



**STATEMENT OF
TRAGEDY ASSISTANCE PROGRAM FOR SURVIVORS (TAPS)
BEFORE THE
COMMITTEES ON VETERANS' AFFAIRS
UNITED STATES SENATE AND HOUSE OF REPRESENTATIVES**

**JOINT SENATE AND HOUSE
VETERANS SERVICE ORGANIZATION LEGISLATIVE PRESENTATION**

**PRESENTED BY
ANITA SULLIVAN
SURVIVING SPOUSE OF CE3 MICHAEL SULLIVAN, U.S. NAVY**

MARCH 4, 2026

The Tragedy Assistance Program for Survivors (TAPS) is the national provider of comfort, care, and resources to all those grieving the death of a military or veteran loved one. TAPS was founded in 1994 as a 501(c)(3) nonprofit organization to provide 24/7 care to all military survivors, regardless of a service member's duty status at the time of death, a survivor's relationship to the deceased service member, or the circumstances or geography of a service member's death.

TAPS provides comprehensive support through services and programs that include peer-based emotional support, casework, assistance with education benefits, and community-based grief and trauma resources, all delivered at no cost to military survivors. TAPS offers additional programs, including, but not limited to, the following: the 24/7 National Military Survivor Helpline; national, regional, and community programs to facilitate a healthy grief journey for survivors of all ages; and information and resources provided through the TAPS Institute for Hope and Healing. TAPS extends a significant service to military survivors by facilitating meaningful connections to peer survivors with shared loss experiences.

In 1994, Bonnie Carroll founded TAPS after the death of her husband, Brigadier General Tom Carroll, who was killed along with seven other soldiers in 1992 when their Army National Guard plane crashed in the mountains of Alaska. Since its founding, TAPS has provided care and support to more than 120,000 bereaved military survivors.

In 2025 alone, 9,560 newly bereaved military and veteran survivors connected to TAPS for care and services. This is an average of 26 new survivors coming to TAPS each and every day. Of the survivors seeking our care in 2025, 33 percent were grieving the death of a military loved one to illness, including as a result of exposure to toxins; 29 percent were grieving the death of a military loved one to suicide; and 5 percent were grieving the death of a military loved one to hostile action.

As the leading nonprofit organization offering military grief support, TAPS builds a community of survivors helping survivors heal. TAPS provides connections to a network of peer-based emotional support and critical casework assistance, empowering survivors to grow with their grief. Engaging with TAPS programs and services has inspired many survivors to care for other, more newly bereaved, survivors by working and volunteering for TAPS.

Chairmen Moran and Bost, Ranking Members Blumenthal and Takano, and distinguished members of the Senate and House Committees on Veterans' Affairs, the Tragedy Assistance Program for Survivors (TAPS) is grateful for the opportunity to provide a statement for the record on issues of importance to the 120,000-plus surviving family members of all ages, representing all services, and with losses from all causes who we have been honored to serve.

The mission of TAPS is to provide comfort, care, and resources for all those grieving the death of a military loved one, regardless of the manner or location of death, the duty status at the time of death, the survivor's relationship to the deceased, or the survivor's phase in their grief journey. Part of that commitment includes advocating for improvements in programs and services provided by the U.S. federal government — the Department of Defense (DoD), Department of Veterans Affairs (VA), Department of Education (DoED), Department of Labor (DOL), and Department of Health and Human Services (HHS) — and state and local governments.

TAPS and the VA have mutually benefited from a long-standing, collaborative working relationship. In 2014, TAPS and the VA entered into a Memorandum of Agreement that formalized their partnership with the goal of providing earlier and expedited access to crucial survivor services. In 2023, TAPS and the VA renewed and expanded their formal partnership to better serve our survivor community. TAPS works with military and veteran survivors to identify, refer, and apply for resources available within the VA, including education, burial, benefits and entitlements, grief counseling, and survivor assistance.

TAPS also works collaboratively with the VA and DOD Survivors Forum, which serves as a clearinghouse for information on government and private-sector programs and policies affecting surviving families. Through its quarterly meetings, TAPS shares information on its programs and services as well as fulfills any referrals to support all those grieving the death of a military and veteran loved one.

TAPS President and Founder Bonnie Carroll previously served on the Department of Veterans Affairs Federal Advisory Committee on *Veterans' Families, Caregivers, and Survivors*, where she chaired the Subcommittee on Survivors. The committee advises the Secretary of the VA on matters related to veterans' families, caregivers, and survivors across all generations, relationships, and veteran statuses. Ms. Carroll is also a distinguished recipient of the Presidential Medal of Freedom, the nation's highest civilian honor.

END THE REMARRIAGE PENALTY FOR SURVIVING SPOUSES

TAPS is proud to spearhead this critical legislation and to work alongside the leadership of this committee to advance one of our most urgent legislative priorities — the ***Love Lives On Act of 2025 (S.410, H.R.1004)***. This comprehensive bill finally ends a decades-old penalty on surviving spouses by ensuring they do not forfeit their earned benefits if they remarry before the age of 55.

TAPS extends its deep appreciation to Senators Jerry Moran (R-KS) and Raphael Warnock (D-GA) and our 22 original Senate cosponsors, and Representatives Richard Hudson (R-NC-09), Joe Neguse (D-CO-02), Derrick Van Orden (R-WI-03), Kelly Morrison (D-MN-03), Morgan Luttrell (R-TX-08), and Ro Khanna (D-CA-17) for their leadership in introducing this critical legislation, as well as the 54 Senate co-sponsors and 135 House co-sponsors who have demonstrated bipartisan commitment to supporting surviving families by advancing this vital bill in the 119th Congress.

We call on Congress to act now to end these unjust penalties on surviving spouses by:

- Eliminating the arbitrary age-55 requirement that strips surviving spouses of earned benefits upon remarriage.
- Permanently protecting access to both the Survivor Benefit Plan (SBP) and Dependency and Indemnity Compensation (DIC) for surviving spouses who remarry — at any age.
- Restoring TRICARE eligibility to remarried surviving spouses when a subsequent marriage ends due to death, divorce, or annulment.

Current law significantly penalizes surviving spouses if they choose to remarry before the age of 55. Given that most surviving spouses from the post-9/11 era are widowed in their 20s or 30s, we are asking them to wait 20-plus years to move forward in their lives with the financial security earned by their loved ones' service and sacrifice. These spouses are often raising children alone, navigating grief while shouldering the full weight of parenting and financial responsibility. Faced with the devastating loss of benefits that would accompany remarriage, many surviving spouses feel compelled to forgo remarriage altogether, while others are driven to cohabit rather than legally marry — an outcome that contradicts both family stability and the values we claim to uphold. This policy does not honor sacrifice — it compounds it.

The long-term goal for TAPS is to secure the right for surviving spouses to remarry at any age and retain their benefits. TAPS is leading efforts to pass the ***Love Lives On***

Act of 2025, which is supported by over 50 veteran and military organizations. TAPS spearheaded a letter of support from these partner organizations that has been shared with every member of this committee.

Military spouses are among the most unemployed and underemployed populations in the United States. Due to frequent military moves, the service member's deployment cycle, and expensive child care, military spouses face high barriers to employment and are unable to fully invest in their own careers and retirement. For many families, military retirement pay is treated as the household's retirement pay. These barriers to employment continue when a military spouse becomes a surviving spouse. Many surviving spouses have to put their lives on hold to raise bereaved children. They are reliant on their survivor benefits to help offset the loss of pay from their late spouse and their own lost income as a result of military life.

If a surviving spouse's subsequent marriage ends in death, divorce, or annulment, while most benefits can be restored, TRICARE benefits are not restored. If a surviving spouse was previously eligible for CHAMPVA, that benefit can be restored. TAPS is asking that we provide parity with other federal programs and allow TRICARE to be restored if the subsequent marriage ends.

These restrictions appear to be punitive as they are only imposed on military surviving families, not others who put their lives on the line to protect and defend. For example, in 30 states, including Texas¹, Virginia², and Louisiana³, first responders' survivors may legally remarry in the U.S. and maintain all or partial pensions and benefits.

In certain circumstances, divorcees are granted more respect than surviving spouses. If a service member was married for at least 20 years and served 20 years, their divorced spouse is entitled to a portion of that retirement benefit regardless of whether they remarry or not. Surviving spouses should not be penalized for remarrying when we grant the right to retain benefits to certain divorced spouses.

Additionally, when a surviving spouse remarries before 55, they are legally required to notify the VA to discontinue DIC. The VA states that the processing time for these claims is typically eight to 12 weeks, but unfortunately, this is often not the case. Many surviving spouses experience delays ranging from six to 18 months, with some cases taking up to 42 months of constant effort to terminate their benefits. They often encounter the need to make multiple calls, resend paperwork repeatedly, and are frequently informed that their file hasn't been reviewed, even six months after submission.

¹ <https://www.firehero.org/resources/family-resources/benefits/local/tx/>

² <https://www.firehero.org/resources/family-resources/benefits/local/va/>

³ <https://irp-cdn.multiscreensite.com/ac5c0731/files/uploaded/Louisiana.pdf>

As these survivors continue to receive payments, they subsequently receive debt letters demanding the immediate repayment of benefits, often with added interest. This places an undue burden and emotional distress on surviving spouses who followed the required procedures. The challenge is exacerbated by the fact that many surviving spouses, often with minor children, are unaware of the specific portions of the payments they are supposed to retain and which portions should cease. Additionally, they may lack the financial resources to repay the VA promptly. This is a waste of VA resources, and allowing our surviving spouses to maintain benefits upon remarriage would eliminate these unnecessary challenges.

According to the VA, there are approximately 530,085 surviving spouses receiving DIC. Less than 35,000 of those surviving spouses are under the age of 55 and could potentially benefit from this legislation. Currently, less than 5 percent of surviving spouses under the age of 55 have chosen to remarry due to these penalties.

The federal government has allowed surviving spouses to maintain benefits upon remarriage over the age of 55 or 57 for decades. There is no specific reason for the age of 55; it is just the age Congress decided they could live with, but it sets the precedent that surviving spouses can and should be able to remarry and retain survivor benefits without waiting 20-plus years. Most choose to cohabitate until age 55, so all this law does is discourage legal marriages and prevent our young surviving children from having a mother or father figure legally in their lives.

With recruiting and retention at an all-time low in the military, every time we do not keep our promises to our military, veterans, and their families, we are discouraging our younger generations from serving. When an 18-year-old enlists in the military, they sign a check for up to and including their life. They also know that if something happens to them, our government will take care of their family. Period. There are no conditions; they are promised that their family will be taken care of for the rest of their lives. The current law breaks that promise. Our military, Members of Congress, and administration frequently remind survivors that the death of their loved one “is a debt that can never be repaid,” but ending survivor benefits upon remarriage is saying “that debt is paid in full.” Just because a surviving spouse remarries does not mean they stop grieving. A piece of paper will never change that they are a widow or widower; it just means they are also someone else’s spouse.

Remarriage should not impact a surviving spouse’s ability to pay bills. They should not have to choose between another chance at love, a stable home life for their children, and financial security. They are still the surviving spouse of a fallen service member or veteran, who earned these benefits through their service and sacrifice. Regardless of their marital status, surviving spouses should not be penalized for finding love in the

future. All they are asking for is to choose how they move forward to pick up the broken pieces of their lives.

TAPS appreciates the House and Senate Armed Services Committees including section five (V) of *the Love Lives on Act of 2023*, which expands commissary and exchange benefits to remarried surviving spouses, in *the Fiscal Year 2024 National Defense Authorization Act*, and we appreciate the House and Senate Veterans' Affairs Committees for including sections II and VII in the *Senator Elizabeth Dole 21st Century Veterans Healthcare and Benefits Improvement Act* in December 2024, which expands the Fry Scholarship to remarried spouses and ends the archaic, "Hold oneself out to be married" clause.

The following personal testimonials from surviving spouses help highlight these important issues:

Bonnie Carroll, Surviving Spouse of BG Tom Carroll of Alaska, U.S. Army National Guard

"My name is Bonnie Carroll. I am the President and Founder of the Tragedy Assistance Program for Survivors, known as TAPS, and I am also a surviving spouse. I lost my husband, Brigadier General Tom Carroll, in a military aviation accident. In the quiet aftermath of his death, I stood where millions of military survivors stand. Shocked. Grieving. Trying to understand how life could move forward when everything familiar was gone. From that loss, and from the absence of sustained care for grieving families, TAPS was born.

