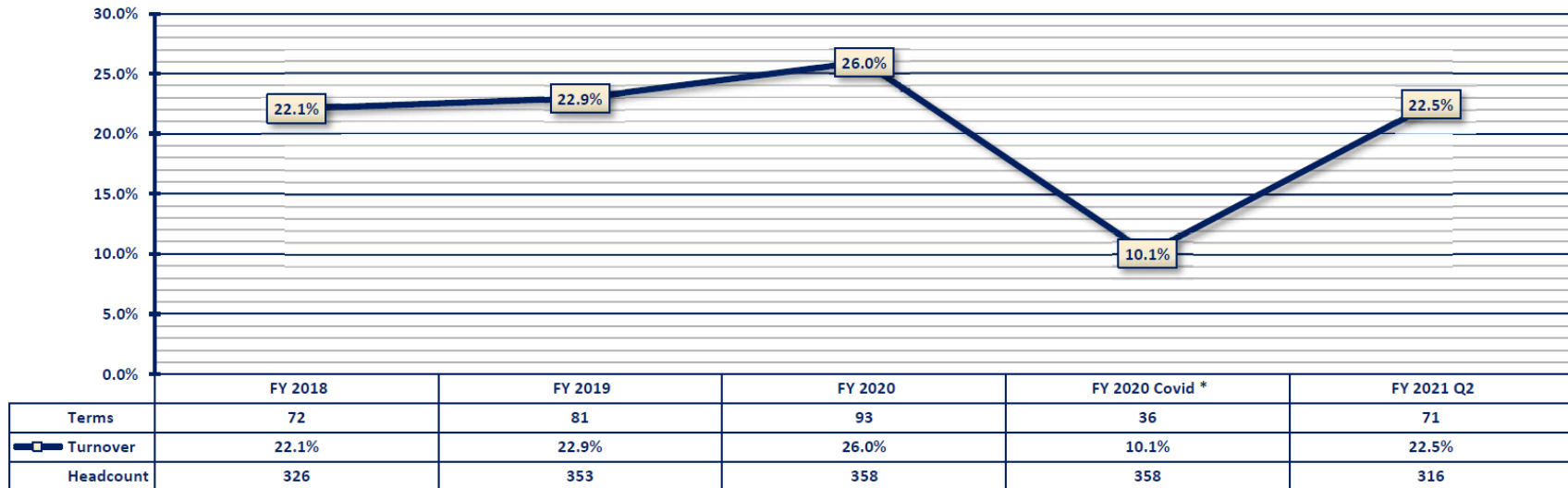
Total: **2021 Q2** 27      **2020** 40      **2019** 37      **2018** 24



