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Examining the Hunger Crisis Among Veterans and Military Families

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Chairman McGovern and distinguished members of the House Rules Committee, thank you for the opportunity to provide testimony and for convening today's hearing on food insecurity among military and veteran families.

My name is Colleen Heflin, and I am a Full Professor in the Maxwell School of Citizenship and Public Affairs at Syracuse University in Syracuse, NY. My research focuses on poverty policy and its effect on vulnerable families, especially the role of social programs in assisting families to meet essential needs such as food, housing, and medical care.

Today, I will speak about the problems military and veteran families confront in meeting their basic food needs. I focus on three issues:

- 1) Food insecurity is a significant problem among today's active-duty military personnel.
- 2) The transition period from military service to civilian life is a period that is often associated with difficulty meeting essential needs.
- 3) Disabled veterans are at a particularly high risk of food insecurity.

The bottom line is that although our country spends billions of dollars annually to create the best military force in the world, food insecurity exists among our active-duty military personnel and families, and persists among our veterans, especially our disabled veterans. I believe that food insecurity represents a policy failure across many dimensions and one that requires cooperation across government agencies to solve.

Food insecurity, which is defined by the United States Department of Agriculture as a "lack of access to enough food for an active, healthy life for all household members"¹ was present in 10.5% of American households in 2019, before the COVID-19 Pandemic.¹ By late

March and early April 2020, food insecurity rose to 21.9%, an 11.4 percentage point increase and the highest level ever recorded in the 25-year history of the measure.² In the general population, food insecurity tends to be higher among non-white households, those with lower levels of income and education, households with children, men and women living alone, and single headed households with children. The risk of food insecurity also varies by geography: Rates of food insecurity are higher in urban cities and rural (or nonmetropolitan) areas and varies significantly across states from a low in New Hampshire (6.6%) to a high in Mississippi (15.7%).¹

Food insecurity is present among today's active-duty military families. The size of the population to which I am referring is quite large: In 2019, there were about 1.4 million active-duty service members and 1.6 million family members, two-thirds of which were children.³ Although the Department of Defense does not collect systematic data on food insecurity or use of food assistance programs among active-duty members and their families (as noted by a 2016 GAO report), there are many indicators that food insecurity is a consistent problem and one that has grown during the pandemic. A number of sources reported that approximately 1 in 7 to 1 in 8 military families were food insecure prior to the COVID-era, although estimates on specific military installations were noted to be as high as 1 in 3.^{4,5,6,7} Estimates collected in June 2020 during the COVID-19 era from one Army installation, in research conducted by Matthew Rabbitt, a USDA researcher, and colleagues at the US Army Public Health Center, found that 1 in 3 US Army soldiers surveyed were marginally food insecure during Covid, a 150 percent increase in food insecurity from the prior year.⁸ Most recently, the Military Family Advisory Network (MFAN) reports that 1 in 5 military families were food insecure during Winter 2021.⁹

In addition to survey measures, we can look to the use of food pantries, a source of short-term emergency food assistance that most Americans turn to with reluctance, as evidence that military families have difficulty making ends meet. Feeding America estimated in 2014 (the most recent data available) that 20% of all families served by their network of 200 food banks contained a household member who currently or formerly served in the military.¹⁰ More recently, in a report released last month, Mazon reports that food pantries operate on or near every military installation in the country.¹¹

Finally, we can point to data on participation in school-based food and nutrition assistance programs as evidence of the difficulty military families face meeting their children's food needs. According to a 2016 GAO report, within Department of Defense Education Activity Schools, 45% of children were eligible for free (24%) and reduced-price meals (21% in total).¹² For comparison, nationally, 52.1% of all students were eligible for free or reduced-price lunch in 2015-16.¹³

Why is this occurring? The reasons behind military service member food insecurity are the same as they are among the civilian population: household income is not sufficient to support adequate food consumption. Military salaries for enlisted personnel (a designation that comprises 82% of armed forces with the remaining 18% classified as officers), particularly during their first enlistment period (usually four years) are quite low: I am referring specifically to the enlisted members at the E1-E4 level, a range that includes 52% of enlisted military personnel.¹⁴ A military service member who is supporting a spouse and children on their E1-E4 salary alone are likely living below 130% of the federal poverty line.¹¹ For example, an enlisted service member earning a salary at the E2 level with less than two years of service who is supporting a spouse and two children is living at 88% of the federal poverty line (annual pay=\$23,310/\$26,500

federal poverty line=88%).¹⁵ Households living on resources at 130% of the federal poverty line and below are at increased risk for food insecurity.¹ In 2019, for example 33.0% of US households with incomes below 130% of the federal poverty line experienced food insecurity.¹