"On my husband's headstone are three words that have guided my life's work: Love Lives On. They are not a slogan. They are a promise. A promise that love does not end at death, that service does not expire with sacrifice, and that families left behind must never be forgotten.

"For more than 30 years, TAPS has provided 24/7 care, peer support, grief education, and community to all who grieve a military or veteran death, regardless of age, rank, relationship, duty status, or cause of death. Every service is provided at no cost. Because grief does not follow a timetable and love does not disappear when benefits do.

"I strongly support the Love Lives On Act. This legislation addresses a long-standing injustice in federal law that has harmed surviving spouses for generations. Under current policy, many surviving spouses lose critical survivor benefits if they remarry before a certain age, forcing them to choose between financial stability and the human need for love, partnership, and safety.

“This issue is not theoretical for me. It lives in my family. My mother-in-law lost her husband, Major General Thomas P. Carroll, in a military plane crash. Like so many widows of her era, she carried her grief quietly and moved forward with strength and resolve. Years later, she remarried, believing she was choosing companionship after devastating loss. What she did not fully understand was that remarriage would cost her the survivor benefits her husband earned through his service to this nation.

“That second marriage became abusive.

“She stayed far longer than anyone should ever have to stay in danger, not because she lacked courage, but because she lacked options. Without her survivor benefits, she had no financial independence and no safety net. The policy that stripped her benefits did not protect her. It trapped her.

“Eventually, my husband, Tom, helped her leave that marriage. Much later, we learned that she could once again receive her survivor benefits after the marriage ended, and she did regain them. But by then, years had been lost to fear, isolation, and unnecessary suffering.

“No law should ever force a surviving spouse to choose between love and safety, between human connection and survival.

“This is why the Love Lives On Act matters. This legislation ensures that remarriage does not permanently bar a surviving spouse from receiving Dependency and Indemnity Compensation or Survivor Benefit Plan benefits earned through their loved one’s service. It recognizes that love does not negate sacrifice, and that survivor benefits are not conditional on remaining alone for life. It restores dignity, choice, and stability to those who have already given so much.

“Most post-9/11 surviving spouses were widowed in their 20s and 30s. Many are raising children alone. They deserve the freedom to rebuild their lives without fear that loving again will come at the cost of their family’s security.

“When we say ‘love lives on,’ we must mean it in policy, not just in sentiment.

“TAPS stands ready to support the implementation of this legislation and to continue walking alongside military survivors for as long as they need us. Honoring the fallen requires caring for the living, not just at the moment of loss, but for the lifetime that follows.

“Thank you for your leadership, your compassion, and your commitment to America’s military families. Love lives on when we choose to protect it.”

Gina Kincade Piland, Surviving Spouse of Lt Col John Kincade, U.S. Air Force

“On Nov. 21, 2019, my husband of 20 years, Lt Col John (Matt) Kincade, lost his life in a military aviation training mishap at Vance Air Force Base. Through his (our) 20 years of service, I followed him from base to base — Texas to California to Nevada back to California, then Iowa, and finally “home” to Oklahoma — raising our two amazing sons, keeping the home fires burning, and praying he would come home safely.

“The day after my Matt died, I sat down with a representative from Vance AFB and received my benefits briefing. That day, I learned about the benefits I would collect due to Matt’s death. I also learned that most of the benefits would never expire — assuming I remained unmarried until the age of 55. I remember thinking that wouldn’t be a problem. I couldn’t see past the grief and despair of the fresh loss to consider that someday in the future I might meet someone who could make my life — and my sons’ lives — beautiful again. And yet, that’s exactly where I find myself today.

“In March of 2022, I met Cally, a man who helped me see the beauty of life again. He allowed space for the legacy of my late husband. Cally and I struggled with how to move forward together, knowing the severe financial repercussions we would face upon marrying. Because we are both Christians who are dedicated to having God at the center of our relationship, and because we believe marriage is a holy covenant that we want to model for our combined six children, Cally and I made the choice to accept the financial penalty and were married on Dec. 31, 2023. I am no longer eligible to receive DIC or the SBP that my late husband invested in to provide for our needs.

“For the 20 years my late husband served, our sons have been my priority. Matt and I always had the belief that one parent should be wholly available to our kids at all times, and in the years of deployments, work-ups, and training. I sacrificed my career goals to support him and to raise our two amazing sons. And now, as a result of his death, I find myself at 50 years old starting over again — not just in a relationship, but also in a career.

“In spite of our tremendous loss, under current law, the U.S. government, the Department of Defense, and the Department of Veterans Affairs will be free and clear of any responsibility to the family of the late Lt Col John (Matt) Kincade when our youngest son turns 22.”

Marcie Robertson, Surviving Spouse of SFC Forrest Robertson of Kansas, U.S. Army

“I lost my husband in November 2013 when he was killed in action in Afghanistan. At the time, I was 34 years old, and our daughters were 14, 10, and 6 years old. One day, I

had a partner, and the next day, I was the only one to make decisions, discipline, and raise three daughters.

“My husband deployed four times during our marriage, so we both understood his job meant there was a real possibility that he might not come home each time he deployed. Early on, we had a discussion about what would happen if he were to lose his life. He told me where he wanted to be buried, and what to do with the insurance money. He also told me that when I felt ready, he wanted me to move forward with someone new. It was very important to him that I not spend the rest of my life alone. He said this, not realizing that his wish for me would mean the end of the benefits he provided for me.

“He went to war for his country, knowing that if he sacrificed his life, his family would be taken care of. He did not know that meant his widow would have to stay unmarried until she was practically a senior citizen to maintain her benefits.

“I have met a wonderful man who has become a partner to me and a ‘bonus dad’ to my daughters. He is exactly what my husband would want for the four of us. I dream of the day when I can marry him. I am a Christian and believe that God provided this amazing man to be my husband. I was pulled aside several times by my church leader and told that if I didn’t marry him or kick him out of my home, I would lose my ability to volunteer in the church. This ultimately pushed me away from my church and severed important friendships in my support system. I am being forced to make a choice to put aside my religious beliefs to maintain my income.

“Even after all this, he is willing to wait until we are in our late 50s to marry me. I should never have been put in a position to have to ask that of him. Especially when a service member can get divorced, and, if the couple was married for a certain length of time, the spouse will receive as much as half of the service member’s retirement. That same spouse can remarry and receive their share of the retirement. It is unbelievable that this is not the same for me.

“It appalls me that my country would ask me to give up my financial independence to get married. We are talking about a small portion of the population of the United States that has sacrificed so much.

“If you are willing to vote ‘yes’ on a bill to send people to war, you should also hold responsibility for the catastrophic effects of war and serving. It should be a reminder of the cost of war. Continuing to pay these benefits after remarriage is a small price to pay to take care of the families of our fallen. If you are concerned about the cost of supporting survivors, stop asking men and women to give their lives.”

Kaanan Mackey Fugler, Surviving Spouse of SSG Matthew Mackey of Louisiana, U.S. Army National Guard

“My first husband, SSG Matthew Mackey, on his last deployment, wrote our children each a ‘what if’ letter. In those letters, he tells my children that he wants me to find someone to pick up our broken pieces and love them when he is unable. Due to an archaic law, Congress has made our futures all about ways that we can lose our earned benefits. When my spouse died, every hope and dream for OUR future was shattered in a moment.

“Most military widows spent years staying at home to take care of the homefront, while our spouses left for months to a year defending our nation. Our education and job experiences often lacked beyond measures to civilian spouses, due to employment gaps from moving or being unable to afford child care. Those gaps in education and employment will affect our earning potential, whether we remarry or not. That gap is where our death benefits are supposed to come in. We are told to find a new ‘normal,’ while simultaneously hearing, ‘Don’t remarry, you will lose everything.’ I would have had to wait another 35 years to remarry to be able to keep my survivor benefits that we earned — that is half of my life that the government believes I should be alone.

“Had my deceased husband been a police officer, here in Louisiana, instead of a member of the military, I wouldn’t have been in this situation. Their survivors are allowed to keep their benefits and pensions, whether they choose to remarry or not. A piece of paper will never make me less of a military widow. It doesn’t take away from the 12 years spent sacrificing my own employment while he served, nor the 12 years after his death spent raising our broken family. I should not have to live in hiding with someone to ensure that the government doesn’t take away my earned benefits, because I chose not to wait another 35 years for the government’s blessing to be able to remarry and keep them. All we ask for is the freedom to choose how we pick up the pieces of our broken lives, and to be able to move forward without being told we must spend half our lives alone first!”

Kellie Hazlett, Surviving Spouse of Capt Mark Nickles of Colorado, U.S. Marine Corps

“My husband, a United States Marine Corps F-18 pilot, died in a training accident while deployed to Japan in 1997, on my 30th birthday. He is still considered Missing in Action because they were never able to recover his remains. I had to move out of our home in San Diego within six weeks of his death because I could not afford to maintain the payments on our rental without his paycheck, so I moved back home to be a caregiver

to my mother. I could no longer continue my career in the medical field due to the trauma of losing my husband and had to start over.

“Eventually, I met my now husband, Steve, but I hesitated to remarry, as I was dependent on the financial benefits that helped offset my own lost income as a military and surviving spouse. Mark and I never had the chance to start a family, and it was important to me that when Steve and I did, that we were legally married. We now have three beautiful children.

“I was recently diagnosed with a long-term illness, and my treatments are not covered by insurance, as they are viewed as experimental. Restoring my survivor benefits that Mark and I paid into would go a long way in helping offset the very expensive costs of my treatments. As I am 57 years old, I could divorce Steve, reinstate my benefits, and remarry him the next day because of the arbitrary remarriage age of 55. This is something that I have seriously considered, due to the unfair penalty.”

Rebecca Morrison Mullaney, Surviving Spouse of CPT Ian Morrison of North Carolina, U.S. Army

“Ian was a West Point graduate and Apache helicopter pilot. We were married at 21. He returned from a deployment to Iraq in 2012 emotionally wounded and in dire need of help. Despite our every effort, the help eluded him, and he died by suicide three months later. At 24, I came home from a night grad school class to find my husband dead in our bedroom. I was left to navigate the hardest days, weeks, and months without my partner — moving from our home, losing my job, burying my beloved husband, managing his affairs, and trying to figure out how to keep living.

“I write this 10 years to the day after Ian’s death. I am remarried, running my private trauma therapy practice serving veterans, and, most importantly, a new mom with a son that my husband and I named after Ian. For the past 10 years, I have scraped myself off the floor and worked tirelessly to try and save lives. I could not have done this without Ian’s benefits. The small portion of the education benefits I was able to use before remarrying helped me complete another graduate degree, one that would allow me to practice clinically. The monthly stipend allowed me to attend therapy daily and get my own PTSD under control. The health care benefits also granted me peace of mind.

“My journey has been supported and enabled by the man now standing beside me, my husband Brennan, an Army veteran and fellow West Point graduate. The wording of the current law leaves us both insulted. I do not believe that we can accurately assign a monetary value to love or to the life shared between two people. Having fully loved and been married to two men, I can confidently say that both are lifelong commitments. Ian is a part of our daily life; we talk about him and miss him constantly.

“Additionally, proposing that widows wait 10 to 20 years to remarry suggests that we would need to put our lives on hold, lives that, for so many of us, drastically changed at extremely young ages.

“I implore you to shift your lens on this issue. Instead of focusing on what widows could receive, consider what they could DO if we supported them in the way their deceased service member was told we would.”

Linda Ambard Rickard, Surviving Spouse of Maj Phil Ambard of Massachusetts, U.S. Air Force

“I became a widow just before my 50th birthday when my husband of 23 years, Major Phil Ambard, was killed in Kabul, Afghanistan, in a mass shooting that left eight airmen and one civilian dead.

“For over two decades, we moved every two to four years. While I had multiple master’s degrees and a teaching license, I never progressed beyond probation or provisional status in my jobs because we were never in any one place long enough. I never got too attached to a home, people, or a job because everything was so temporary. When I became a widow, I didn’t know where to move. I hadn’t lived back home in Idaho since 1979. I was too old to go live with my mom and dad, and too young to live with my children, four of whom were in the military. It took me years to get my feet on the ground.