**Figure 5: Total Turnover**



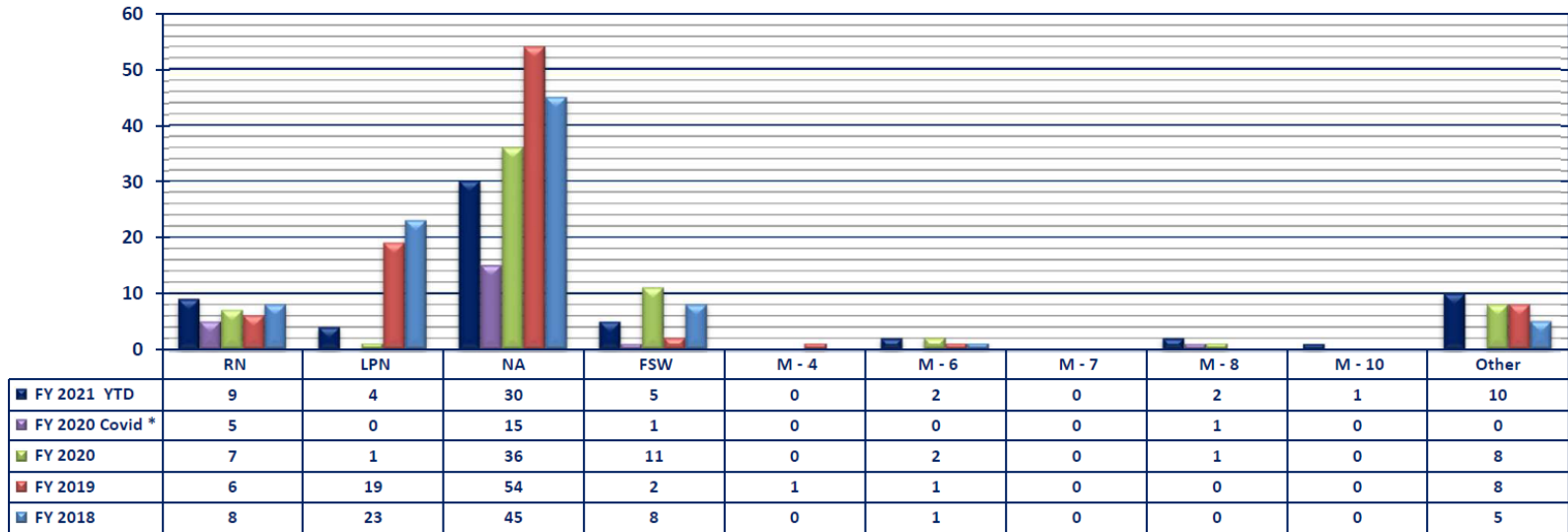
**Figure 6: Turnover History**





**Figure 7: Hires By Select Title**

Total: **2021 YTD** 63 **2020 Covid** 22 **2020** 66 **2019** 91 **2018** 90



**Figure 8: % Of All Hires By Select Title**

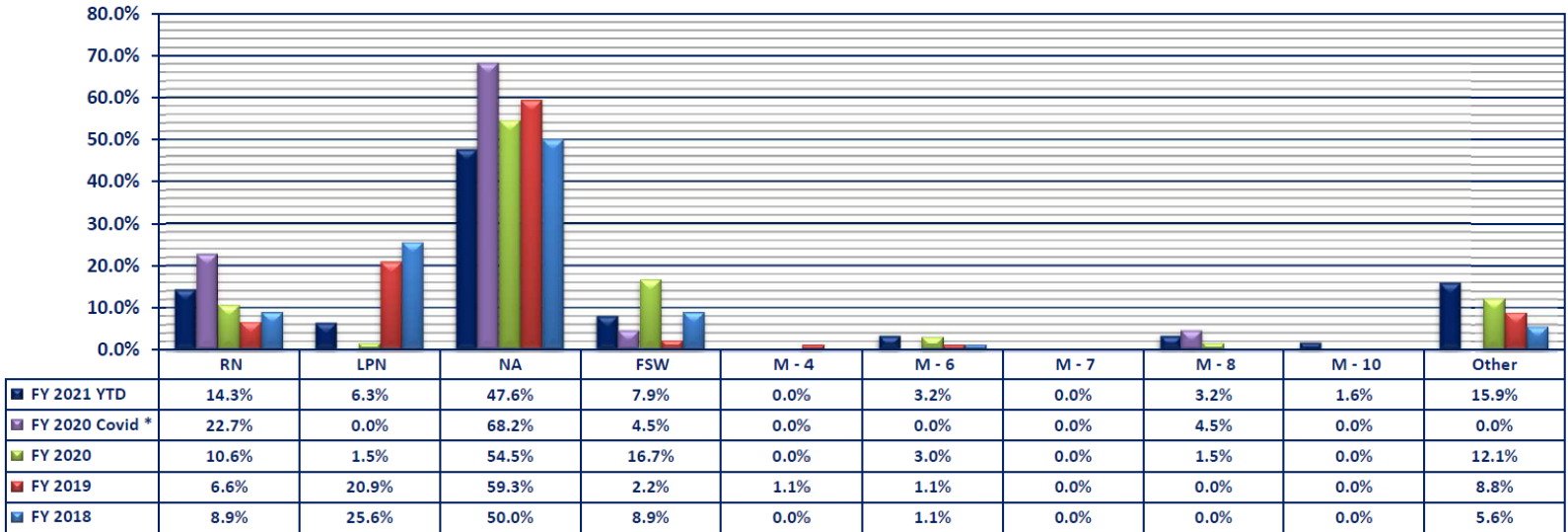


Figure 9: Terms By Select Title

Total: 2021 Q2 71 2020 Covid 36 2020 93 2019 81 2018 72

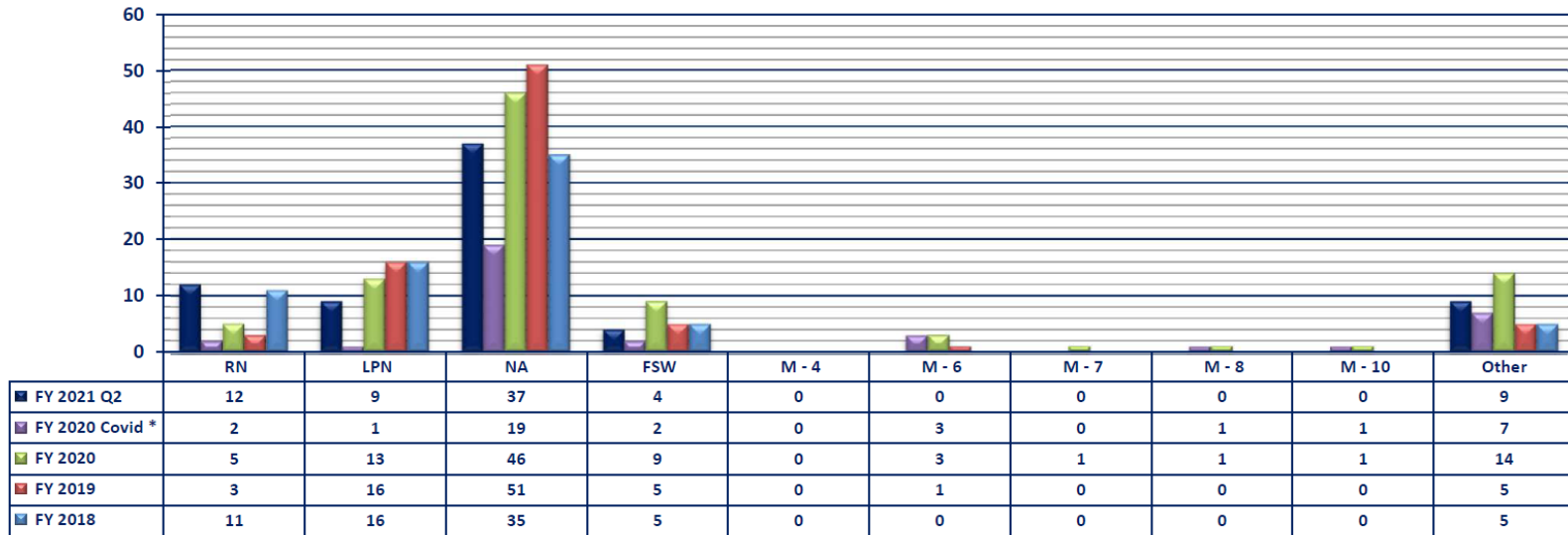
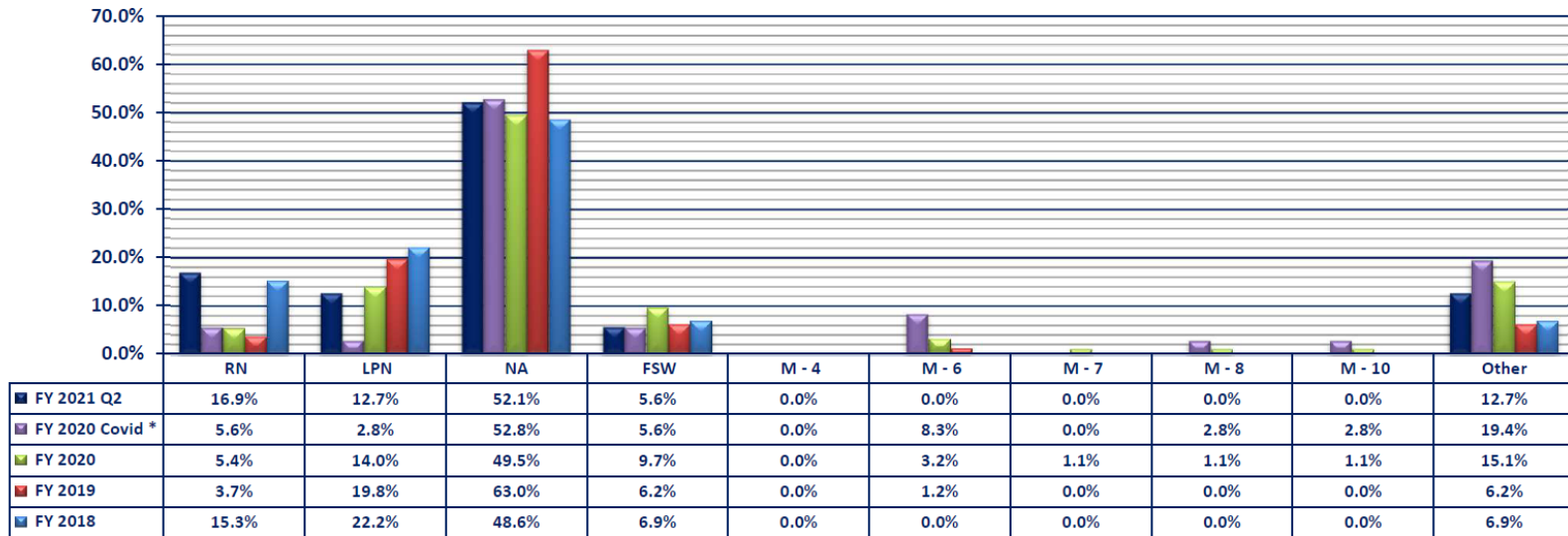
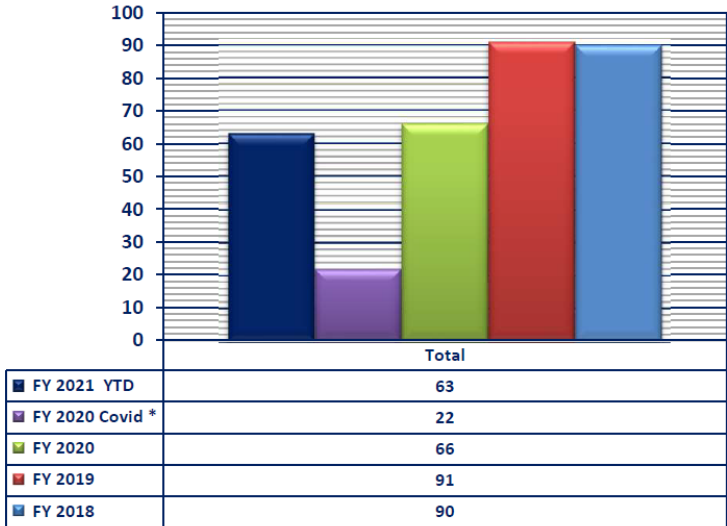


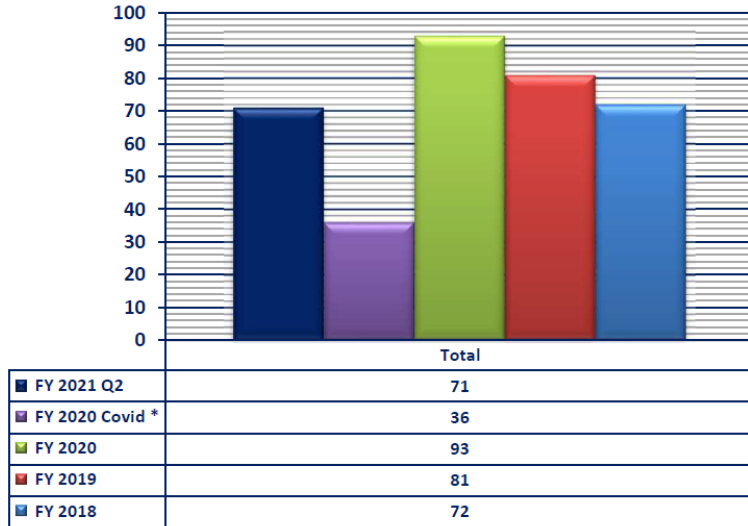
Figure 10: % Of All Terms By Select Title



