

STATEMENT FOR THE RECORD
QUALITY OF LIFE FOUNDATION
FOR
THE SENATE VETERANS AFFAIRS' COMMITTEE
HEARING ON HOUSE RESOLUTION 2148
VETERAN CAREGIVER RE-EDUCATION, RE-EMPLOYMENT, AND
RETIREMENT ACT

Thank you Chairman Miller-Meeks, Ranking Member Brownley, and distinguished members of the Committee for allowing us to emphasize and advocate for H.R.2148, the Veteran Caregiver Re-education, Re-employment and Retirement Act (Veteran Caregiver 3R Act). This bill is deeply personal to my organization, Quality of Life Foundation, and to me personally as a caregiver to a veteran who withdrew from the VA's Program of Comprehensive Assistance for Family Caregivers (PCAFC). I'd like to thank Congressmen Ciscomani and Morelle, as well as Senator Moran, and former Senator Sinema for taking my words in the SVAC hearing in March of 2022 to heart when I said VA's family caregivers, without the safety nets in this bill, will fall into poverty upon leaving their caregiving roles. I will leave the facts and statistics of caregivers' financial contributions and lost income to others. Today, I want to tell you why this legislation is personal to me and why I feel it necessary to advocate so strongly for it.

In 2009, Wounded Warrior Project invited myself and 19 other Post 9/11 military veteran caregivers to the Hill, to tell our stories to lawmakers about why Congress should create the VA's Caregiver Support Program, a component of which, the Program for Comprehensive Assistance for Family Caregivers (PCAFC), would provide a stipend for those caregivers whose role prevented us from maintaining a position in the workforce. When I arrived in D.C. in July 2009, my husband was on his third hospitalization since returning from Iraq in February of 2007. During those years, I had tried to maintain my thirteen year teaching career while raising two young children and caring for him, but it was impossible to simultaneously teach well and to caregive well. And, honestly, there is no room in either role, teacher or caregiver, for anything less than well.

In May of 2009, I made the decision to give up my financial independence and professional identity in order to become “just a caregiver.” At the time, not only did I hold teaching licenses in two states, but I also held my National Board Of Professional Teaching Standards certificate. This certificate offered me a substantial salary boost to my teacher salary and is something only 141,000 teachers nationwide have achieved. The last day of that school year in June of 2009 saw me shifting from providing the majority of my family’s income to providing none of it.

That shift was substantial and provided the reason it was so important for me to advocate for family caregivers in the summer of 2009. I gave up my job voluntarily to care for my husband, but, in doing so, I lost my professional identity, my financial independence which contributed to my family’s financial well-being, and my long-term retirement savings’ stability. Additionally, I had no idea how long I would have to support my veteran through caregiving nor the long-lasting effects that it would have on my retirement savings.

In 2009, I came to the Hill with high hopes for the creation of a program that would provide me, a caregiver, an income, allowing me to make a monetary contribution to my family and relieve the financial pressure we felt after losing my teaching income. I also had hopes of having my role as caregiver validated as an important part of my husband’s recovery, not just another role that was expected of me. When the Caregivers and Veterans Omnibus Health Services Act of 2010 was signed into law on May 5, 2010, I was excited to see a program that I had supported through legislation come into fruition.

However, as the years have gone by, PCAFC has become a reality along with regulations and a few oversights. As a person who worked on helping PCAFC come into existence, I find it imperative that I, as Advocacy Director of Quality of Life Foundation’s Wounded Veteran Family Care Program, and a caregiver, lead the efforts in fixing those oversights, for the caregivers that advocated for that original legislation and all the caregivers that have come before and will come after us.

As a teacher, I had to renew my licenses with continuing education credits, some of which can be earned by teaching in the classroom and others through taking classes or going to conferences. I held on to my state licenses for fifteen years, but did eventually give them up. It made little sense to keep them, when there was no end in sight to my caregiving. In addition to my regular state teaching licenses, The National Board of Professional Teaching Standards certification that I had taken such pains to earn in addition to my state licenses was lost as it could only be renewed by actually being in the classroom.

Had I chosen to return to the classroom, here's what would have happened: I would have needed to renew my license. Depending on the state, I would be teaching on daily substitute pay until my full license was restored by earning enough continuing education credits. Not only would that path mean teaching days be paid with extremely low wages on which to support myself, it also meant I would have to bear the cost of the renewal of my licenses which could add up to thousands of dollars depending on the state requirements, including any college classes or seminars. That is not a cost caregivers can support if they have lost their income from caregiving, nor will that cost be realistically covered by the three months of stipend paid when the caregiver exits PCAFC.

