



**Paralyzed Veterans
of America**



Paving Access to Employment for America's Hidden Heroes

Creating a Military Caregiver-Friendly Workplace



“Many [military] caregivers don’t have much of a support network for themselves. So they are dealing with these physical, logistical, and emotional responsibilities largely on their own. And that can take a serious toll on anyone...The burden that these men and women bear for our country is real. And they shouldn’t have to shoulder all of that alone.”

—First Lady Michelle Obama, 3rd Annual Joining Forces celebration, April 2014

Nearly 50,000 Post-9/11 service members suffered serious injuries or wounds since U.S. combat operations began in the Middle East in 2001. For many who survived the most serious afflictions—spinal cord injury, multiple amputation, traumatic brain injury—a caregiver became the lifeline to surviving their post-injury challenges. Caregiver assistance can range from basic tasks, such as providing help with dressing, bathing, and transportation, to more specialized care, such as administering medication, putting on prostheses, and dressing wounds. While caregivers in general provide care for many types of people and are most often a child taking care of a parent, military caregivers are distinguished by providing a broad array of care and assistance for current or former military service members with physical or mental injuries or illness.

According to a comprehensive 2014 RAND study on caregivers titled *Hidden Heroes: America’s Military Caregivers*, spouses are the most common caregiver option for Post-9/11 veterans who require assistance with daily living and specialized care. For veterans who served prior to 9/11, a veteran’s child was most likely to be a caregiver. While not apparent at first blush, the difference in who typically provides care for each group bears critical implications on the issue of caregiver employment.

64% of Post-9/11 military care recipients have a mental health or substance use disorder; nearly 50 percent of all Post-9/11 military care recipients have depression, twice as many as their civilian and pre-9/11 military counterparts.