**Figure 11: Total Hires**



**Figure 12: Total Terms**



**Figure 13: Turnover By Select Titles**

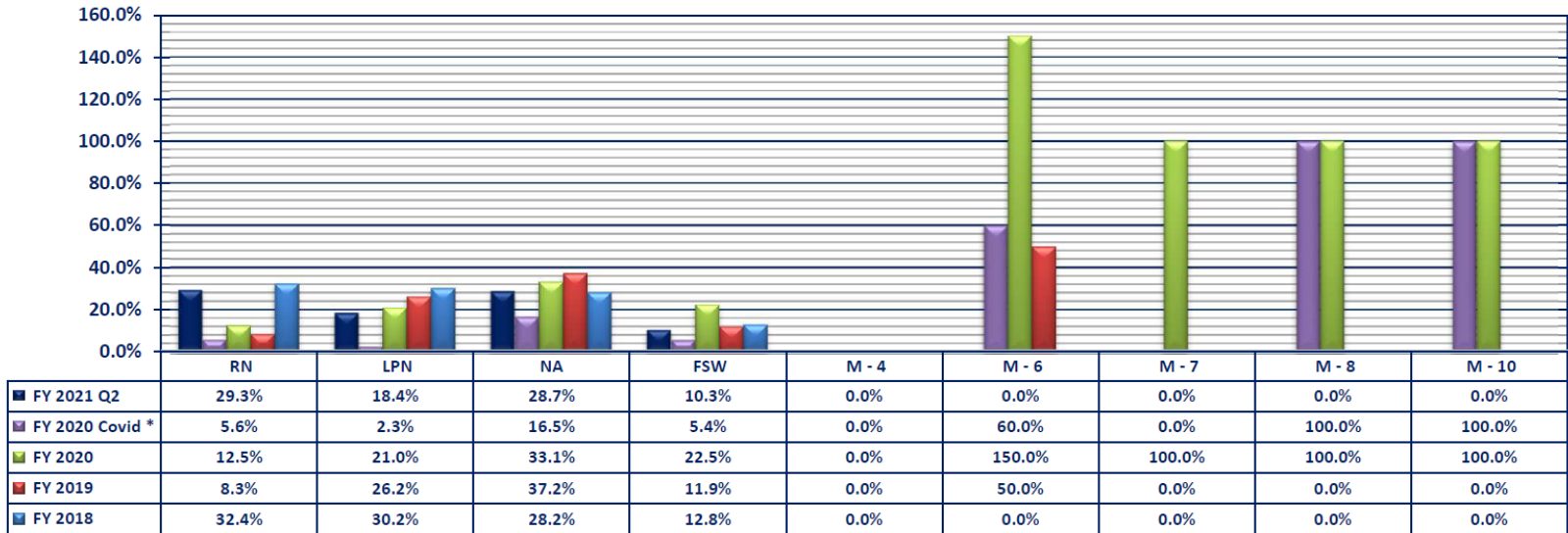


Figure 14: Headcount By Select Title

Total: 2021 Q2 337 2020 Covid 358 2020 358 2019 353 2018 326

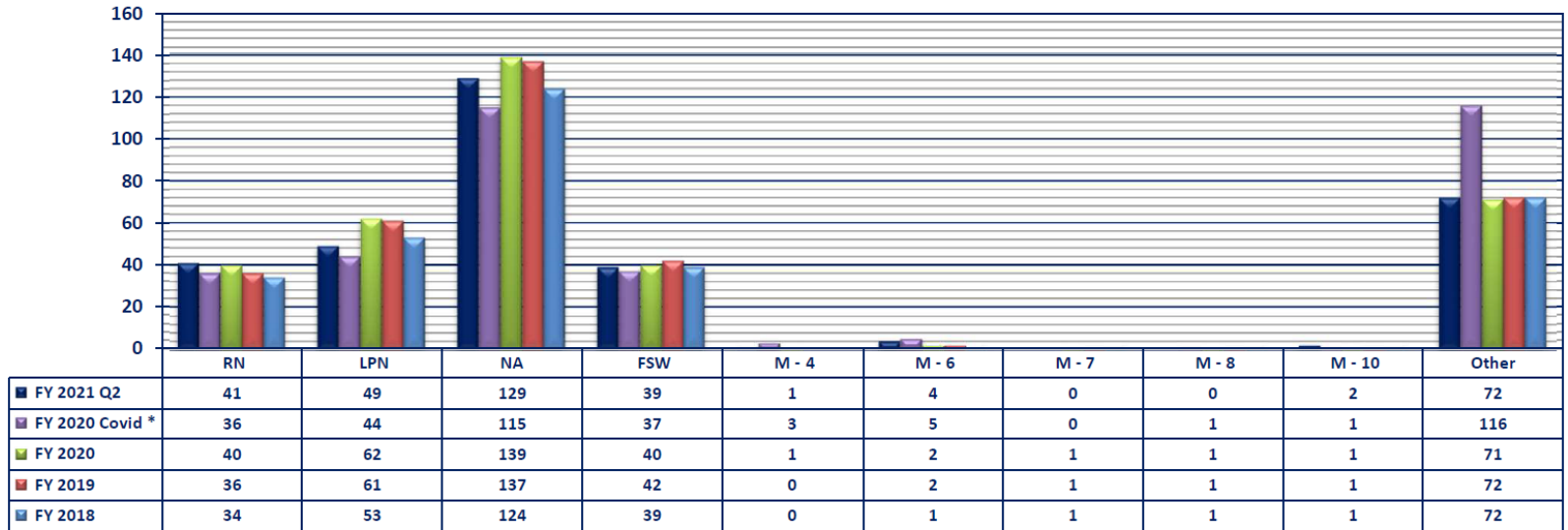
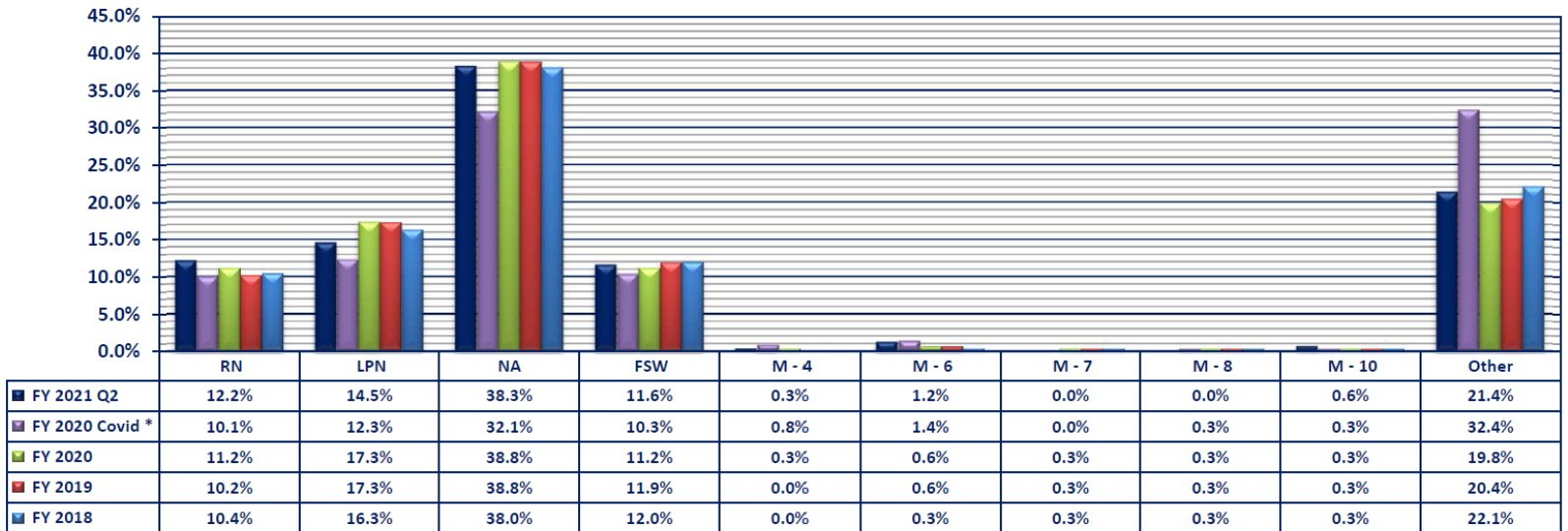


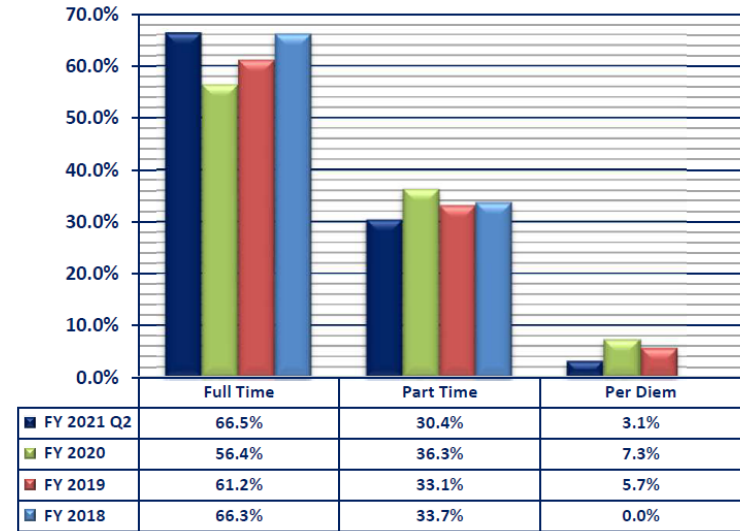
Figure 15: % Of Total Headcount By Select Title



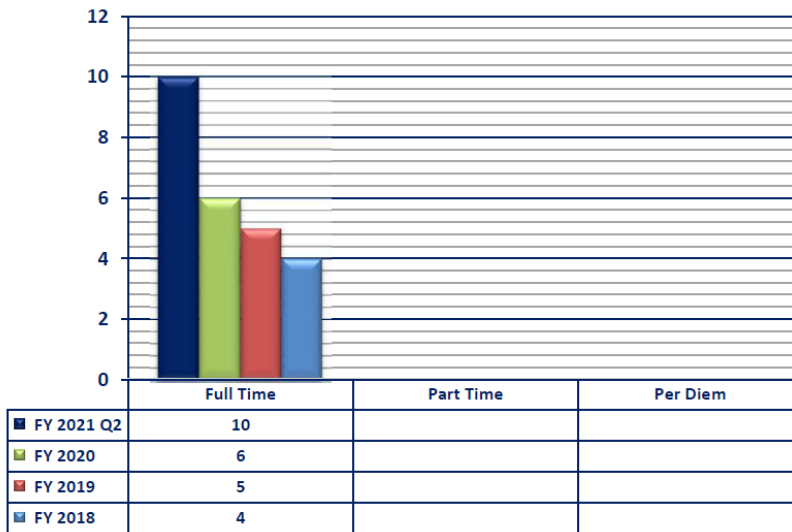
**Figure 16: Total Headcount By Position Type**



