



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

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

**PRESENTED BY
REBECCA HARRISON MULLANEY**

MARCH 13, 2024

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 2023 alone, 9,611 newly bereaved military and veteran survivors connected to TAPS for care and services, the most in our 30-year history. This is an average of 26 new survivors coming to TAPS each and every day. Of the survivors seeking our care in 2023, 34 percent were grieving the death of a military loved one to illness, including as a result of exposure to toxins; 30 percent were grieving the death of a military loved one to suicide; and only 3 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 Tester and Bost, Ranking Members Moran 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 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.

LOVE LIVES ON ACT OF 2023 (H.R.3651, S.1266)

TAPS is honored to work with members of this committee to pass one of our top legislative priorities, the ***Love Lives On Act of 2023 (S.1266, H.R.3651)***. This comprehensive legislation will allow surviving spouses to retain their benefits following remarriage before the age of 55. TAPS is grateful to Senators Jerry Moran (R-KS) and Raphael Warnock (D-GA), and Representatives Dean Phillips (D-MN-3) and Richard Hudson (R-NC-9) for introducing this important legislation in the 118th Congress.

We ask Congress to:

- Remove the age of 55 as a requirement for surviving spouses to retain benefits after remarrying.
- Allow surviving spouses to retain both the Survivor Benefit Plan (SBP) and Dependency and Indemnity Compensation (DIC) upon remarriage at any age.
- Allow remarried surviving spouses to maintain access to education benefits under the Fry Scholarship and Dependents Education Assistance (DEA).
- Allow remarried surviving spouses to retain Commissary and Exchange benefits (*Passed in Fiscal Year 2024 National Defense Authorization Act*).
- Allow remarried surviving spouses to regain their TRICARE benefits if their remarriage ends due to death, divorce, or annulment.
- Remove the “Hold Themselves Out to Be Married” clause from 38 USC, Section 101, paragraph 3.

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 given as a result of their loved ones' service and sacrifice. They often have children who they must raise alone. Many surviving spouses choose not to remarry after the death of their service member because the loss of financial benefits would negatively impact their family, especially those with children. Many choose to cohabitate instead of legally remarrying.

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 2023***, which is supported by over 40 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 population in the United States. Due to frequent military moves, absence due to frequent deployments of the service member, and expensive childcare, 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 not asking for surviving spouses to maintain TRICARE upon remarriage, only that we provide parity with other federal programs and allow it to be restored if the subsequent marriage ends.

These restrictions appear to be punitive as they are only imposed on the military surviving family, but 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 the age of 55, they are legally required to notify the VA to discontinue Dependency and Indemnity Compensation (DIC). The VA states that the processing time for these claims is typically eight to 12 weeks, but unfortunately, this is most often not the case. Numerous 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 Department of Veterans Affairs (VA), there are approximately 465,000 surviving spouses receiving Dependency and Indemnity Compensation (DIC). Less than 30,000 of those surviving spouses are under the age of 55 and could potentially benefit from this legislation. Currently, less than five 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.

Additionally, not only can a surviving spouse not legally remarry without losing survivor benefits, but there is also a clause in statute that states surviving spouses cannot “hold oneself out to be married” (38 U.S. Code § 101 Paragraph 3). Originally, this referred to common law marriages, but in practice, it means that if anyone could view your new significant other as your “spouse” you could lose your benefits. If someone addresses a Christmas card to Mr. & Mrs. “*Smith*” as opposed to Mr. “*Smith*” and Mrs. “*Johnson*”, that is holding oneself out. If a survivor refers to their new partner as their spouse to simplify explaining the relationship, that is holding oneself out. If your neighbors presume you are married, that is holding oneself out. Anyone can turn in a survivor for “holding oneself out”, just because they do not like them. The VA is legally required to investigate them and suspend their benefits during the investigation. While the VA does not actively go out and search for these cases, they have to investigate when someone submits a tip. This leads to our surviving spouses constantly living in fear of being turned in, even when they have not remarried.

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 whether 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 Committee including section V in the Fiscal Year 2024 National Defense Authorization Act, and we are optimistic this committee will pass sections II and VII in The Senator Elizabeth Dole 21st Century Veterans Healthcare and Benefits Improvement Act soon.

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

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

“On November 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 December 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, workups, 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 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.”

Kellie Hazlett, Surviving Spouse of Capt Mark Nickles 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 having 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.”

Linda Ambard Rickard, Surviving Spouse of MAJ Phil Ambard, U.S. Army

“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 had moved every two to four years. While I had multiple master’s degrees and a teaching license, I never progressed beyond probation/provisional status at 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.”

Tonya Syers, Surviving Spouse of W4 Lowell Syers II, 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 UGA and be commissioned into the USAR. 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 spouse back. Unfortunately, we do not have that option.”

HONOR ALL GOLD STAR FAMILIES

TAPS is working with Congress to:

- Use inclusive language for legislation and establish a standard, legal definition of a Gold Star Family, which includes “died while serving or from a service-connected injury or illness.”

As the national provider of compassionate care and resources for all those grieving the death of a military loved one, TAPS appreciates the use of inclusive language in all legislation referencing Gold Star Families as families of military service members who “died while serving or from a service-connected injury or illness.” The VA does not distinguish by cause or geography of death. There is no differentiation of military headstones, the folding of the flag, playing of taps, or distribution of government benefits based on the geography or circumstances of a service member’s death, whether they died in combat, by accident, an illness related to their service, or by suicide. A service member’s death is honored and remembered based on their life and service.

While there is no legal definition of Gold Star Family anywhere in statute, there are over 30 references to Gold Star Families varying from “killed by hostile action” to “died in the line of duty” to the preferred definition, “died while serving or from a service-connected injury or illness.” Congress should establish a definition to ensure all future legislation and programs are consistent, and that all Gold Star Families are honored equally.

