Finding 9
Military & Veteran Health Care

Active-duty and Veteran family respondents of color perceive better health care quality and overall health than their civilian counterparts. However, those using a civilian health care provider rank their quality of care as higher than those using a military treatment facility or VA provider.

A myriad of studies and reports have concluded that participation in the Military Health System (MHS) and/or the Veterans Health Administration (VHA) reduces health disparities among racial and ethnic minority communities in the United States. However, during the COVID-19 pandemic, racial and ethnic disparities among communities of color have been front and center, with one of the most disturbing aspects of COVID-19 being the disproportionate harm it has caused to historically marginalized groups: Black, Hispanic/Latino/a/x, and Asian Americans have substantially higher rates of infection, hospitalization, and death, compared to white Americans. Underlying these findings is the need for racially/ethnically culturally competent care, which was heavily emphasized by focus group participants and many survey respondents.

*Unless otherwise noted, respondents indicated having at least one racial/ethnic identity other than white.

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COVID-19 impacted active-duty and Veteran families of color to a greater degree than their white, non-Hispanic peers.

Blue Star Families research conducted in the early days of the COVID-19 pandemic found Black and Hispanic/Latino/a/x active-duty family respondents perceived the pandemic to be a higher threat to their personal health than white, non-Hispanic respondents. Research conducted since that time provides additional evidence that racial and ethnic disparities in COVID-19 infection and hospitalizations exist in the U.S. military despite universal eligibility for health care, similar rates of testing, and adjustment for comorbidities and other factors (however, disparities are of lower magnitude than in civilian populations). Significant risk exists for Veterans of color as well, with Black and Hispanic/Latino/a/x Veterans at greater risk of death from COVID-19. These findings suggest that simply making health care coverage and facilities available may be insufficient to ensure health equity within military- and Veteran-connected communities.

"I think something that would be really important for the military in the future is [to address the fact that] some of us have needs that are not being met."

- Hispanic/Latino/a/x Military Spouse

Many active-duty service member, Veteran, active-duty spouse, and Veteran spouse respondents of color perceive they have higher quality health care and overall health than their non-military peers since the onset of the COVID-19 pandemic.

Consistent with the literature discussed above, survey respondents to this study also experienced a decline in the perception of the quality of their own health and their health care since the start of the COVID-19 pandemic, though many note they have fared better than their civilian friends and family from a similar racial/ethnic background. When respondents were asked about the perception of their overall health since COVID-19 started, about four in 10 respondents of all military- and Veteran-connected subgroups (active-duty spouse, active-duty service member, Veteran, and spouse of a Veteran) report their overall health as being “much better” or “somewhat better” than their non-military peers (36-41%). When asked about their perception of the quality of their health care since the COVID-19 pandemic started, a similar range from all military- and Veteran-connected subgroup respondents report the quality of their health care since the pandemic as “much better” or “somewhat better” than their non-military affiliated peers (38-42%). On both measures, a greater proportion of Veteran respondents indicate this to be the case.

*Unless otherwise noted, respondents indicated having at least one racial/ethnic identity other than white.
Active-duty service member, active-duty spouse, and Veteran respondents access most of their medical care at Military Treatment Facilities (MTFs) or the Veterans Health Administration (VHA). However, those using civilian medical providers rate them most favorably.

The VHA has been under recent scrutiny for health care equity concerns,⁹ and research is mixed regarding the extent to which racial/ethnic disparities exist within the system.¹⁰ In this survey, focusing specifically on active-duty and Veteran families of color, most respondents* (with the exception of spouses of Veterans) receive their care at an MTF and/or VHA medical center (Figure 1), and the majority report the quality of their care to be “good” or “excellent.” However, respondents* who use civilian health care providers consistently rate the quality of their health care as better than that of respondents* receiving care through an MTF or VHA medical center (Figure 2).

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**Figure 2: Most Respondents Have Positive Perceptions of their Health Care Provider**

% of respondents

<table>
<thead>
<tr>
<th>Military Treatment Facility</th>
<th>Veterans Affairs Medical Center</th>
<th>Civilian Provider</th>
</tr>
</thead>
<tbody>
<tr>
<td>Quality of health care is &quot;good&quot; or &quot;excellent&quot;</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Active-duty service member respondents*</td>
<td>54%</td>
<td>74%</td>
</tr>
<tr>
<td>Active-duty spouse respondents*</td>
<td>56%</td>
<td>71%</td>
</tr>
<tr>
<td>Veteran respondents*</td>
<td>59%</td>
<td>82%</td>
</tr>
<tr>
<td>Spouse of Veteran respondents*</td>
<td>72%</td>
<td></td>
</tr>
</tbody>
</table>

Health concerns taken seriously “most” or “all” of the time

| Active-duty service member respondents* | 63% |
| Active-duty spouse respondents* | 58% | 71% |
| Veteran respondents* | 65% | 82% |
| Spouse of Veteran respondents* | 78% |

Note: Questions with fewer than 50 respondents are excluded.