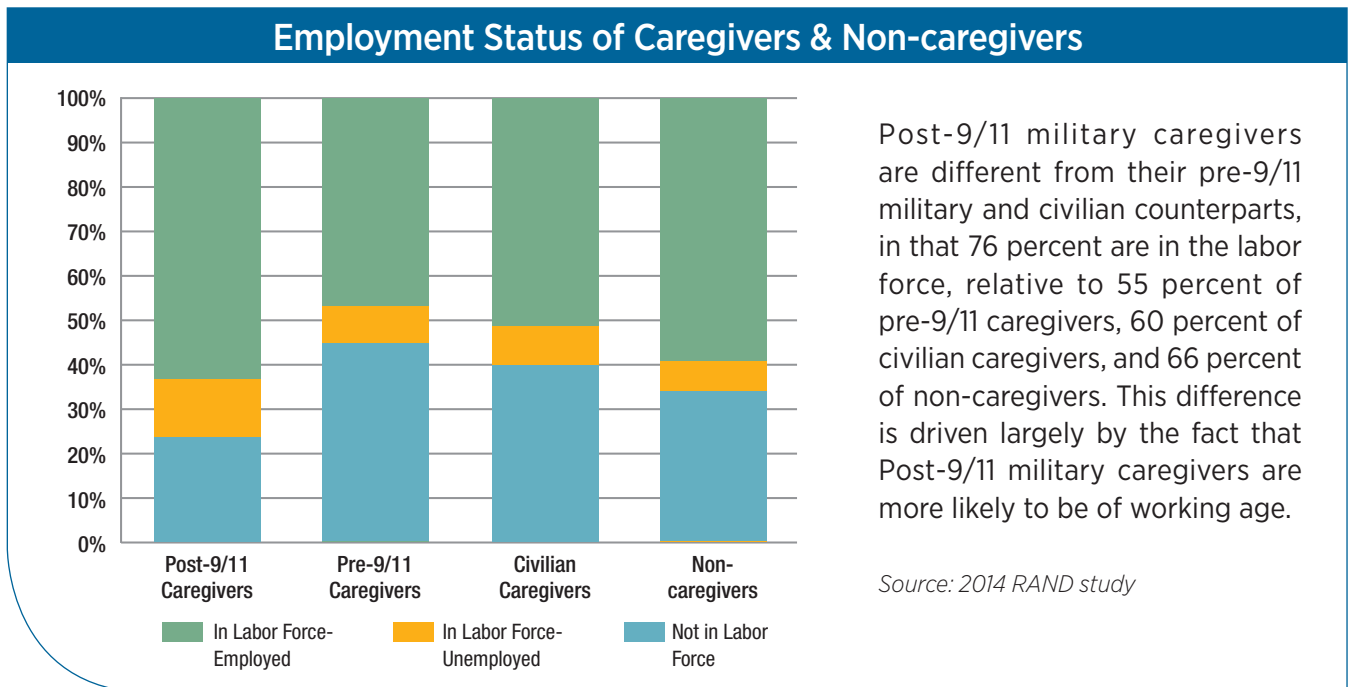
Source: 2014 RAND study

Caregiving was typically associated with caring for a child with special needs or someone of advanced age. Most research on caregivers is based on geriatric or “elder care,” which may offer lessons learned for the growing number of caregivers taking care of today’s Post-9/11 veterans. However, providing care for a young veteran with a spinal cord injury, traumatic brain injury, or multiple amputations vastly differs from caring for someone with Alzheimer’s disease or a stroke. In many instances, the military caregiver burden is imposed with little notice or preparation at a time when family and job responsibilities were the top priorities.

To add insult to veritable injury, new military caregivers often face a steep learning curve in terms of how to provide effective care while simultaneously navigating a maze of bureaucratic VA benefits, health care, and transition processes. Most disabled veterans, whether injured in theater or stateside, also have post-traumatic stress and other residuals of combat exposure that exacerbate the need for

caregiver assistance. In cases where the spouse is the sole or primary caregiver, the outlook can be negatively colored by the thought of a life that is dictated by the intense, constant, and specialized needs of a veteran who depends entirely on the accessibility of the caregiver. For this reason, employment prospects for caregivers who want or need to work is all too often limited if not altogether stifled completely.

The underlying reasons for these limits are that military caregivers that are spouses tend to be younger and less experienced than non-military spouse caregivers in terms of enduring relationship stresses. The aforementioned RAND study revealed that Post-9/11 military caregivers who were spouses reported the lowest levels of relationship quality with the care recipient when compared with non-Post-9/11 spouse caregivers, adding another dimension to an unstable foundation that can affect work. Military caregivers also suffer health and financial problems at a more accelerated rate than their non-caregiving peers, which can similarly impact employment prospects.



Post-9/11 military caregivers are different from their pre-9/11 military and civilian counterparts, in that 76 percent are in the labor force, relative to 55 percent of pre-9/11 caregivers, 60 percent of civilian caregivers, and 66 percent of non-caregivers. This difference is driven largely by the fact that Post-9/11 military caregivers are more likely to be of working age.

Military caregivers who do manage to work are forced to strategize around the critical and unpredictable needs of their loved ones. Absenteeism, reduced work schedules, and unreliability become inevitable in cases where medical emergencies compete with job demands, the former almost always prevailing.

Even though the majority of military caregivers stay in the labor force, their rate of absenteeism remains higher than average. Civilian caregivers reported missing 9 hours of work on average, or approximately 1 day of work per month. By comparison, Post-9/11 military caregivers report missing 3.5 days of work per month on average. The lost wages from work, in addition to costs associated with providing medical care, result in financial strain

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for these caregivers. Excessive time spent caregiving had also led to the loss of jobs, income, or health-care coverage and exacted a substantial physical and emotional toll on some caregivers. To the extent that a caregiver's health has deteriorated, he or she may become unable to fulfill the caregiving role, leaving the responsibilities to others to care for the veteran.

Military Caregiver Employment Challenges

While no reasonable employer willingly views the plight of military caregivers as automatic grounds for dismissal, when it takes a toll on work productivity and the morale of other employees, the employer is placed in the unenviable position of doing what is right for the company. This could mean, for example, firing an otherwise good worker whose Family Medical Leave Act (FMLA) benefits and sick days have been exhausted; or the same worker has a growing record of tardiness and absenteeism due to caregiver demands. Not every case will be of the extreme sort, but it happens often enough to contribute to stigmas that make it less likely that employers will hire the next military caregiver who applies for a job.