The failure to have a legal, consistent definition will continue to cause challenges for lawmakers when writing legislation impacting Gold Star Families as well. As TAPS has seen many times, Members of Congress introduce bills and make assumptions regarding the definition — which DOD and VA cannot implement, as it is not something they can track — or use language that is too narrow and unintentionally exclude survivors that we must then go back and fix. Having a consistent, legal definition would ensure any future legislative proposals improve benefits for all surviving families. A great example of inconsistent language is the Iraq and Afghanistan Service Grant, which is administered by the Department of Education. Because there is no definition, the Department created its own definition, “Died from service related to Iraq and Afghanistan”, but it is a definition that is not trackable by the Department of Defense and Department of Veterans Affairs, so most surviving children, who would be eligible, were not because there was no way to get them to prove eligibility.

Gold Star Wives of America (GSW) and American Gold Star Mothers, Inc. are both Congressionally Chartered Nonprofit Organizations and use the same broad, inclusive language to define Gold Star for their membership criteria. The current GSW President is not a combat loss survivor, and First Lady, Dr. Jill Biden is eligible to join American Gold Star Mothers, Inc. based on her son, Beau Biden's death being service-connected.

EXAMPLES OF EXISTING DEFINITIONS:

Gold Star Wives of America Inc. (1945) – “Died while serving on active duty or from a service-connected disability”

American Gold Star Mothers (1928) – “Became missing in action, died while on active duty, or as a result of such service”

Gold Star Families Remembrance Week (2016) – “Died while serving or from a service-connected injury or illness”

Gold Star Children's Day (2021) – “Children of fallen service members”

Gold Star Spouses Day (2010) – “Died while serving on active duty or from a service-connected disability”

Gold Star Mothers Day (1936) – “Losing a son or daughter who served in the Armed Forces”

Gold Star Family Fellowship (2023) – “Died while serving or from a service-connected injury or illness”

Gold Star Lapel Button (1947) – “Engaged in action against a U.S. enemy OR engaged in military operations involving conflict with an opposing foreign force OR serving with friendly foreign forces engaged in an armed conflict in which the U.S. is not a belligerent party against an opposing armed forces OR an international terrorist attack against the U.S. or a foreign nation friendly to the U.S., recognized as an attack by the Secretary of the Military Department concerned OR military operations while serving outside the U.S. (including the commonwealths, territories, and possessions of the U.S.), as part of a peacekeeping force” during set dates of conflicts”

Next of Kin Pin (1973) – “Died while serving on Active Duty in the Armed Forces or while assigned to an Army Reserve or Army National Guard unit in a drill status”

Not only does this impact federal programs, but state programs for survivors as well. Most states offer a Gold Star license plate and education benefits for survivors, and many also offer property tax and income tax waivers. The failure to create a federal

definition has led to states creating inconsistent definitions for these programs. The Gold Star license plates are often a point of pride for our survivors, yet each state's complicated eligibility criteria can be incredibly hurtful to our families. These plates serve as a visible tribute to the service and sacrifice of military loved ones, yet they lack consistency in eligibility due to the fact there is no legal definition of Gold Star Family.

California – “Qualified family members whose relatives lost their life in the line of duty while serving in the Armed Forces of the United States”

Illinois – “Any Illinois resident who is a surviving widow or widower, parent or sibling(s) of a person who served in the U.S. Armed Forces and lost his or her life while serving during peacetime or war“

Montana – “Qualified family members of members of the Armed Forces of the United States who lost their lives: 1. While engaged in an action against an enemy of the United States; 2. While engaged in military operations involving conflict with an opposing foreign force; or 3. While serving with friendly foreign forces engaged in an armed conflict in which the United States is not a belligerent party against an opposing armed force”

Kansas – “Be the mother of a service member killed on active duty”

The following testimonials from surviving family members highlight the importance of recognizing *all* Gold Star Families who have lost a loved one to military service:

Krista Simpson Anderson, Surviving Spouse of SSG Michael Simpson, U.S. Army

“On 1 May 2013, I stood bedside in my husband’s hospital room at Landstuhl Military Medical Center and listened to the neurologist say to me, “Mrs. Simpson, I am sorry to say that your husband, SSG Michael Harrison Simpson, is brain dead.” Mike had deployed with Charlie Company, 4th Battalion, 1st Special Forces Group (Airborne) on 6 April 2013. Less than a month later, while coming back from a mission with his Operational Detachment Alpha (ODA) he rolled over a pressure plate Improvised Explosive Device (IED) holding 40 pounds of explosives.

“I believe as we move forward and evolve as a nation it is our responsibility to evolve in our thinking. Long gone are the days when our service members only died in combat. Each and every day they take risks as they train for our nation's wars. Each day they suffer as they bring those wars home with them, in their mind, body and soul. Each service member vows to protect our great nation and when they have given their all, let us protect their dignity and that of their family by honoring them all equally.”

Kelly Griffith Shaul, Surviving Sister of Maj Samuel Griffith, U.S. Marine Corps

“My brother, Marine Major Samuel Griffith, was the officer in charge of his detachment from the 4TH Air Naval Gunfire Liaison Company when he was killed in action in Nimroz Province, Afghanistan, on December 14, 2011. A born leader, Sam trained his Marines to know each other’s roles in order to enhance the team’s readiness and lethality. On the morning of December 14, Sam recognized that one of his Marines had taken heavy fire the night prior and decided to take his place in the field while the young Marine stayed at Sam’s post. While supporting a Helicopter Assault Force mission, Sam’s patrol was pinned down, and Sam knowingly exposed himself to identify the origin of enemy fire, saving the lives of his fellow Marines and the Afghan and British forces serving alongside them.”