“I didn’t date for many years because I just couldn’t. At 57, I met the man who would become my husband. I married him just after my 60th birthday. While I maintain my survivor benefits and survivor social security, due to my age, I had to give up TRICARE even though I now qualify for CHAMPVA. It is ridiculous that younger widows/widowers lose everything with remarriage; there is a big difference with the magic age of 55.”

Melissa Blackburn, Surviving Spouse of CW2 Philip A. Johnson Jr. of Alabama, U.S. Army

“I lost my husband, Chief Warrant Officer 2 Philip A. Johnson Jr., when he was killed in action while serving as a medical pilot. His aircraft was shot down by an RPG while transporting wounded service members, and five patients aboard also lost their lives that day. One moment, I was a military wife building a future with the man I loved, and the next, I was a widow learning how to survive a loss I never imagined.

“My husband devoted his life to serving others and believed deeply in the system he served. We talked about the risks of his job, and he trusted that if anything ever happened to him, I would be taken care of by the survivor benefits promised to military

families. Because of that trust, he chose not to carry Servicemembers' Group Life Insurance. He believed his country would honor his sacrifice by caring for his family.

"At age 31, while serving as a staff sergeant in the U.S. Air Force, I remarried while I was in the middle of nursing school. My new husband was younger and still in college, and I was working to build a stable future for our family. We also welcomed a baby because I did not want to miss my chance to have children and build the family we dreamed of. As a Christian, I believe in rebuilding my life with faith, love, and hope after loss.

"Instead of support, I lost my survivor benefits the moment I remarried. I was financially punished for choosing to heal, to love again, and to continue living. I was forced to learn that the benefits my husband believed would protect me were conditional on my remaining a widow. No surviving spouse should ever be placed in a position where they must choose between love and financial security. Our fallen service members went to war believing their families would be cared for. Their widows should not have to pay again for their sacrifice."

Caroline Lawrence, Surviving Spouse of LCpl Kevin O'Neill of Maryland, U.S. Marine Corps

"I lost my husband of 12 years, Kevin O'Neill, on Aug. 1, 2022. My husband was part of the first wave into Iraq, fresh out of high school. Assigned to aviation ordinance, he spent the majority of his military time working with bombs and explosives. It was this exposure that led to Kevin, almost two decades later, developing a rare choroidal melanoma that metastasized to his spinal cord. Kevin lost his ability to walk, then to swallow, then to control his arms, and finally, to breathe. Our daughters were 6 and 8 years old at the time. Between Social Security and DIC, we were able to stay afloat, but Kevin didn't have substantial life insurance, and I never stopped working.

"We discussed when he got sick how important a father is to children, and that if the worst happened to either of us, the other should try to remarry to someone who would make our spouse proud; Tamp Lawrence is that man. I met him even before I knew Kevin, as we were pen pals while he was piloting Blackhawks in 2005 for the Army in Afghanistan.

"In July of 2024, Tamp asked me to be his wife and to help continue to raise Kevin's and my daughters. We then had to decide which of Kevin's final wishes to uphold: to provide for his family, or, his highest priority, ensure his daughters had a father. On June 20, 2025, Tamp and I chose the latter, though it was a choice that I felt unfairly devalued my marriage to Kevin and the promise this country made to his memory."

Tonya Syers, Surviving Spouse of W4 Lowell Syers II of Georgia, U.S. Army

“My husband, Lowell, enlisted in high school via the delayed entry program. We met at Fort Campbell, Kentucky, and married six months later. After multiple moves, he decided to join the National Guard, and we moved to California. He retired after 20.5 years. In May of 2019, we watched my son graduate from the University of Georgia and be commissioned into the U.S. Army Reserve. My husband gave him his first official salute. It was a very exciting moment, but the next day Lowell asked me to take him to the emergency room. Instead of celebrating Jake's graduation, we found out Lowell had stage 4 glioblastoma from exposure to the burn pits while deployed. By the end of July, it took his life.”

“Eventually, I met a gentleman named James ‘Jay’ Matheson. He also retired from the Reserves. We got engaged. I was shocked to learn that remarrying before the age of 55 would cause me to lose my military benefits. Jay's ex-wife was granted half of his Navy retirement. She is free to remarry without any financial loss. Why does the government allow divorcees to keep military pensions but punish military widows? I am not in any way telling the government to rescind ex-wives' court-appointed portions of military pensions. I am only saying that it is morally wrong not to offer military widows the same option to remarry without financial penalty.”

“The most pro-family and pro-military decision Congress could make is to change this law! Lowell served over 20 years and never collected one cent in retirement. He died, like most, too early due to military service. We would gladly trade our benefits to have our spouses back. Unfortunately, we do not have that option.”

Gabriel Booker, Age 12, Surviving Son of MA1 Corwyn Booker of Virginia, U.S. Navy

“Imagine a world where men and women live happily married together, and we can make that happen with enough effort. Think of it, there are countless men and women out there that cannot get married again and millions of children out there that need a father/mother figure in their lives.”

“Unfortunately, now if they get remarried, they will lose all their spouse's earned benefits. So, with passing the Love Lives On Act, we can change countless lives and make a positive difference in the lives of many military families.”

“Help us change this law and bring many service members together. Not being able to get married can often prevent couples from feeling secure and legally protected. Many people often suffer from depression or in some cases take their own lives. Preventing that is very important. If my mother wants to get married, I would have to wait 7 years,”

until I am 19 years old for my mother to get remarried and my family does not want that to happen.

“So please help me, my family and many others by passing this bill, only then can we say Love Lives On.”

IMPROVE DEPENDENCY AND INDEMNITY COMPENSATION FOR SURVIVING SPOUSES

TAPS remains committed to improving Dependency and Indemnity Compensation (DIC) for surviving families and providing equity with all other federal survivor benefits. We continue to work with Congress to:

- Pass the ***Caring for Survivors Act of 2025 (S.611, H.R.2055)***.
- Pass the ***Sharri Briley and Eric Edmundson Veterans Benefits Expansion Act of 2025 (H.R.6047)***.
- Increase DIC from 43 percent to 55 percent of the compensation rate paid to a 100 percent disabled veteran, in parity with all other federal survivor programs.
- Reduce the time frame a veteran needs to have a permanent and total (P&T) disability rating from the VA from 10 to five years to assist families who have become caregivers for their disabled veteran, and to allow more survivors to become eligible for critical DIC benefits.

Dependency and Indemnity Compensation (DIC) is a tax-free benefit paid to eligible surviving spouses, dependent children, or dependent parents of service members who die in the line of duty or veterans whose death resulted from a service-related injury or illness.⁴ According to the VA, approximately 530,085 surviving spouses receive DIC.

The current monthly DIC rate for eligible surviving spouses is \$1,699.36 (Dec. 1, 2025)⁵ and has only increased due to Cost-of-Living Adjustments (COLA) since 1993. TAPS is working with Congress to raise DIC from 43 percent to 55 percent of the compensation rate paid to a 100 percent disabled veteran, in parity with all other federal survivor programs; ensure the DIC base rate is increased equally; and protect added monthly amounts, like the eight-year provision and Aid and Attendance.

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<https://www.va.gov/family-and-caregiver-benefits/survivor-compensation/dependency-indemnity-compensation/>

⁵

<https://www.va.gov/family-and-caregiver-benefits/survivor-compensation/dependency-indemnity-compensation/survivor-rates/>

TAPS supports the ***Sharri Briley and Eric Edmundson Veterans Benefits Expansion Act of 2025 (H.R.6047)***, introduced by Congressman Tom Barrett (R-MI-07) and Chairman Mike Bost (R-IL-12) and 10 original co-sponsors. This important legislation would increase Special Monthly Compensation (SMC) for our catastrophically disabled veterans by \$10,000 annually, and would increase DIC for over 500,000 survivors by 1 percent the first year and 0.5 percent the second year, in addition to the yearly COLA inflation adjustment.

This marks the first time in over 30 years that DIC would be increased beyond COLA. Although this bill would raise the DIC monthly payments only slightly, TAPS greatly appreciates the House Veterans Affairs Committee working to improve DIC and increase the base rate equally for eligible surviving spouses of veterans who died before or after Jan. 1, 1993.

During the House Veterans Affairs Committee markup on Feb. 12, 2026, we were gratified that the bill passed out of committee. TAPS also appreciated the outpouring of support from both majority and minority members for the importance of this program and the need to strengthen DIC further going forward. Increasing DIC, in parity with all other federal survivor programs, is long overdue and imperative to the financial well-being of our families of the fallen.

TAPS and the survivor community have been working to strengthen survivor benefits for many years, especially for military survivors who only receive DIC and Social Security payments. Together, we continue to push for the passage of the bipartisan ***Caring for Survivors Act of 2025 (S.611, H.R.2055)***, introduced by Ranking Member Richard Blumenthal (D-CT) and Senator John Boozman (R-AR) and Representatives Jahana Hayes (D-CT-5) and Brian Fitzpatrick (R-PA-1).

This important legislation would increase DIC from 43 percent to 55 percent or \$454 a month, providing long-overdue parity with other federal survivor programs. It would also reduce the time frame a veteran needs to be rated totally disabled from 10 to five years to assist families who have become caregivers for their disabled veteran, and to allow more survivors to become eligible for DIC benefits.

Unfortunately, the Congressional Budget Office (CBO) score for DIC legislation has increased exponentially after the passage of the ***PACT Act (Public Law 117-168)***. The VA estimated there were potentially 382,000 survivors who may be eligible for PACT-related benefits: 146,000 potential DIC claims based on previously denied deceased veterans' claims and 236,000 potential DIC claims based on previously denied survivors' claims.

During a meeting with the VA, TAPS was informed that because the VA does not track cause of death, the potential 382,000 PACT Act-impacted survivors included all manners of death — those who died of natural causes, age-related conditions, by suicide, or in car accidents — not just those filing claims related to toxic exposure. This helps to explain why, after extensive outreach by the VA and organizations like TAPS, to date, only 44,576 survivors have applied for PACT-related benefits.⁶

TAPS believes the VA's potential survivor numbers have informed CBO scoring of survivor legislation, including the ***Caring for Survivors Act, Sharri Briley and Eric Edmundson Veterans Benefits Expansion Act of 2025***, and the ***Love Lives On Act***, almost doubling the cost and making it difficult to find funding with broad support from the veteran, military, and survivor community for these important bills impacting critical DIC benefits.

Increasing DIC benefits for our surviving families remains a top priority for TAPS and The Military Coalition (TMC), which consists of 35 organizations representing more than 5.5 million members of the uniformed services — active, reserve, retired, survivors, veterans, and their families. TAPS currently serves as a TMC Vice President.

The following statements from survivors demonstrate how stringent limitations on critical DIC payments continue to have negative financial and widespread impacts on housing, employment, transportation, food security, and medical and mental health care for surviving families. They also illustrate the long-overdue need to improve these earned survivor benefits:

Jean Gibbs, Surviving Spouse of CW3 David A. Gibbs, U.S. Army

“My husband, Chief Warrant Officer 3 David Gibbs, proudly served our nation for 18 years in both the U.S. Marine Corps and the U.S. Army. He was killed in a helicopter crash in Kosovo in 1999 while serving his country. At the time of David’s death, our children were just 10, 8, and 6 months old. Overnight, I became both mother and father, raising them alone while carrying forward David’s legacy of service and love.

“Because David’s death occurred before 9/11 and before reaching 20 years of service, I do not receive his military retirement. My focus for many years was on raising our children — ensuring they had the stability and opportunities David would have wanted for them. But as a result, I had little ability to plan or save for my own future.

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https://department.va.gov/pactdata/wp-content/uploads/sites/18/2026/01/VA-PACT-Act-Dashboard-Issue54_012326_v9-508.pdf

“Today, surviving spouses like me receive only 43 percent of what a 100 percent disabled veteran would receive, while civilian federal survivors receive 55 percent. The Caring for Survivors Act of 2025 would close that gap, adding about \$454 per month in benefits. For me, that isn’t just a number — it represents security, dignity, and peace of mind as I grow older after 26 years of sacrifice and perseverance.”