"I can hardly thank the VA enough [...] They give us unbelievable health care, which companies just don’t do anymore."

-Hispanic/Latino/a/x Veteran Spouse

*Unless otherwise noted, respondents indicated having at least one racial/ethnic identity other than white."
Some respondents report experiencing barriers to finding culturally competent health care.

Cultural competence is an ongoing process, in which a health care provider works effectively within the patient's cultural context. This aspect of high-quality health care provision is becoming more prominent because conscious or unconscious bias, stereotyping, prejudice, and clinical uncertainty on health care providers may contribute to racial and ethnic disparities in health care. To this end, the 2019 VHA Health Equity Action Plan includes a section on “Workforce Cultural and Linguistic Competence,” which may be a model for MHS and other military- and Veteran-serving health care providers to use as an approach to ensure health equity for people of color.

About four in 10 respondents* from all subgroups report having difficulty finding culturally competent health care providers (37%-42%). When asked in an open-ended format to describe the attributes the respondent seeks in a culturally competent provider, the most commonly-cited responses are: the ability to obtain providers who are more aware of the physical, mental, and emotional experiences of people of color; caring/attentive providers; and diverse providers (e.g., race/ethnicity, gender, etc.).

Recently, I received mental health services and requested someone who at least spoke Spanish or was knowledgeable of the Hispanic community. I was paired with a military spouse white woman who really tried to help but was not at all able to help me because it felt as if I was teaching her about my culture so she could help me with my mental issues. It was very discouraging.

- Hispanic/Latino/a/x Military Spouse & Veteran

*Unless otherwise noted, respondents indicated having at least one racial/ethnic identity other than white.
# SPOTLIGHT ON: CAREGIVING

Caregiving is common among respondents of color, with many reporting needing but not accessing resources.  

## Identify as Caregivers

<table>
<thead>
<tr>
<th>Category</th>
<th>Percentage</th>
</tr>
</thead>
<tbody>
<tr>
<td>Veteran respondents*</td>
<td>1 in 3</td>
</tr>
<tr>
<td>active-duty family respondents*</td>
<td>1 in 4</td>
</tr>
</tbody>
</table>

## Unmet Caregiving Resource Need

<table>
<thead>
<tr>
<th>Category</th>
<th>Percentage</th>
</tr>
</thead>
<tbody>
<tr>
<td>Veteran family*</td>
<td>60%</td>
</tr>
<tr>
<td>active-duty family respondents*</td>
<td>45%</td>
</tr>
</tbody>
</table>

5.5 million MILITARY AND VETERAN-CONNECTED CAREGIVERS NATIONALLY*  

Caregiving is most prevalent among Hispanic Veteran family respondents, while Black Veteran family respondents more commonly report unmet caregiving needs.

## Active-Duty Family Respondents*

<table>
<thead>
<tr>
<th>Group</th>
<th>Hispanic/Latino/a/x</th>
<th>Black</th>
</tr>
</thead>
<tbody>
<tr>
<td>Respondents</td>
<td>27%</td>
<td>20%</td>
</tr>
<tr>
<td>Unmet Need</td>
<td>53%</td>
<td>35%</td>
</tr>
</tbody>
</table>

## Veteran Family Respondents*

<table>
<thead>
<tr>
<th>Group</th>
<th>Hispanic/Latino/a/x</th>
<th>Black</th>
</tr>
</thead>
<tbody>
<tr>
<td>Respondents</td>
<td>38%</td>
<td>35%</td>
</tr>
<tr>
<td>Unmet Need</td>
<td>56%</td>
<td>61%</td>
</tr>
</tbody>
</table>

Lack of knowledge and uncertainty regarding eligibility are the biggest barriers to accessing needed caregiver resources among respondents of color.