“Many would call Sam’s death heroic. I believe his life and service were heroic. That split second of his death and where he died do not define the story of his service or heroism. For years after his death, I spent every Sunday afternoon sitting at Sam’s gravesite in Section 60 at Arlington National Cemetery. I was struck by the uniformity of the headstones. They are not delineated by the manner or geography of death. Veterans who died years after serving our great Nation now hold a final resting place among those who died on active duty.”

“Sam disliked being singled out for serving. When thanked for his service, he simply said he was just ‘doing his job.’ He believed the service members to his left and right were equally as valuable in serving the mission. Whether a service member dies in combat, in a training accident while readying for battle, of a service-connected illness years after taking off the uniform, or by suicide from post-traumatic stress or other wounds they brought home from war, their service was no more or less honorable than Sam’s. They all raised their right hand and took the same oath. They signed their name on the dotted line. All while knowing the associated risks.”

“Gold Star terminology, without a clear, inclusive definition of all military deaths, creates a hierarchy of the families left behind. It does an injustice to the memory of who my brother was at his core – the way he lived and served our Nation. Anyone who served and died should be honored equally, and the term ‘Gold Star’ should recognize the legacy of service the surviving family continues to carry on.”

Colleen Evans, Surviving Spouse of CW2 Mark Evans Jr., U.S. Army

“Service men and women don’t choose where they’re stationed, they don’t choose when or where they deploy, and they definitely don’t choose where they die. My husband, Mark, was a Blackhawk pilot in the Army. His job was dangerous regardless of where he was doing it, and his sacrifice is just as important and honorable as any other military”

death. Mark happened to die in the U.S. while preparing to redeploy to Iraq. He was wearing the same uniform he had worn during a deployment just eight months earlier.

“We prepare our pilots and soldiers to know what to do in battle, and the preparation to fight for one’s country is dangerous. Some of our service members die overseas and some die stateside, doing the same job. Location doesn’t make his service and death less worthy of honor than someone that dies doing the exact same thing overseas.”

Ashlynn Haycock-Lohmann, Surviving Daughter of SFC Jeffrey Haycock, U.S. Army, U.S. Army National Guard

“My father served 16 years in the Army and Army National Guard. My parents did not get a honeymoon because my father was activated for the Rodney King riots two days after their wedding. He missed most of my siblings’ and my birthdays due to deployments and trainings. My father died while training to deploy in 2002, weeks before he was supposed to deploy to the Middle East.

“By not using inclusive language when referencing ‘Gold Star,’ Congress is saying that his 16 years of service do not matter, only the moment of death and where that death occurred. His service was just as honorable as those who died in a combat zone, and he deserves to be honored equally to all other fallen service men and women. We, as Gold Star Families, do not choose when, where, or how our loved ones die, and it does not change the fact that we are all grieving someone who signed a blank check to this country up to and including their own life.”

MaryAnne Kerr, Surviving Spouse of GySgt Cory Kerr, U.S. Marine Corps

“My husband, Corey, was an infantryman in the U.S. Marine Corps and proudly served his country for nearly 19 years. He fought in three wars and was a Purple Heart recipient. His life ended tragically by suicide on June 11, 2022, two days after his 37th birthday. My husband received an honorable military funeral, and we were given the ‘Next of Kin’ lapel pins.

“To make matters worse, I am fueled with anger and disgust that we are not considered a ‘Gold Star’ family because my husband did not die in a combat zone. My husband may not have died in those wars physically, but he died there psychologically. He lived the rest of his life with guilt, pain, and sorrow. I am not asking to receive a ‘Gold Star’ lapel pin but rather the title ‘Gold Star Family.’ Give my husband the honor he deserves and allow his family to live with the comfort of knowing his sacrifice and service to his great nation is recognized and respected.”

Kathy Maiorana, Surviving Spouse of TSgt Mark Maiorana, U.S. Air Force

“I was once asked by another widow, while we looked at a memorial for the fallen, why I was so upset. When I told her it was because my husband’s name will never be on a memorial, she responded, ‘Well, he shouldn’t be.’”

“I’ve been a suicide widow for 18 years. During those 18 years, I cannot count how many times my family, including my four children, have been left out of different memorials or events because of the way my husband died. Suicide has been seen as a stigma amongst veterans and their families for as long as I have been part of military life. Suicide has made not only my husband invisible in the eyes of military families, but also deemed his family’s suffering as less than others who have also lost. In the eyes of many, it doesn’t matter how long or to what extent someone has served, but simply how they died. Even though my husband’s life ended a certain way, that does not make his contributions to this country any less.”

Melissa Perritt, Surviving Spouse of William Barron, U.S. Air Force, Ret.

“I lost my husband of 19.5 years, William Barron, on March 13, 2010, from service-connected lung cancer. My husband served on active duty for 20 years. He lost his battle with cancer 20 months after he retired.”

“We desperately needed support and resources to assist us as we learned how to move forward without him. We found TAPS, Wounded Warrior Project, and Children of Fallen Patriots the most helpful and supportive for us. Unfortunately, other organizations told us that we did not ‘qualify’ to be a ‘Gold Star Family’ because he did not die while serving on active duty. Hearing this felt like a gut punch. My husband gave ALL in the service of our country, but we were treated as if we were ‘second class’ surviving family members.”

“My husband’s wounds from the deployments may not have been visible from the outside, and it certainly did not make the evening news when he died, but they were absolutely as deadly as what takes the life of someone killed in combat. I believe that military members and veterans who die from a service-connected illness deserve to have their surviving family members receive the same honor and support as those who die in combat. Every military member and veteran’s life lost has the same value. Every surviving family member is walking through deep grief and has to learn how to go on without their loved one. Not including service-connected illness deaths as ‘Gold Star’ sends a strong message to those surviving family members: ‘Your loved one’s life was not as valuable.’”

