

**STATEMENT OF STEVE SCHWAB,
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BEFORE THE HOUSE COMMITTEE ON VETERANS' AFFAIRS, SUBCOMMITTEE
ON DISABILITY ASSISTANCE AND MEMORIAL AFFAIRS ON "HONORING OUR
PROMISE: REVIEWING THE EFFECTIVENESS OF SERVICES FOR DEPENDENTS
AND SURVIVORS"**

February 8, 2022

Chair Luria, Ranking Member Nehls, and Members of the Subcommittee, the Elizabeth Dole Foundation is pleased to present its views on the Department of Veteran Affairs' (VA) on "Honoring our Promise: Reviewing the effectiveness of Services for Dependents and Survivors." I want to thank the leadership of this subcommittee to bringing attention to these important issues and seeking responses from organizations like the Elizabeth Dole Foundation.

The Elizabeth Dole Foundation was founded in 2012 and is entering our tenth year of service to the more than 5.5 million spouses, family members, and other loved ones caring for wounded, ill, or injured veterans at home. We remain the first and only national organization exclusively focused on military and veteran caregivers, including the more than 2.3 million children and youth living in veteran caregiving households. On behalf of all caregivers and their families, we thank you for this opportunity to provide testimony.

In 2021, in response to a request the Veterans' Families, Caregivers, and Survivors Federal Advisory Committee, chaired by Senator Elizabeth Dole, the Foundation engaged in a formal collaboration with TAPS, American Red Cross and their Military Veteran Caregiver Network (MCVN) to gain insights and understanding of how the military and veteran services sector might support caregivers whose wounded veteran has died. This collaborative team, facilitated by Lynda Davis, PhD, the former Chief Veterans Experience Officer at the VA, worked tirelessly throughout 2021, engaging subject matter experts, researchers, and caregivers. A report of their findings and recommendations will be released in March 2022. This most recent work and our continued engagement with caregivers informs this testimony.

Let me begin by acknowledging the depth and loss of experienced by military and caregiving families whose veteran has passed. For America's veterans, especially those whose service in the Armed Forces resulted in visible and invisible injuries, many of America's veteran caregivers also struggle with anticipated loss. They see every day how the injuries of war have accelerated aging in their loved one, and for those caregivers whose veteran struggles with mental health issues, the possibility of an early death by suicide is a struggle.

The Elizabeth Dole Foundation also recognizes that this testimony is being given in the context of a global pandemic. In the U.S. alone almost 900,000 deaths have brought loss and grief to nearly every household in the U.S., and these numbers continue to climb. In the veteran community, we have lost nearly 20,000 lives. As many have commented, we are experiencing a twin pandemic, one wrought by the virus, the second, which many will struggle with for years to come, a pandemic of grief and loss.

In our work with the Caregiver to Survivor collaboration, three issues became readily apparent and align with the purposes of the subcommittee's work. These three issues are discussed below and include recommendations by the Elizabeth Dole Foundation on ways to address.

1. Invest in pre-planning outreach, education, and behavioral incentives to plan

Despite sometimes dealing with the daily uncertainty of chronic care management for our wounded and ill veterans, what we've learned is that caregivers are not prepared for this loss, emotionally, legally, and financially. While we recognize the challenge of uncomfortable conversations, our systems of care also have their role to play in facilitating these and providing a clear way forward. Consider the will – a vital tool to communicate your wishes after death. According to a 2021 Gallup poll, only 46% of adults have a will, fewer have living wills, have appointed someone to have the power of attorney, or expressed their wishes should they become incapacitated. Healthcare providers and social workers, who see families during non-emergency visits, should be incentivized as well to engage veterans and their caregivers in this conversation.

Recommendations: It is important to recognize that advance planning tools and supports are available, many at no cost to veterans. I mention this as it points to the emotional element at play. The Elizabeth Dole Foundation believes that behavioral or financial incentives offer a way forward for both families and providers to motivate completion of planning documents. In addition, we recognize and appreciate efforts to improve outreach and education; especially targeted outreach and information that reflects the needs of diverse populations, including members of the LGTQIA+ population. Too often, unfortunately, outreach and information does not lead to action. Accordingly, the Foundation strongly encourages investments in research in the VA's Health Services Research and Development Service (HSR&D) to help us understand how we could improve adoption of the resources available and help our diverse veteran caregiving families plan. In addition, we recommend that completion of planning documents be included as part of the veteran's medical record. Checking a box on a referral is insufficient, a closed loop system must be in place to ensure that completed financial planning, estate planning, advance directives, and burial planning are part of the Veteran's medical record.

2. Improve and increase access to Dependency and Indemnity Compensation and affordable Life Insurance

When a veteran passes, there are innumerable financial and legal issues that must be addressed. From obtaining multiple copies of death certificates, filing with probate, to funeral and burial planning. These activities, some of which are complex and expensive, take place while the caregiver is grieving his or her loss and perhaps supporting family members, including children who have lost their Mom or Dad.