“In addition, the Sharri Briley and Eric Edmunson Veterans Benefits Expansion Act of 2025 would provide a much-needed increase to survivor benefits. This would be the first non-cost-of-living increase since 1993, helping surviving families like mine keep pace with today’s economic realities. Passing this legislation would be a meaningful step forward, but true parity will only come when survivors receive the full 55 percent that other federal survivor programs provide.”

Julie McAdoo, Surviving Spouse of Maj Kevin McAdoo, U.S. Air Force (Ret.)

“My name is Julie McAdoo, and I am the surviving spouse of Major Kevin McAdoo, U.S. Air Force (Ret.). I am also the child of retired USAF Senior Master Sergeant Dennis Neilson, a USAF veteran myself, and now the proud mother of a New Hampshire Air National Guard member. I am asking you to support increasing Dependency and Indemnity Compensation (DIC) from 43 percent to 55 percent of the compensation a veteran would receive if rated 100 percent disabled.”

“As a military spouse, I left my own career in the Air Force to support our family, sacrificing years of career advancement, retirement contributions, and Social Security credits. This has left me financially behind my peers who maintained consistent careers. I don’t regret choosing to serve my family over fulfilling my career potential, but those lost years created long-term financial consequences that only became significant when Kevin died unexpectedly at the age of 49, leaving me a widow at 44 with two daughters aged 11 and 13.”

“Losing Kevin was the most devastating event of our lives. His death upended every plan our family had for the future. We had just relocated for his career to a new state thousands of miles away from family and friends, and purchased the most expensive home we’d ever owned. The month after he died, our household income dropped by 40 percent. We lost all of his income and half of his military retirement, while our expenses — mortgage, insurance, utilities — remained unchanged. In the months that followed, I set aside my career again to care for our grieving children. I left two well-paying jobs over the past five years because they didn’t allow the flexibility I needed to help my children recover and thrive after their father’s death. That decision further reduced our income by 40 percent, which compounded our financial vulnerability. Like many surviving spouses, I have repeatedly prioritized my family’s stability and well-being over financial gain.”

“DIC has been a lifeline. Without it, we could not have remained in our home. DIC helps me cover basic needs — utilities, dental care for my daughters, and essential home repairs. However, the current DIC rate, set at only 43 percent of the compensation a veteran would receive if totally disabled, does not adequately reflect the loss of a family’s primary earner or the lasting financial impact of military service and sacrifice. I have to defer home maintenance and even my own dental and medical care to meet our family’s needs. There are parts of our home we just can’t use, like the living room in winter, because we can’t afford to fix our fireplace.

“As my children age out of benefits and our support decreases, the inadequacy of the current rate becomes even more pronounced. When my oldest turned 18, we lost \$409 per month in DIC alongside her Social Security benefit, even though she still lives at home while attending school. These reductions make it increasingly difficult to maintain stable housing, afford rising utilities, address deferred home maintenance, cover health and dental costs not provided under TRICARE, and support my daughters through college and into adulthood.

“Raising DIC to 55 percent would not be a handout; it would be a correction. Other federal survivor programs — such as those administered by the Department of Justice and the Department of State — provide benefits at 55 percent of the comparable rate. The current disparity undervalues the service and sacrifice of those who gave their lives for our nation and the families who supported them during that service. DIC is not charity, it is an earned benefit, grounded in the promise our nation makes to those who serve and their families.”

Nancy Mullen, Surviving Spouse of WO1 Sean Mullen, U.S. Army

“My name is Nancy Mullen, and I am the surviving spouse of WO1 Sean Mullen, who was killed in action (KIA) in 2013. We met when I was 28 and married at 29, and by that time, I already had a college degree, my Certified Public Accountant (CPA) license, and was a couple of years into my career. My brother was active-duty Army, but I have to say, I still had no idea what I signed up for!

“Throughout the next few years, we moved several times — including a short-notice move to Fort Campbell, Kentucky, as my husband transitioned from Army infantry to special forces selection and trained as a medical sergeant. After several moves and four jobs later, I gave up my own defined benefit pension at my initial job and was finally able to just partially vest in the employer match portion of my own 401(k). Getting promotions was difficult, as the topic of ‘How long do you think your husband will be here?’ would often come up in informal conversations. After all, who would want a partner or accounting leader who may have to resign in a couple of years? Honestly, I hate to say I understand the hesitancy. There is no doubt that being an Army wife

impacted my own retirement and slowed my career trajectory as I moved to support him and his career. But it is what we do, and he was worth every bit of it. I'd do it all again.

"When I lost Sean and learned about the benefits, I was honestly appalled. I had a degree and experience in a stable field and could support myself...but what about others? Even in my situation, I was concerned about my financial well-being after losing the majority of his income and the future military pension he would have received. Sean's teammates were shocked and angry to learn how inadequate the benefits were, as they had always been told — and believed — that our country would take care of their families should they make the ultimate sacrifice.

"There have been several improvements to our benefits since 2013, and I am thankful for those who stood up and championed our cause. But we can and should continue to do better. Raising DIC to 55 percent, bringing it in line with other federal survivor benefits, is the right and equitable thing to do. To continue to let our benefits lag behind those of other federal employees' survivors dishonors not only our fallen and their families, but I truly believe dishonors those currently serving.

"What message does that send to our service members who put their lives on the line and often go months without their families, miss holidays and births, work tirelessly in unsafe conditions in foreign countries, and continuously train in order to be ready to defend all of us? How much is your freedom worth? We are the price of war. We are the price of having a strong and capable military. We can do better."

Michelle Fitz Henry, Surviving Spouse of SCPO Theodore Fitz Henry, U.S. Navy

"I am the surviving spouse of a career service member who died in the line of duty, and I am also a retired public safety officer (PSO). I had only four and a half years on the job as a firefighter/paramedic when my husband died. The survivor benefits I could have provided to my husband, a 21-year career Navy SEAL, far outweigh the survivor benefits I receive.

"It is well past time the gap be addressed. Public safety officers and military service members both face significant risks, but military service is global, constant, and often requires long periods of time away from their families due to multiple deployments. The disparity between what is paid to survivors of PSOs and the families of our nation's fallen sends a bad message to both the service members and the families that love and support them.

"COLA does not keep pace with inflation and hasn't for over 30 years since DIC was last evaluated in 1993. Health care costs, like Medicare premiums, have risen at a faster rate than COLA. The inadequacy of DIC only being corrected for a Consumer

Price Index (CPI)-driven cost-of-living adjustment can force survivors to dip into savings sooner and cut back on spending for things like medications and groceries.

“I appreciate the Sharri Briley and Eric Edmunson Veterans Benefits Expansion Act of 2025, which would modestly increase DIC, but I remain committed to working to increase DIC to 55 percent in line with federal worker survivor programs to help bridge the huge gap between PSO survivor benefits and military survivor benefits. I ask that the service of our military members be recognized and valued as that of our public safety officers and their families. The loss of life in service to our nation should be valued equally, whether that uniform is military or civilian.”

Katie Hubbard, Surviving Spouse of CSM James Hubbard Jr., U.S. Army

“Due to my husband’s status at the time of his death, the only financial benefit we are eligible for is DIC. Command Sergeant Major (CSM) James W. Hubbard Jr. died May 21, 2009, while in treatment for leukemia caused by the burn pits in Iraq. Having your income cut by more than 60 percent while trying to navigate funeral costs, bills that aren’t stopping, and unexpected ambulance and ER charges nearly took me out, too.

“My mental health was not conducive to returning to the workplace quickly after being his caregiver and dealing with the unexpected loss, yet I had to figure out something to make up the income or lose our home too. My future, my best friend, and my normal were gone.

“While a 12 percent increase doesn’t seem like much, any widow living paycheck to paycheck can tell you it is. The military is a federal entity, yet its survivors are treated less than. Passing the Caring for Survivors Act would show military widows that their spouses and they are cared for and not forgotten.”

Sylvia Pierson, Surviving Spouse of CAPT Brett M. Pierson, U.S. Navy

“When I lost my 58-year-old husband to military service-connected brain cancer in August 2024, I could not have anticipated that it was the first of two blows in a massive one-two punch that irreparably changed my life. Indeed, a mere nine months after I lost the love of my life, my employer announced that they were eliminating my job.

“Those blows to my heart — and my financial security — were no joke. Now, not only would I be navigating life without my husband of 37 years, but I would also be trying to find a job and secure medical benefits as a 59-year-old in a tough job market while trying to live on Dependency and Indemnity Compensation (DIC) that amounts to less than five percent of what my husband and I had been earning. While I’m grateful to have money coming in, relying on an earned benefit that amounts to only 43 percent of

a 100 percent disability rating solidly ranks my income at below the poverty level, places me in a financially precarious situation, and makes me worry about what will happen to me in the future if I ever have to figure out how to pay for costly assisted living.

“When my husband died, he had faith that the survivor benefits he had earned throughout his 30-year career would take care of me. I cannot imagine his heartache and worry if he were to know that not only is DIC paid out at 43 percent — rather than the 55 percent paid out across other federal survivor benefits — but that our life spent serving our nation across 19 moves would render it more difficult for me to find a job. After all, military spouses who have to move every two to three years are never able to fully climb the corporate ladder and attain the financial and retirement security that civilian spouses are able to achieve.

“Aligning DIC to the 55 percent that is standard in the civilian sector would not only achieve much-needed parity but would go a long way toward honoring our military families who sacrifice so much for our nation. This slight increase would also enable our bereaved families to worry just a tiny bit less about their financial security while they also navigate their new lives and figure out how to maintain their security, dignity, and sense of self.”

Melissa M. Dunczyk, Surviving Daughter of SP4 James N. Gehrke, U.S. Army

“On Sept. 27, 2024, I stood by mom’s side at James A. Haley Veterans Hospital in Tampa, Florida, as we received my father’s devastating diagnosis, stage 4 pancreatic cancer. My last conversation with my father, just days before he passed on March 23, 2025, was about a promise: I would personally follow through with Mom’s claim for Dependency and Indemnity Compensation (DIC) and, more importantly, continue to advocate for the rightful increase to ensure Mom would be taken care of.

“It pains me that she faces the emotional anguish of this significant loss, along with the financial strain of having her Social Security benefits reduced and her caregiver pay ceasing 90 days after my father’s passing. We were fortunate that her DIC application was approved within three weeks, and it was one less thing to worry about.

“The approval reduced my father’s benefits to 43 percent. This is 12 percent lower than the 55 percent compensation rate provided for federal survivors. My father was not ‘less than’ any other federal employee; he was equal. He, like many other Vietnam veterans, was drafted — he was not given a choice but did his service. Raising the DIC rate to 55 percent is not an act of charity, but an act of equality that ensures veteran survivor benefits are finally made equal to those of other federal survivors.

“My mother, like many other seniors and widows, lives on a fixed income. The rising cost of daily life — from essential medications, utilities, groceries, and even supplemental insurance premiums — has made some choose what to pay each month. This modest increase in DIC would alleviate these constant financial stressors, providing a foundation of stability and dignity. It is profoundly unsettling and painful to recognize that there has been virtually no adjustment to the DIC rate since 1993, aside from standard cost-of-living adjustments.”

“As a daughter, I made a promise to my dying father. But this fight is larger than that promise. Changes are urgent and needed now for Mom, for Kimberly, for Erin, for Janet, for Sue, and countless others I have met. This increase is about supporting the loved ones left behind, who deserve the financial security and recognition, and who supported their service members from the day they signed on the dotted line. This increase shows the survivor community the respect and dignity they deserve as their loved ones’ service was not in vain.”

Heather Welker, Surviving Spouse of SSG Mark Welker, Missouri National Guard

“My husband loved this country and gave it 21 years of his life. During those years, he would always tell me, ‘It’s for our future.’ So his career was the priority, which took time away from family. It was supposed to make retirement years easier for us, or so we thought.”

“In October of 2022, he was diagnosed with cancer, and the tumor was in a location that had no possibility of surgery because of organs and arteries. It also denied him the ability to continue working, so he was granted disability. I soon had to leave my employment of 18 years to be his caregiver.”

“Fast forward to March 5, 2024, that morning my husband died from his service-connected cancer. We were robbed of our golden years together. I have not been able to find employment comparable to what I had before, plus the loss of any income he provided through disability. The increase in DIC to 55 percent of the single disability rate would allow breathing room. I would not be looking for a second job at the age of 54.”