CARING FOR SURVIVORS ACT OF 2023 (S.414, H.R.1083)

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

- Pass the ***Caring for Survivors Act of 2023***.
- Increase DIC from 43 percent to 55 percent of the compensation rate paid to a 100 percent disabled veteran.
- Reduce the timeframe a veteran needs to be rated totally disabled from 10 to five years, allowing more survivors to become eligible for DIC benefits.

More than 465,000 survivors receive DIC from the VA. DIC is a tax-free monetary benefit paid to eligible surviving spouses, children, or parents of service members whose death was in the line of duty or resulted from a service-related injury or illness.

The current monthly DIC rate for eligible surviving spouses is \$1,612.75 (Dec. 1, 2023), which has only increased due to Cost-of-Living Adjustments (COLA). TAPS is working to raise DIC from 43 percent to 55 percent of the compensation rate paid to a 100 percent disabled veteran; ensure the DIC base rate is increased equally; and protect added monthly amounts, like the eight-year provision and Aid and Attendance.

TAPS and the survivor community have supported increasing DIC for many years, especially for military survivors whose only recompense is DIC. We are grateful to Senate Veterans' Affairs Committee Chairman Jon Tester (D-MT), Senator John Boozman (R-AR), Congresswoman Jahana Hayes (D-CT-5), and Congressman Brian Fitzpatrick (R-PA-1) for introducing the ***Caring for Survivors Act of 2023 (S.414, H.R.1083)***.

Passing this important legislation in the 118th Congress is a top priority for The Military Coalition (TMC) Survivor Committee, co-chaired by TAPS. TMC consists of 35 organizations representing more than 5.5 million members of the uniformed services — active, reserve, retired, survivors, veterans, and their families.

The following statements from survivors demonstrate that stringent limitations on DIC payments have financial and widespread impacts on housing, transportation, utilities, clothing, food, medical care, recreation, and employment for surviving families:

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

“Due to his status at the time of my husband’s death, the only financial benefit we are eligible for is DIC. 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 their survivors are treated less than. Passing the Caring for Survivors Act would show military widows that their spouse and themselves are cared for and not forgotten."

MaryAnne Kerr, Surviving Spouse of GySgt Cory Kerr, U.S. Marine Corps

"The money that I receive from DIC has allowed me to stay at home to care for my children full-time. However, an increase will be very beneficial due to my new role as the sole provider for my children. The loss of my husband and children's father has been very hard on our family and especially on my daughter. She is not only dealing with the loss of her father but the trauma she endured while he was battling with the effects of combat trauma. There have been incidents at school where she had to be picked up and could not return until cleared by her therapist.

"An increase in DIC will be greatly appreciated and allow us to continue to heal from the trauma and death of our loved one, free from financial burden."

Sadie Clardy, Surviving Spouse of TSgt Michael Clardy, U.S. Air Force

"Five years ago, my husband died suddenly, leaving me to raise four children — ages 11 and under — on my own. My earning potential is severely limited, due to the years I dedicated to supporting my husband's career, and also the logistics of maintaining a job as a single mother of four. These last few years, especially, have been financially draining with supply-chain issues, inflation, and, more personally, the loss of a vehicle due to an uninsured driver.

"It is time to increase DIC, to come to parity with federal death benefits. It is time to give families of the fallen some breathing room. A DIC increase for our family would mean paying back savings, music lessons, school supplies, and cooking omelets for my children with carefree abandon. Moreover, putting us more on the level with other survivor groups is the right thing to do."

Jackie Ferguson, Surviving Spouse of SGT James Ferguson, U.S. Army

“I completed my degree before my husband joined the Army. It was a blessing I finished. We moved several times before he passed, but I found it very difficult to obtain a position using my degree. It seemed no one was interested in hiring me because we would be moving constantly. In order to work in my field, I drove every day from Fort Sill, Oklahoma, to Oklahoma City, which is over an hour each way. I think that raising the DIC to 55 percent would help me offset the earning potential I have lost due to unemployment and underemployment during my husband's service.”

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.”

Barclay Murphy, Surviving Spouse of MAJ Edward Murphy, U.S. Army

“When my son turned 18 and went to college, a significant amount of income was lost while expenses remained constant — if not higher — due to inflation. I had planned for the income loss; I even sold my house and downsized. I raised two kids solo for almost 18 years. As an empty nester, I thought I'd have enough money for just me, but it has been tough even after the Widow's Tax repeal and cutting out so much.”

Melissa Evinger, Surviving Spouse of Sgt Barry Evinger, U.S. Marine Corps

“As a widow and mother of three children, the weight I carry on my shoulders is substantial and often paralyzing as I strategize how to take care of my children. As a Texas public school teacher, my income will never be substantial. I do receive DIC, however, this does not come close to what my husband received in disability compensation. Because of this, I have to supplement my income by working as a tutor before and after school. This all amounts to time I have to be away from my children just to ensure we can afford a basic lifestyle.

“My husband, children, and I have paid a huge price for our country. As the nation asked my husband to help defend its interests, I now ask for your help in return. I respectfully ask you to consider the possibility of increasing the amount of DIC for the widows and children of the fallen.”

GOLD STAR FAMILY EDUCATION PARITY ACT (H.R.7549)

TAPS requests Congress:

- Pass the ***Gold Star Family Education Parity Act (H.R. 7549)*** 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.
- Pass the ***Fry Scholarship Enhancement Act of 2023 (S.350)*** to expand eligibility for those who die in the 120-day Release from Active Duty (REFRAD) period to the Fry Scholarship, which is the second phase in expanding eligibility to all Chapter 35 recipients.

