



**STATEMENT OF
TRAGEDY ASSISTANCE PROGRAM FOR SURVIVORS (TAPS)
BEFORE THE
COMMITTEE ON OVERSIGHT AND REFORM
UNITED STATES HOUSE OF REPRESENTATIVES
SUBCOMMITTEE ON NATIONAL SECURITY
HEARING ON MENTAL HEALTH AND SUICIDE AMONG ACTIVE
DUTY SERVICEMEMBERS, VETERANS, AND FAMILY MEMBERS
PRESENTED BY
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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 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 survivors' relationship to the deceased service member, or the circumstances of a service member's death.

Providing comprehensive support at no cost for military survivors, TAPS offers services and programs that include peer-based emotional support, casework assistance, educational assistance, and community-based grief and trauma resources. TAPS offers additional programs including, but not limited to: a 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 other survivors with shared loss experiences.

In 1994, Bonnie Carroll founded TAPS after an Army National Guard plane crash in the mountains of Alaska killed her husband, along with seven other soldiers, in 1992. TAPS has since steadfastly provided care and support to more than 100,000 bereaved military survivors. In 2020 alone, TAPS has connected with 7,583 newly bereaved loved ones— an average of 21 new survivors every day. Of the 6,974 newly bereaved survivors seeking our care between January 1 and September 30, 2021, 31% lost a loved one to illness and 32% to suicide.

As the leading national 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.

Chairman Lynch, Ranking Member Grothman, and distinguished members of the House Committee on Oversight and Reform, Subcommittee on National Security, the Tragedy Assistance Program for Survivors (TAPS) is grateful for the opportunity to submit a statement for the record on issues and concerns of importance to the families we serve — all those who have served and died.

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 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 involves advocating for improvements in programs and services provided by the U.S. federal government, 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 2019, TAPS and the VA entered into a new, expanded Memorandum of Agreement that formalized their partnership with the intent to provide extraordinary services through closer collaboration. Under this partnership agreement, TAPS works with military survivors to identify resources available within the VA and private sector. TAPS and the VA further collaborate to address areas of relevance to all military survivors, such as education, burial, benefits and entitlements, grief counseling, and survivor assistance.

TAPS appreciates the opportunities provided by the quarterly VA and DoD Survivors Forum, which work as a clearinghouse for information on government and private sector programs and policies affecting surviving families. Through its partnership with the VA and DoD Survivors Forum, TAPS shares information on TAPS programs and services that support all those grieving the death of a military loved one and on specific resources available for the COVID-19 global crisis.

TAPS President and Founder, Bonnie Carroll serves on the Department of Veterans Affairs Federal Advisory Committee on *Veterans' Families, Caregivers, and Survivors* and chairs 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 also serves as a PREVENTS Ambassador for the VA's suicide prevention initiative.

TAPS SUICIDE LOSS SUPPORT

TAPS welcomes an average of 25 new military survivors each day. Since 2014, deaths by suicide have been the leading cause of death among all survivors newly connecting with TAPS. In 2020, 31% of all new survivors connecting with TAPS were grieving the death of their military loved one who died by suicide.

Annually for the past twelve years, TAPS has hosted the National Military Suicide Survivor Seminar and Good Grief Camp, the only gathering in the world for military survivors bereaved by suicide. This signature TAPS event has provided tens of thousands of military suicide loss survivors with support and resources to inspire healing. While the program has numerous benefits for our families, stories and testimonials shared have taught TAPS, the Department of the Defense, the Department of Veterans Affairs, and many others how to better prevent suicides– through postvention as a resource.

COMPLICATED AND COMPLEX GRIEF

What TAPS has learned through our extensive work with suicide survivors is that suicide grief is different. Trauma, changes in support systems, trying to understand *why* the suicide happened, struggling with how to talk about the suicide, and other issues related to suicide loss can complicate the grieving process.

Grief and trauma are two different things. While grief is a natural reaction to loss, exposure to traumatic death, including suicide, can be a significant barrier to moving forward in the process of grieving a suicide loss, often needing professional care. Trauma *can and should be* treated separately from grief.