A common economic strategy used by families across America facing low earnings is for both spouses to work. While spouses of military families often do work, they face a number of unique barriers to employment. Frequent residential moves associated with transfers limit the ability of spouses to accrue time working for any specific employer which depresses wages. Relocation is a particular problem for spouses working in occupations that require certification given the differences in state requirements. In addition, spouses of active-duty military members must cope with their spouses being at work for long hours or deployed. As a result, spousal employment is lower among active-duty families than among civilian families, and when spouses work, they tend to work fewer hours and earn lower wages.¹⁶

Another reason why military families have lower levels of household resources than similar civilian households is that the Supplemental Nutrition Assistance Program (SNAP), which is the cornerstone of federal food and nutrition assistance programs, has eligibility standards that specifically prevent military families from accessing benefits. Military families that live off base receive a Basic Housing Allowance (BAH) which is based on the geographic duty station, pay grade, and dependency status and is designed to cover the cost of housing and utilities.¹⁷ However, this benefit, which resembles housing assistance for civilian households, is treated as income during the SNAP determination process and many military families stationed in high-cost housing areas are rendered ineligible for SNAP benefits. The BAH is treated as income for SNAP determination even though the IRS does not tax it or count the BAH towards estimation of a household's adjusted gross income. While SNAP does not count housing

assistance from the United States Department of Housing and Urban Development as income, it does count the BAH. This system creates all sorts of inequities within military families as well: Households at the same pay level may qualify differently for SNAP based on if they live on-base or off-base and the housing costs associated with the duty station.¹² As a consequence, active-duty military households are less likely to participate in SNAP than civilian households. In prior research, I found that only 2.2% of active-duty members participated in SNAP between 2008-2012.¹⁸ For comparison, among the general population, participation in SNAP was about 12% in 2018.¹⁹

Food insecurity likely causes retention problems for the military: Among soldiers who indicated in 2019 that they were likely to leave the military after their current service period, 46% were marginally food insecure (compared to 36% for those who were neutral or unlikely to leave the military). Additionally, food insecurity among active-duty members is associated with poor mental health outcomes (depression, anxiety and suicidal ideation), and poor mental health is associated with an intention to leave military service.⁷

Unfortunately, the transition from military to civilian life is often a point of increased hardship, especially for those separating at younger ages with fewer job skills that easily transition to the civilian economy.²⁰ Unemployment is a significant problem among what are known as Gulf War-era II (post 9/11 wars) veterans, particularly those aged 25 to 34 (IVMF 2021).²¹ While the Department of Labor, the Department of Defense and the Veterans Administration have partnered to create a Transitional Assistance Program (TAP) since 1991 to provide service members with job counseling and information about services and programs for which they might be eligible, my own research finds that more than 50% of separated service members did not remember attending a workshop.²²

Military service members who transition to civilian life face a number of new challenges regarding their food consumption. Individuals who transition no longer have access to free or subsidized meals in military mess halls and cafeterias, or lower-cost and tax-free groceries at military commissaries (unless they retire from the military). To the extent that these benefits are not replaced immediately with civilian labor market earnings or family and network support, military members may experience food insecurity during the transition period. In my own research with Andrew London, I have documented that SNAP participation is about 10% higher during the first year after leaving military service than it is for all veterans (7.1% versus 6.5%).²³ However, given the social stigma associated with SNAP participation, as well as the previous negative experience some military families may have had related to being deemed ineligible for SNAP, this level of participation likely understates the level of recently transitioned veterans who are eligible for SNAP benefits and could benefit from the program.