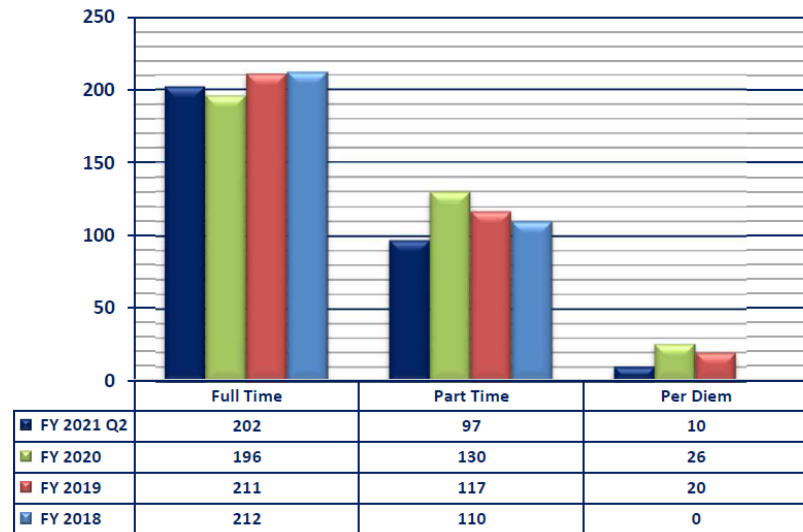
**Figure 17: % Total Headcount By Position Type**



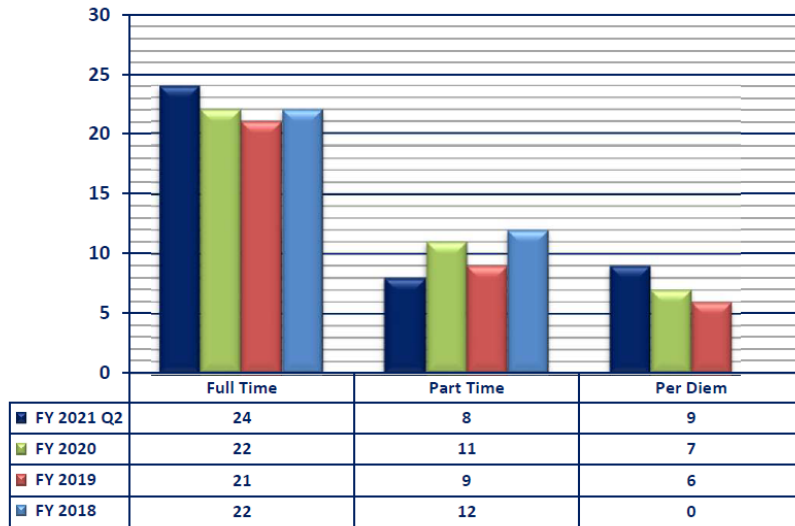
**Figure 18: Management Headcount By Position Type**



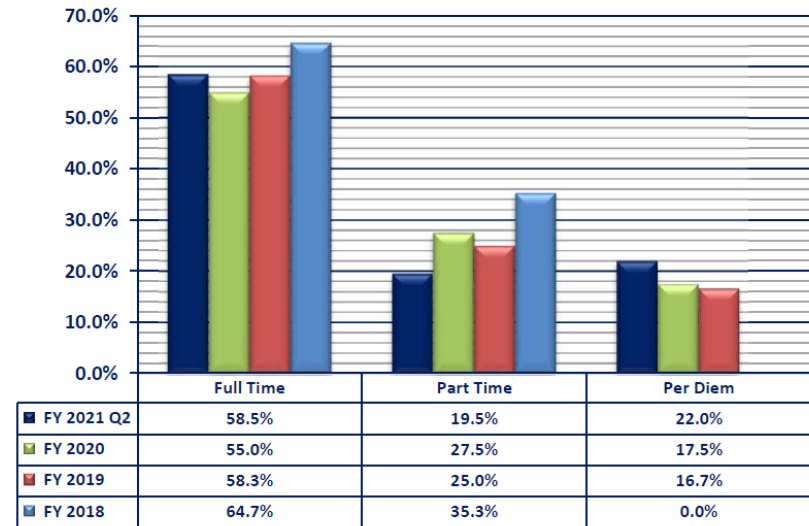
**Figure 19: Non Management Headcount By Position Type**



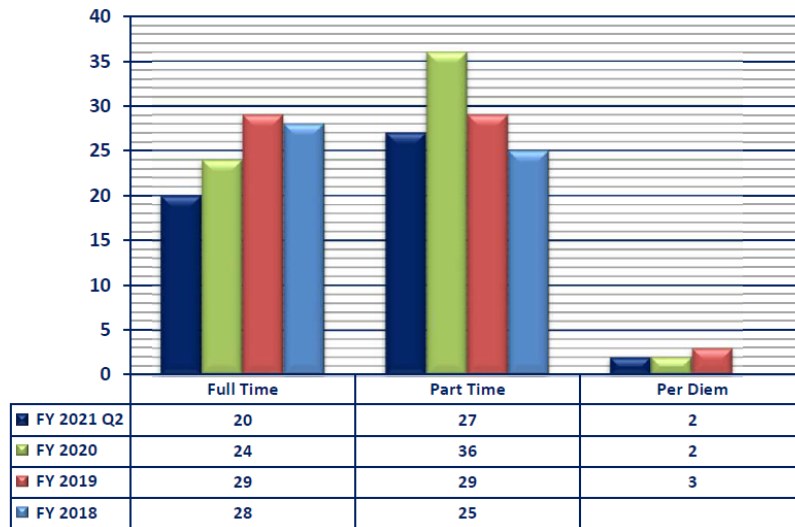
**Figure 20: RN Headcount By Position Type**