SUICIDE POSTVENTION CARE FOR FAMILIES

Postvention is a critical component of any comprehensive suicide prevention strategy. Survivors often tell us their veteran who died by suicide was “grieving” a loss of some kind: a friend, a comrade, a job, their identity, or a sense of purpose. Helping veterans grieve losses can reduce their suicide risk. Thus, suicide postvention care and suicide prevention care are equally important for families who have lost a military loved one to suicide and VA patients and staff exposed to suicide loss.

The TAPS Suicide Postvention team has developed a research-informed, best practice TAPS Postvention Model™ for survivors that decreases isolation and risk for mental health issues such as suicide, addiction, anxiety, and depression, and therefore increases social connection, peer support, and growth that all promote healing following the suicide death of a veteran or service member. TAPS is the only organization formally working with families left behind after a suicide loss and informing prevention methods with information gleaned from postvention work.

Over the past 27 years, TAPS has supported more than 100,000 military survivors. Of these surviving families, 18,500 are bereaved survivors of military suicide loss. Each day, TAPS sees some seven to eight new suicide loss survivors calling for support. At 32%, suicide is one of the leading causes of death grieved by new survivors seeking TAPS services and support.

Each survivor brings a unique and devastating story of loss with multiple contributing factors of their loved one's death. The TAPS Suicide Postvention team has partnered with public and private organizations to incorporate "lessons learned on the look back" from survivors into policies, procedures, and protocols that save lives.

MENTAL HEALTH CARE AND WELLNESS

Among suicide deaths, a culture that does not incorporate mental health care as a vital part of wellness and readiness is a common thread. A significant part of the problem is that, for the past decade, suicide prevention efforts in the military have focused largely on two ideas: gatekeeping and resilience. Gatekeeper training is designed to teach people how to identify others around them who might be at risk. Resilience training aims to teach or improve coping skills to potentially vulnerable individuals.

These two approaches are important to suicide prevention, but they fail to address what most TAPS suicide survivors have noted is the missing key—**that the military has no room in its schedule for mental health care**. Survivors explain that there is not enough downtime to care for mental health in the military, daily readiness does not incorporate mental wellness, and access to mental health care providers is difficult.

Through years of aiming efforts towards reducing the stigma surrounding suicide, TAPS recognizes that the most alarming concern is the pervasive fear that seeking mental health care will negatively impact career development and advancement opportunities. Many surviving family members of suicide tell TAPS that they were afraid to tell anyone about their loved ones' struggles, with the deceased suffering for years before a crisis propelled them into care—unfortunately, too late for these families.

Veterans carry this culture of shame and stigma surrounding mental health injury and illness into their lives beyond the military. According to the VA, only six of the 20 veterans who die by suicide each day were in VA care at the time of their death. This poses the question as to "why" they are not seeking care—barriers to treatment, quality of services provided, mistrust in the system, and stigma associated with seeking care are all contributing factors.

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. During this time of mental health

challenges and suicide increasing at alarming rates, suicide has become a public health issue that society must address.

SURVIVORS' INSIGHTS ON MENTAL HEALTH AND SUICIDE

TAPS appreciates the opportunity to share insights on the topic of veteran mental health and suicide. We consider veteran mental health and suicide to be among the most pressing issues of our time. Gathered from the experiences and observations of thousands of TAPS suicide loss survivors, the following points address mental health and suicide.

HOLISTICITY OF CARE

Rather than focusing on specific need areas, mental health care should encompass the needs of the “whole veteran.” A more holistic mental health care approach allows for connections between needs to be made, provides context to overall health issues, and contributes to more effective treatments. An overreliance on prescribing medication without adequate follow-up is one example of the current issue. Survivors tell TAPS that the sense of belonging, connection, value, and purpose veterans receive from VA care has the potential to be enhanced.

It is critical for veterans to feel respected and valued and that the VA staff is available to serve and work for them. Veterans should feel welcomed, regarded, connected to the VA staff, and hopeful that a team can help identify and treat their needs. Veterans can immediately sense positive and negative treatment, thus leading to adverse experiences or interactions where they do not feel hopeful that VA staff can help resolve their issues. These perceptions can result in a veteran not seeking help or returning.