Janet Albaugh, Surviving Spouse of SP5 Rick Albaugh, U.S. Army

“There needs to be a change in the way DIC is allowed. It’s not the fault of the veteran that they couldn’t live until the 10-year rule! My husband did two tours in Vietnam, and he was sprayed with Agent Orange. He had everything wrong with his respiratory system known to man.”

“It's just not fair that we don't get any help because our veteran died too soon! Believe me, ALL widows would rather have our husbands still here with us. It's a real hardship to try and hang on to what we fought so hard to build. Is it really fair that we not only lose our husbands, but we lose everything else, too? They fought for our country and did ALL they were asked to do!”

Harry McNally, Surviving Spouse of SGT Shanna Golden, U.S. Army

“Increasing the amount of DIC to levels identical to other federal survivor benefits should have been done decades ago. As it stands, the implication is that the death of a veteran or service member is worth less than the death of other federal employees.”

PROVIDE CHAMPVA HEALTH COVERAGE FOR YOUNG ADULTS

TAPS is working with Congress to:

- Pass the **CHAMPVA Children's Care Protection Act (S.605, H.R.1404)** in the 119th Congress to ensure surviving families with young adults have access to affordable health care and mental health benefits.

The **Affordable Care Act (ACA)**, signed into law in 2010, allows young adults to remain on their parents' health care plans until age 26 without a premium increase. This rule applies to all plans in the individual market and to all employer plans. However, it does not extend to veteran families with young adults under the Civilian Health and Medical Program for the Department of Veterans Affairs (CHAMPVA). Young adults using CHAMPVA are currently no longer eligible for coverage when they turn 18, or 23 if they are a full-time student.

TAPS is actively working to expand CHAMPVA coverage for eligible surviving children up to age 26. We strongly support the reintroduction of the **CHAMPVA Children's Care Protection Act (S.605, H.R.1404)**. TAPS greatly appreciates Ranking Member Blumenthal (D-CT) and Congresswoman Julia Brownley (D-CA-26) for their leadership on this issue.

This important legislation is endorsed in the 119th Congress by 43 veteran and military organizations and stakeholders, to include TAPS, along with our colleagues in The Military Coalition (TMC), representing 5.5 million members of the uniformed services — active, reserve, retired, survivors, veterans — and their families.

Allowing young adults to remain eligible for medical care under CHAMPVA until their 26th birthday will bring the program in line with private insurance plans and the Department of Defense TRICARE Program. Those eligible would include adult children under the age of 26 of veterans who:

- Died from service-connected disabilities
- Rated permanently and totally disabled for service-connected disabilities
- Were totally disabled from a service-connected disability at the time of their death

Although not under the Veterans' Affairs Committee's purview, TAPS is also working to pass the **Health Care Fairness for Military Families Act of 2025**, which would allow TRICARE young adults to remain on their parents' policy up to age 26 without a premium increase. This legislation, combined with the **CHAMPVA Children's Care Protection Act**, will ensure our surviving military and veteran families have affordable access to critical health care and mental health benefits.

Surviving families, who have lost their loved ones as a result of military service, are often at higher risk and in need of behavioral and mental health care. Children of surviving families are highly susceptible to mental health issues and trauma due to multiple deployments, frequent moves, or the loss of a parent. Gaps in health care deprive these young adults of proper mental health services and support systems. CHAMPVA, which offers mental health care support, is essential to the overall well-being of our surviving families.

Unfortunately, young adult survivors who do not pursue a college education, attend part-time, graduate early, or take a gap year lose their CHAMPVA benefits or feel the pressure to attend college full-time to avoid high premiums, all while navigating grief. Many young adult survivors were also impacted by the COVID-19 pandemic and have found it difficult even now to find full-time employment in a challenging job market. These young adults and their families cannot afford expensive out-of-pocket health care costs and should not be uninsured. Surviving families with young adults should be provided the same affordable access to health care and mental health care as civilian families under the protection of the ACA.

TAPS wholeheartedly agrees with Congresswoman Brownley's statement that, *"It is unacceptable that the children of those who sacrificed the most for our country do not have the same health care protections provided to other families under the Affordable Care Act."*

TAPS will continue to work with Members of Congress and fellow VSOs to pass the **CHAMPVA Children's Care Protection Act**. Surviving families of our nation's veterans deserve nothing less.

The following survivor statements illustrate the importance of expanding CHAMPVA coverage for surviving children up to age 26 in parity with civilian healthcare plans:

Anita Sullivan, Surviving Spouse of CE3 Michael Sullivan, U.S. Navy

“Our oldest son was 15 when his dad died — a sophomore in high school on track to likely play college baseball and begin taking college classes that fall as a high school junior. His dad’s suicide death impacted everything and has made for a long journey of healing.

“Drew did enter college that fall, at an exceptional and demanding school. He changed majors and took a semester off to help care for his ill grandmother, as loss changed his priorities, and later was forced to take another semester off for his own recovery after a very severe car accident. He is behind a typical college student plan and will not be ready to provide his own insurance at 23, especially because of his life experiences. If he wasn’t a surviving child on CHAMPVA, he would have it until 26, and the unfairness is adding to the loss.”

Kaylee Hughes, Surviving Daughter of MAJ Gary G. Hughes, U.S. Army

“I just turned 23 years old, and I am the Gold Star daughter of the late Army Major Gary G. Hughes. My dad passed away Feb. 28, 2018, when I was 16 years old, a junior in high school. Upon my high school graduation, I attended the University of Tennessee at Chattanooga (UTC), where I obtained my bachelor’s degree.

“I have had numerous health problems since losing my dad. Mainly a back injury while training in Fort Knox for UTC’s Army ROTC program, which ultimately turned into the downfall of that career choice. Afterward, I have had multiple appointments with doctors, nurses, therapists, and surgeons about this ongoing issue that affects me to this day. During these intense years of schooling during the COVID pandemic, I kept good grades and even went to school during the summer months, knowing the importance of keeping health insurance.

“The day I graduated from college, all insurance and benefits halted. I have applied to full-time jobs that contain benefits, but have been consistently turned down after the interview process by someone who has had more time in the field. How am I supposed to get a full-time job with benefits when I don’t have experience yet? I then got two part-time jobs in the Williamson County School District to gain some experience in the field, but they offered no medical benefits.

“In February 2024, I had a cyst grow on my lower back, restricting my ability to sit, lie down, and eventually walk. Because I did not have any type of insurance, I limited myself to what treatments I could afford. I went to urgent care three times in the span of three days and was directed to go immediately to the emergency room. Once again crying in excruciating pain and knowing I could not afford to burden my family, I made

my way to Williamson Medical Center in Franklin, Tennessee, and now must pay over \$25,000 in medical bills. I just started grad school at Middle Tennessee State University (MTSU) and asked for support from TENCare, but was denied.

“If it were not for my father’s coffin being draped with the American flag, I would have been on a parent’s insurance until age 26. I am being punished because my father, who served our country for over 20 years, was killed. I have no option but to suffer the consequences our laws have made without keeping dependents like me in mind.”

Jessica Byrd, Surviving Spouse of LCpl John Bryd, U.S. Marine Corps

“John was proud to be a Marine, husband, and father. He had plans to serve his entire life and show my son the ways of the Marine Corps. I was pregnant when John was killed in action serving in Operation Iraqi Freedom; we were both 23 years old. As the only parent to Elijah, I was a stay-at-home mom who dedicated my entire life to his schedule and well-being. I am currently in the process of building a career for myself, but am unable to provide for his health care.

“After 20 years of sacrifice and the absence of his father, my son has recently learned that he does not receive the same privilege provided to his peers: to remain under his father’s health benefits until age 26. Transitioning into adulthood is hard enough for the average human. But now you have a young man coming of age, realizing how much he missed out on having his father in his life. He is finally using his mental health benefits to explore all of his lifelong emotions of missing his father. We only learned recently that, unlike others his age, he only receives his health care until 23, which leaves him as a full-time college student with no health care.

“My hope and request is that the U.S. government provides the children of the fallen the same transitional time on a parent’s health coverage as other United States young adults. Thank you.”

Kathleen Paden, Surviving Spouse of William Paden, U.S. Air Force

“My husband passed away at age 35, leaving me with a 6-year-old to raise alone. While I was grateful for receiving DIC and CHAMPVA, I think there could definitely be improvements made. My daughter lost her CHAMPVA coverage for health care the day she turned 23, despite being a full-time college student. If she had traditional health coverage on a policy that I had through an employer, she would have been able to stay on my policy until she turned 26.

“I find it completely unfair that a child of a veteran who died as the result of his military service has fewer options than someone who is on a workplace insurance plan. I tried

to get coverage through my workplace so that she could stay on my policy until age 26, but because I have coverage through CHAMPVA, I could not get coverage through my employer.”

Sgt. David Glover, U.S. Army (Ret.)

“On July 9, 2023, my 19-year-old daughter was riding in the backseat of a vehicle when it was struck by a drunk driver. She sustained catastrophic head and spinal injuries that required an emergency back surgery and two facial reconstruction surgeries. She spent 16 days in the hospital, half of that time in an intensive care unit. With her jaws wired shut, she left the hospital having to now plan her recovery process, instead of her upcoming semester at the University of Nevada, Reno (UNR). Cognitive therapy, physical therapy, dental, orthodontics, plastic surgery, and neurology — those are some of her new required courses. But she is a strong young woman with a positive outlook, ready to play the hand she was so unfairly dealt.

“If her only insurance was CHAMPVA, it would be at this point where her coverage would end, as she is no longer a full-time student. Without coverage, at 19, she would face a lifetime of medical debt, a lifetime of debilitating injury, and a lifetime of missed opportunity. Thankfully, she is covered under other insurance and will not have to carry this extreme financial burden; she can focus on healing and returning to her classes at UNR. But what about the families that do not have insurance options? CHAMPVA would fail them.

“Our military families are strong and resilient, facing hardships head-on. While on active duty, we have the full support of the Department of Defense; however, upon leaving active service, we face new challenges and lose some of our health care security. When it comes to health care, we don't ask for more than what the current standards are; we just ask to be equal. It is with a humble heart that I ask this Committee to consider the CHAMPVA Children's Care Protection Act. Thank you.”

Amanda Lee Pitzer, Surviving Spouse of CPO Larry Pitzer Jr., U.S. Navy

“As a surviving spouse, my primary responsibility is ensuring my children's well-being, security, and future. However, under the current system, my son faces an unfair gap in coverage simply because he is a military child. Unlike his peers whose parents have private or federal employer-sponsored health plans, his health care coverage will disappear if he chooses to work a trade, take a gap year, or follow a nontraditional path before age 26.

“The Affordable Care Act (ACA) ensures that young adults in civilian families remain covered under their parents' health insurance until they turn 26. Yet, surviving military

children — who have already sacrificed so much — are denied that same protection. This disparity leaves surviving families scrambling to find affordable health care for their children at a time when they should be focused on their education, careers, and personal growth.

“If legislation were passed to extend CHAMPVA coverage to surviving children until age 26, it would provide military children the same stability and security that all other young adults are guaranteed. No child should lose their health coverage simply because they lost a parent in service to this country. Providing this extension is not just a matter of fairness — it is a moral obligation to the families who have already endured the ultimate sacrifice.

“Passing this legislation would ensure that surviving children are not forced into financial hardship just to afford basic medical care. It would give them the freedom to explore their futures without fear — whether that means pursuing higher education, entering a trade, or taking time to determine their path. Military children deserve the same level of care and support as their civilian peers, and this legislation is a crucial step toward honoring that commitment.”

TREAT SUICIDE AS A PRESUMPTIVE SERVICE-CONNECTED CAUSE OF DEATH AND PRIORITIZE MENTAL HEALTH AND WELLNESS

In 2026, TAPS will continue to work with Congress to:

- Pass the ***Service-Connected Suicide Compensation Act (H.R.2264)***.
- Pass the ***Veterans’ Assuring Critical Care Expansions to Support Servicemembers (ACCESS) Act of 2025 (S.275, H.R.740)***.
- Pass ***The Written Informed Consent Act (S.3314, H.R.4837)***.
- Prioritize mental health as essential to the overall wellness and readiness for veterans, service members, families, caregivers, and survivors, and advance collaborative suicide prevention and postvention efforts to help save lives.