**Figure 21: % RN Headcount By Position Type**



**Figure 22: LPN Headcount By Position Type**



**Figure 23: % LPN Headcount By Position Type**

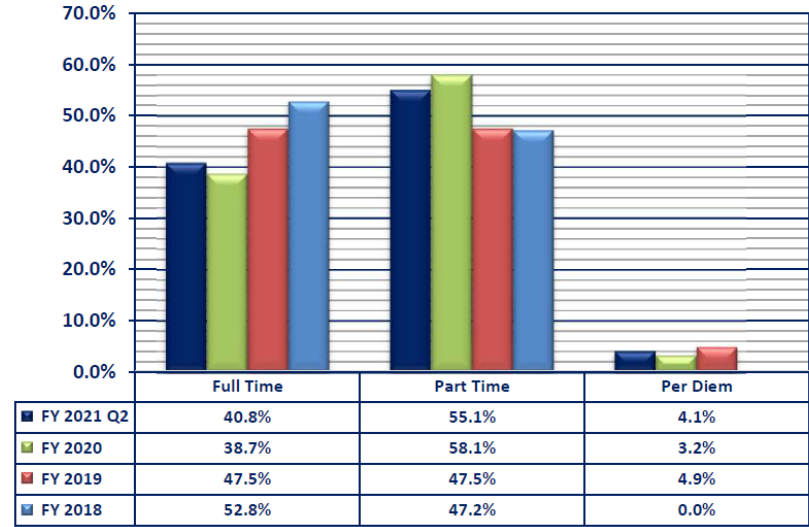


Figure 24: NA Headcount By Position Type

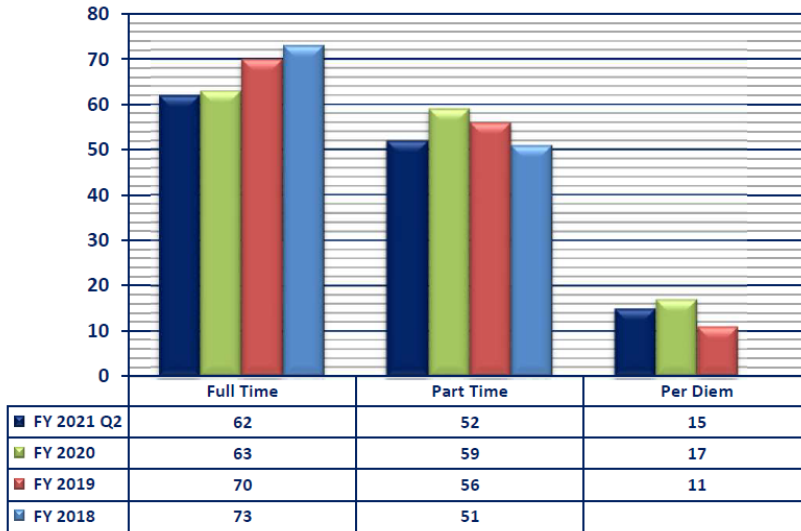


Figure 25: % NA Headcount By Position Type

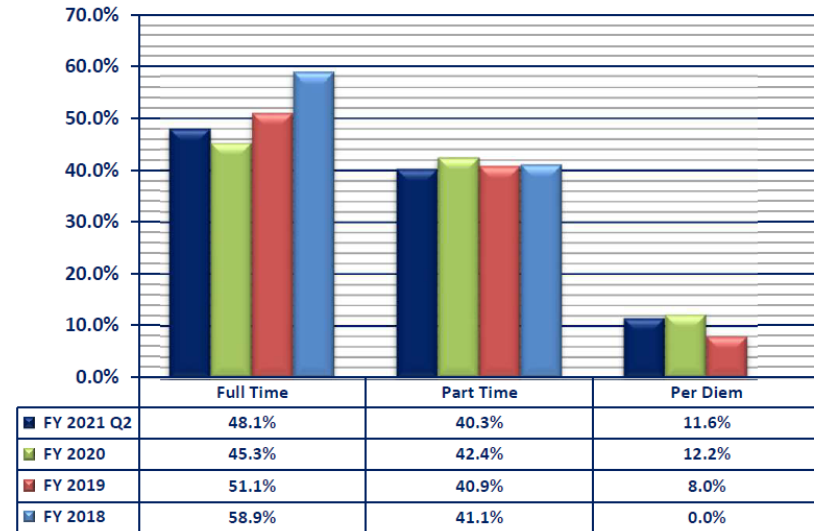


Figure 26: FSW Headcount By Position Type

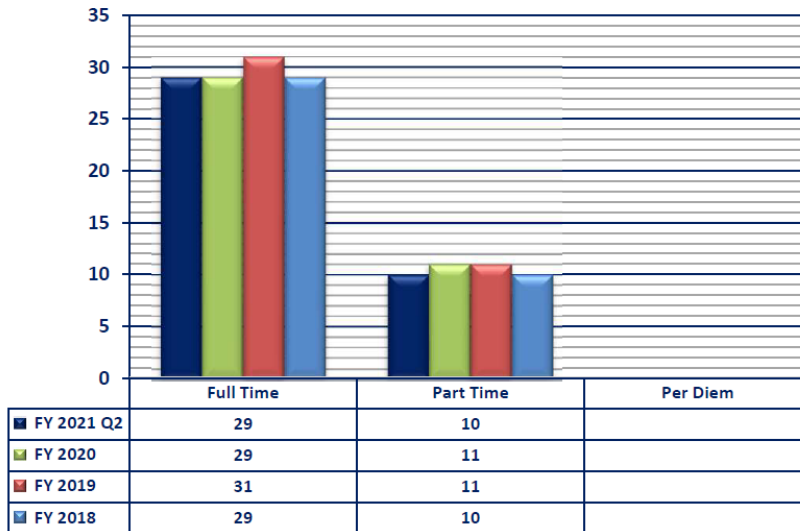
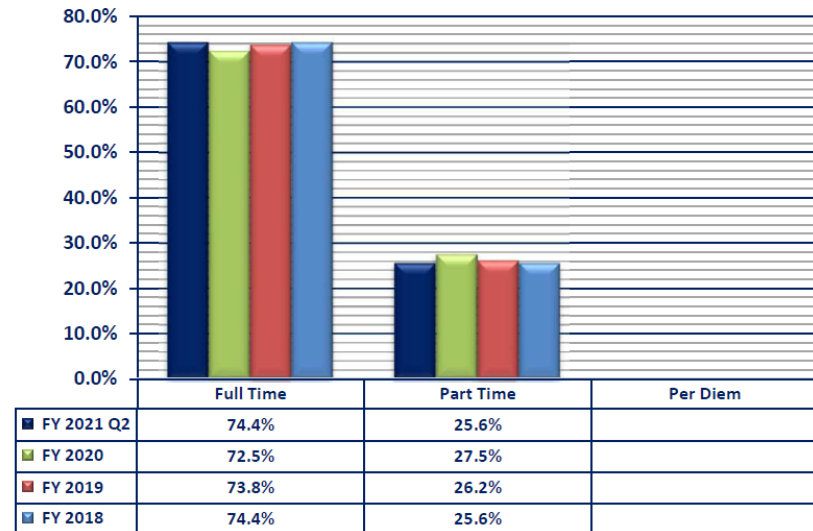
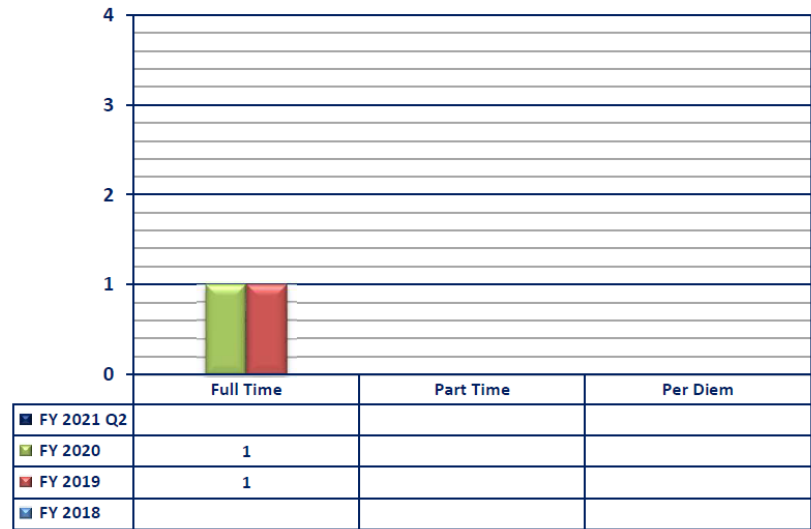


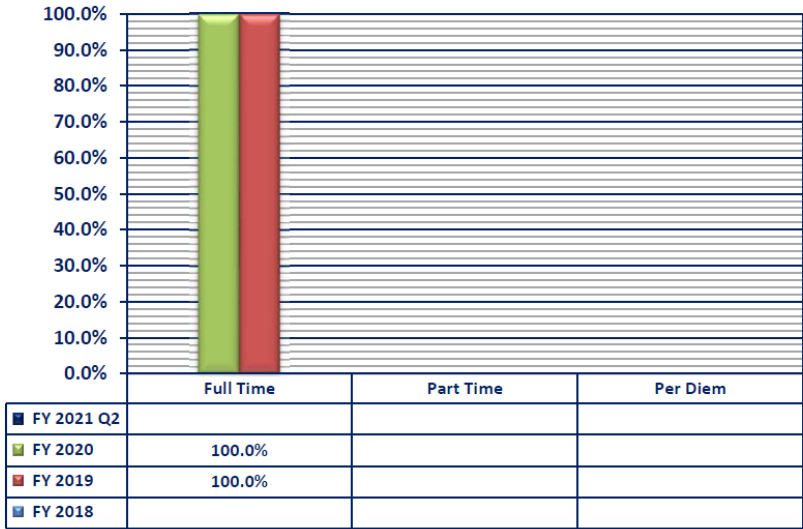
Figure 27: % FSW Headcount By Position Type



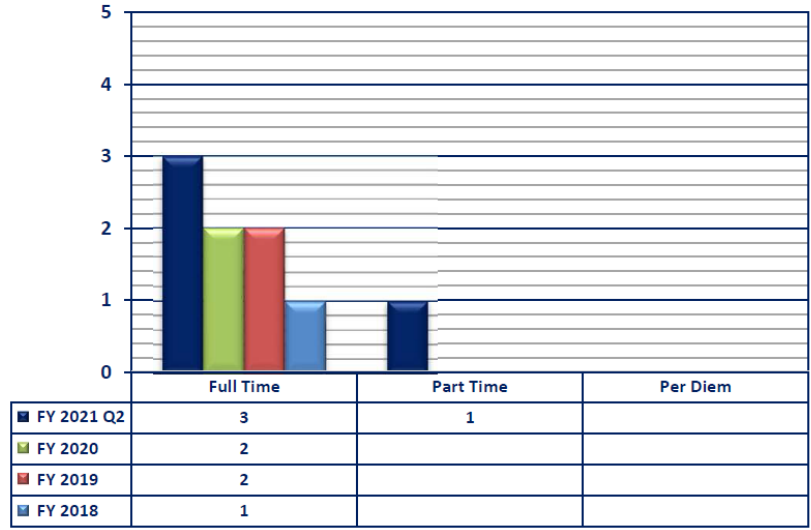
**Figure 28: M - 4 Headcount By Position Type**



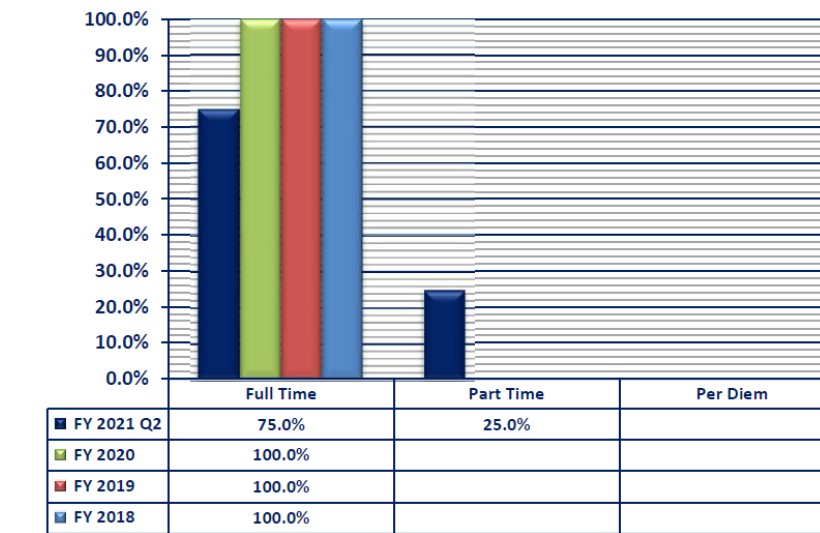
**Figure 29: % M - 4 Headcount By Position Type**