To build rapport and trust with veterans, VA staff need to take the time to assess their backgrounds and histories thoroughly. Through attention to detail, VA staff can learn from various service branches, eras served, and where individuals were stationed or deployed. Specific exposures within Military Occupational Specialty (MOS) fields are also critical to evaluate, such as toxic exposure, hearing loss, Traumatic Brain Injury (TBI), and extensive combat exposure.

Other variables that might contribute to the psychological well-being of veterans needing specialized care include but are not limited to: military sexual trauma; changes in identity, especially during transition periods; substance use concerns often leading to self-medication of underlying issues; and grief-related concerns, such as losses related to the death of military comrades or battle buddies.

CONSISTENCY OF CARE

Mental healthcare should 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. TAPS believes that identifying issues related to grief and trauma, which need to be distinguished and treated separately, is essential in providing consistency of care for veterans.

TIMELINESS OF CARE

Although wait times for suicide care have improved for the most at-risk veterans, there is still room for improvement. Shortening wait times for appointments and offering immediate care are critical prevention measures. A proactive suicide care approach must reach veterans before they find themselves in an emotional crisis while also normalizing seeking medical attention and care for suicide, just as for other illnesses or injuries.

Closing gaps in appointment time and adding more availability to providers may be key in proactively preventing the negative effects of long waits and canceling and rescheduling appointments, which only adds frustration. For example, if a veteran finally agrees to call to ask for help and must talk to several people about their history before setting up appointments, canceled and rescheduled appointments delay the care process, sometimes for weeks or months with no other follow up with the veteran. Even more tragically, sometimes the returned call for help or an available appointment comes to the family after the veteran has died by suicide.

TRANSFERENCE OF CARE

When discharging veterans from in-patient care, their family members should be educated and equipped to support them at home to enhance their engagement during follow-up care. Survivors report that getting information from the VA on long-term suicide risk factors, including lethal means and addiction issues, creating a safety plan, offering a network of support and resources might have made a difference in saving their loved ones.

TAPS believes that encouraging veterans to include loved ones of all relationships—family members or friends— as part of their support system is also important. Loved ones usually notice behaviors of concern and often encourage or escort veterans into care.

POSTVENTION AS PREVENTION

TAPS has learned from working with survivors over the past 15 years that postvention is a critical component of any comprehensive suicide prevention strategy— helping veterans grieve their losses can reduce suicide risk. The same is true for suicide loss survivors who often face compounded loss. Not only have they lost their service member or veteran, but they may have also lost their connection to the military community, critical military support services, financial stability, and their sense of identity, purpose, and future.

Before the death of their service member, an active duty family may not have been connected to their local community, depending on how recently the family changed their duty station. A veteran's family may have already lost ties with the military during the transition from active duty or National Guard and Reserve status to veteran status. As such, compounding factors can contribute to a sense of isolation for suicide loss survivors, placing them at greater risk from the lack of a sense of belonging and the lost connection to support.

TAPS Suicide Postvention efforts helps suicide loss survivors address their compounded losses, connect to support and resources, and therefore decrease their risks of suicide. The publication, "TAPS Suicide Postvention Model™: A comprehensive framework of healing and growth," provides more information about TAPS' approach in caring for survivors bereaved by suicide loss.

EXPANDING VET CENTER SERVICES

TAPS families grieving a military loved one who died by suicide often cope with symptoms of trauma and complicated grief, putting them at increased risk for suicide, posttraumatic stress, and other mental health concerns due to the traumatic nature of their loss. It is imperative that we not wait until a crisis occurs; increasing a sense of

belonging and social connection earlier in the grieving process decreases individual risks.

Vet Center services are currently provided to family members of veterans and service members for military-related issues when they aid in the readjustment of those who have served. Vet Centers also offer bereavement counseling for families who experience an active duty death, as well as family members of Reservists and National Guardsmen who die while on duty. However, Vet Center services do not extend to veteran families of those who died by suicide.

TAPS believes that expanding Vet Center usage eligibility to include survivors of suicide loss can: help stabilize issues of concern; decrease their risks for suicide, post-traumatic stress, anxiety, depression, and other mental health conditions; and set them on a journey towards healing.

