



**STATEMENT FOR THE RECORD  
TRAGEDY ASSISTANCE PROGRAM FOR SURVIVORS (TAPS)  
BEFORE THE  
COMMITTEE ON VETERANS' AFFAIRS  
UNITED STATES HOUSE OF REPRESENTATIVES  
SUBCOMMITTEE ON HEALTH  
HEARING ON PENDING LEGISLATION**

**OCTOBER 13, 2021**

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.

TAPS provides comprehensive support through services and programs that include peer-based emotional support, casework assistance, educational assistance, and community-based grief and trauma resources, all at no cost to military survivors. 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 the 1992 death of her husband Brigadier General Tom Carroll, who was killed along with seven other soldiers when their Army National Guard plane crashed in the mountains of Alaska. Since its founding, TAPS has provided care and support to more than 100,000 bereaved military survivors. In 2020 alone, TAPS connected with 7,583 newly bereaved loved ones — an average of 21 new survivors every day. As of September 30, TAPS has already received 6,974 newly bereaved survivors seeking our care in 2021, with 31% of those grieving the death of a loved one to illness and 32% having lost a loved one to suicide.

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.

Chairwoman Brownley, Ranking Member Bergman, and distinguished members of the House Committee on Veterans' Affairs, Subcommittee on Health, 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 includes 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), in addition to 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 and 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.

## **MILITARY SURVIVOR-RELATED LEGISLATION**

TAPS applauds Chairwoman Brownley and Ranking Member Bergman for their steadfast leadership on military survivor-related issues. We thank members of this committee for introducing and supporting legislation during the 117th Congress that addresses issues that are significantly impacting the military survivor community, chiefly the *Expanding the Families of Veterans Access to Mental Health Services Act* (H.R. 5029).

### **EXPANDING THE FAMILIES OF VETERANS ACCESS TO MENTAL HEALTH SERVICES ACT (H.R. 5029)**

#### *TAPS Strongly Supports*

TAPS is grateful to Representative Rouzer for introducing the *Expanding the Families of Veterans Access to Mental Health Services Act* (H.R. 5029). This critical bill will furnish Vet Center readjustment counseling and related mental health services to members of the families of veterans of the Armed Forces who died by suicide.

Vet Center services are 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 currently do not extend to veteran families of those who died by suicide.

TAPS families who are grieving a military loved one who has 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. Expanding the eligibility for Vet Center usage to include survivors of suicide loss can help stabilize issues of concern, decrease their risk for suicide along with other mental health concerns such as post-traumatic stress, anxiety, and depression, and set them on a journey towards healing.

## **SUICIDE LOSS SURVIVOR TESTIMONIALS**

### **Carla Stumpf Patton, Surviving Spouse of Marine Corps Drill Instructor Sgt. Richard Stumpf**

*"As a young military widow with a newborn baby, I felt completely alone, with no direction on how I would survive this 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 I could go for help. As a suicide survivor, it is one more thing on the list of painful reminders when you are told you don't qualify for services or programs due to the cause of death. So many times I just stopped looking for help, rather than asking only to be turned away time and time again, and just had to find ways to manage on my own.*

*TAPS was the first organization I found to offer this acceptance and care, and has led the way for positive change that supports all military survivors. Having access to mental health support, such as at Vet Centers, not only helps tremendously to cope with grief, loss, and trauma (being that it is an important service that many survivors cannot afford out of pocket), but it also helps to connect with providers who are aware of the military lifestyle and culture. 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."*

## **COMPLICATED AND COMPLEX GRIEF**

Suicide grief is different. Issues related to suicide loss can complicate the grieving process, like trauma, changes in support systems, trying to understand *why* the suicide happened, and struggling with how to talk about the suicide.

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 and often needs 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.

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.

Both of these 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, daily readiness does not incorporate mental wellness, and access to mental health care providers is difficult.

Through years of aiming efforts to reduce 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 one's struggles and that the deceased suffered 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 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.

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 which must be addressed.

## **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**

Mental healthcare should encompass the needs of the “whole veteran.” Rather than focusing on specific need areas, a more holistic 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.

### **CONSISTENCY OF CARE**

Mental healthcare should be consistent. TAPS survivors relay that the care their 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.

### **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, might have made a difference in saving their loved ones.



## **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 is critical for prevention. A proactive approach must reach veterans before they find themselves in an emotional crisis and should normalize seeking care, just as one would seek medical attention for other illnesses or injuries.

## **POSTVENTION AS PREVENTION**

As stated earlier, postvention is a critical component of any comprehensive suicide prevention strategy as 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 own 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. The family of a veteran 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 loss, connect to support and resources, and therefore decreases their risk of suicide.

The publication, [“TAPS Suicide Postvention Model™: A comprehensive framework of healing and growth,”](#) provides more information about the approach TAPS employs to care for survivors bereaved by suicide loss.

## **DEPARTMENT OF DEFENSE STATISTICS ON MILITARY FAMILY SUICIDE**

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% 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.

## **SURVIVOR SUPPORT INCLUDED IN VA CORE POLICIES AND SERVICES**

In accordance with C.F.R. § 0.603, which details VA Customer Experience principles, the VA is responsible for delivering easily accessible care that effectively satisfies customers, contributing to an exceptional customer experience. C.F.R. § 0.603(c) necessitates that the voices of veterans, service members, their families, caregivers, and survivors inform how it delivers care to ensure that customers feel honored and valued.

Critical Vet Center services must be accessible for all veteran beneficiaries C.F.R. § 0.603(c). The VA must act with integrity— to maintain the trust and confidence of all with whom they engage— and excellence— to be our obligation to care for all veterans, their families, caregivers, and survivors (C.F.R. § 0.601). On behalf of the voices of thousands of survivors of veterans who died by suicide, TAPS looks forward to the VA serving this vulnerable population.

Expanding the eligibility for Vet Center usage for surviving families of service members and veterans who died by suicide fulfills VA policy, requirements, and accountability for VA customer experience and honors our Nation's sacred obligation to care for veterans, their families, caregivers, and survivors.

## **CONCLUSION**

TAPS thanks the leadership of the House Committee on Veterans' Affairs, Subcommittee on Health and its distinguished members for holding this imperative hearing to discuss vital pieces of legislation. TAPS appreciates the opportunity to provide a statement for the record and urges passage of the *Expanding the Families of Veterans Access to Mental Health Services Act* (H.R. 5029).