**Figure 30: M - 6 Headcount By Position Type**

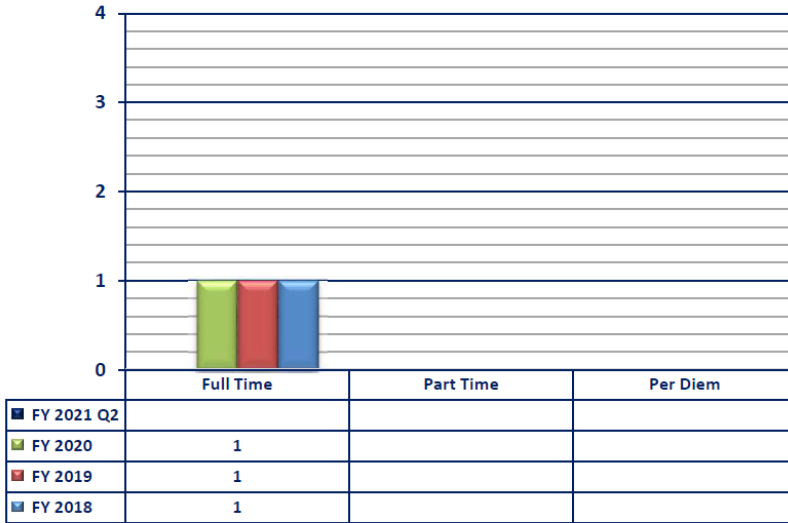


**Figure 31: % M - 6 Headcount By Position Type**

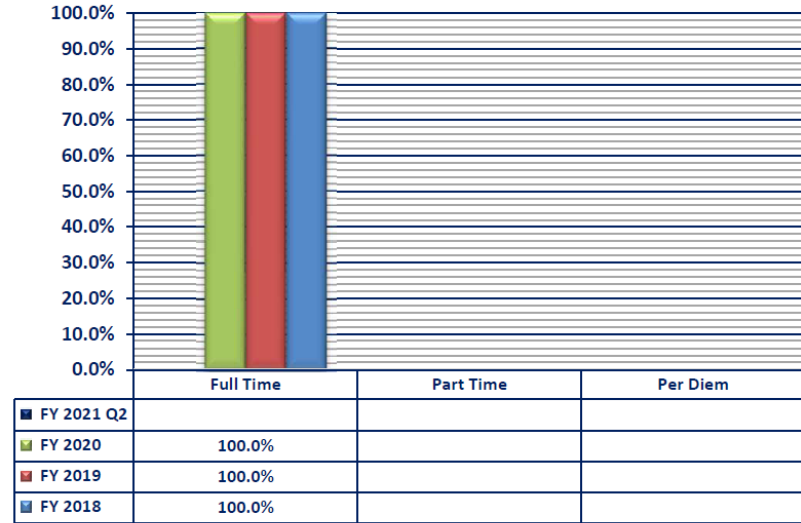




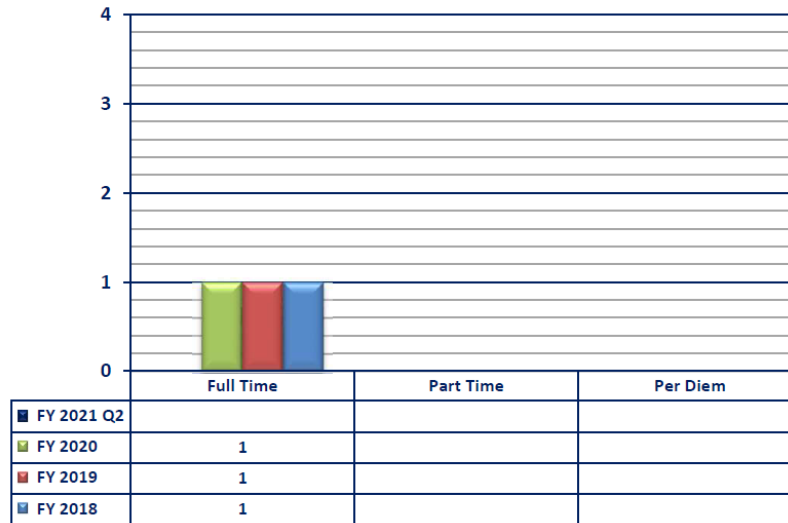
**Figure 32: M - 7 Headcount By Position Type**



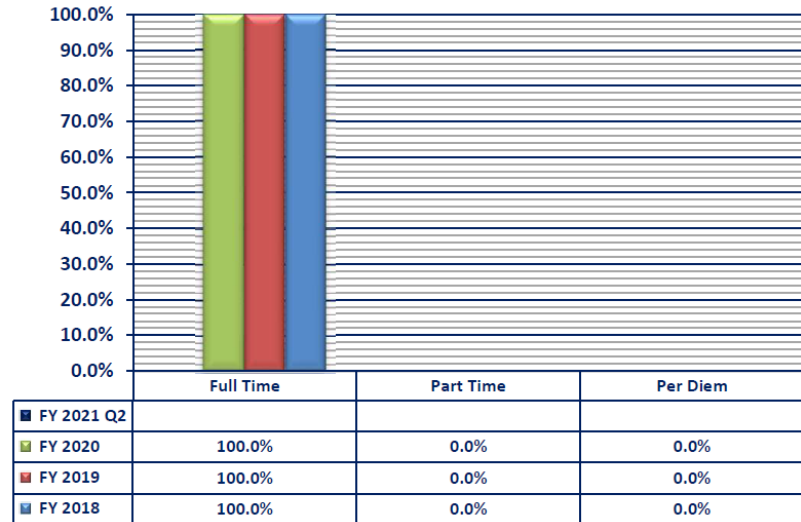
**Figure 33: % M - 7 Headcount By Position Type**



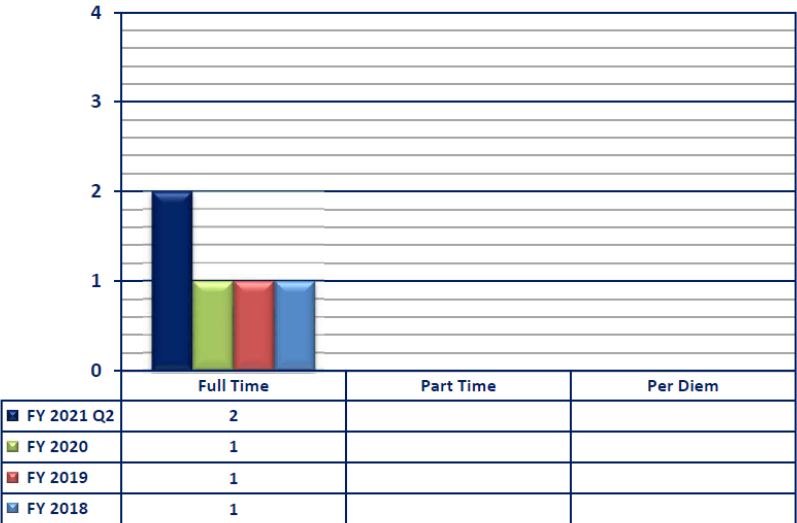
**Figure 34: M - 8 Headcount By Position Type**



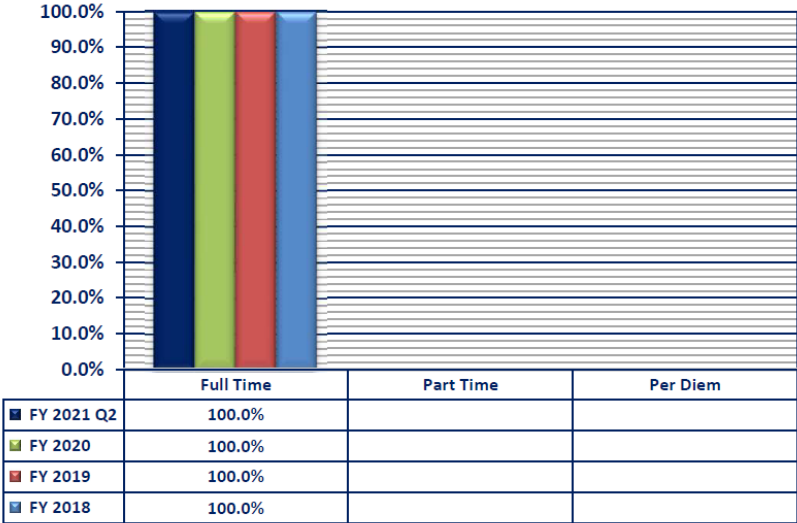
**Figure 35: % M - 8 Headcount By Position Type**



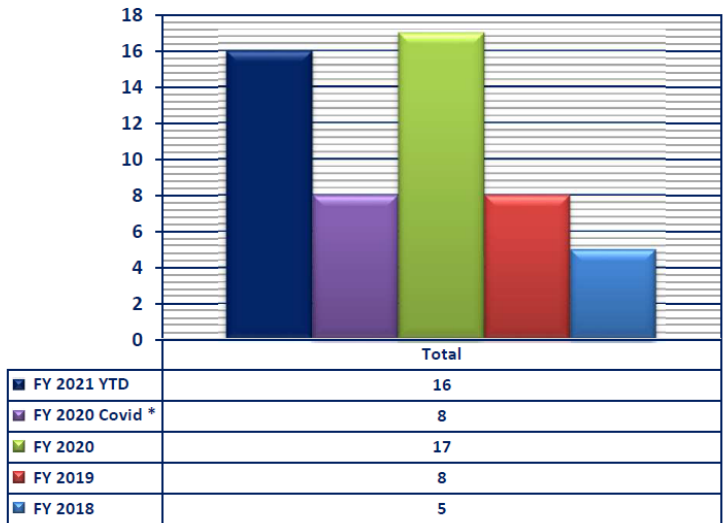
**Figure 36: M - 10 Headcount By Position Type**



