

3. Family and/or Caregivers, Survivors, and Women Veterans

Issue 3A: Increase support to families and caregivers.

General Definition:

Caregiver is defined as the primary individual responsible to provide day-to-day inpatient or outpatient care for the severely disabled veteran. This individual may or may not be a family member.

Discussion:

VA must recognize that the veteran and the veteran's family cannot be institutionally viewed as two separate and distinct entities and must be viewed as an integral unit. This finding is supported by the Dole-Shalala Commission Report. VA programs often do not provide for adequate information, counseling, and financial support to families and caregivers. Caring for a veteran who is facing a serious medical condition is a full time job and caregivers face many challenges that should be addressed by the VA. The responsibility of caring for a veteran affects other major areas of a caregiver's life, including, but not limited to: jobs, friends, family, finances, and mental, emotional, and physical health.

The committee recognizes the recent announcement of a "caregiver assistance pilot program" to expand and improve health care education and provide needed training and resources for caregivers who assist disabled and aging veterans in their homes. This pilot program is an example of VA's recognition of the need to provide support and assistance to caregivers.

Caring for a severely disabled veteran requires continuous attention and can create financial hardship. Possible decreases in income, in addition to monetary requirements needed for caring for the veteran, can create immediate and serious financial difficulties for caregivers. Current Department of Defense (DoD) Non-Medical Attending orders provide DoD-sponsored transportation for the caregiver and service member, appropriate travel orders and reimbursement for all travel expenses, among other benefits. A similar system should be considered by the VA to address similar veteran and caregiver needs after discharge from active duty.

Families and caregivers can often be overwhelmed by the added responsibilities and requirements of caring for a severely disabled service member or veteran. VA should reach out to these families to provide support in the appropriate manner. A VA "push" system would preclude assigning the burden of learning and navigating the many systems to the families and caregivers when they are already faced with dramatic and traumatic changes in their daily lives. Continued personalized contact and information from the VA is needed for caregivers to understand the full scope of their benefits, as well as the benefits available for the veteran. Follow up and continued assistance from the Recovery Care Coordinators (RCC) is critical for caregivers to stay informed throughout the recovery process.

Caregivers are a vital component of the service member or veterans' recovery and rehabilitation. VA should recognize caregivers as a resource and an asset and put in place programs to assist them in their service. It is clear that severely disabled veterans have a better quality of life living at home rather than in an institution, and that caregivers are the greatest resource in assuring this increased quality of life.

Recommendation/Findings:

Priority 1:

3A.1 The VA should provide counseling services to caregivers and family members whose mental health may be adversely affected while providing care to the severely disabled veteran.

3A.1a VA should seek authority to include counseling services for caregivers and families, over a prolonged period of time (may require legislation).

Priority 2:

3A.2 Caregivers should be provided with financial counseling and fiscal support while caring for the severely disabled veteran.

3A.2a Direct support from the VA should include reimbursements for lodging, per diem, and transportation when the caregiver is at the veteran's bedside at a VA facility (may require legislation).

3A.2b Caregiver reimbursement and training programs that already exists for spinal cord injury (SCI) patients in San Diego should be duplicated throughout the VA system and expanded to include traumatic brain injury (TBI) and very severely injured (VSI) patients. (Definition of VSI is a level one polytrauma patient.)

Priority 3:

3A.3 VA should enhance efforts to ensure caregivers are appropriately informed of all benefits and entitlements for themselves and the severely disabled veteran in their care.

3A.3a Ensure the RCC informs the caregivers of all available benefits' and provides assistance and follow up throughout the transition process.

3A.3b Caregivers should be provided ongoing contact and support from the RCC upon returning home with the veteran.

3A.3c The RCC should act as an ombudsman for the caregiver in navigating benefits and entitlements.

Issue 3B: Improve management and delivery of survivor benefits.

Surviving family members have unique challenges when faced with the death of the service member. Current VA policy does not adequately provide for the transition to life without the veteran and long term success of family members. Survivors face the same readjustment issues as families and caregivers of seriously injured veterans and require the same level of commitment.