

Written Testimony for the Record of Meghan Maher, MPH,
Sandwich Generation Caregiver and End-of-Life Doula in Windermere, Florida

United States Senate Special Committee on Aging
"Caught in the Middle: Supporting Families in the Sandwich Generation"
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I. Who I Am — and Why I'm Here

Chairman Scott, Ranking Member Gillibrand, and distinguished members of the Committee — thank you for your leadership in advancing legislation that recognizes and supports family caregivers. This work, and your commitment to it, matters deeply to millions of Americans.

My name is Meghan Maher and I live in Orange County, Florida. I am an only child.

I want to start there, because it is the fact that shapes everything else. There is no sibling to call. No one to trade off with. No family group chat where someone else can take the next appointment, make the next decision, carry the next piece of worry. Whatever needs to happen — I am the one.

I am also a wife, a mother, a hospice volunteer, and a practicing end-of-life doula. Before this work, I spent nearly fifteen years in oncology clinical research. I know the language of medicine. I know how to read a chart, navigate a healthcare system, and advocate in a room full of clinicians. I know what questions to ask and how to ask them.

I care for my family because I love them. That love is not a burden — it is the reason. Everything I share with The Committee flows from that.

I am here today because of two organizations that have built their work around seeing and supporting the people quietly holding their families together — Daughterhood, founded by Anne Tumlinson, and the National Alliance for Caregiving. I am grateful for what both organizations do every day for caregivers across this country, and for the opportunity they have given me to add my voice to this conversation.

My story is not unusual. That is exactly the problem.

II. The Sandwich — What It Actually Looks Like

My sandwich caregiving began in June of 2013, seven weeks after my older son was born, when my mother was diagnosed with stage four breast cancer.

I have never known motherhood without also being a caregiver. There was no uncomplicated season of new parenthood — no period of just finding my footing as a mother before something larger arrived. From seven weeks in, both were true at once.

What caregiving looked like in those early years was coordination, and holding. I attended oncology appointments with my mother, sat with her through infusion, held her medical history and her fears. There was a particular weight to it — my mother received her care at the cancer center where I worked. The professional world I had built over nearly fifteen years in oncology clinical research became, without warning, entirely personal. The language I had learned in service of research became the language I used to advocate for my own mother.

That is the first unexpected cost of sandwich caregiving — the way it arrives before you are ready, reshapes what you thought you knew, and asks everything of you anyway.

By fall of 2016, my mother's health had declined significantly and my parents moved in with us. My older son was three. My younger son was one. I was doing hands-on care for my mother — managing her comfort, her medications, her appointments, her fear — while nursing an infant and raising a toddler. That is what the sandwich looks like at its most literal: a dying parent in one room, a baby in another, and I'm in the hallway between them.

My mother died in March of 2017.

Three months later, my father became critically ill. I went from grief directly into an acute medical crisis for him. There was no pause. No exhale. Caregiving does not observe a mourning period.

My father survived, and I am grateful every day for that. He is, by many measures, doing well physically. And today, nine years later, I am still his caregiver — though the nature of that care has changed entirely.

My father is in the early stages of cognitive decline. He is remarried, which adds a layer of relational and logistical complexity that I navigate carefully. He and his wife split their time between Florida and South Carolina, which means that my role as his medical advocate has to work across distance and across state lines — by phone when I cannot be there in person, in the room when I can. This is not occasional. This is every appointment, without exception.

My role extends well beyond medical advocacy. When technology confounds, when financial or legal questions arise, when something simply requires someone who knows him and loves him — I am the one who gets the call.

I carry his medical history. I track the changes. I am the thread of continuity in his care — regardless of where he is.

My two sons are now in middle school and upper elementary. They are not care recipients in a clinical sense. They are children who need a present mother.

The hardest part isn't any single role. It's that every role deserves all of me. There is no version of sandwich caregiving where everyone gets enough of me. That is the reality of a life lived at the intersection of two generations who both need you.

III. The Labor of Love

One type of family caregiving is hands-on care — helping someone bathe, dress, move through the world. That is real caregiving, and it is hard. But it is not the whole picture. And for many sandwich generation caregivers, it is not even the primary one.

My caregiving is coordination. It is holding — holding the medical history, holding the relationships, holding the decisions, holding the worry. It runs in the background of every single day, regardless of what else is on my calendar. No one has built a framework for it. But it is constant.

I think about the support that exists for new parents — the classes, the resources, the community, the acknowledgment that this is hard and that help is available. Elder care has none of that infrastructure. Families are largely expected to figure it out on their own, and most of us do — by instinct and persistence. But instinct and persistence are not a system.

I didn't know what I didn't know. For years, I navigated my family's caregiving needs without any awareness that there were services and supports that might have been available to us — some of them not even tied to income. No one told me. Nothing in the systems I moved through — the hospitals, the doctors' offices, the discharge planners — ever said: here is what exists for families like yours. Here is where to look. I found my way the way most caregivers do. And that is not enough.

63 million Americans are currently providing unpaid care to an adult or child with a disability or serious medical condition — up from 44 million in 2015. Nearly one in three of those caregivers are

sandwich generation caregivers, simultaneously caring for both a child and an older adult. And care coordination — the invisible work I am describing — is becoming harder, not easier. Only six in ten caregivers report that coordinating care with health professionals is easy, a figure that has declined steadily since 2015.¹

We are not a niche population. We are 21 million people. And most of us are doing this largely alone, largely without support, and largely without anyone in the systems around us acknowledging that we are there.

