



Testimony

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# Supporting Military and Veteran Caregivers

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CT-A3557-1

Testimony presented before the U.S. House of Representatives Committee on Veterans' Affairs on September 25, 2024

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Published by the RAND Corporation, Santa Monica, Calif.

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*Supporting Military and Veteran Caregivers*

Testimony of Rajeev Ramchand<sup>1</sup>  
RAND<sup>2</sup>

Before the Committee on Veterans' Affairs  
United States House of Representatives

September 25, 2024

**C**hairman Bost, Ranking Member Takano, and members of the committee, thank you for your invitation to testify. My name is Dr. Rajeev Ramchand. I am a senior policy researcher at RAND, a nonprofit, nonpartisan research organization, where I codirect the RAND Epstein Family Veterans Policy Research Institute. I am an epidemiologist, and in 2014 I co-led RAND's study on military and veteran caregivers—our nation's hidden heroes.

Much has changed in the past ten years. There is more awareness about military and veteran caregivers, which has led to more programs and policies that serve this community. But there are reasons to be concerned as well. The aging of the veteran population, U.S. troop withdrawal from Afghanistan, and a global pandemic may have altered both what caregivers do and the toll that caregiving takes. These circumstances beg the question: How are military and veteran caregivers faring today?

I had the honor of leading the ten-year follow-up to our original study that was released yesterday describing the mental, emotional, and financial well-being of military and veteran caregivers and their families. The study describes the 14.3 million people in America caring for a wounded, ill, or injured service member or veteran. This estimate surpasses past estimates of caregiving in the United States. Many people caring for those in need of support do not identify as caregivers, but previous research has largely relied on a person identifying as a caregiver in order to be counted as one. Instead, our updated approach relies on people describing the caregiving tasks they perform. In doing so, we are including caregivers who may not identify as such. This may include spouses caring for aging partners, those caring for individuals with mental health conditions or substance use disorders, or non-family members who take on caregiving roles for friends or neighbors.

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Many military and veteran caregivers see value in caregiving. As a caregiver taking care of a veteran friend told us, “You feel that you are doing humanitarian work. You learn from their personal experiences, from their life.” But there are costs to caregiving as well, both emotional and financial. In my testimony today, I am going to describe highlights from our research that demonstrate the diversity of military and veteran caregivers and those they are caring for, as well as the implications this diversity has for policy. I am also going to quantify the emotional and financial costs of caregiving and provide policy options to address these issues.

Military and veteran caregivers are not a monolith. One important distinction we found was that 26 percent of these caregivers are caring for service members and veterans ages 60 and under, and these caregivers and their experiences are very different from those who care for someone over age 60. Those caring for veterans and service members ages 60 and under are most often spouses, neighbors and friends, or family members, such as siblings or aunts and uncles. In contrast, the largest group caring for those over 60 are adults caring for their parents, though spouses and friends each account for a significant proportion as well. Figure 1 describes some characteristics of these caregivers and of the service members and veterans they are caring for.

**Figure 1. Differences Between Caregivers and Care Recipients Based on the Age of the Care Recipient**

Care Recipient Is 60 or Under (26% of military/veteran caregivers)	Care Recipient Is Over 60 (74% of military/veteran caregivers)
<b>Caregiver characteristics</b>	
<ul style="list-style-type: none"> <li>• 53% female</li> <li>• 49% under age 35; 14% 55 or older</li> <li>• 58% working (full or part time)</li> <li>• 24% spouses, 27% neighbors or friends, 31% other relatives (siblings, aunts/uncles, etc.), 12% children, 7% parents</li> <li>• 53% live with care recipient</li> <li>• 23% have current/past military service</li> </ul>	<ul style="list-style-type: none"> <li>• 58% female</li> <li>• 28% under age 35; 44% 55 or older</li> <li>• 46% working (full or part time)</li> <li>• 42% children, 23% spouses, 22% neighbors and friends, 12% other relatives</li> <li>• 37% live with care recipient</li> <li>• 7% have current/past military service</li> </ul>
<b>Care recipient characteristics</b>	
<ul style="list-style-type: none"> <li>• 58% male</li> <li>• 41% served after September 11, 2001</li> <li>• 43% deployed to a war zone</li> <li>• 62% have a substance use disorder or mental health condition, 49% have a vision/hearing diagnosis, 21% have a traumatic brain injury</li> </ul>	<ul style="list-style-type: none"> <li>• 82% male</li> <li>• 2% served after September 11, 2001</li> <li>• 38% deployed to a war zone</li> <li>• 68% have a vision/hearing diagnosis, 40% have a substance use disorder or mental health condition, 37% have a neurological condition</li> </ul>