H.R.2148, the Veteran Caregiver Re-education, Re-employment, and Retirement Act would grant \$1000 per caregiver for those who wish to renew licenses or certifications upon leaving the Caregiver Program and returning to the workplace. H.R. 2148 would institute a program which is a mirror of a program that already exists in DOD for military spouses that must relocate due to their spouses receiving orders. In reality, many of our caregivers will never return to the workplace, either because their veterans never recover fully enough for them to do so or because they will end caregiving well past retirement age. But for those caregivers who must return to the workforce due to the death of their care recipients during their pre-retirement years, this money would be essential.

The bill would study expanding returnships to caregivers. Returnship programs are already supported by the Department of Labor. Returnships are opportunities for companies to hire Americans returning to work after being out of the workplace for a period of at least two years. The best way to think about returnships are to think of Robert De Niro's character in the movie *The Intern*. Technically he wasn't an intern; he was a return. This type of returnship program would allow caregivers to become current on workplace skills while using the vast knowledge they have from their prior careers and leveraging the skills they have learned from caregiving, such as superb organizational skills and ability to prioritize multiple tasks. Some companies, i.e. Goldman Sachs and Wells Fargo, and state governments, such as Utah and Vermont, have returnship programs already established.

The VA remains in a shortage of workers to meet demand, and the Veteran Caregiver 3R Act would study whether caregivers discharged from PCAFC could be used to fill gaps within the VA workforce, either through roles leveraging prior professional skillsets or as non-medical attendants. Either way, leveraging the wealth of experience, knowledge, and skill sets of caregivers exiting PCAFC could be a way to fill apparent gaps in VA's workforce while also providing economic stability to caregivers having to return to the workforce.

Another component of this bill offers transition assistance to caregivers who are either transitioning from caregiving back to the workforce or into caregiver "retirement," the later stages of life where it is no longer beneficial for caregivers or their care recipient to have care from the person designated as the family caregiver.

But what future exists for caregivers without retirement income options? Truly, this is the most important component of this bill to me. It solves a crisis that currently keeps me up at night. For many years, I was not able to contribute to a retirement fund due to lack of earned income in my home. Any year that I worked part time, I made a contribution to my personal individual retirement account, though there were many years it was not funded or underfunded due to limited income and the inability to contribute. At 51, I have about one-third of

the retirement savings that I should have at this time, and I am running out of time to catch up on those contributions.

I am one of the lucky ones. I was old enough to have made some retirement contributions, and I have been able to return to work in a job that uses all of my teaching experience and my knowledge of caring for an injured veteran.

Unfortunately, that is not the case for many of the caregivers I advocated with on the Hill in 2009. Many of them have been caregivers since 2005. They are looking at twenty years with no contributions to Social Security or individual retirement accounts. There is no safety net for them if they are injured while providing care for their loved one. If their spouses pass away now, with them in their early 40's to mid 50's, they will have to go back into the workplace after more than twenty years out of the workforce. They will have no retirement savings, and they will have to move into jobs that are at a lower pay level than their peers of the same age due to their lack of work experience. This severely limits their ability to save for retirement in their personal retirement accounts and their income from Social Security. In addition, the Social Security spousal benefit will not be an option for them because their spouses stopped contributing to Social Security at an extremely young age; meaning the potential spousal benefit would be extremely low, if it existed at all. These caregivers should not be forced into a low retirement income because they chose to care for their loved one and save the VA and taxpayers money.

As caregivers, we simply want to be able to have a way to contribute to and fund our own retirement savings and income so that we do not fall into poverty because we chose to care for our veterans at home. Please allow us the pathway to do this. Such a pathway could be created by creating special caregiver IRA's which would allow taxation at the withdrawal period and not at the contribution period. Other options are Thrift Savings Plans like those offered to troops.

While I am extremely grateful that I was able to be a part of the creation of the VA's PCAFC, I would also like to be a part of the fixing issues that were not even considered when the legislation creating the

program was drafted. None of us knew this would be a potential lifelong role. We did not think about returning to the work force if our care recipient passed away. None of us thought about retirement at the ages of 20 or 30, and none of us thought about having to transition from caregiving for our veteran to possibly needing to “retire” from caregiving and ourselves be cared for and how that would be funded. But today, at 40 and 50 years of age, we are thinking of that. And what we see is frightening — we don’t have easy pathways to returning to the workforce or retiring. Some of us have no pathway to return to the workforce or retire.

Veteran Caregiver Re-education, Re-employment, and Retirement Act is our plea to Congress to help us address these issues. It allows us to create our own long-term safety nets through re-employment or funding retirement. As a caregiver for a veteran, and as an advocate for caregivers of veterans, I would ask you to please pass H.R. 2148, the Veteran Caregiver Re-education, Re-employment, and Retirement Act.