For military caregivers who manage to find and keep a job, caring for a loved one becomes a hidden stress. A working

caregiver who must debride her husband's decubitus ulcers or help his wife change her indwelling catheter often keeps these intimate, arduous responsibilities understandably out of conversation with co-workers. These same caregivers also remain concerned about job security, particularly during periods of downsizing and unemployment. Identifying themselves as caregivers, they fear, could play an indirect role in making them expendable. A report by the National Alliance for Caregiving found 50 percent of working caregivers are reluctant to tell their supervisor about their caregiving responsibilities. Given this perception, it would be easy to fault employers and stop there. However, like veterans unemployment, military caregiver unemployment is a complex problem with multiple dimensions that involve both the employer and employee with unique needs. Caregivers can help themselves



A 2012 National Study of Employers found that between 2005 and 2012 fewer employers allowed employees to:

- move from full-time to part-time work and back again while remaining in the same position or level (from 51% in 2005 to 41% in 2012);
- work part year on an annual basis (from 38% to 18%);
- take a career break for personal/family responsibilities (from 73% to 52%);
- to receive special consideration after a career break for personal/family responsibilities (from 43% to 21%).

by allowing co-workers and employers to appreciate the challenge of juggling job and caregiver responsibilities, especially in the beginning when a new caregiver is least equipped.

Increasingly, companies are offering flexible work options to employees who can demonstrate workplace productivity off-site or in the home. This may provide a caregiver with the best opportunity to enjoy a good career while taking care of a loved one. According to a recent study, nearly 80 percent of U.S. firms allow their employees some form of flexible work option, and 37 percent allow all or most employees to periodically change starting or quitting times. However, a 2013 report that explored work dedication versus family devotion found that usage rates remain low for flexible work options. Only 11 percent of the full-time workforce opted to formally agree to varied work hours, while another 18 percent exercised flexible work options on an informal basis. This may be explained by legitimate fears of negative career repercussions as the use of flexible work policies has been linked to wage penalties, lower performance ratings, and career stagnation. For many

caregivers, some flexibility programs are perceived to be mere window dressing intended to enhance a company's image while stigmatizing the use of these policies. Additional research that explores the extent and impact of so-called "flexibility stigma" is needed to provide greater insight on the prevalence of this problem.

For caregivers looking for work, revealing competing priorities at a job interview is not likely to make the applicant more attractive for hiring. For those with jobs who later become military caregivers, remaining competitive for promotion or avoiding layoff or termination can prove difficult. But being open about how one has strategized care for a loved one around work demands and honest about the possibility of limited availability helps both the employer and military caregiver manage expectations for when and how work gets done. This may also ease the hidden strain of caregiving as employers get to see the totality of their employees' lives, including their noteworthy roles in the lives of wounded veterans, which is the first step to creating a military caregiver-friendly workplace.

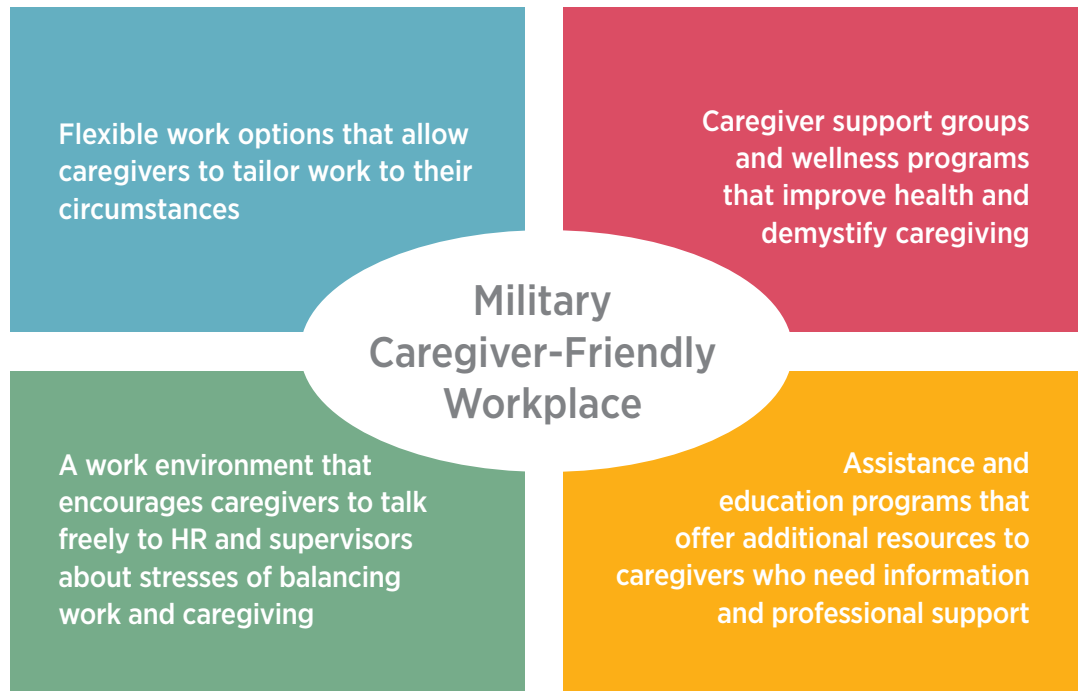
Creating a Military Caregiver-Friendly Workplace