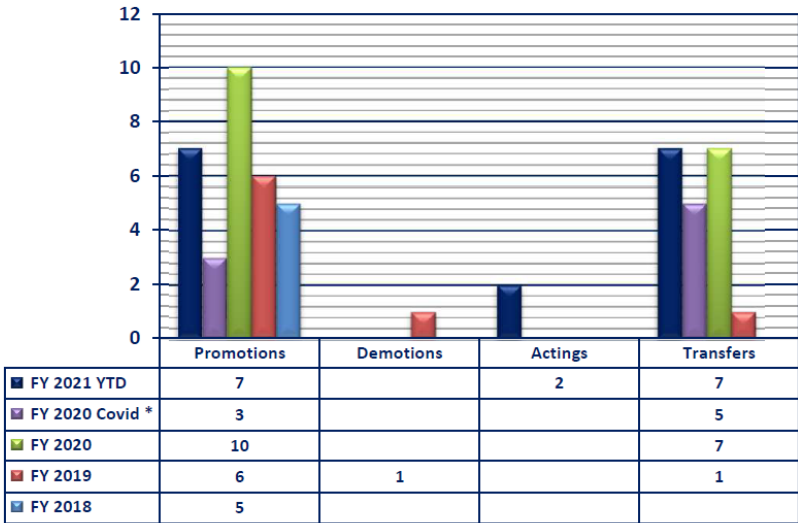
**Figure 37: % M - 10 Headcount By Position Type**



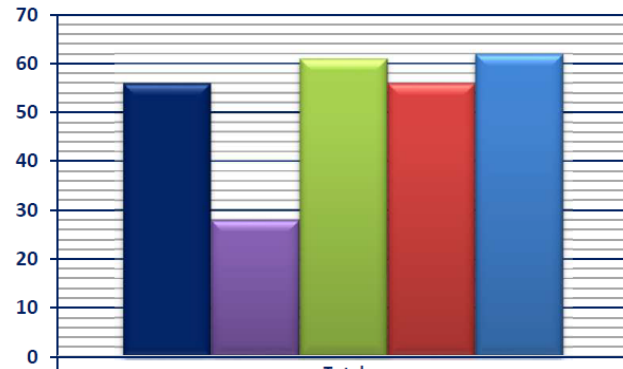
**Figure 38: MassCareers Candidates- Transactions**



**Figure 39: Transactions Detail**

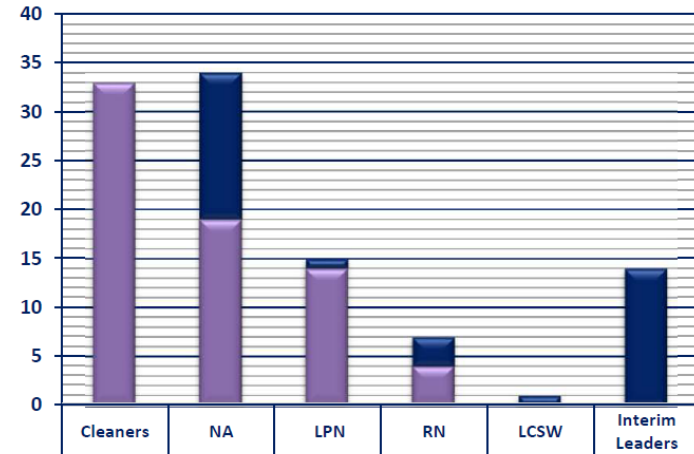


**Figure 40: MassCareers Postings**



	Total
FY 2021 YTD	56
FY 2020 Covid *	28
FY 2020	61
FY 2019	56
FY 2018	62

**Figure 41: Contractor Hires**



	Cleaners	NA	LPN	RN	LCSW	Interim Leaders
FY 2021 YTD	0	15	1	3	1	14
FY 2020 Covid *	33	19	14	4	0	0
Total	33	34	15	7	1	14

## Appendix Y: HSH ERIP and Backfill Information, EOHHS

### Attachment #4 Soldiers' Home in Holyoke 2015 ERIP and Backfill Information

Post ERIP Backfills		ERIP Positions		
Hires	Backfill Date	Position Number	Job Title	Functional title
448224	10/18/2015	000-10806	Program Manager Specialist VII	Director of Nursing
408217	9/20/2015	000-16353	Registered Nurse IV	Care Center Coordinator
448281	10/18/2015	000-30140	Registered Nurse IV	Evening Supervisor
486874	8/19/2018	000-0032455	Registered Nurse III	Registered Nurse
467175	9/17/2017	000-37472	Registered Nurse II	Registered Nurse
458331	8/7/2016	000-32176	Registered Nurse II	Registered Nurse
453521	4/3/2016	000-31038	Registered Nurse II	Registered Nurse
451183	1/24/2016	000-56855	Licensed Practical Nurse II	Licensed Practical Nurse
450050	12/13/2015	000-56851	Licensed Practical Nurse II	Licensed Practical Nurse
481094	3/4/2018	000-40100	Licensed Practical Nurse II	Licensed Practical Nurse
448848	11/1/2015	0000-5078	Licensed Practical Nurse II	Licensed Practical Nurse
498506	5/26/2019	000-36159	Licensed Practical Nurse II	Licensed Practical Nurse
450695	1/10/2016	000-20768	Licensed Practical Nurse II	Licensed Practical Nurse
453537	4/3/2016	0000-5225	Licensed Practical Nurse II	Licensed Practical Nurse
480178	2/4/2018	0000-5794	Licensed Practical Nurse II	Licensed Practical Nurse
446866	9/20/2015	000-16956	Certified Nursing Assistant II	Certified Nurse Assistant
314784	7/26/2015	000-10131	Certified Nursing Assistant II	Certified Nurse Assistant
125534	7/26/2015	0000-1459	Certified Nursing Assistant II	Certified Nurse Assistant
338378	7/26/2015	000-10444	Certified Nursing Assistant II	Certified Nurse Assistant
492040	11/25/2018	000-24997	Certified Nursing Assistant II	Certified Nurse Assistant
450014	12/13/2015	00-133199	Certified Nursing Assistant I	Certified Nurse Assistant
448271	10/18/2015	000-26551	Certified Nursing Assistant I	Certified Nurse Assistant
458961	8/21/2016	000-20767	Certified Nursing Assistant I	Certified Nurse Assistant
458326	8/7/2016	0000-2155	Certified Nursing Assistant I	Certified Nurse Assistant
483456	5/27/2018	000-22101	Certified Nursing Assistant I	Certified Nurse Assistant
455338	5/29/2016	000-49507	Certified Nursing Assistant I	Certified Nurse Assistant
146293	9/4/2016	000-46667	Clinical Social Worker (D)	Chief Social Worker
146686	7/26/2015	0000-3396	Recreational Therapist II	Recreational Therapist
145903	8/2/2015	000-46277	Laboratory Supervisor I	Laboratory Supervisor
Position Eliminated		000-13365	PC II	HIMS Chief (Med Records) (RHIT)
449602	11/29/2015	000-36792	Accountant V	Accountant V (Chief Accountant)
448294	10/18/2015	000-18796	Clerk III	Clerk III Nursing
118759	8/9/2015	000-18083	Dietitian II	Dietitian
262812	10/4/2015	000-44223	Cook II	Cook
124637	9/6/2015	000-49764	Cook I	Cook
448904	11/1/2015	000-24056	Facility Service Worker I	Facility Service Worker I (Food Prep)
283336	2/21/2016	00000-952	Facility Service Worker II	Facility Service Worker II (Housekeep)
451977	2/7/2016	000-14139	Facility Service Worker II	Facility Service Worker II (Housekeep)
452341	2/21/2016	000-14200	Facility Service Worker II	Facility Service Worker II (Housekeep)
Position Eliminated		00-133202	PC 1	PC1 -- Admissions Coordinator
Position Eliminated		000-48097	PC 1	PC1 -- Housekeeping Supervisor
466476	2/19/2017	000-17508	Institutional Maintenance Foreman	Maintenance Foreman
448303	10/18/2015	000-40601	Clerk III	Clerk III Maintenance
Position Eliminated		000-14804	Clerk IV	Clerk IV Outpatient
Position Eliminated		0000-9767	Motor Truck Driver	Motor Truck Driver

## Appendix Z: HSH Staffing Data Comparison, EOHHS

### Attachment #5 Holyoke Administrators and Direct Care Staff March 2021 vs March 2021

Administrators		Headcounts	
Job Title	Division	Mar-20	Mar-21
Superintendent	Administration	1	1
Dpty Superintendent	Administration	0	1
Chief Financial Officer	Administration	1	0
Director of Nursing	Administration	1	1
Director of Operations*	Administration	1	1
Director of Social Services	Administration	0	1
Coord DCAMM Project	Administration	0	1
Dir Communication Vol Prgms	Administration	1	1
Administrator VI	Administration	1	1
HR Liaison	Administration	1	1
<i>* Incumbent currently working in the interim superintendent role.</i>			
Direct Care Workers		Headcounts	
Job Title	License Type	Mar-20	Mar-21
Licensed Practical Nurse	LPN License	53	45
Nurse Practitioner	NP License	0	2
Nursing Assistant	N/A	134	117
Registered Nurse	RN License	39	38
Nursing Instructor	RN License	0	1
Social Worker	Licensed Social Wkr	5	2
Physician	MD License	5	4
Recreational Specialist	N/A	8	6