More should be done to lessen the risk of food insecurity during the transition from military service to civilian life. For example, as a way of thanking our service members for their service to our country, the federal government could provide an automatic transitional SNAP benefit to all families leaving military service at the E4 level and below. If half of the separating service members qualify for the benefit (or about 100,000 per year) and received the FY2019 average household benefit level of \$258 per month, this would cost the federal government approximately \$154 million annually (total federal SNAP benefits were approximately \$55.6 billion in FY2019).²⁴

Finally, I want to turn to the issue of food insecurity among the veteran population, approximately 19 million individuals representing around 9% of the total US adult population.²⁵ While military service members are selected for their good health, veterans are more likely to be

disabled than civilians due to the unique risks of injury and exposure to circumstances such as combat, interpersonal violence, substance abuse and stress-related mental health issues that are associated with disability.²⁶ Having a disability is a significant risk factor, indeed maybe the strongest risk factor, for being food insecure or having other forms of material hardship.^{27,28,29,30,31} According to a 2020 analysis by Alisha Coleman-Jensen at the US Department of Agriculture, US households with an adult who is unable to work because of a disability face levels of food insecurity that are 3 times that of the general population (31.6% versus 10.5% in 2019).^{32,33,34} According to analysis by She and Livermore (2007), individuals with a disability make-up over half of the population identified with food insecurity.³⁵

In my own work with Andrew London and Janet Wilmoth, I have found that among adults aged 25-65 being a veteran is associated with a reduction in the probability that a household experiences poverty, food insecurity or other forms of material hardship such as home hardship, medical hardship or bill-paying hardship. However, being a disabled veteran removes this protective effect of veteran status.^{36,37} While veterans tend to be in better health around retirement age, they tend to experience steeper age-related declines in health.³⁸ When I examined older adults (those aged 65 and above), I found that, while food insufficiency (a measure that is similar to the most severe form of food insecurity, very low food security) was lower generally among older adults than younger adults, disabled veterans had a higher risk of food insufficiency than disabled non-veterans.³⁹

Why is disability so highly correlated with food insecurity? To some extent, the mechanisms that link disability and food insecurity are the same for veteran and civilian populations. First, incomes are often lower in households with a disabled member. Individuals with a work-limiting disability face difficulties in the labor market and, as a result, have lower

earnings.^{40,41} Additionally, caregivers for wounded veterans often experience a disruption in their economic activity. According to one estimate, 3 out of 4 caregivers left work or school to care for a wounded veteran resulting in an economic loss of \$38,100 annually.⁴² Secondly, physical limitations in the ability to buy food, transport it home, prepare it, and eat without assistance may pose a barrier to food access. Third, disabilities that present themselves as cognitive limitations, such as those associated with a traumatic brain injury, may make it harder to do the financial planning and juggling of household expenses that is required to stretch limited financial resources to cover food needs each month. Finally, hearing loss may be associated with reduced social interactions and network support that increase the risk of food insecurity. In work using the National Health and Nutrition Examination Survey, I have found that each of these forms of disability is associated with an increased risk of food insecurity.⁴³

Veterans with a disability should have a substantial economic advantage relative to their civilian counterparts and that is the ability to receive disability compensation through the Veterans Administration in addition to the civilian Social Security Disability Program. Why do our disability programs not better protect our veterans with a disability from food insecurity? Veterans with a service-connected disability are potentially eligible for the Veteran's Administration Disability Compensation Program and Social Security Disability Insurance (DI) when their disability interferes with their ability to work for at least one year. However, in previous work using the Survey of Income and Program Participation, joint work with my Syracuse colleagues Janet Wilmoth and Andrew London, I have found that joint participation in both programs is quite rare: In 2008, about 13% of veterans received support from the VA's Disability Compensation Program, 7% received support from Social Security's Disability Insurance Program but only 4% receive support from both programs.⁴⁴ While eligibility for the

two disability programs does differ significantly, the low levels of joint participation likely also reflects some level of stigma and lack of information that disabled veterans face when considering civilian disability benefits. Perhaps as a result of these barriers, previous research has shown that disabled veterans have lower incomes than non-veterans who report the same number of disabilities.⁴⁵

Improved coordination of services between the Veterans Affairs's Disability Compensation Program, the Social Security Administration's Disability Insurance Program, and SNAP is needed to improve access to these programs, raise household income for disabled veterans and reduce food insecurity. One avenue for increased coordination is through the creation of categorical eligibility across programs. In general, the concentration of food insecurity within households dealing with disabilities is an area that deserves further policy attention.

In closing, food insecurity is a significant problem among our active-duty service members and veterans today because of the failure of several different federal agencies to work together and consider how our policies interact and are experienced by families across America. We owe the brave men and women who have served our country to defend democracy both at home and abroad a comprehensive safety net that protects them and their families from experiencing food insecurity throughout their lifetimes.

Thank you for the opportunity to testify here today.

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