One of the primary things we learned in our new study is that many military and veteran caregivers are caring for individuals with cognitive, mental health, and substance use diagnoses. This is more common among those caring for veterans ages 60 or under, but still nearly half of caregivers to veterans over 60 report that their veteran has a mental health or substance use diagnosis. Between 40 and 60 percent of military and veteran caregivers reported that their caregiving entails helping the veteran cope with stressful situations, manage sudden changes in mood, or avoid triggers of anxiety or antisocial behavior. But these tasks only scratch the surface

of what these caregivers do. Take, for example, the caregiver to an Army veteran who served in the post-9/11 era who, when asked what their daily caregiving role entailed, told us,

I have to have all his medications locked up in a safe, because he has tried to take his life before, and one of the things he has done that with is medications. . . . My biggest challenge is to make sure that he doesn't try to take his own life again.

The problem is that many policies and programs overlook military and veteran caregivers to those with mental health or substance use conditions. Eligibility requirements are often based on activities of daily living, such as helping a person bathe, or instrumental activities of daily living, such as grocery shopping or housework. But our research suggests these may be inadequate for describing what many military and veteran caregivers do.

This has implications for policy. First, we must ensure that policies and programs directed to support military and veteran caregivers, including those run by the U.S. Department of Veterans Affairs (VA), support those caring for individuals with mental health and substance use diagnoses. Second, we must promote programs to caregivers in ways that do not require individuals to identify as caregivers to partake in them.

As I previously mentioned, caregiving takes an emotional toll. Forty-three percent of military and veteran caregivers to those ages 60 or under meet criteria for depression, nearly four times that of noncaregivers. Among the top barriers they reported for not receiving needed mental health care were not having the time for such care and being worried about the side effects of medications or being hospitalized if they were to admit things such as past suicidal thoughts.

For these reasons, our report makes strong recommendations to increase mental health care to caregivers and their families. VA is piloting a novel approach that does this for a small subset of caregivers who qualify for VA's Program of Comprehensive Assistance for Family Caregivers. But much more is needed, particularly outside VA in settings where most caregivers access health care. For example, expanding telehealth may increase access to mental health care for more people, but its benefits will only be fully realized when interstate licensure agreements are worked out. Integrating mental health care into primary care via such models as Collaborative Care is also a critically important step, and the Path Forward initiative is working with policymakers to do this.

If you compensated military and veteran caregivers for all the hours of caregiving that they perform, it would total well over \$100 billion. But most caregivers are not paid for their work, and instead their caregiving comes at great economic costs. Our study estimates that military and veteran caregivers spend, on average, around \$8,500 dollars annually in out-of-pocket costs associated with caregiving. As a partner to a post-9/11 Navy veteran told us,

We've had a lot of expenses like the ramps to get to the house, the wheelchairs. They break down after a while; you have to get new ones. Getting these exercise items so that he can build his strength in his arms, getting the car adjusted . . . it adds to the expenses in general. It adds up.

We also find that, because of caregiving demands, caregivers forgo around \$4,500 dollars in earnings each year. These amounts are even more concerning for the one-third of military caregivers who have household incomes below 130 percent of the federal poverty level.

There are different approaches to help address this financial strain. We recommend that programs serving caregivers expand outreach to help them identify existing sources of support—such as the Supplemental Nutrition Assistance Program (SNAP); Women, Infants, and Children (WIC) program; or Supplemental Security Income (SSI)—that could help caregivers get by. But we also recommend that consider tax credit options for caregivers. Research has shown that other tax credits, such as the Earned Income Tax Credit and expansion of the Child Tax Credit, helped lift millions out of poverty, and a caregiver tax credit might result in similar outcomes for many military and veteran caregivers.

In conclusion, supporting military and veteran caregivers requires recognizing the breadth of caregiving, including caring for individuals with mental health and substance use conditions. It means, very specifically, attending to caregivers' mental health and financial well-being by implementing policies and programs to meet these needs. Over 14 million Americans are caring for our nation's heroes. They deserve to be cared for in return.

Thank you for your time and I look forward to your questions.