In 2025, 29 percent of new surviving families coming to TAPS for services were suicide-loss survivors. While this number has decreased from 32 percent in the previous year, the families of suicide loss face massive struggles when it comes to applying for benefits through the Department of Veterans Affairs (VA). While many illnesses are considered presumptive conditions to prevent families from having to prove that the cause of death is related to service, suicide is not a presumptive condition.

Military service exposes individuals to unique stressors and potential traumas. The presumption of service-connection for veteran suicides would acknowledge that the mental health challenges veterans face are often a direct consequence of their service. On active duty, if a service member dies by suicide, it is often treated as a “line of duty” death, and their eligible dependent family members are awarded various Department of Defense (DoD)-related benefits, such as the Survivor Benefit Plan (SBP) annuity. This policy implicitly recognizes the pressures of military life and the potential for these pressures to contribute to suicide. Extending similar benefits to veterans’ families would provide a consistent acknowledgment of service connection that does not end when active duty does.

TAPS strongly supports the ***Service-Connected Suicide Compensation Act (H.R.2264)*** and thanks Representatives Michael Lawler (R-NY-17) and Herbert Conaway (D-NJ-3) for introducing this important bipartisan legislation, which would direct the VA to automatically pay Dependency and Indemnity Compensation (DIC) to a survivor of a veteran with a service-connected mental disorder who dies by suicide.

Offering survivor benefits to families post-suicide death does not incentivize suicide, but rather provides comprehensive lifecycle support for service members and their families to seek and receive help. According to the National Veteran Suicide Prevention Annual Report of 2022, the percentage of veterans enrolled in a VA life insurance policy who died by suicide decreased from 9.1 percent in 2005 to 6.3 percent in 2020. Additionally, according to the DoD Annual Report on Suicide in the Military (CY 2022), evidence suggests that strengthening household financial security and fostering supports that address economic challenges and quality of life issues can reduce suicide risk. Strengthening household financial security and knowing their families will not be financially abandoned may reduce the immense stress some veterans feel about their ability to provide for their loved ones.

The presumption that veteran suicide is service-connected and that survivor benefits should extend to their families is not about incentivizing tragedy; it’s about recognizing the full scope of sacrifices made by those who serve. It’s about honoring their service, providing for their loved ones, and reflecting a society that takes responsibility for its veterans to the very end, including providing support for the aftermath of the ultimate sacrifice.

The following statements from survivors demonstrate the complicated challenges our suicide-loss surviving families face in applying for VA survivor benefits:

Andrea Schaub, Surviving Spouse of TSgt David Schaub Jr., U.S. Air Force

“The biggest challenge I had after my spouse’s suicide was my local VSO telling me that it wasn’t worth my time and energy. I had to get his death certificate amended to

include additional circumstances. I had to present additional medical records to the county that originally signed off on his death certificate. I had to submit character letters from his battle buddies, friends, and myself, and obtain a Nexus letter.

“I ended up going to a VSO in a neighboring county that believed my claim was worthy and assisted me with the paperwork claim. My children were 9 and 11 at the time of their father's death, and we did not receive benefits for nearly four years.”

Brandy Warfel, Surviving Spouse of Sgt Thomas Warfel, U.S. Marine Corps

“My husband struggled deeply the last six months of his life from PTSD related to his two tours in Iraq. After three failed attempts, the father of my two beautiful children took 90 pills for his depression and was on a vent for a week until I had him removed. March will be five years since his death, and June will be five years of me continuing to fight for his DIC benefits.

“The addition of suicide as a presumptive cause of death would not only allow my children access to their father's rightful benefits, but it would honor him for the pain and trauma his service years inflicted on him and me until his last day.”

Lisa Davis Renfro, Surviving Spouse of SPC Clarence Hyder, Tennessee Army National Guard

“My husband was two weeks away from his second deployment when he tried to die by suicide twice. The week before he died, he was seen at the VA in Johnson City, Tennessee. He and I both talked separately with the psychiatrist. I asked that he be committed to the hospital for mental evaluation. The doctor told me to call the police if he showed concerning behaviors. Exactly one week later, my husband died by suicide. It took me almost three years of appeals, letters, and calls to finally get our benefits.”

Prioritize Mental Health and Wellness

TAPS has been on the front lines of suicide postvention efforts for more than a decade to support military families grieving deaths by suicide, using gained knowledge to save countless lives through suicide prevention efforts. The TAPS Suicide Postvention team developed a research-informed, best-practice **TAPS Postvention Model™** for suicide-loss survivors, decreasing the risk of additional suicides and promoting critical healing.

TAPS has supported nearly 30,000 individuals whose military and veteran loved ones died by suicide. In 2025, 29 percent of those coming to TAPS for care each day were grieving a death resulting from suicide and a life that included military service. TAPS conducts in-depth interviews with each survivor to reflect on their loved one's life before

suicide. One typical pattern identified among thousands of military suicide survivors is the call for the nation and military community to **prioritize mental health care as an essential element to overall wellness and readiness.**

Above all, mental health care needs to be consistent. TAPS survivors relay that the care their service members or veterans received — marked by uncertainty, confusion, and sudden changes — caused them to lose trust in the process. The bonds formed by veterans and providers at the start of the care cycle are critical. Having to retell their difficult stories time and time again to new providers at each visit can be debilitating. Abruptly changing care teams, especially when a veteran becomes suicidal, only heightens the sense of crisis. Familiarity and predictability are keys to effective mental health care.

Veterans are more likely to seek help from an established provider when they feel a sense of safety and trust. Talking about thoughts of suicide with an established provider — when they are not necessarily intent or have a plan for suicide — should be seen as positive in that the veteran is trusting enough to share some of their deeper struggles, and should not be a reason to transfer them to a new team.

Focusing on retaining providers with active caseloads, streamlining record collection and review, and training all personnel to address suicide risk further upstream in the care experience can alleviate this concern.

In addition, increasing timely access to VA community care providers will help improve mental health care outcomes for our veterans. That is why TAPS greatly appreciates Chairmen Moran and Bost for introducing the ***Veterans' Assuring Critical Care Expansions to Support Servicemembers (ACCESS) Act of 2025 (S.275, H.R.740)***. This important legislation would establish existing community care access standards as the baseline standard of care for veterans seeking care in the community. It would require the VA to notify veterans of their eligibility for care within two business days of the VA becoming aware that the veteran is seeking care. This bill would also standardize the screening process for veterans to help improve access to mental health programs. We urge Congress to pass this critical legislation within the 119th Congress.

TAPS also strongly supports ***The Written Informed Consent Act (S.3314, H.R.4837)***, which will help ensure that clinicians are providing all vital information, including risks and side effects, considering all available evidence-based treatment options to each veteran as a means of minimizing or eliminating the potential risk of suicide. This critical legislation was introduced by Senators Tim Sheehy (R-MT) and Tommy Tuberville (R-AL), and Representatives Gus Bilirakis (R-FL-12), Jack Bergman (R-MI-1), and Keith Self (R-TX-3). Ensuring veterans are aware of the potential side effects of high-risk medications will help save lives, and we urge this bill's swift passage.

TAPS believes that identifying issues related to grief and trauma, which need to be treated separately, is essential to providing consistency of care for veterans. TAPS families grieving a military loved one who died by suicide also cope with symptoms of trauma and complicated grief, putting them at increased risk for suicide, post-traumatic stress, and mental health concerns due to the traumatic nature of their loss. It is imperative that we not wait until a crisis occurs among these survivors or allow the long-term impact of unsupported grief on the youngest survivors lead to lifelong challenges and suffering.

Leading research and TAPS' extensive experience have validated that these risks can be significantly reduced for survivors of all ages with early and relevant social connections that demonstrate respect, offer understanding, and increase their sense of belonging and social connection — especially when paired with customized assistance to meet the challenges of legal, financial, benefits, and care needs.

Knowing how to reduce risk and support survivors, TAPS works closely with agencies and organizations across the country to not only welcome their referred survivors, but to help build their capacity by providing information and training on loss, including suicide loss. Shifting thinking from a crisis response model — which pays attention to mental health only when someone is suffering and suicidal — to treating mental health care as a vital part of overall health and readiness is imperative.

EXPAND TOXIC EXPOSURE PRESUMPTIVE CONDITIONS

TAPS will continue to work with Congress and the Department of Veterans Affairs to:

- Ensure proper implementation of the ***PACT Act*** for veterans and survivors.
- Expand **Toxic Exposure Risk Activities (TERA)** to ensure veterans, families, caregivers, and survivors receive the care and benefits they have earned.
- Strengthen and expand the **Individual Longitudinal Exposure Records (ILER)**.
- Pass the ***K2 Veterans Total Coverage Act (H.R.3441)***.
- Pass the ***Susan E. Lukas 9/11 Servicemember Fairness Act (H.R.5339)***.
- Pass the ***Veterans Exposed to Toxic PFAS Act (H.R.3639)***.
- Pass the ***Ensuring Justice for Camp Lejeune Victims Act (S.907, H.R.4145)***.
- Pass the ***Justice for ALS Veterans Act of 2025 (H.R.1685)***.
- Pass the ***Molly R. Loomis Research for Descendants of Toxic Exposed Veterans Research Act (S.2061, H.R.6005)***.

As the leading voice for the families of those who died as a result of illnesses connected to toxic exposure and co-chair of the Toxic Exposure in the American Military (TEAM) Coalition, TAPS led efforts to pass the bipartisan ***Sergeant First Class Heath Robinson Honoring Our Promise to Address Comprehensive Toxics (PACT) Act of 2022 (Public Law 117-168)***.

The *PACT Act* was signed into law on Aug. 10, 2022, and is the most significant expansion of benefits and services for veterans in more than 30 years. This historic law ensures veterans of multiple generations who were exposed to burn pits, toxins, and airborne hazards while deployed are eligible to apply for immediate, lifelong access to VA health care and benefits for their families, caregivers, and survivors.

The passage of the *PACT Act* is a tremendous victory, but the work does not stop. Each year, more survivors whose loved ones died due to toxic exposure-linked illness connect with TAPS for grief support and help navigating their benefits. Of the survivors seeking our care in 2025, 33 percent were grieving the death of a military loved one due to illness, including toxic exposures.

TAPS remains committed to promoting a better-shared understanding of illnesses that may result from toxins and environmental exposures, occupational exposures, radiation, and per- and polyfluoroalkyl substances (PFAS). TAPS also remains committed to ensuring that impacted service members, veterans, their families, caregivers, and survivors receive critical health care and mental health support, and the benefits they have earned.

TAPS thanks Congress for passing the ***Aviation Cancers Examination Study (ACES) Act (Public Law 119-32)***, which directs the Secretary of Veteran Affairs to oversee a multi-year study — conducted by the National Academies of Sciences, Engineering, and Medicine (NASEM) — on the prevalence and mortality of cancer among individuals who served as active-duty aircrew in the armed forces.

There is an urgency for early diagnosis and intervention, which saves and prolongs the lives of service members and veterans, beloved by family and friends who consider each day together as precious and irreplaceable.

To that end, TAPS urges the use of the **Individual Longitudinal Exposure Records (ILER)** — an electronic database of service members' and veterans' exposures used in collaboration between the Department of Veterans Affairs (VA) and the Department of Defense (DoD) — to identify trends, locations, and potential exposures to proactively reach out to service members and veterans to help save lives. We also request that these records be accessible to service members, veterans, and their families, to help them make better-informed decisions regarding their care.

The DoD's decision to provide active-duty service members with an individual toxic exposure history screen within ILER is an important step forward. However, the TEAM Coalition, which TAPS co-chairs, has identified four remaining changes, each as vital:

- Families of currently serving members of the armed forces will not have ILER access. Their exposures and related consequences will remain unseen and unmeasured.
- None of our nation's 16 million veterans will have ILER access. Many veterans do not know what they were exposed to, and without ILER's vetted data, they cannot develop informed VA disability claims — a due process matter. Veterans sick from perceived service-related exposures are also currently unable to provide relevant information to their health care providers.
- Families of veterans who lived alongside their service member, and in certain cases may have been co-exposed, have no ILER information access.
- DoD and VA health care providers are unable to leverage ILER in diagnoses; this must change. The wall between research and treatment must be deconstructed to facilitate diagnosis and potentially aid individual treatment.