### Am I eligible?

<table>
<thead>
<tr>
<th>Group</th>
<th>Percentage</th>
</tr>
</thead>
<tbody>
<tr>
<td>Veteran family respondents*</td>
<td>19%</td>
</tr>
<tr>
<td>active-duty family respondents*</td>
<td>13%</td>
</tr>
</tbody>
</table>

### How do I access resources?

<table>
<thead>
<tr>
<th>Group</th>
<th>Percentage</th>
</tr>
</thead>
<tbody>
<tr>
<td>Veteran family respondents*</td>
<td>26%</td>
</tr>
<tr>
<td>active-duty family respondents*</td>
<td>18%</td>
</tr>
</tbody>
</table>

*Unless otherwise noted, respondents indicated having at least one racial/ethnic identity other than white.
SPOTLIGHT ON:
MENTAL HEALTH

Active-duty and Veteran family respondents of color report high stress and use of mental health care since January 2020.  

Stress due to racial/ethnic tensions is most prevalent for Black respondents. Have experienced stress due to racial/ethnic tensions...

<table>
<thead>
<tr>
<th>Active-duty Family Respondents*</th>
<th>Veteran Family Respondents*</th>
</tr>
</thead>
<tbody>
<tr>
<td>Black</td>
<td>Black</td>
</tr>
<tr>
<td>72%</td>
<td>71%</td>
</tr>
<tr>
<td>Hispanic/Latino/a/x</td>
<td>Hispanic/Latino/a/x</td>
</tr>
<tr>
<td>65%</td>
<td>46%</td>
</tr>
<tr>
<td>Asian</td>
<td>Asian</td>
</tr>
<tr>
<td>64%</td>
<td>59%</td>
</tr>
<tr>
<td></td>
<td>Hispanic/Latino/a/x</td>
</tr>
<tr>
<td></td>
<td>58%</td>
</tr>
</tbody>
</table>

Have sought mental health care...

<table>
<thead>
<tr>
<th>Active-duty Family Respondents*</th>
<th>Veteran Family Respondents*</th>
</tr>
</thead>
<tbody>
<tr>
<td>Asian</td>
<td>Asian</td>
</tr>
<tr>
<td>51%</td>
<td>48%</td>
</tr>
<tr>
<td>Hispanic/Latino/a/x</td>
<td>Hispanic/Latino/a/x</td>
</tr>
<tr>
<td>47%</td>
<td>47%</td>
</tr>
</tbody>
</table>

Asian active-duty family respondents report the lowest utilization of care.  

Asian Americans who faced nearly 4,000 hate incidents over the last year report increases in:

- anxiety, depressive symptoms, and sleep problems.

Yet, Asian Americans are less likely to access mental health services than any other racial group.

“A therapist doesn’t understand cultural stressors being a first generation immigrant has had on me and my marriage. I find myself having to explain a lot and sometimes I get dismissed. My health concerns are sometimes dismissed or not thoroughly checked out.”

-Asian Military Spouse

*Unless otherwise noted, respondents indicated having at least one racial/ethnic identity other than white.
Not all Veteran and active-duty family respondents who require mental health care are accessing it. Stigma and lack of knowledge about access and eligibility are top barriers.\(^{39}\)

Of those with unmet behavioral and mental health needs...

There seems to be a stigma over people of color going to see someone in the mental health field. Show that [Black, Indigenous and people of color] can see people in mental health without being ostracized and ridiculed. It doesn’t have to be a billboard or anything. Just something small like a brochure that has people from all different cultures going to mental health for anything.

- Black Military Spouse

*Unless otherwise noted, respondents indicated having at least one racial/ethnic identity other than white.*
Finding 9 Endnotes