Chapter 35 is an outdated education benefit provided by the VA. It has been around since the Korean War (1952) and has not had any major 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.

TAPS recommends sunseting 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 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 received less benefits than their active-duty, Post-9/11 counterparts.

While VA has made major improvements with the Digital GI Bill toward automation for Chapter 33 benefits, they are still utilizing COBOL to process Chapter 35. COBOL is a program from 1959 and is not widely utilized anymore because it is so ancient. VA has made no move to upgrade this system, which causes more processing errors and delays than any other GI Bill program.

Sunseting Chapter 35 would simplify the VA approval process and ensure that all survivors are receiving adequate educational benefits. The following personal testimonials from surviving families help highlight these education benefit issues.

Monica Jaikaran, Surviving Spouse of MA1 Dameshvar Jaikaran, U.S. Navy

“Due to the manner of my husband's death, we did not each receive the FRY scholarship. My son attends a private Catholic university, so his tuition and fees were covered for four semesters. Unfortunately, both of us had to take out school loans to

cover his fourth year of university. Since he attends university in the most expensive city in the United States, the Chapter 35 benefit is not enough to cover his monthly food expenses. It has been a huge struggle financially with my son. We currently owe a \$1700 bill for the fall semester, because he increased his food plan mid-semester, but it was not included in my original budget, so we are left scrambling to pay for it at the end of the semester.”

Melissa Evinger, Surviving Spouse of Sgt Barry “Bear” Evinger, U.S. Marine Corps

“My husband, Bear, was injured while serving on active duty as a United States Marine — he was medically retired from his severe injuries and unfortunately died later from those injuries. While our family is eligible for Chapter 35 benefits, we are not eligible for the Fry Scholarship because he was injured on active duty, medically retired, then died as a result of those injuries.

“As a military widow and public school teacher, the reality of my child receiving a quality university education is less than ideal. As my child is currently looking at colleges, I have a sense of panic and sadness knowing that once again we will be faced with disappointment and difficult choices. The financial consideration of public versus private schools, housing and dorm costs, work-study to help pay for school, and so much more are devastating. The reality is Chapter 35 is helpful, but the cost of education is high. Chapter 35 alone is minimal and barely covers basic educational and housing costs. I beg you to consider increasing the eligibility of the Fry Scholarship to all Chapter 35 eligible survivors. Our children’s futures are in your hands.”

Susan Williams, Surviving Spouse of Maj Thomas M. Williams, Jr., U.S. Air Force, Ret.

“My husband, Tom, started experiencing symptoms of cardiomyopathy after retiring, while transitioning to the VA medical system. His death was deemed service-connected, so we are eligible for Chapter 35 and DEA. He was 138 days post-service when he passed. The difference between the Fry Scholarship and DEA is substantial. My daughter attends Savannah College of Art and Design (SCAD) and has a quarterly tuition of \$13,365, three quarters a year totals \$40,095. This total does not include food and housing, which is another \$5,400 a quarter, totaling \$16,200. The DEA/Chapter 35 only pays a prorated amount of roughly \$10,000 a year. This causes her to take the max student loans and parent PLUS loans, upwards of \$46,000 each year.

“If we qualified for Fry, we likely would not have to take any loans, as SCAD is a Yellow Ribbon school. However, we are both going into debt instead. Our suffering was no less than someone who died on active duty. Maybe it was even more so since we had to

watch him suffer through his illness, knowing that he was going to die. The lasting impact of physically watching someone die has scarred my children for life. They deal with the consequences every day. It is a slap in the face that their father's death is not recognized for full education benefits."

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."

ENSURE IMPLEMENTATION OF THE PACT ACT FOR TOXIC-EXPOSED VETERANS AND SURVIVORS

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.
- Improve outreach, messaging, and education to surviving families who may be eligible for **PACT Act**-related benefits and health care.

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 (H.R.3967)***.

The PACT Act was signed into law by President Biden on August 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 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 2023, 34 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 exposure to toxins and ensuring survivors of illness loss receive the benefits they deserve.

TAPS is working with the VA to encourage toxic-exposed veterans and survivors to file a claim for PACT-related benefits or apply for VA health care. The VA began accepting veteran and survivor PACT-related claims on August 10, 2022, and began processing claims on January 1, 2023. To date, the VA has received a total of 1,438,169 PACT-related claims from veterans and survivors (08/10/2022-02/24/2024).⁴

The VA estimates there are 382,000 potential survivors who may be eligible for PACT-related benefits:

- 146,000 potential DIC claims based on previously denied deceased veterans' claims
- 236,000 potential DIC claims based on previously denied survivors' claims

As of February 10, 2024, the total number of survivor PACT-related claims that have been submitted to the VA is 23,878; of those, 16,759 have been completed and 8,628 have been approved.⁵

TAPS renewed our Memorandum of Agreement (MOA) with the VA and is partnering with them to continue to help identify, educate, and encourage survivors who lost their loved ones as a result of toxic exposure to submit PACT-related claims. The VA has conducted extensive outreach and messaging campaigns across the country to reach both veterans and survivors. The number of veterans applying for PACT-related benefits is well over one million (1,414,291 as of 02/24/2024),⁶ but the number of survivors applying for PACT-related benefits still remains lower than expected, considering the potential survivor number of 382,000. The VA has sent letters to 285,000 of these survivors urging them to resubmit a claim for potential benefits.

⁴ https://department.va.gov/pactdata/wp-content/uploads/sites/18/2024/03/VA-PACT-Act-Dashboard-Issue-28-030124_FINAL_508.pdf

⁵ https://department.va.gov/pactdata/wp-content/uploads/sites/18/2024/03/VA-PACT-Act-Dashboard-Issue-28-030124_FINAL_508.pdf

⁶ https://department.va.gov/pactdata/wp-content/uploads/sites/18/2024/03/VA-PACT-Act-Dashboard-Issue-28-030124_FINAL_508.pdf

During a meeting with the VA late last year, we were informed that the VA does not track cause of death, therefore the 382,000 potentially impacted survivors includes all manners of death, including those who died of old age, 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, more survivors have not 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.