IV. The Intermittent Care Problem — A Structural Gap

Many caregiver support structures are built around care needs that are ongoing, predictable, and enrollable. A set number of hours per week. A recurring schedule. A program you apply for and receive.

Often, that is not what sandwich caregiving looks like.

What it looks like is a phone call on a Tuesday morning telling you your father has a procedure on Thursday. It looks like a school pickup that cannot be moved, a work commitment that cannot be canceled, and a suddenly urgent need for someone trustworthy to be with your children while you are far from home. It looks like needing care not every day, but on the days that matter most — and those days arrive without warning.

When my sons were young and my caregiving responsibilities were at their most acute, finding childcare for a single appointment — a one-off, an unexpected need — was one of the most difficult experiences of those years. I want to name something important here: this is not a criticism of care providers. Caregiving is their livelihood, and they need consistency and reliability just as much as families do. The mismatch isn't between families and providers — it's between both of us and a system that hasn't been designed to support either side of that relationship.

When we eventually found the right childcare provider for our family, she became one of my dearest friends and remains close to us today. We kept her on for more hours each week than we strictly needed — because in the absence of reliable infrastructure for intermittent care, when you find someone you trust, you hold on. That decision made sense for our family. But it also illustrates something important: families are solving, on their own, a problem the system was never designed to

¹ AARP and National Alliance for Caregiving, *Caregiving in the US 2025*. Washington, D.C.: AARP. July 2025. Available at: <https://www.caregivingintheus.org>

address.

I had financial means that many caregivers do not have. And even so, securing reliable intermittent care was extraordinarily difficult — not because of cost, but because of design. The infrastructure simply does not exist in a form that families can actually use.

Nearly four in ten caregivers report that respite services would be helpful — but only thirteen percent actually use them.² The barriers are not only financial. They include inflexible program design, a shortage of trained providers, and enrollment processes that were not built for urgency. The Alleviating Barriers for Caregivers Act is a meaningful step toward changing that.

V. The Economic Architecture of Caregiving

Caregiving reshapes work. It reshaped mine. I am self-employed as an end-of-life doula, and I want to name what that actually means in the context of caregiving. I built my work around my family because the alternative — a traditional job with fixed hours and little flexibility — was not compatible with what my family needs from me. That is an economic decision. It is a choice I made deliberately, and it came with real financial consequences.

Many caregivers do not have that option. Traditional employment — with its fixed hours, its inflexibility, its lack of accommodation for the Tuesday call about the Thursday procedure — does not bend easily around the reality of sandwich caregiving. The caregivers who cannot build their own structure often face something far more visible and far more costly: leaving the workforce entirely, reducing hours, or watching their careers contract around the edges of what caregiving demands.

I have intentionally limited the number of clients I support, because my family — both ends of the generational spectrum — is my first priority. Everything else, including my work, fits within that. It is a values choice, and it is also a financial one.

The Multigenerational Home Caregiver Credit Act recognizes that caregiving carries real economic costs — and that families who open their homes to aging relatives deserve meaningful financial relief. I am grateful this committee is working to make that a reality.

VI. What This Costs

² AARP and National Alliance for Caregiving, *Caregiving in the US 2025*. Washington, D.C.: AARP. July 2025. Available at: <https://www.caregivingintheus.org>

I am, by most measures, someone who is managing. I am present. I am functional. I show up.

And I want to be honest about what that costs.

Caregiving at this level — sustained, multi-generational, and largely solitary — lives in the body. It lives in the quality of sleep, in the moments of joy that get crowded out, in the medical appointments of my own that get deferred because there is always something more urgent. It lives in the particular exhaustion of being the person who holds everything together while also being the person who never gets to put it down.

There is something that does not get talked about enough: the isolation. Nearly one in four caregivers report feeling alone — a figure that has increased since 2020.³ I understand that statistic not as a data point but as a lived experience. There is a particular kind of aloneness that comes from being the person who holds the full picture — who carries it all and cannot fully set it down, even in the company of people who love you. Caregiving can be an isolating experience even when you are not alone.

And yet — caregiving has given me something. It has deepened my understanding of what it means to love someone across time and across difficulty. It has made me a better doula, a more present mother, and a more compassionate human being. Meaning and exhaustion are not opposites. For many caregivers, they live side by side, every single day.

VIII. Closing

I said at the beginning that I am an only child. That there is no sibling to call.

What I have learned, over nearly a decade of sandwich caregiving, is that this should not mean doing it alone. Not because love isn't enough — it is. But because love is not a policy. And the people who are showing up every day for both generations of their family deserve more than admiration. They deserve support.

I am grateful to this committee for the opportunity to be heard. I am grateful to Daughterhood — to Anne Tumlinson and the community she built — and to the National Alliance for Caregiving, for the

³ AARP and National Alliance for Caregiving, Caregiving in the US 2025. Washington, D.C.: AARP. July 2025. Available at: <https://www.caregivingintheus.org>

work both organizations do on behalf of caregivers across this country.

I am here for every sandwich caregiver who is managing, but just barely. Who is present, but depleted. Who loves their family deeply and needs their country to meet them there.

Thank you.