DignityAlliance Massachusetts
Respect • Self-determination • Choices

# Veterans

**Issue:** The treatment and placement of older veterans and veterans with disabilities

**Goal:** The goal is a 21st Century approach to the treatment and placement of older veterans and veterans with disabilities. This would include placement in modern, community-based “Small Homes” and community services located in veterans’ home communities as well as centers of care, such as Holyoke and Chelsea’s Soldiers’ Homes. It would play a critical part in this effort to support a system of governance that would be a model of care and a system devoid of parochialism and patronage.

**Problem Statement:** The pandemic has demonstrated failure on the model of care and governance for veterans, particularly the Holyoke Home. The institutional model of care, lack of accountability, and the broken systems of care, governance, and accountability resulted in the death of at least 77 veterans and the displacement and suffering of many more.

**Background:** In reaction to the situation at the Holyoke Soldiers, a coalition of families promoted a $400M USD replacement facility that would house an institutional setting for older and disabled veterans. Such a setting is unsustainable financially as there are not that many veterans who would choose to relocate to Holyoke to access services that will very likely not be offered due to a sever staffing shortage in the area.

In addition, the VA administration has developed a 10-year plan to consolidate its services and close down large facilities in favor of a “Small Home” model of care and the distribution of home and community services in locations where veterans live. Efforts to move toward Small Homes received a boost with the allocation of $200M USD bond for such homes, but no action has been taken on it to-date.

**Options:**

1. No change/do nothing – Large $400M USD, largely unused facility and veterans traveling many miles to receive services. Continued patronage and parochialism. Centralized non-residential homes and community services are difficult for veterans to access. No external supervision by Public Health. No implementation of the $200M USD Small Home bond. No change in governance and maintaining the current ineffective board system.
2. Moderate – smaller scaled-down facility, possibly 100 beds along with the Small House model and 14 Small Homes distributed throughout the state in locations where the veterans live through the implementation of the $200M USD bond. Distributed non-residential home and community service with easy access to veterans in the community. External review by Public Health. External Board and passing of new governance legislation in front of the legislature.

3. Major – small institutional hubs (100 beds or less) located in the state with 35 Small Homes located through the state; home and community-based services close to veteran's homes; mobile units; and coordination with VA services components. Full inspection by Public Health and oversight by an Inspector General

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| Analysis: | While some advocates for a large -scale replacement of the Holyoke Soldiers Home. while well-intentioned, are not only guided by mounting evidence of the ineffectiveness of large facilities, particularly around infection control, but also not adhering to the current direction of the VA in their recent efforts to reimagine a reformed system of care. |
| Estimated Cost/Savings: | The large $400M USD Holyoke facility is non-sustainable in terms of the census and ability to staff. During the next pandemic, it also would become the same petri dish it was for infection. It would fall on the state to make up the financial shortfall when the institution is not full, costing the state millions of dollars, which could be otherwise used for care. Smaller homes are more likely to be full and better able to attract staff. |
| Recommendation: | Since the "no change" option is inconsistent with DignityMA's overall vision, Option Two moving to Option Three would be the recommendation, depending on the acceptance of the Small Home concept and what occurs with the VA. We believe that Option Three is achievable if the Small Home concept is developed and promoted. |
| Conclusions: | No change is not an option. There will be some replacement of the Holyoke facility and implementation of a revised and streamlined VA system. The VA will follow a Small Home design and set of high-reliability organizational principles, placing significant pressure on the state system of veteran care. The state will have the option to continue receiving VA funds when it designs and implements a plan of care consistent with developing principles. |

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