TAPS remains committed to working with Congress and the VA to ensure toxic-exposed veterans and their survivors receive life-saving health care and their earned benefits.

OFFICE OF SURVIVOR ASSISTANCE

TAPS appreciates Congressman Juan Ciscomani (AZ-06) and House Veterans' Affairs Committee Chairman Mike Bost (IL-12) many expressions of strong support for the community of military and veteran survivors, the most recent being their introduction of the ***Prioritizing Veterans' Survivors Act (H.R. 7100)***, which would return the Office of Survivor Assistance (OSA) organizationally to its previous location within the Office of the VA Secretary.

OSA was established in 2008 in recognition of the sacred obligation the nation has to the survivors of military service members and veterans. Its director was to serve as a principal advisor to the VA Secretary on policies impacting military service members' and veterans' survivors, and to serve as a resource for surviving family members regarding the benefits, care, and memorial services provided across the entire Department.

Unfortunately, this office has been relocated several times over the past 15 years - moved from within the Office of the Secretary under the Chief of Staff to the Veteran Experience Office; then to the Veterans Benefits Administration where it was placed in the Office of Outreach, Transition and Economic Development; and then recently moved under the Pension and Fiduciary Service in June of 2023. These moves have made it very difficult for survivors to understand its role, find needed information on resources, and access all the Department's support with reliable consistency.

While the Department of Defense (DOD) is able to use existing contact information to reach out to grieving families in the event of the death of an active-duty service member to ensure that they have access to the comprehensive support provided by both the DOD and the VA, the VA lacks a similar proactive capability. Prior to the death of their veteran, family members are generally not known to the VA because they are not

receiving benefits or services. Thus, following a veteran's death, the burden falls on grieving families to identify, interpret, apply for and comply with, the complex eligibility requirements and siloed administration of benefits, care and memorial services across one of the largest agencies in the government. Despite the best intentions of Congress and the VA leadership and employees, the multiple ongoing navigation challenges survivors must manage across their survivor journey too often becomes confusing, frustrating and unmanageable, and many fail to even access the much needed assistance available to them.

For example, surviving spouses are expected to find and use the same entry points for information as veterans. Regrettably, survivors tell us that calls to the general helpline can result in inaccurate information, and some have even been told that they are ineligible for benefits during their initial call. Survivors share this experience with one another, and the unfortunate result is that they become less willing to turn to the VA for assistance. This is harmful to both the survivor and undermines trust in the VA among the community it serves. Although survivors represent only one percent of those receiving VA services, it is essential that all VA staff who they may come in contact with have the same willing spirit of customer service that the Department's motto expresses so clearly.

From the perspective of the community, the VA's **Office of Survivor Assistance (OSA)** would be the logical entry point or "front door" to access VA assistance, but far too many survivors don't even know it exists. It falls on organizations like TAPS to inform them of all the VA resources they may be eligible for and to reach out to OSA on their behalf.

The frequent moves of OSA and its minimal staffing appear to the survivor community to reflect a less than full understanding of the comprehensive nature of their needs and willingness to support their access to the full range of care, benefits, and memorial services that they so desperately need at a most difficult time in their lives.

In its current placement within Pension and Fiduciary Services, the Department is operating OSA as if the only benefits survivors receive are related to compensation. Currently, OSA staff only have access to DIC and Pension records, therefore they are unable to assist with many issues survivors face, to include burial benefits, education benefits, CHAMPVA, Survivors Group Life Insurance, home loans, or additional programs and benefits survivors are eligible to receive enterprise wide, to include the new VHA Survivors Assistance and Memorial Support (SAMS) program. OSA appears not to have the authority and full range of case management coordination processes in place to ensure that they can help survivors access all of the care and memorial services available in other administrations within the VA.

With more than 465,000 survivors currently eligible for DIC, OSA staffing should be significantly increased to better serve surviving families. OSA should be the official entry point into VA for survivors, with the authority, bandwidth, expertise, and access needed to answer any and all challenges that survivors face regarding VA benefits and services. There should also be a dedicated survivor helpline within the Veterans Call Center to provide access to trained agents with the knowledge to address survivor issues. We applaud VA for implementing an education-specific helpline for survivors in 2019, which has been a huge success.

The limited awareness among survivors regarding OSA highlights the need for VA to more effectively communicate and promote this essential survivor program. TAPS strongly believes that OSA should be elevated to the Office of the Secretary or the Office of the Under Secretary for Benefits and granted the necessary authority and access to all programs and services survivors are eligible to receive.

TAPS looks forward to working with Congress and the VA to ensure that the organizational placement, staffing and department-wide connectivity is in place to enable OSA to serve as the "front door" for the Department and the advocate for the increasing number of surviving veteran families seeking access to all VA benefits, care, and memorial services.

Melissa Alex, Surviving Spouse of SSGT Eugene Alex, U.S. Army

"The Office of Survivor Assistance was established in 2008 to serve as an outreach regarding benefits and services for our families. I didn't know for years that they existed. I found out only because I am a service provider with the Michigan National Guard, not because they reached out to me and my children personally!"

Sadie Clardy, Surviving Spouse of TSgt Michael Clardy, U.S. Air Force

"My husband passed in 2017 and I had never heard of OSA until learning about them from TAPS. I had to Google the Office of Survivor Assistance to find out about their services. Without that search, I would not be able to tell you anything about OSA, not even who they're affiliated with. I'm still a little hazy as to what role they may be able to play in supporting me and my children."