Based on the focus group responses from the Caregiver to Survivor Collaboration as well as anecdotes from Dole Fellows and the more than 3,000 caregivers registered with our online community, support for grieving families, in all its forms, is inconsistent, hard to access, and burdensome. A significant burden for these families is financial. Many caregivers have left the workforce to care for their veteran, some are the parents of veterans, who are elderly with limited income. When he or she passes, the financial benefits he or she receives, often the primary source of income for the household, cease. Dependency and Indemnity Compensation (DIC) benefits from the VA are incredibly important, although may not equal disability benefits aligned with the veteran's disability rating. A GAO study, *Analysis of VA Compensation Levels for Survivors of Veterans and Servicemembers* issued in 2009, found that "for more than half of survivors who recently began collecting DIC, the benefit replaced between 35 and 55 percent of the VA disability compensation or estimated military pay lost due to the death of a veteran or servicemember."¹ The report goes on to detail how the DIC benefits function for the typical spouse-survivor, "Overall, the most common DIC recipient was a woman over the age of 50 with no minor children who was the widow of a totally disabled veteran." In this most common case, the totally disabled veteran would have received \$2,823 per month in VA compensation in 20 and, after his death, the surviving spouse would have received \$1,154 month—the basic flat-rate DIC payment—for a replacement rate of 41 percent."²

DIC benefits provide a tax-free monthly benefit to survivors and children when eligible. The VA pays a monthly flat rate benefit to spouses if their veteran died on or after January 1, 1993. The rate for spouses whose veteran died before January 1, 1993, includes a base rate (\$1,437.66 for 2022) and additional support based on pay grade. Children of a deceased veteran are also used in the calculations of the benefit. The DIC is not considered a pension program and benefits are not intended, by law to define a specific percentage of income that should be replaced by DIC.

A second financial issue that caregivers have shared with the Foundation regards life insurance. Eligible veterans can obtain Service-Disabled Veterans Life Insurance (S-DVI), Supplemental

¹ See GAO report: [GAO-10-62 Military and Veterans' Benefits: Analysis of VA Compensation Levels for Survivors of Veterans and Servicemembers](#) (November 2009)

² IBID, pg. 12

Service-Disabled Veterans Life Insurance, and Veterans' Mortgage Life Insurance (VMLI from the VA. While in active duty, service members can apply for Family SGLI, also known as Family Servicemembers' Group Life Insurance (FSGLI). This benefit is available if a service member currently has a Service Member Group Life Insurance policy. Upon death of the service member, a spouse can convert the policy to an individual policy.

While proceeds from a life insurance policy can remove some financial challenges in the short-term, for caregivers who have reduced their hours of employment or left the workforce to care for their veteran, this benefit does not address the long-term financial needs of survivors.

Recommendations: The Office of Survivors Assistance was established by Public Law 110-389, Title II, Section 222, in October 2008. According to the website, the office was established “to serve as a resource regarding all benefits and services furnished by the Department to Survivors and Dependents of deceased veterans and members of the Armed Forces. OSA also serves as a principal advisor to the Secretary of Veterans Affairs and promotes the use of VA benefits, programs, and services to survivors.” On this site and through embedded links, individuals can learn about the resources available through the VA. Information on accessing benefits for survivors like DIC are also available here. The Foundation recommends that the benefit rate be reconsidered and increased to align with the benefits received by the veteran based on his or her disability rating. According to the 2014 RAND report, Hidden Heroes America's Military Caregivers the estimated yearly value of post-9/11 caregivers support is valued at \$3 billion, pre-9/11 military caregivers to be \$10.6 billion.³ Given military and veteran caregivers uncompensated commitment of service to their loved ones, the injured veteran, ensuring the survivors financial well-being given their lifetime of service.

3. Create a seamless journey for caregivers and their families at every stage, including the journey from Caregiver to Survivor

While financial and legal issues can be addressed in some measure through regulatory changes, helping caregivers and their families navigate the loss of their veteran needs a holistic approach of civil society and government. For the Foundation, the work of the Caregiver to Survivor collaboration helped us recognize our collective strengths and weaknesses in helping caregivers on their journey to survivor. Currently TAPS is the only national organization focused on this journey for military and veteran caregivers. Under the leadership of founder and CEO Bonnie Carroll, TAPS has connected thousands of grieving families to mental health and supportive care. The Foundation recognizes and values their singular focus and impact. In addition to investigating resources and surveying the literature and caregivers, the collaborative took active

³ Ramchand, Rajeev, Terri Tanielian, Michael P. Fisher, Christine Anne Vaughan, Thomas E. Trail, Caroline Batka, Phoenix Voorhies, Michael W. Robbins, Eric Robinson, and Bonnie Ghosh-Dastidar, Hidden Heroes: America's Military Caregivers. Santa Monica, CA: RAND Corporation, 2014. https://www.rand.org/pubs/research_reports/RR499.html.

steps to improve the system of care. Online resources such as PatriotLink, and the National Resource Directory were asked to update their resource offerings with information on services and benefits for survivors. The collaborative also created a closed loop referral system to TAPS that would facilitate referrals from The Foundation or MCVN, it would provide the referring agency with confirmation that a caregiver survivor had been engaged by TAPS.

Recommendations: The partnership of the Caregiver to Survivor Collaborative should be continued and we would welcome inclusion of the VA's Office of Caregiver Support and the Veterans Benefits Administration. In our brief time on the Collaborative, a focused and collegial partnership developed that will have sustainable benefits for caregivers. Through our increased awareness of the challenges and fears that caregivers face at the prospect of their veteran's passing, each organization is prepared to begin the honest and difficult conversations around planning. The Elizabeth Dole Foundation's Respite Relief Program recently launched Financial Wellness Program, and soon to be launched support groups represent new, proactive measures we are taking to help our caregiving community. Our efforts are one part of the puzzle, and we welcome the VA joining us through outreach, information, referral, and benefits that are easily accessible.

Conclusion: There is much work yet to be done to ensure caregivers are supported throughout their journeys, this includes their journey from caregiver to survivor. Their care of their veteran during his or her life may have ended with their passing, however caregivers still need and deserve our support – financially and emotionally.

Our nation has long admired and respected our military men and women who have served our country so valiantly. And we have always reserved a special honor for those who returned from service with physical and emotional scars. Our goal now is an America where their caregivers are empowered, appreciated, and recognized for their service throughout their life.