

## **Redefining Neutrality—Dignity Alliance: The Evolution of Honest Brokers in Healthcare Advocacy**

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### **Abstract**

In 2020, as COVID-19 ravaged nursing homes across Massachusetts, a group of advocates made a radical decision: they would stop pretending to be neutral. That choice would transform healthcare advocacy. The emergence of Dignity Alliance Massachusetts (DAM)<sup>i</sup> represents a significant evolution in the concept of honest brokers within healthcare systems. The article ‘Honest Brokers, Technology, and Health Justice: What Are We Learning?’<sup>ii</sup> laid out the process and mechanism for an alternative to mediated brokering. This approach arises from the evolution of this organization, committed to the betterment of the lives of marginalized persons, especially those who are older and disabled.

This article moves beyond the concept of honest broker into value-based advocacy. While traditional mediation strives for neutrality in mediating conflicts, DAM forges an alternative new approach that represents value-based mediation, challenging conventional assumptions about the role of honest brokers in healthcare reform.

### **Traditional Honest Broker Model Neutrality in Healthcare Advocacy: A Critical Examination**

Historically, mediators in healthcare have operated under a strict paradigm of neutrality. These entities, often emerging from established institutions or state agencies, position themselves as completely impartial mediators between conflicting parties. Their primary function has been to facilitate dialogue and resolution without taking positions on the issues at hand. This approach, while valuable in certain contexts, can sometimes perpetuate existing power imbalances by failing to acknowledge systemic inequities. However, while claiming neutrality, they are not without “interest”.

Neutrality in healthcare advocacy is a complex and multifaceted concept, with different interpretations shaping how mediators, policymakers, and advocates engage with the issues at hand. While neutrality is often considered an essential trait of effective mediation, the reality is that it exists on a spectrum, with varying degrees of detachment, interest, and involvement. Three primary models illustrate these differences: procedural neutrality, contextual neutrality, and value-based neutrality.

Procedural neutrality represents the most traditional understanding of neutrality. Under this model, the role of the honest broker is to ensure that all parties have equal access to fair and objective processes. Those adhering to procedural neutrality take great care not to advocate for specific outcomes or take sides in disputes, instead focusing on facilitating discussions and negotiations between conflicting stakeholders. The strength of this approach lies in its ability to maintain trust among all parties by avoiding any appearance of bias. However, in contexts where power imbalances exist—such as between healthcare institutions and vulnerable patient populations—strict procedural neutrality can inadvertently perpetuate systemic inequities by treating all perspectives as equally positioned, even when they are not.

Contextual neutrality emerges from the recognition that complete neutrality is often impossible. Advocates operating strive to balance competing interests while acknowledging the historical and systemic forces that shape healthcare disparities. Rather than pretending to be entirely detached, contextual neutrality allows for a nuanced approach that considers the importance of marginalized groups while still maintaining a commitment to fair and balanced processes. In healthcare advocacy, this perspective is particularly relevant when addressing longstanding issues of access, affordability, and care quality—areas where ignoring broader social dynamics would lead to incomplete or ineffective solutions.

Value-based neutrality takes an even more engaged approach, blending brokering with a clear commitment to fundamental human rights and ethical principles. Practitioners of value-based neutrality affirm that intermediaries' healthcare is not merely a neutral marketplace of ideas but rather a field deeply intertwined with human dignity, equity, and justice. Advocates in this model maintain a structured, transparent stance that prioritizes dignity and care quality while still ensuring open communication between stakeholders. This model of honest brokering affirms issues where moral imperatives outweigh pure procedural fairness, such as ensuring that disabled and elderly populations receive the care and support they deserve.

### **DAM's Transformative Approach**

The notion of absolute neutrality presumes that healthcare advocates can set aside their own perspectives, biases, and values when engaging in policy discussions. In theory, this level of detachment might seem ideal, as it would allow for completely impartial decision-making. However, in practice, implicit biases shape perceptions and influence decision-making, even when brokers make conscious efforts to remain impartial.

More importantly, in healthcare advocacy, remaining entirely neutral can lead to unintended harm by reinforcing the status quo. Many healthcare disparities exist because of historical injustices, institutional biases, and economic inequalities that have favored some groups while disadvantaging others. A strictly neutral stance—one that avoids acknowledging these factors—risks legitimizing unjust systems by treating all perspectives as equally valid, even when they are not.

By contrast, an approach that acknowledges underlying values while still facilitating dialogue leads to more effective and equitable reforms. Advocates who adopt contextual or value-based

neutrality work toward solutions that prioritize fairness and dignity without sacrificing their ability to engage in balanced mediation. In this sense, neutrality in healthcare advocacy should not be about detachment but rather about ensuring that all voices are heard while recognizing the systemic forces that shape the healthcare landscape.

DAM's model represents a significant departure from the traditional framework of mediation. Rather than attempting to maintain complete neutrality, DAM explicitly acknowledges and embraces its role as an advocate for dignity for marginalized older and disabled persons while still functioning as an intermediary between various stakeholders. This hybrid approach emerged from the crucible of the COVID-19 pandemic, where the devastating impact on nursing home residents demonstrated the limitations of purely neutral mediation.