EXPAND MENTAL HEALTH SERVICES AND SUICIDE PRE/POSTVENTION

In 2023, TAPS will continue to work with Congress to:

- 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.

For more than a decade, TAPS has been on the front lines of suicide postvention efforts to support military families grieving deaths by suicide and 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 healing.

TAPS has supported over 25,000 individuals whose military and veteran loved ones died by suicide. In 2023, 30 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.

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, post-traumatic 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 among these survivors or let the long-term impact of unsupported grief on the youngest survivors lead to lifelong challenges and suffering.

Leading research and TAPS' extensive experience has 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.

TAPS also works with the VA Vet Centers, which provide services to family members of veterans and service members for military-related issues. Vet Centers also offer bereavement counseling for families who experience an active-duty death, as well as family members of Reservists and National Guard. TAPS provides support and care regardless of duty status, especially when related to Guard and Reserve forces who experience PTS that results in suicide.

TAPS supported the *Expanding the Families of Veterans Access to Mental Health Services Act* (S.2817, H.R.5029) in the 117th Congress, which expands Vet Center counseling and mental health services to surviving families of veteran suicide. We thank

Congress for including this critical bill within the *Support The Resiliency of Our Nation's Great (STRONG) Veterans Act of 2022* (H.R.6411), which passed within the *Consolidated Appropriations Act of 2023* (H.R.2617) and was signed into law.

TAPS strongly believes that expanding Vet Center usage eligibility to survivors of veteran suicide will save lives by helping stabilize issues of concern; decrease these survivors' risks for suicide, post-traumatic stress, depression, anxiety, and other mental health conditions; and set them on a journey toward healing.

Marcia Tomlinson, Surviving Mother of A1C Patrick Tomlinson, U.S. Air Force

“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 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.”

RAISE AWARENESS OF OPIOID DEPENDENCE AND FENTANYL-RELATED DEATHS

TAPS will continue to work with Congress, the VA, and the Department of Defense to:

- Raise awareness of the growing rate of opioid dependence and fentanyl-related deaths among veterans, service members, and their families.
- Include family members of veterans and service members in best practice opioid treatment plans, recognizing that opioid dependence is a family disease, wherein the entire family system needs to find a path to recovery.
- Urge implementation of the *Mainstream Addiction Treatment (MAT) ACT* (S.445, H.R.1384), included in the *Consolidated Appropriations Act for 2023* (H.R.2617), and signed into law on Dec. 29, 2022.

TAPS has become increasingly alarmed by the growing rate of opioid dependence and opioid-related deaths among veterans, service members, and their families. According

to a study published on July 6, 2022, and funded by the National Institute on Drug Abuse (NIDA), “U.S. military veterans have been heavily impacted by the opioid overdose crisis, with drug overdose mortality rates increasing by 53% overall from 2010-2019.” The study also found that drug overdose mortality among veterans increased by **93 percent for opioid overdoses** and **333 percent for stimulant overdoses**.⁷

At the request of Congress, the Department of Defense (DOD) released data confirming that **fentanyl was involved in 52 percent of overdose cases in the military between 2017 and 2021**. Fatal fentanyl overdoses more than doubled during that span, from 36 percent of overdoses in 2017 to 88 percent in 2021.⁸ Synthetic opioids, to include fentanyl, are highly addictive and 50 times stronger than heroin and 100 times stronger than morphine, according to the Centers for Disease Control and Prevention (CDC).⁹

During the State of the Union Address last year on Feb. 7, 2023, President Biden stated that “Fentanyl is killing more than 70,000 Americans a year.”¹⁰ To address this growing epidemic, the administration launched a major surge to stop fentanyl production, sale, and trafficking, and improve drug detection.

TAPS has heard from a growing number of veteran and military families who have lost their loved ones to opioid-related overdose to include fentanyl.

Rhonda Canales and H. Paul Canales, JD, Surviving Mother and Father of SSG Cameron A. Canales, U.S. Army

“Our son, Cameron, was born on December 3, 1986, and died on February 23, 2022, at his home in Fort Benning, Georgia. At the time of his death, he was on active duty and in the process of transitioning out of the Army after 12 years of service. The military performed an autopsy at my request, and the results indicated multiple drugs in his system at the time of his death, including fentanyl.

“Our son was a staff sergeant and a sniper instructor when he was assigned to Fort Benning in the fall of 2019. Prior to this assignment, he had served our country for 10 years, including two tours in Afghanistan. Following these deployments, he was diagnosed with PTSD, depression, and insomnia, along with a range of issues related to those returning from war zones. Cameron was a whole individual when he entered the

⁷ <https://www.ncbi.nlm.nih.gov/pmc/articles/PMC9262363/>

⁸ https://www.markey.senate.gov/imo/media/doc/dod_response_to_senator_markey_colleagues_september_2022_letterpdf.pdf

⁹ <https://www.cdc.gov/stopoverdose/fentanyl/index.html>

¹⁰ <https://www.whitehouse.gov/briefing-room/speeches-remarks/2023/02/07/remarks-of-president-joe-biden-state-of-the-union-address-as-prepared-for-delivery/>

Army and was broken mentally at the age of 35. His situation surely was exacerbated by the events surrounding the COVID-19 Pandemic of 2020. The forced isolation from that time kept him from receiving the help he needed from the Army, when he most needed it. In the short period of one year, he was demoted from staff sergeant to private first class (PFC).

“What group of officers could fail to see that he was in crisis? Who allowed this downward spiral to continue? My son’s death was a result of his leadership failing to intervene with the correct medical tools to save his life. As a non-commissioned officer in Afghanistan, he took care of his men. Who was looking out for him? As parents, we knew little of his troubles. We did not know he had been demoted. We knew something was wrong when he started telling us about his upcoming Medical Evaluation Board and discipline hearing. He died within a week following that hearing.”

