

# Death toll rises at veterans hospital in Massachusetts

**Julian James**  
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Casualties at a veterans hospital in western Massachusetts, previously reported by the WSWS here, continue to rise. On Friday, local news outlets reported 56 deaths caused by COVID-19 at Soldiers' Home in Holyoke, with an additional 92 veteran residents testing positive for the virus and 5 cases pending. Employees have also been heavily affected at the hospital, with 81 confirmed infections. This is a staggering number of deaths and infections at a single facility.

On April 14, only three days before the latest casualty numbers were released, the US Department of Veterans Affairs (VA) reported on its website that there had been 241 patient deaths caused by COVID-19 in its facilities nationwide. Seen in this context, the scale of the disaster at the Soldiers' Home is even more stunning; roughly 1-in-4 COVID-19 fatalities in the entire VA care system have taken place at a single facility in Massachusetts.

The mass casualties reported at the Holyoke veterans hospital lend credence to accounts given by multiple nurses about the reckless disregard for safety procedures on the part of the hospital administration, whose superintendent was recently suspended by the Massachusetts Department of Health and Human Services.

Nurses, speaking to the media as casualties were first reported, said management at the facility refused to provide them with personal protective equipment and instructed them to crowd patients together from multiple wards into a single ward as a solution to staffing shortages, due to infections. Nurses further claimed they were bullied or ignored when they raised concerns with administration about the lack of safety measures. All evidence points to an attempt by management to hide the outbreak from local authorities, who were only alerted by staff themselves

after finding no remediation with their superiors.

The recklessness and subsequent coverup that took place at the Holyoke hospital are part of a broader pattern of secrecy and mismanagement at elder care facilities. At many such places—both public and for-profit—information about outbreaks of COVID-19 is being withheld in an attempt to prevent a public outcry over the grave dangers seniors face at these woefully unprepared facilities. Even in “normal” times, chronic neglect and abuse taking place at nursing homes as well as the dreadful working conditions and low pay for employees are regularly featured in news stories.

At the for-profit Life Care Center of Nashoba Valley nursing home in Littleton, Massachusetts, a large-scale outbreak of COVID-19 only came to the attention of local health authorities after the fire department was called to the facility 18 times in the span of four days. Maria Kreir, a nurse who denounced the lack of containment measures at the home to a local news outlet before authorities acted, died three weeks later.

One facility in Brewster on Cape Cod reported two-thirds of residents had contracted the virus, while a nursing home in Belmont reported that nearly every resident was infected and that 30 residents had died. It is a sad fact that a significant percentage of the elderly residents who are infected with the disease will not recover.

Considering that many facilities, counties and states were refusing to provide complete information on deaths at elder care facilities, the official toll of 3,800 reported by the *New York Times* on April 14 must be seen as significant underestimation. On April 19, the Department of Health and Human Services finally released a new policy requiring that nursing homes notify residents and staff of infections as they are discovered.

As is the case with COVID-19 and many other illnesses, it is the elderly who are most vulnerable to succumbing. This makes preparation and planning for such an outbreak among this segment of the population even more urgent. In the coronavirus outbreak, facilities that should be places of care and treatment have become deathtraps, as has been demonstrated in Massachusetts, where nearly half of all deaths due to COVID-19 have occurred at homes dedicated to caring for the elderly.



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