Employers can begin the process of better understanding the plight of military caregivers in their workforce by becoming informed about the tough choices they often face. The following list outlines 14 ways that caring for a loved one impacts work:

- Forced to rearrange a work schedule
- Uses break or lunch times to arrange for caregiving services
- Unable to focus while at work
- Takes leaves of absence
- Arrives at work late
- Leaves work early
- Misses days of work
- Has to respond to calls or emergencies during work hours
- Must turn down work-related travel
- Forced to turn down a promotion
- Must consider changing employers
- Must consider leaving work entirely
- Must reduce hours of work
- Cannot relocate

To the extent that these inescapable choices befall an otherwise productive worker who happens to be married to a wounded, blinded, or paralyzed veteran, some employers have implemented a number of initiatives for others to model. In fact, the Society for Human Resource Management found that the number of

essential support programs for caregivers has risen. However, far too many workplaces still have not responded to the needs of military caregivers, and their challenges remain invisible to those around them. There are four suitability factors that caregiving employees look for in an ideal workplace:



Enlightened employers appreciate the benefits of providing family-friendly, work-based caregiver supports. First, they reportedly increase the attractiveness of the company to prospective applicants and improve the overall recruitment of employees, especially during tight labor markets. Next, they nurture more loyal and happier employees. Finally, employees better manage the stress they experience from competing demands, leading them to be more productive. Here is a list of well known companies that have instituted policies that provide relief from the stresses of working and caregiving concurrently:

- **U.S. Chamber of Commerce Foundation's Hiring Our Heroes** – provides two-day employment conferences, networking receptions, and free online programs, including virtual hiring fairs and webinars, to help caregivers find meaningful employment
- **Verizon Communications** – (the Verizon Wireless division) offers emergency in-home care, and has even extended the benefit to some part-time employees.
- **Prudential Financial** – lets workers make a \$100 copayment and hire a geriatric-care specialist.
- **McGraw-Hill** – permits employees to enroll one other adult family member, which can be an elderly relative, on their health-insurance plan at regular family rates.
- **IBM** – offers discounted long-term-care insurance, an ambulance at the touch of a button, and free software to assist employees who are using the Internet to find caregiver resources.
- **CBS, Duke University, Intel, Kimberly-Clarke** – provides eldercare referrals, \$4-an-hour employee deductible for backup care, and up to 10 days of paid time off for family illnesses.
- **GlaxoSmithKline, Alzheimer's Association** – offers employee flex time, on-site support groups, and manager training that focuses on the needs of caregiving employees.
- **Wake Forest University, UNC HealthCare system** – gives employees the choice to opt into donated/shared leave programs to cover time off due to prolonged illness for fellow employees.
- **UnitedHealth Group** – provides phone and in-person support and counseling from a network of geriatric care managers.
- **Paralyzed Veterans of America** – provides employees a range of flextime options (compressed work schedule, flexible arrival), telecommuting, access to caregiver resources, information, and support, on-staff clinicians, and flexible sick and vacation leave.

Worth noting is most of these programs target caregivers for geriatric or child care situations. As discussed earlier, military caregivers face challenges unique to their circumstances, thus may require some modifications to these policies in order to open access to them (e.g., lifting age restrictions for the care recipient). Also, companies facing tight budgets might find paying for eldercare resources more palatable than subsidizing costlier care for a young veteran with multiple amputations, traumatic brain injury, or a spinal cord injury. However, a growing number of companies and businesses are adopting cost-efficient strategies to make caregiving and working possible for employees. Workplaces that strive to meet the military caregiver-friendly standard will reap the reward of their investment in the form of loyal workers who enjoy home-work life balance, remain productive, and work in an environment in which they can thrive.



