

**STATEMENT OF  
MICHEAL POOLER, COLONEL, RETIRED  
BEFORE THE  
COMMITTEE ON VETERANS' AFFAIRS  
UNITED STATES SENATE  
ON  
LONG-TERM CARE FOR VETERANS IN MAINE  
January 26, 2024**

Good afternoon, Senator King. I appreciate the opportunity to discuss Veterans' access to long-term care.

My name is Mike Pooler, and my wife Sue was a resident of the Augusta Veterans Home from October 2016 to April 2023. I am extremely fortunate to be on the Maine Veterans Home Board of Trustees. This is my and Sue's story.

I earned a reserve commission as a second lieutenant from the University of Maine at Orono in 1986. In 1990, I transferred to the Maine Army National Guard until my retirement from federal civil service and the Maine Army National Guard in 2019. In late 2007, I volunteered to deploy to Afghanistan, was in country from April to November of 2008 and returned home in January of 2009. These statuses and timelines are pertinent to my wife's long term care story.

My wife, Sue, was diagnosed with dementia in 2013 at the age of 48 and needed full time professional resident care by September of 2016. In between these dates, I was fortunate to be able to privately hire caregivers to come to our home and look after Sue during the day. These people, along with Sue's sister, provided daytime and some weekend care while I was working for the Maine Army National Guard. I had the night shift and weekends while I continued to work. During this home caregiving time, I never looked into any support from the VA for Sue's caregiving. I have a 90% disability rating from the VA and my understanding was there is no caregiver support for spouses of Veterans.

As I explored options for her future nursing home care, the Maine Veterans Home option rose to the top of the list. Thankfully, MVH reserves 25% of their beds for spouses of veterans. The reason she was eligible for a bed was because of my deployment. As a national guardsman generally unless one deploys, they are not eligible for a veteran's home placement. I know many guardsmen who served twenty to forty years and have never been deployed, and they are not eligible to use the MVH system. As the number of veterans declines over the next twenty plus years, the number of people eligible for MVH will decline. This seems to be the only business model where the customer base will decline, absent another few ten to twenty plus year wars.

Again, we were extremely fortunate the administration of the Augusta home was very prompt in responding. It took three weeks from the time I called MVH until Sue was admitted in October of 2016. I placed Sue on two other local nursing home lists as we went through the admission process and six months after Sue's placement, I heard back from one of them.

During Sue's stay, it was obvious from the start that the staff in Augusta were and continue to be special people. One of the first nurses I met, as she was talking to Sue, stated that she would never lie to her and would always tell her the truth. She was not going to tell Sue something just to calm her down. That is indicative of the dignity and respect the staff gives each resident. The staff takes great pride in the fact they care for veterans and their spouses, many times sacrificing higher wages at other places to care for them.

Over the years, and especially during the past three years, there has been tremendous staff turnover. As you may be aware, people with dementia need to see consistent faces to help alleviate stress. Also, each dementia patient has unique needs that staff learn during their time with the resident, which leads to higher quality care. Over the years of visiting our spouses, the staff become a second family to many of us. They tell us how our spouses are doing, any trends they see, what made them laugh, what is working with them or changes in behavior. Many weeks I spent more time with the staff than the rest of my family.

As Sue declined, the Augusta home worked very well with hospice and the local hospital, at times telling the hospital what needed to be done for Sue. During Sue's last week, they continued to closely monitor her and made her as comfortable as possible. When she passed at midnight on April 26<sup>th</sup>, 2023, the staff lined the halls, some crying harder than I was, as I wheeled her out.

Recommendations:

1. Stabilization of the workforce. This is directly tied to increased reimbursement rates, which need to be tied to inflation. A more stable workforce understands the residents better, notices things that are off sooner which could lead to finding problems before they cannot be resolved. These unresolved issues lead to worse outcomes and high costs down the road.
2. Cover the cost of VA and federal mandates.
3. There needs to be a way to have national guardsman and reservists who have not been on active-duty or deployed become eligible for access to a state veterans' home. Absent more wars, this will be the only way to continue the viability of the MVH system.

Thank you for the opportunity to provide personal insight into veteran long-term care in Maine.