1 Pierre-Louis & Hamilton, 2014; Hutchinson et al., 2016; Chaudhary et al., 2019; Wong et al, 2019; Goldberg et al., 2020.
2 Ndugga & Artiga, 2021; Lopez et al., 2021.
3 Blue Star Families, 2020. Unpublished data from this study further substantiate these findings: though samples of each race/ethnic group are small, a greater proportion of active-duty family respondents of color reported COVID-19 had a “major” or “severe” impact on their personal health, when compared to white respondents (10% n=227 v 6%, n=688).
4 Young et al., 2021.
5 Ioannou, Locke, and Green, 2020.
6 These benefits provide care to approximately 1.4 million active component service members and 9.5 million total beneficiaries (Tanielian & Farmer, 2019).
7 Active-duty service member (41%, n=206), active-duty spouse (36%, n=434), Veteran (41%, n=263), spouse of Veteran (40%, n=119) respondents.*
8 Active-duty service member (38%, n=198), active-duty spouse (40%, n=433), Veteran (42%, n=257), and spouse of Veteran (39%, n=117) respondents.*
9 Wentling, July 9, 2021.
10 Weeks & West, 2019; Price, et al., 2018; Farmer et al., 2016; Saha et al., 2008; Ward et al., 2021 March 2.
11 Institute Of Medicine, 2003; Saha et al., 2008.
12 Veterans Health Administration, 2020, February.
13 Active-duty service members (42%, n=201), active-duty spouses (37%, n=404), Veterans (40%, n=256) and Veteran spouses (41%, n=115).
14 Respondents could select more than one care provider. This analysis does not exclude respondents who selected more than one military affiliation due to a low response rate (e.g., an individual who reports they are both an active-duty spouse and a Veteran appears in both categories in this analysis). This analysis includes: active-duty service members (n=198), active-duty spouses (n=408), Veterans (n=255), and spouses of Veterans (n=118).
15 n=160
16 n=266
17 n=167
18 n=92
19 n=148
20 n=93
21 n=60
22 n=160
23 n=264
24 n=167
25 n=92
26 n=147
27 n=92
28 n=60
29 Caregivers: Active-duty (26%, n=571) or Veteran (37%, n=353) family respondents*; Among respondents who needed caregiving resources, 45% of active duty family respondents* (n=200) and 60% of Veteran family respondents* (n=129) did not receive them
30 Rylee et al., 2019. It is estimated that approximately 1 million caregivers are providing care specifically for the newer generation of Veterans of the wars in Iraq and Afghanistan (Strong, 2018; Tanielian, 2013).
31 Caregivers: Black active-duty family (20%, n=253), Hispanic/Latino/a/x active-duty family (27%, n=172 ), Black Veteran family (35%, n=168), Hispanic/Latino/a/x Veteran family (38%, n=109) respondents; Among respondents who needed caregiving resources: 35% of Black active-duty family ( n=86), 53% of Hispanic/Latino/a/x active-duty family (n=51), 61% of Black Veteran family (n=74), and 56% of Hispanic/Latino/a/x Veteran family (n=39 did not receive them).
32 Encountering barriers to accessing needed resources is common among caregivers. Rylee et al. (2019) found a prevalence of unmet information and support needs in a sample of military caregivers. For families of color,
lack of access is particularly salient. Hannold et. al. (2011) found that OEF/OIF Hispanic/Latino family members reported a need for family support and an inability to access it.

33 Active-duty family respondents*: Don't Know How To Access (18%, n=83); Don't Think Eligible (13%, n=83); Veteran family respondents*: Don't Know How To Access (26%, n=74); Don't Think Eligible (19%, n=74).

34 During times of civil unrest, military and Veteran families of color report increased stress due to incidents of crisis against people of color (Williams, 2018). In the week following George Floyd’s death, for example, nearly half of Black Americans reported depression and anxiety at significantly higher rates than that of white Americans (Eichstaedt et al., 2021).

35 Among survey respondents,* stress due to racial/ethnic tensions in 2020 was the most prevalent for Black active-duty (72%, n=274) and Veteran family respondents (71%, n=183), followed by Hispanic/Latino/a/x active-duty family (65%, n=177), Asian active-duty family (65%, n=106), Hispanic/Latino/a/x Veteran family (58%, n=116) [Q7.2], and Asian Veteran family (59%, n=32) respondents.

36 Asian (51%, n=35) and Black Veteran families (48%, n=97) most frequently report seeking care, while Asian active-duty families report this least often (18%). Other respondent groups: Black active-duty family (43%, n=299), Hispanic active-duty family (36%, n=204), Hispanic Veteran family (47%, n=134) respondents.

37 Chae et al. (2021).

38 Abrams (2021).

39 Barriers among active-duty family respondents* to this survey: Stigma (18%), Don't Think Eligible (7%), Don't Know How To Access (16%); Barriers among Veteran families of color: Stigma (24%), Don't Think Eligible (17%), Don't Know How To Access (10%). This is in line with literature: there is a strong stigma attached to seeking mental health care in the military (Acosta et al., 2014; Brown and Bruce, 2016; Hurtado et al., 2015; Kim et al., 2016; VanSickle et al., 2016), and Veterans often carry this belief with them following separation (Chase et al., 2016; Kulesza et al., 2015).

Finding 9 References

Unless otherwise noted, images are sourced from Blue Star Families Stock Photos, DVIDSHub.net, Unsplash.com. The appearance of U.S. Department of Defense (DoD) visual information does not imply or constitute DoD endorsement.


Tanielian, Terri, Rajeev Ramchand, Michael P. Fisher, Carra S. Sims, Racine S. Harris, and Margaret C. Harrell, Military Caregivers: Cornerstones of Support for Our Nation’s Wounded, Ill, and Injured Veterans, Santa Monica, Calif.: RAND Corporation, RR-244-TEDF, 2013. As of January 12, 2022: https://www.rand.org/pubs/research_reports/RR244.html