Model Workplace Standards for Military Caregivers

Model Workplace Standards for Military Caregivers can be implemented in part or whole by employers who appreciate the needs of working military caregivers and desire to keep them satisfied and productive. While military caregivers who have these options available certainly benefit, a number of benefits accrue to employers as well, including the satisfaction of knowing the company made a difference in the lives of veterans with disabilities and their caregivers.

Model Workplace Standards for Military Caregivers may be generally organized into four categories: **Policies**, **Services**, **Benefits**, and **Culture**.

Policies – formal or informal protocols that allow caregivers to tailor their work and leave schedules and provide the parameters to employers for dealing with certain situations; flexibility in number of work hours and schedule is the most critical consideration.

- Reduced work hour policies (part time, job sharing) offers employers larger labor pools, better employee retention, flexible workforce for peak demand periods, better distribution of employee experience and skills, and provides an alternative to layoffs.
- Leave options (sick leave to include family member illness, family illness hours, flexible vacation leave) reduce the number of hours lost to absenteeism.
- Flexible work time (compressed work week, flextime) and work location (telecommute, work from home) options offer employers a wider employee pool, reduced costs for office space, capital equipment, utilities, less absenteeism, higher morale, higher productivity, increased

flexibility for caregiving, and better allocation of labor time.

Services – nonmonetary, caregiver-centric programs provided directly by or through the employer that address a particular employee's needs in a specific way. Services differ from benefits in that the employer, rather than the employee, chooses the approach to meet a given type of need.

- Education in the form of written materials, newsletters, videos, consumer practice guides, education seminars, caregiver fairs, access to online resources on caregiver specific topics, such as VA benefits counseling and caregiver health and wellness.
- Resources provide information on specific services followed by referral, HR case management for more intense, individualized services, counseling and support groups led by peers or contracted professionals during lunch hours, contracted adult day care and respite.

Benefits – compensation, direct or indirect, that provides protection against loss of earnings, payment of medical expenses associated with illness, injury, or other health-care needs, or paid time off for vacations or personal needs. They may also provide full or partial payment for other services, such as legal, educational, or caregiver support services.

- Optional/As-needed benefits for working caregivers, such as flexible benefit allowance (paid by pre-tax salary reduction), health coverage based on need (additional or less coverage option if spouse already has coverage), and long-term insurance offered as an add-on option to

standard benefits package in addition to standard benefits for all employees, such as health and life insurance, pension plans, and paid holidays, and donated or shared Paid Time Off (PTO) programs

Culture – top-down communication and other leadership actions that raise awareness and de-stigmatize employees who have caregiver responsibilities that affect work; measures that ensure hiring practices, promotion opportunities, etc. and do not unfairly and systemically disadvantage a working caregiver; encourages the penalty-free exercise of flexible work options.

- Training and discussion on workplace diversity, sensitivity, and inclusion that include the challenges of military caregiving; leaders, managers, and peers facilitating meetings or group discussions that directly confront stigmas and reinforce company policy.
- Distribution of leaflets, information, policies and procedures with sufficient information regarding caregivers and the role co-workers can play in helping. This also establishes rules of engagement, including consequences if caregivers face any form of discrimination based solely on their caregiver status.

Conclusion

Freedom is ensured by a few for the benefit of all. For that reason, all parts of society share the burden of dealing with the cost of war, which includes supporting government, local community, and individual efforts to care for those who have served and sacrificed. Military caregivers, or “Hidden Heroes” as they have come to be known, do not get medals or welcome home parades. Many never hear “thank you for your service.” They stay shrouded in the penumbra of society and its workplaces,

quietly supporting wounded and paralyzed warriors while themselves bearing the deep emotional and psychological scars of battle. Many just seek some semblance of normalcy. Like the veterans they love and care for, military caregivers simply want an opportunity to once again feel like productive members of society. Now more than ever, employers have an opportunity to mitigate the painful cost of war by giving military caregivers the support they need and deserve.

About the author

Sherman Gillums Jr. is currently the Associate Executive Director of Veterans Benefits for Paralyzed Veterans of America. He served in the U.S. Marines for 12 years and received an honorable discharge in 2002 due to suffering a catastrophic spinal cord injury. He is supported by his wife and caregiver, Tammie, herself a U.S. Army veteran who suffered her own injuries while serving in Afghanistan in support of Operation Enduring Freedom.



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