### **Value-Based Mediation and Examples of Its Efforts**

What makes DAM's approach particularly innovative is its integration of clear values into the mediation process. By prioritizing dignity, transparency, and quality of care, DAM creates a framework for dialogue that acknowledges fundamental human rights while still facilitating meaningful communication between different stakeholders. This value-based approach doesn't compromise DAM's ability to serve as an intermediary; rather, it enhances its effectiveness by establishing clear principles around which negotiations and reforms can be structured. Here are some examples of that effort:

1. Securing a \$200 million bond with legislators and veterans' groups for alternative housing.<sup>iii</sup>
2. Development of a group of impacted stakeholders to address a state initiative designed to take away local control of assessment and centralize it in a private equity firm.<sup>iv</sup>
3. Participation in nursing homes closures to assure that the rights and needs of impacted residents are addressed.<sup>v</sup>
4. Editorials to bring attention to the plight of people with disabilities.<sup>vi</sup>
5. Participation in a suit to provide nursing home residents access to community living, services, and specialized services for others.<sup>vii</sup>

### **Balancing Advocacy and Mediation**

DAM achieves this balance through several key strategies and functions as a DAO<sup>viii</sup>:

1. **Transparent Positioning:** Unlike traditional honest brokers who might obscure their values in the service of neutrality, DAM is explicit about its commitment to dignity and quality care. This transparency enhances trust among stakeholders by clearly establishing the framework for dialogue. It utilizes open forums, makes all its deliberations open, virtual, and public.
2. **Inclusive Representation:** By operating as a peer-led coalition, DAM ensures that traditionally marginalized voices—particularly those of residents and frontline workers—are centered in discussions about care reform. It has no member fees or other

requirements. It allows each to give according to their needs and talents and take away according to their needs.

3. **Digital Empowerment:** The use of virtual platforms has democratized participation in advocacy and negotiation processes, creating more equitable conditions for dialogue between industry representatives, government officials, and advocates. DAM operates on a remote, virtual platform with decision-making and enforcement by membership.

### **Implications for Healthcare Reform**

This evolution in the honest broker role has significant implications for healthcare reform efforts. DAM's model suggests that effective mediation in healthcare doesn't require absolute neutrality or professional brokers but rather a clear commitment to fundamental human rights and dignity, openness, and transparency. This approach may be particularly valuable in addressing systemic inequities where traditional neutral mediation might inadvertently perpetuate existing power imbalances.

### **Future Directions**

The success of DAM's approach points to several potential developments in healthcare advocacy and reform:

1. **Recognition of the structure of DAO and the process, and use by impacted parties:** Incorporate the process into commissions, task forces, and any similar group that will make recommendations for future policies affecting impacted and marginalized people.
2. **Integration of rights-based frameworks:** Future honest brokers might increasingly incorporate explicit rights-based frameworks into their mediation efforts, particularly in healthcare contexts where fundamental human rights are at stake.
3. **Expanded stakeholder participation:** Digital platforms and decentralized organization models could further democratize participation in healthcare reform discussions, building on DAM's successful use of virtual tools during the pandemic, especially the DAO process.
4. **Enhanced accountability:** The combination of clear values and transparent processes could lead to more effective accountability mechanisms in healthcare systems.

### **Conclusion**

DAM's continual evolution of the honest broker role demonstrates that effective mediation in healthcare reform can—and perhaps should—incorporate clear values and advocacy positions. This approach, while departing from traditional notions of absolute neutrality, may be better suited to addressing systemic healthcare inequities and ensuring dignity in care delivery. As healthcare systems continue to face complex challenges, this model offers valuable insights for developing more effective and equitable approaches to reform.

## Endnotes

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<sup>i</sup> <https://nonprofitquarterly.org/dignity-in-action-from-institutional-failure-to-decentralized-empowerment>

<sup>ii</sup> <https://nonprofitquarterly.org/honest-brokers-technology-and-health-justice-what-are-decentralized-autonomous-organizations/>

<sup>iii</sup> <https://dignityalliancema.org/2021/08/19/advocacy-letters-for-holyoke-soldiers-home/>

<sup>iv</sup> <https://dignityalliancema.org/2024/05/06/independent-assessment-entity-iae/>

<sup>v</sup> <https://dignityalliancema.org/2023/03/10/this-is-outrageous-re-nursing-home-closures/>

<sup>vi</sup> <https://dignityalliancema.org/2023/10/30/2023-10-31-spotlight-help-people-with-disabilities-live-in-the-community/>

<sup>vii</sup> <https://dignityalliancema.org/2024/05/23/bringing-people-home-on-marsters-for-guardians-and-supported-decision-making-personnel/>

<sup>viii</sup> <https://nonprofitquarterly.org/dignity-in-action-from-institutional-failure-to-decentralized-empowerment/>