Gail Simmons, Surviving Mother of PFC Ryan Simmons, U.S. Army

“I lost my only child, my son Ryan Simmons, to suicide on August 12, 2012. Ryan had returned from serving in Operation Iraqi Freedom just two years prior. As a member of the Army Reserves, Ryan was an Engineer Bridge Crew member with the 739th and was deployed to Iraq in 2009. His MRAP was hit with an improvised explosive device in April 2010, which caused a traumatic brain injury for which he later received a Purple Heart. He returned later that year, and despite his physical wounds being healed, Ryan battled severe depression, suicidal ideation, PTSD, and opioid addiction.

“This led to us all fighting alone to help save Ryan's life, but I believe it was more than he could bear. Despite the efforts of everyone who loved him, we lost him to suicide when he was only 22 years old. The military's support over those two years felt completely inadequate, particularly in regard to the opioid challenge that Ryan and now so many of our troops still face today.

“I don’t want another family or service member to ever feel the way we did, and that is why I am passionate about suicide prevention and addiction recovery. I feel we need a more structured program that supports returning to civilian life that includes mental health assessments, access to proactive counseling resources, as well as proven addiction and recovery programs. I also want to eliminate the shame surrounding mental health and addiction struggles, which I believe will require military and political leaders talking openly about the issues, along with paths to recovery. Finally, I urge the military to assess and rapidly adopt the best practices from the medical community regarding Opioid Use Disorder treatment — specifically, those outlined in the recently passed Mainstream Addiction Treatment (MAT) ACT. This act aims to improve accessibility to medication-assisted treatment for those struggling with this issue.

“In closing, Ryan was a beautiful young man with a huge heart and an infectious smile. He always did his best to help care for those in need. Right now, he’d want us to do better. We must do better.”

Don Lipstein, Surviving Father of MA2 Joshua Lipstein, U.S. Navy

“Everyday families like mine continue to be torn apart by the U.S. opioid epidemic, and many Americans are not even aware of the level it's happening. Twelve years ago, my oldest son, Joshua, who was serving on active duty in the Navy, died by suicide after struggling with opioid abuse for far too long.

“To my knowledge, there have been no positive changes to address this critical issue since his death. In over a decade of working with families who've tragically lost a loved one to suicide as well as overdoses, I have yet to hear of progress toward improving life-saving outcomes. I've taken personal and professional steps to do what I can as an individual to get on the other side of this tragic issue by dedicating my life's work in the field of recovery. In fact, family recovery is part of the solution that not many are talking about. Any treatment plan of action aligned with best practices should understand that this is a family disease wherein the entire family needs to find a path to recovery.

“Some recommendations would include: Eliminate incarceration for drug use and instead offer treatment options for recovery; for drug use-related crimes, mandate in-patient rehabilitation treatment programs; and consider restructuring former correctional facilities into government-managed treatment centers.

“Whether a family has been personally affected or not, this is our entire country's stumbling block. If we are not able to recognize what is happening, then we are simply remaining part of the problem. I believe it is time to find solutions and begin to make the treatment of this disease effective enough to prevent future losses.”

CHAMPVA CHILDREN’S CARE PROTECTION ACT (S.1119, H.R 2414)

TAPS is working with Congress to:

- Pass the **CHAMPVA Children’s Care Protection Act** in the 118th 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 parent’s 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 **CHAMPVA Children's Care Protection Act (S.1119, H.R.2414)** introduced in the 118th Congress by Senator Sherrod Brown (D-OH) and 10 original co-sponsors to include Senate Veterans Affairs' Chairman Jon Tester (D-MT), and by Congresswoman Julia Brownley (D-CA-26). TAPS greatly appreciates Senator Brown and Congresswoman Brownley for reintroducing this important legislation, endorsed 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 have died from service-connected disabilities
- Were 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 purview, TAPS is also working to pass the **Health Care Fairness for Military Families Act of 2023 (S.956, H.R.1045)**, which would allow TRICARE young adults to remain on their parent's 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 healthcare 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 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 as we transition from a health care crisis. 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 *Affordable Care Act*.

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*** within the 118th Congress. Surviving families of our nation's veterans deserve nothing less.

Marlene Vargas, Surviving Spouse of Sgt Germany Vargas Silvestre, U.S. Marine Corps

"My husband, Germany Vargas Silvestre, was in the Marine Corps for 13 years. My daughter was 1 year old when he died from acute myeloid leukemia, an illness he developed from exposure to burn pits. Having CHAMPVA has been helpful, but I worry because the years have passed by so fast, and soon enough, my daughter will start high school.

If surviving children with TRICARE can keep their coverage until 26, so should surviving children with CHAMPVA. Our circumstances are different, but also the same. These are children of the fallen; they did not ask to be in this position. The least we can do to honor their parents is provide affordable health care."

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

"On July 9th, 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 with 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 UNR. Cognitive therapy, physical therapy, dental, orthodontics, plastic surgery, 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 in the fall of 2024. 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.”

GUARD VA BENEFITS ACT (H.R. 1139, S.740)

The **GUARD VA Benefits Act** would reinstate criminal penalties for unaccredited individuals who charge fees and compensation for assisting veterans and survivors with filing 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 non-accredited 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 the VA estimating that up to 382,000 potential survivors may be eligible for PACT Act benefits, 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 2023 alone, our TAPS Casework team assisted almost 1,500 survivors on benefit claims. We would welcome the opportunity to be accredited to help make the process easier for surviving families and **have never and would never charge for our services.**

TAPS strongly supports the ***GUARD VA Benefits Act*** because it 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 surviving families we serve.