TAPS and the TEAM Coalition have identified an overwhelming need for an ILER 2.0 to expand and strengthen support to toxic-exposed service members, veterans, and their families. Together, we are committed to working with Members of Congress to introduce comprehensive legislation in both the House and Senate.

TAPS and our fellow VSOs continue to work with the VA to identify and expand *PACT Act*-presumptive conditions and locations to the list of toxic exposures, and to advance further toxic exposure-related legislation to address critical health care needs for impacted veterans and their families.

K2 Veterans Total Coverage Act of 2025 (H.R.5915)

TAPS proudly stands with the Stronghold Freedom Foundation (SFF) in support of legislative efforts to address the ongoing health care and benefit needs of the 15,000 impacted Army, Air Force, and Marine Corps personnel who were deployed to Camp Stronghold Freedom, Karshi-Khanabad (K2) Air Base in Uzbekistan between Jan. 1, 2001, and Dec. 31, 2005.

We are grateful to Representatives Stephen Lynch (D-MA-8) and Janelle Bynum (D-OR-5) for introducing the ***K2 Veterans Total Coverage Act of 2025 (H.R.5915)***, which would create a presumption of service-connection for all conditions reported from K2 deployments, including but not limited to rare and undiagnosed conditions.

According to declassified DoD documents, K2 veterans were exposed to multiple cancer-causing toxic substances and radiological hazards, to include petrochemicals, depleted uranium, burn pits, and elevated levels of tetrachloroethylene. Many K2 veterans have become ill or have died due to their exposure to toxins.

Natalie White, Surviving Spouse of TSgt Clayton R. White, U.S. Air Force

“My name is Natalie White. I am a military surviving spouse, a K2 Widow, and mother. My extremely intelligent, kind, funny, generous, and loving military husband, Technical Sergeant Clayton R. White never woke up on his 41st birthday– he never met his daughter Piper who was just months away from being held by her loving father. He was dedicated to family, friends, and country, and he would do for others without wanting recognition and acknowledgement.

“He served with honor, valor, and distinction in the United States Air Force for 17.5 years. He answered the call after 9/11 and went to war to defend our country and freedom. He deployed to Karshi-Khanabad (K2) Air Base in Uzbekistan. There, he was repeatedly exposed to toxins that caused his many illnesses and ailments that ultimately cost him his life. He is another casualty of K2, and the loss of his life caused another needless casualty, a fatherless daughter.

“Despite just recently fighting to get the award of DIC, the financial burden of Clayton’s prolonged healthcare expenses and ability to work and provide for us in his final few years are still a financial burden. We lost many pregnancies to miscarriage, nearly lost our home, we did lose our healthcare, did lose a two income household, and I became the provider along with being a full time caregiver for Clayton in his final years. Any help, financial and healthcare, we sought from the VA was wrought with roadblocks, dismissal, denials and ignorance.

“As his wife, I was his caregiver and advocate. He IS my hero, soul mate, and the love of my life. I will never be the same, I will continue to grieve the loss of our future, our time, our love. I grieve for the loving and incredible father that he would have been. I will forever grieve for our daughter — her loss of the love and guidance of her father will carry through her lifetime. I will also grieve the heartache and angst suffered by Clayton at the dismissal of our government, military and VA, of the pain, suffering and sacrifice of both Clayton and us, his survivors.”

Susan E. Lukas 9/11 Servicemember Fairness Act (H.R.5339)

TAPS greatly appreciates Representatives Suhas Subramanyam (D-VA-10), Don Beyer (D-VA-08), Rob Wittman (R-VA-01), and Bobby Scott (D-VA-03) for introducing the **Susan E. Lukas 9/11 Servicemember Fairness Act (H.R.5339)**.

This critical and long-overdue bipartisan legislation would extend the presumption of service-connection for toxic-exposed veterans who reported for duty in the Pentagon between Sep. 11, 2001, and Nov. 19, 2001. Service members who returned to the Pentagon the next day to ensure continuity of service were exposed to an array of toxic substances, including cement dust, glass fibers, asbestos, lead, mold, and other toxicants that are known to cause negative health conditions and outcomes.

Named after our dear friend, Retired Air Force Lieutenant Colonel Susan Lukas, who was in the Pentagon on 9/11 and reported for duty the next day, she now suffers from chronic and persistent health impacts from her exposure. As a former Director of Government Affairs for the Reserve Organization of America (ROA) and a long-time champion for the Reserve Component, Susan continues to exemplify service before self, always standing up for what is right, and TAPS is proud to stand with her.

Lt Col Susan E. Lukas, U.S. Air Force (Ret.)

“As I walked to my office, I could see my footprints in the concourse hallway because the floor was covered in black particulates from where the plane hit the Pentagon. By the time I got to the third floor, I wiped tears from my eyes because they were burning from what was in the air. By the afternoon, I had a terrible headache from where the plane crashed. It was like that as I reported to work each day. My name is Susan Lukas, and I had no idea that my health was being permanently damaged.”

“I think people always look at the major effects of toxic exposure, but they don’t often think about the day-to-day effects. I accommodate the damage to my throat and lungs with everyday decisions that no one would think about. For example, I buy only non-scented products because scented products burn my lungs and give me headaches. This also happens when I go into some stores or restaurants where there is a strong odor from perfumes or spices used during cooking. When that happens, I turn around and walk out because there is nothing I can do to make things better”

“I am not the only one who must deal with these issues. My son and daughter often take on the role of caretaker when I am sick with any type of respiratory illness because the effects are more extreme and last longer than they did before 9/11. Because of this, I have spent thousands of dollars purifying the air in my house so I can breathe. Can you imagine having to wake up every day and think about making it easier to breathe? Unfortunately, that is my reality.”

“For myself and all the forgotten veterans who reported to duty in the Pentagon on 9/11 and in the days immediately afterward, I respectfully ask Congress to pass this bill.”

Veterans Exposed to Toxic PFAS Act or VET PFAS Act (H.R.3639)

TAPS is grateful to Representatives Michael Lawler (R-NY-17), Josh Riley (D-NY-19), Brian Fitzpatrick (R-PA-1), Rashida Tlaib (D-MI-12), Seth Magaziner (D-RI-2), Suzan K. DelBene (D-WA-1), Ro Khanna (D-CA-17), Judy Chu (D-CA-28), André Carson (D-IN-7), and Brittany Pettersen (D-CO-7) for introducing the ***Veterans Exposed to Toxic PFAS Act or VET PFAS Act (H.R.3639)***.

This vital legislation would extend eligibility for VA care and medical services to veterans and their families, including those in utero, who developed specific conditions after residing at a military installation where they were exposed to perfluoroalkyl and polyfluoroalkyl substances, commonly known as PFAS or “forever chemicals.”

Veterans and their families have been exposed to a wide range of toxins at U.S. military bases. The Department of Defense determined that 722 active military installations, Base Realignment and Closure locations, National Guard facilities, and Formerly Used Defense Sites require an assessment of PFAS contamination in both soil and water supplies. According to the VA, PFAS has been linked to serious health issues, such as liver damage, increased risk of kidney and testicular cancer, thyroid disease, fertility issues, pregnancy-induced preeclampsia, and changes in fetal and child development.

TAPS is committed to advocating for veterans and their families who have been impacted by their exposure to these “forever chemicals,” and we urge swift passage of the ***VET PFAS Act***.

Candace Wheeler, Spouse of Col Scott Wheeler, U.S. Air Force (Ret.)

“As a young military couple stationed at George Air Force Base in California, from 1987 to 1990, what we didn’t know at the time was that, in addition to the inherent risk of military aviation, there was a pervasive threat to the health and safety of all who lived and worked at George AFB.

“Established during World War II, George AFB provided training for aircrews and maintenance personnel and regularly used firefighting foam in fire training exercises. It is estimated that more than 100,000 military and civilian personnel, and their families stationed at George AFB, or living in the surrounding community, were potentially exposed to over 30 toxic substances, to include PFAS, jet fuel, dioxins, benzene, and asbestos.

“During our time at George AFB, military families who lived on base experienced both infertility issues and miscarriages. The daughter of one of our closest friends was born with a congenital birth defect and only lived a year.

“In 1990, George AFB was added to the Environmental Protection Agency’s (EPA) Superfund list and was decommissioned in 1992. It has been 34 years since George AFB closed. Since then, the Air Force, EPA, and the California Department of Toxic Control have been working to remove the contaminants from the groundwater and soil, but George AFB remains uninhabited, with cleanup expected to take several decades.

“To this day, we have never officially been notified of our potential exposure, and to my knowledge, that is true for other military families stationed at George AFB. When you consider that George AFB is one of 722 military sites being mitigated for toxic substances, it is important that the process be transparent and that potentially impacted veterans and their families are formally notified, and provided access to VA health care and medical services.”

Ensuring Justice for Camp Lejeune Victims Act of 2025 (S.907, H.R.4145)

TAPS appreciates Senator Thom Tillis (R-NC) and Ranking Member Richard Blumenthal (D-CT), and Representatives Gregory Murphy (R-NC-3), Deborah Ross (D-NC-2), and Richard Hudson (R-NC-9), along with 20 original co-sponsors, for introducing the ***Ensuring Justice for Camp Lejeune Victims Act of 2025 (S.907, H.R.4145)***.

This important bicameral and bipartisan legislation includes technical corrections to the ***Camp Lejeune Justice Act*** to ensure full and swift relief to veterans and their families who were impacted by contaminated water at Camp Lejeune. The bill would permit cases to be heard in any district court in North and South Carolina, provide for jury trials as intended, where victims must only show general causation, and cap attorney fees at 20 percent for settlement and 25 percent for trials.

TAPS strongly supports this critical legislation to ensure Camp Lejeune families exposed to contaminated drinking water receive the justice they deserve.

Justice for ALS Veterans Act of 2025 (H.R.1685)

TAPS thanks Representatives Brian Fitzpatrick (R-PA-1) and Chris Pappas (D-NH-1) for introducing the ***Justice for ALS Veterans Act of 2025 (H.R.1685)***. TAPS strongly supports this bipartisan legislation, which would extend critical Dependency and Indemnity Compensation (DIC) benefits to surviving spouses of veterans who die from amyotrophic lateral sclerosis (ALS) or Lou Gehrig’s disease, regardless of how long the veteran had the disease before their death.

The Department of Veterans Affairs (VA) has included ALS as a presumptive 100 percent service-connected disease since 2008 for veterans who have served in the

military for at least 90 days of continuous active-duty service. Under current law, a veteran must be rated totally disabled for a continuous period of at least eight years immediately preceding their death for their survivors to receive DIC, and a surviving spouse must have been married to the veteran for eight or more years immediately preceding the veteran's death.

Approximately 30,000 people in the United States are currently living with ALS. According to the ALS Association, military veterans are twice as likely to be diagnosed with ALS as civilians, no matter their branch of service or if they served during peacetime or war. Military service members may face a higher risk of developing ALS, from head, neck, or spine injuries, especially traumatic brain injuries (TBI), and from exposure to toxic substances.

A 2025 report from the National Academies of Sciences, Engineering, and Medicine⁷ explored the link between various toxic exposures experienced by post-9/11 veterans and neurological conditions, including ALS. The committee ultimately found that there was "a possible risk-conferring relationship between exposure to exhaust or solvents — such as benzene, formaldehyde, and methylene chloride — and ALS."

Veterans are also at greater risk of dying from the disease. The average life expectancy for someone living with ALS is two to five years from the time of diagnosis. Many veterans who contract ALS do not live long enough to secure DIC benefits for their survivors, who often become caregivers to their veteran before their passing.

TAPS strongly supports the ***Justice for ALS Veterans Act of 2025*** and urges its swift passage. Surviving spouses of our nation's veterans, who have died from ALS, should not be kept waiting any longer to receive their veterans' hard-earned benefits.

Molly R. Loomis Research for Descendants of Toxic Exposed Veterans Research Act of 2025 (S.2061, H.R.6005)

TAPS is grateful to Ranking Member Blumenthal (D-CT) and Senator Patty Murray (D-WA), and Congresswoman Debbie Dingell (D-MI-6) for introducing the ***Molly R. Loomis Research for Descendants of Toxic Exposed Veterans Act of 2025 (S.2061, H.R.6005)***.

Named after Molly Loomis, who was born with spina bifida—a condition linked to her father's service-connected exposure to Agent Orange in Vietnam, this critical legislation will establish an independent, interagency task force to research the diagnosis and treatment of health conditions affecting descendants of veterans from all eras who were exposed to toxic substances.