## Appendix AA: Soldiers' Homes Census Overview 2021

Commonwealth of Massachusetts  
 Department of Veterans' Services  
 Census Overview  
 Holyoke and Chelsea Soldiers' Homes  
 April 13 2021

<b>Holyoke Soldiers' Home</b>			<b>Chelsea Soldiers' Home</b>		
<b>LONG TERM CARE</b>			<b>LONG TERM CARE</b>		
<b>Veterans by Gender</b>			<b>Veterans by Gender</b>		
Male	92	94.8%	Male	68	94.4%
Female	5	5.2%	Female	4	5.6%
<b>Total</b>	<b>97</b>		<b>Total</b>	<b>72</b>	
<b>DOMICILIARY</b>			<b>DOMICILIARY</b>		
<b>Veterans by Gender</b>			<b>Veterans by Gender</b>		
Male	117	100.0%	Male	131	94.2%
Female	0	0.0%	Female	8	5.8%
<b>Total</b>	<b>117</b>		<b>Total</b>	<b>139</b>	
<b>TOTAL CENSUS</b>			<b>TOTAL CENSUS</b>		
<b>Veterans by Gender</b>			<b>Veterans by Gender</b>		
Male	209	97.7%	Male	199	94.3%
Female	5	2.3%	Female	12	5.7%
<b>Total</b>	<b>214</b>		<b>Total</b>	<b>211</b>	

<b>LONG TERM CARE</b>			<b>LONG TERM CARE</b>		
<b>Veterans by Race</b>			<b>Veterans by Race</b>		
Caucasian	91	93.8%	Caucasian	67	93.1%
African American	5	5.2%	African American	3	4.2%
Hispanic	1	1.0%	Hispanic	1	1.4%
Pacific Islander	0	0.0%	Pacific Islander	0	0.0%
Indigenous People	0	0.0%	Indigenous People	1	1.4%
<b>Total</b>	<b>97</b>	<b>100.0%</b>	<b>Total</b>	<b>72</b>	<b>100.0%</b>
<b>DOMICILIARY</b>			<b>DOMICILIARY</b>		
<b>Veterans by Race</b>			<b>Veterans by Race</b>		
Caucasian	16	94.1%	Caucasian	102	73.4%
African American	0	0.0%	African American	26	18.7%
Hispanic	1	5.9%	Hispanic	10	7.2%
Pacific Islander	0	0.0%	Pacific Islander	1	0.7%
Indigenous People	0	0.0%	Indigenous People	0	0.0%
<b>Total</b>	<b>17</b>	<b>100.0%</b>	<b>Total</b>	<b>139</b>	<b>100.0%</b>
<b>TOTAL CENSUS</b>			<b>TOTAL CENSUS</b>		
<b>Veterans by Race</b>			<b>Veterans by Race</b>		
Caucasian	107	93.9%	Caucasian	169	80.1%
African American	5	4.4%	African American	29	13.7%
Hispanic	2	1.8%	Hispanic	11	5.2%
Pacific Islander	0	0.0%	Pacific Islander	1	0.5%

Indigenous People	0	0.0%		Indigenous People	1	0.5%
<b>Total</b>	<b>114</b>	<b>100.0%</b>		<b>Total</b>	<b>211</b>	<b>100.0%</b>

LONG TERM CARE			LONG TERM CARE		
Veterans by ERA			Veterans by ERA		
WWII	26	26.8%	WWII	10	13.9%
Korea	21	21.6%	Korea	16	22.2%
Persian Gulf	0	0.0%	Persian Gulf	38	52.8%
Peace time	5	5.2%	Peace time	0	0.0%
Vietnam	32	33.0%	Vietnam	0	0.0%
Peace time	13	13.4%	Peace time	8	11.1%
Iraq / Afghanistan	0	0.0%	Iraq / Afghanistan	0	0.0%
<b>Total</b>	<b>97</b>	<b>100.0%</b>	<b>Total</b>	<b>72</b>	<b>100.0%</b>

Holyoke Soldiers' Home			Chelsea Soldiers' Home		
DOMICILIARY			DOMICILIARY		
Veterans by ERA			Veterans by ERA		
WWII	0	0.0%	WWII	0	0.0%
Korea	0	0.0%	Korea	3	2.2%
Persian Gulf	0	0.0%	Persian Gulf	18	12.9%
Peace time	2	11.8%	Peace time	0	0.0%
Vietnam	12	70.6%	Vietnam	83	59.7%
Peace time	3	17.6%	Peace time	32	23.0%
Iraq / Afghanistan	0	0.0%	Iraq / Afghanistan	3	2.2%
<b>Total</b>	<b>17</b>	<b>100.0%</b>	<b>Total</b>	<b>139</b>	<b>100.0%</b>
TOTAL CENSUS			TOTAL CENSUS		
Veterans by ERA			Veterans by ERA		
WWII	26	22.8%	WWII	10	4.7%
Korea	21	18.4%	Korea	19	9.0%
Persian Gulf	0	0.0%	Persian Gulf	56	26.5%
Peace time	7	6.1%	Peace time	0	0.0%
Vietnam	44	38.6%	Vietnam	83	39.3%
Peace time	16	14.0%	Peace time	40	19.0%
Iraq / Afghanistan	0	0.0%	Iraq / Afghanistan	3	1.4%
<b>Total</b>	<b>114</b>	<b>100.0%</b>	<b>Total</b>	<b>211</b>	<b>100.0%</b>

TOTAL CENSUS			TOTAL CENSUS		
Veterans by Average Age			Veterans by Average Age		
Male	82		Male	82	
Female	98		Female	87	
<b>Average</b>	<b>83</b>		<b>Average</b>	<b>84</b>	

TOTAL CENSUS			LONG TERM CARE		
Veterans by County			Veterans by County		
Barnstable County	0	0.0%	Barnstable County	1	1.4%
Berkshire County	1	0.9%	Berkshire County	0	0.0%
Bristol County	0	0.0%	Bristol County	0	0.0%

Essex County	0	0.0%	Essex County	15	20.8%
Franklin County	2	1.8%	Franklin County	0	0.0%
Hampden County	77	67.5%	Hampden County	0	0.0%
Hampshire County	23	20.2%	Hampshire County	0	0.0%
Middlesex County	3	2.6%	Middlesex County	18	25.0%
Norfolk County	1	0.9%	Norfolk County	4	5.6%
Plymouth County	0	0.0%	Plymouth County	6	8.3%
Suffolk County	0	0.0%	Suffolk County	24	33.3%
Worcester County	7	6.1%	Worcester County	4	5.6%
<b>Total</b>	<b>114</b>	<b>100.0%</b>	<b>Total</b>	<b>72</b>	<b>100.0%</b>

<b>Income</b>			<b>Income</b>		
Average monthly income	\$ 3,340		Average monthly income	\$ 2,671	
Average annual income	\$ 40,080		Average annual income	\$ 32,047	
Patients below Ma poverty level of \$27,760	32		Patients below Ma poverty level of \$27,760	\$ 20	
Patients with full or partial fee waiver	2		Patients with full or partial fee waiver	12	

<b>Holyoke Soldiers' Home</b>			<b>Chelsea Soldiers' Home</b>		
<b>LONG TERM CARE</b>			<b>LONG TERM CARE</b>		
<b>Age</b>			<b>Age</b>		
90+	37	38.1%	90+	19	26.4%
80-89	31	32.0%	80-89	20	27.8%
70-79	25	25.8%	70-79	23	31.9%
60-69	4	4.1%	60-69	10	13.9%
50-59	0	0.0%	50-59	0	0.0%
49 or less	0	0.0%	49 or less	0	0.0%
	<b>97</b>	<b>100.0%</b>		<b>72</b>	<b>100.0%</b>
<b>DOMICILIARY</b>			<b>DOMICILIARY</b>		
<b>Age</b>			<b>Age</b>		
90+	0	0.0%	90+	1	0.7%
80-89	2	11.8%	80-89	12	8.6%
70-79	6	35.3%	70-79	52	37.4%
60-69	7	41.2%	60-69	54	38.8%
50-59	2	11.8%	50-59	16	11.5%
49 or less	0	0.0%	49 or less	4	2.9%
	<b>17</b>	<b>100.0%</b>		<b>139</b>	<b>100.0%</b>
<b>TOTAL CENSUS</b>			<b>TOTAL CENSUS</b>		
<b>Age</b>			<b>Age</b>		
90+	37	32.5%	90+	20	9.5%
80-89	33	28.9%	80-89	32	15.2%
70-79	31	27.2%	70-79	75	35.5%
60-69	11	9.6%	60-69	64	30.3%
50-59	2	1.8%	50-59	16	7.6%
49 or less	0	0.0%	49 or less	4	1.9%
	<b>114</b>	<b>100.0%</b>		<b>211</b>	<b>100.0%</b>



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