My personal story is one example of how mental health support from the military community tremendously helps suicide loss survivors cope with their grief and trauma. Widowed as a young military mother of a newborn baby, I felt completely alone, with no direction on surviving my devastating loss. Due to the social isolation and stigma surrounding suicide combined with the lack of awareness and access to resources, I never knew who to turn to or where to find help. As a suicide survivor, being told you don't qualify for services or programs due to the cause of death was one more thing on the list of painful reminders of your loss. So many times, I just stopped looking for help. Rather than asking for support, after being turned away time and time again, I just had to find ways to manage on my own.

TAPS was the first organization that I found offering acceptance and care and leading the way for positive change that supports all military survivors. Suicide loss survivors significantly benefit from having access to mental health support— an important service that many cannot afford out of pocket— and connecting with providers aware of the military lifestyle and culture, such as through TAPS or at Vet Centers. Most civilians just don't understand what my loved one was going through or how this impacts me, our child, and our family.

Marcia Tomlinson, Surviving Mother of A1C Patrick Tomlinson

“What saved me was a late night call I finally made to TAPS and admitting I needed help. It was the dark of winter and I was alone with even darker thoughts. My life was in danger. That soothing voice on the phone assured me she could and would arrange for me to go ASAP to the local Vet Center for a specific Bereavement Counseling for military loss survivors. A few hours later, I was called by a Vet Center counselor and saw him every week as he slowly and with great care helped me thaw the iceberg encasing my heart.

This specialized military bereavement counseling through the Vet Center saved my life. I had been plummeting downwards into an unemotional abyss, which could so easily have ended with me taking my own life. Ten years later I am thriving. Without those two intensive years of Vet Center bereavement counseling, I do not know if I would have survived to arrive where I am now."

DEPARTMENT OF DEFENSE STATISTICS ON MILITARY FAMILY SUICIDE

The Department of Defense (DoD) recently released its Calendar Year (CY) 2020 Annual Suicide Report (ASR)— the third year of reporting military family data. All CY 2020 rates showed no statistical change from CY 2017 or 2018.

Key statistics from CY 2020 indicate that of military spouses who died by suicide: 53% were male, 47% were female, 79% were under the age of 40, and 29% were currently serving at the time of their death.

CY 2020 reported data on military dependents— ranging from 12 to 23 years old— who died by suicide. Of military dependent deaths: 76% were male, 63% were under the age of 18, and 6% were also service members at the time of their death.

SUICIDE LOSS SURVIVOR TESTIMONIALS

Kathy Colley, surviving mother of PFC Stephen Colley, Major Alan Colley, and Matthew Colley

"I am the proud and sad Gold Star Mother to two Army soldiers. PFC Stephen E. Colley who died by suicide on May 16, 2007, following his deployment to Iraq. Stephen proudly served to carry on our family "tradition" of military service. His grandfather served in WWII, his father retired from the Air Force, his eldest brother was serving in the Army, and his older sister had served in the Air Force. The eldest of our six children, MAJ Alan E. Colley, also died by suicide on September 07, 2017, after serving 20 years in the Army, with multiple deployments where he was a commander of several units.

At TAPS, we felt heard and supported, and began to learn coping strategies to manage our grief and to believe there could be a life following loss. Then came our literal second call and we would be supported through the unimaginable loss of a second soldier son lost to suicide. Sadly, the deaths of my two soldiers, Stephen and Alan, were not the only loss for our family. On June 6, 2021, our youngest son and baby of the family, Matthew Colley died by suicide. We can never know the reason why, but I believe that he held on as long as he could dealing with the losses of his older brothers.

For those who are concerned about someone, encourage them that it's ok to not be ok and to ask for help. Remind them how they deserve support, are valuable, and we need them to stick around. Listen and take the time to be present as they open up to their

struggles, so they know they are not alone. I would also suggest allowing survivors to speak with military personnel- to hear about what it looks like on the other end dealing with suicide loss. Years ago, my husband spoke at Fort Irwin during suicide prevention month. At the end, every soldier gave me a hug with tears in their eyes. Several self-identified (with struggles) and were brought to the hospital. Many whispered in my ears "I love you Mom" because my soldiers couldn't say that anymore; it was an impactful human connection. In the end, I am grateful to TAPS and the work they do for survivors. They offer hope."