⁷ <https://www.nationalacademies.org/projects/HMD-BPH-23-08>

TAPS strongly supports this legislation and appreciates Molly sharing her personal testimonial:

Molly Loomis, Surviving Daughter of Lt. Richard Loomis, U.S. Navy

“Three years ago, I learned that the PACT Act qualified my father for toxic exposure while serving in Vietnam. I also learned that the government considers those toxins as the presumptive cause of his cancer, death, and my birth defect: spina bifida. I also just learned that my spinal cord is bound up in scar tissue from the first time it was operated on, and I have two exceptionally rare brain cysts, one of which is growing. This is not normal.

“Military service has always carried risk. But it is entirely different to expect recruits to risk harming not only themselves, but future generations — and be denied acknowledgement or support.

“My story is not unique. Military families across different eras of engagement report the same pattern: healthy children born before exposure. Premature births, rare diseases, infertility, and devastating birth defects in kids born after. This did not stop with Vietnam. Gulf War families, and others, are living out the same pattern.

*“Current VA research addresses one era of toxic exposure. Mounting scientific evidence, including peer-reviewed studies and advances in genetics, contradicts these findings. Serious investigation and research guided by a clear timeline, goals informed by those impacted, and independent oversight is warranted. The **Molly R. Loomis Research for Descendants of Toxic Exposed Veterans Act of 2025** does just that.*

“The true cost of war must include its impact on descendants. Supporting S. 2061 is a crucial step in the right direction.”

ENSURE THE DEPARTMENT OF VETERANS AFFAIRS COLLECTS CAUSE OF DEATH DATA

TAPS is working with Congress to:

- Pass the ***Justice for America’s Veterans and Survivors Act (S.3042, H.R.3627)*** in the 119th Congress.

While the Department of Veterans Affairs (VA) does a fantastic job of tracking major data categories for surviving families, the one major piece of information that the VA does not currently track is the “cause of death” of the veteran. While the VA currently supports 530,085 surviving spouses, they cannot tell you what percentage are suicide, or illness, or combat-related, or training accident-related deaths. This information would be crucial to

ensuring that the VA and other organizations are providing the necessary care and programs those families need.

During a meeting with the VA last year, we were informed that because the VA does not track cause of death, the potential 382,000 PACT Act-impacted survivors includes all manners of death, including those who died of natural causes, age-related conditions, by suicide, or in car accidents, not just those filing claims related to toxic exposure. This helps to explain why, after extensive outreach by the VA and organizations like TAPS, to date, only 44,576 survivors have applied for PACT-related benefits. Unfortunately, the potential survivor numbers have also informed the Congressional Budget Office's (CBO) scoring of current survivor legislation, such as the *Love Lives On Act* and *Caring for Survivors Act*, almost doubling the cost and creating exorbitant scores, making it difficult to find funding.

This type of data is critical to tailoring programming for surviving families and researching suicide prevention, toxic exposures, and illnesses that have led to the tragic deaths of many veterans. The Department of Defense has been doing this for many years, so it is logical to presume the VA can and should do the same.

TAPS thanks the House of Representatives for passing this critical legislation last year, and looks forward to seeing Senate passage this year.

CREATE ONE GI BILL FOR ALL

TAPS requests Congress:

- Pass the ***Gold Star Family Education Parity Act (H.R.2720)*** to sunset Chapter 35 and expand the Fry Scholarship to families not previously eligible, non-active-duty survivors, pre-9/11 survivors, and families of 100 percent disabled.

Survivors' and Dependents' Educational Assistance, or Chapter 35, is an outdated education benefit created by the ***War Orphans' Educational Assistance Act of 1956*** (Public Law 634, 84th Congress), and it has not had many improvements since then. The Forever GI Bill increased education benefits by \$200 per month; however, that remains nearly half of the amount paid by the Montgomery GI Bill, and far less than the Post-9/11 GI Bill and Fry Scholarship. With the current rate of only \$1,536 per month, Chapter 35 benefits barely make a dent in the cost of an education in today's economy.

TAPS thanks Representative Tim Kennedy for introducing the ***Gold Star Family Education Parity Act (H.R. 2720)***, which would terminate Chapter 35 benefits on Aug. 1, 2029, and entitle all eligible recipients to educational assistance under Chapter 33.

TAPS has recommended for years sunsetting Chapter 35 and moving all qualified recipients to Chapter 33, even if it is on a lower scale, such as 80 percent as opposed to

100 percent of the benefit. Benefits under the Survivors' and Dependents' Educational Assistance (DEA) program are significantly lower than those under the Post-9/11 GI Bill, Fry Scholarship, and Montgomery GI Bill.

Those using DEA are dependents of a 100 percent disabled veteran, those who died of a service-connected death, and those who died before 9/11, all of which are populations that traditionally receive fewer benefits than their active-duty, post-9/11 counterparts.

While the VA has made major improvements with the Digital GI Bill toward automation for Chapter 33 benefits, they are still utilizing COBOL to process most Chapter 35 claims. COBOL is a program from 1959 and is not widely utilized anymore. The VA has not upgraded this system, which causes more processing errors and delays than other GI Bill programs.

VA Secretary Collins has consistently stated that one of his goals at the Department of Veterans Affairs is to simplify processes and streamline programs. This critical legislation would do exactly that by ensuring one benefit is in place for all surviving spouses and children, and alleviating confusion on the survivors' part. It would also allow the VA to automate these claims to reduce the backlog and ensure consistent Certificates of Eligibility and payment of benefits.

By aligning the benefits for survivors equitably, we acknowledge the profound sacrifices made by these families and affirm our nation's commitment to supporting them. Consolidating educational benefits under the Fry Scholarship simplifies the process for beneficiaries and the Department of Veterans Affairs, reducing confusion and administrative overhead. The following personal testimonials from surviving families help highlight these education benefit issues:

Malia Fry, Surviving Spouse of GySgt John David Fry, U.S. Marine Corps

"It has been my honor to watch the Fry Scholarship touch so many people's lives as the years have passed. As the children and spouses of fallen service members graduate, it is amazing to see all the wonderful things they are accomplishing. It is so sad that some children whose parents served our country honorably may not have the same opportunity just because of the date they died.

"When I first approached Congressman Chet Edwards about the need for expanding VA education benefits for children of fallen service members, we wanted to help these children achieve their goals, their dreams. It never crossed my mind that there would be members of the military whose children would not be allowed to use these benefits because their parent happened to die a few days before 9/11 or months after they were medically retired.

“We must consider the cancer survivors and other wounded veterans who died after leaving service. These service members served honorably, and, in many cases, were exposed to things that caused their illnesses or were wounded while on duty. These children are being penalized because their fathers and mothers were forced to leave military service.

“If a service member serves honorably and is willing to give their lives, then we as a country need to care for their children. These children should have the ability to go to college without justifying their parents' service.”

Kristy Oman-Gilbert, Surviving Spouse of SPC Keith Gilbert, U.S. Army

“We lost my husband at the age of 35 to a service-connected suicide. Before he was medically discharged, he could not transfer his GI Bill to our son, as he did not meet the continuing service requirements. With his death being after active duty, we do not currently qualify for the Fry Scholarship, and we cannot take out Parents Plus Loans in his name to be dismissed due to his service-connected disability. This leaves the financial burden of paying for college on my son and me.

“My husband's death was confirmed to be service-connected, but we will struggle to put my son through school without help from private organizations. Extending the Fry Scholarship to ALL surviving spouses and children would show that the country recognizes the sacrifice of those remaining, no matter when the death occurred. The timing of my husband's death should not negate the opportunity for my son to have the best future possible.”

Ursula Palmer, Surviving Spouse of SFC Collin Bowen, U.S. Army National Guard

“I have two children. My daughter lost her father in Afghanistan when she was just 3 years old. Having Chapter 35 and the Fry Scholarship has given me peace of mind and the reassurance that her dad's sacrifice was not in vain.

“Then I found love again. He was also a service member. We had a son. My new husband also served in Afghanistan, came back sick with some type of virus, and was in and out of hospitals for months. He even had a surgery to remove what they thought was cancer, but once he was on the operating table, they didn't find anything. Doctors never determined the root of the virus, and even though he slowly recovered, the long-term side effects stayed, including PTSD and TBI. He never went back to being the same healthy and strong man he once was. He retired after 30 years of service with a disability rating of 100 percent.

“The only difference between my first and second husbands is that the first died of his visible injuries. My second husband lives with the side effects of his disease and invisible wounds. Why would our country find his service and its life-changing repercussions less worthy of benefits for his child just because he didn't die?”

Renee Monczynski, Surviving Spouse of PO2 Matthew Monczynski, U.S. Navy

“The difference for my daughter between Chapter 35 and Fry for the next two years is the constant worry of how we are going to pay for each semester — waiting to see if she has enough scholarships to cover all expenses and scrambling for loans to cover the rest. Every time we fill out an application, we are reminded that the Navy and our country don't care about Matt's sacrifice because it was in June 2001. He died on the wrong day for our country to care. That care is reserved for those who served and died after 9/11.

“We were dual-active. We were both willing and did serve our country. But according to a document his sacrifice is not worth a college education for our daughter. Nor is my 70 percent VA-rated disability. So I'm not broken enough, and he died on the wrong day for anyone to care about our sacrifices.”

GUARD VA BENEFITS ACT (H.R.1732)

TAPS will continue to work with Congress to:

- Pass the **GUARD VA Benefits Act (H.R.1732)**, which would reinstate criminal penalties for unaccredited individuals who charge fees and compensation for assisting veterans and survivors with filing a Department of Veterans Affairs (VA) benefits claim.

This enforcement mechanism was previously removed in 2006, leaving the VA Office of the General Counsel (OGC) constrained in its oversight over groups that operate outside of accreditation. Currently, the OGC can only apply administrative penalties to accredited individuals and refer matters relating to nonaccredited individuals to federal or state enforcement agencies. By reinstating criminal penalties, OGC will be able to exercise jurisdiction over unaccredited individuals and hold them accountable for predatory behavior.

Since the passage of the PACT Act, the VA and numerous VSOs have noticed an influx of advertisements and solicitations from predatory claims consultants. With nearly 40,000 additional survivors with completed PACT Act-related claims, increased regulatory oversight is crucial to ensuring that these survivors receive adequate care and representation throughout the VA benefits claim process.

Historically, surviving spouses have had a large target on their backs from predatory actors, and claim sharks are no different. TAPS wants to ensure that surviving spouses applying for benefits from the VA are not taken advantage of by predatory actors when there are so many free and low-cost options available.

Although veterans are considered a vulnerable population to predatory actors, we believe that surviving spouses are as well. When a disabled veteran dies, surviving spouses lose more than half of their financial benefits and are provided limited support in figuring out how to file for benefits as a surviving spouse. If you call the VA they will give you the form number for DIC or tell you to contact a VSO for assistance in filing a claim. If you Google how to “file a DIC claim as a widow”, the first response takes you to the VA’s website. Seven of the next nine results are paid sponsorships and claim sharks. The 10th response takes you to the Disabled American Veterans — the first true VSO result available.

We fully acknowledge that there are changes that need to be made to accreditation to allow reputable actors into the space. TAPS is not an accredited VSO because the rules stipulate that you must help the veteran community as a whole. Since our mission is solely focused on surviving families, we are not the best equipped to serve veterans, but we are well-equipped to serve survivors.

In 2025 alone, our TAPS Casework team assisted almost 2,000 survivors on benefit claims. We would welcome the opportunity to be accredited to help make the process easier for surviving families, but **have never and would never charge for our services.**

TAPS strongly supports the ***GUARD VA Benefits Act (H.R.1732)*** and thanks Representatives Chris Pappas (D-NH-1) and Brian Fitzpatrick (R-PA-1) and 52 original co-sponsors. This important legislation will help deter predatory behavior and ensure that veterans and survivors receive their full earned benefits at no additional cost.

CONCLUSION

TAPS thanks the leadership of the Senate and House Committee on Veterans’ Affairs, their distinguished members, and professional staff for holding this Joint Session of Congress to hear the legislative priorities of veteran and military service organizations. TAPS is honored to testify on behalf of the thousands of surviving military and veteran families we serve.