Ashlynn Haycock, Surviving Daughter of SrA Nichole Haycock

"My mother hit every single one of the risk factors for veteran suicide— she was a female veteran, age 50, served pre-9/11, and was not receiving VA care even though she was a survivor of military sexual trauma (MST). When she died by suicide in 2011, everyone, except my siblings and I, were shocked because they did not see what we did. My mother had financial difficulties and was abusing alcohol and sleeping pills. She appeared to have it all together with an incredibly successful career at the Department of Defense, so no one outside of our home saw the warning signs.

If I could change one thing in life, it would be to have been open about how bad things were before her suicide in hopes that it would have forced her to get the help that she needed and was eligible to receive.

One of the most important things TAPS has taught me over the years is that I cannot change what happened to my mother, but I can use my story and experiences to help prevent other veterans from becoming the statistic my mother did because suicide is preventable and postvention is one of the most important tools we have to combat it."

LETHAL MEANS SAFETY

My husband, Richard Stumpf, an active duty U.S. Marine Drill instructor, died by suicide in 1994 with his service-issued weapon. My life and the lives of all those exposed to his death irrevocably changed that day. I was pregnant full-term at the time of my loss and gave birth several days later after being rushed to the hospital at the same time as his funeral.

As a young military spouse, I did not have the resources or situational awareness to navigate a suicide intervention, let alone a discussion about lethal means safety. However, 26 years later, I have devoted my professional life and career to suicide prevention and caring for survivors of suicide loss. As with most devastating experiences, we usually do not learn the valuable lessons until long after we have had time to reflect upon what might have changed things or made for a different outcome.

One of the things I have learned through my journey, which research supports, is that lethal means safety is as critically important today as it was when I lost my husband in 1994, particularly given the lethality and high rates of firearm-related suicides in the military and veteran communities.

I have integrated that perspective into my long-time role at the TAPS. Over the last decade, TAPS has supported more than 18,500 bereaved survivors of military or veteran suicide loss. We know from thousands of cases how serious an issue lethal means safety is to addressing veteran suicide.

Here are some of the things we have learned:

- Many TAPS survivors wish they had been provided proactive counseling on lethal means safety planning before their loved one died.
- Discussions with veterans about how lethal means can be challenging if firearms are a large part of their identities. Still, survivors agree that these critical conversations must happen because they can save lives.
- The time for learning about these issues is *right now*, not in a moment of crisis. Prior education and awareness make everyone better prepared to respond when faced with a situation requiring a potential intervention.
- In the military, where safety instruction starts in basic training and continues throughout a career, lethal means training should be a permanent fixture.
- Military service members and family members transitioning out of the service—an often stressful and disorienting period—should be reacquainted with lethal means safety as a comprehensive wellness strategy.
- We must bridge the military to civilian transition gap by training civilian providers, who may find vulnerable veterans in their care, with the same lethal means safety training offered by the military.

CONCLUSION

Suicide prevention requires a holistic, public health approach. Messaging must instill hope and be encouraging. In many cases, suicide is preventable, not inevitable. Help is available, it works, and with it, people can stabilize during an emotional crisis and go on to live healthy and fulfilling lives. The overwhelming majority of people who struggle with thoughts of suicide do not die by suicide but instead access the resources and learn the skills needed to live full lives. The answer, which cannot be a single approach, must consider long-term prevention strategies and comprehensive crisis responses—including postvention. Increasing awareness that everyone can participate in suicide awareness and prevention efforts is also vital to a public health approach.

Due to the COVID-19 pandemic and many other factors, mental health and suicide prevention have never been more critical in terms of overall health and well-being and, therefore, must be prioritized to ensure access to the care, support, and services BEFORE a crisis occurs.

Recent findings and updated data underscore that while suicide does not discriminate, some populations are at higher risk— such as within the military community. There must be continued research to support strategies and develop programs that reach and support these populations. While some groups are at higher risk, we must avoid stereotypes, unsafe messaging, or misinformation of groups by generalization or by indicating that *all* members of a particular population are suicidal and have PTSD or other mental health issues.

The Tragedy Assistance Program for Survivors thanks the leadership of the House Committee on Oversight and Reform Subcommittee on National Security and its distinguished members for holding this hearing to discuss the critical issue of suicide prevention in the military. TAPS appreciates the opportunity to testify and provide a statement in support of these important issues.