



**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
BONNIE CARROLL
PRESIDENT AND FOUNDER**

MARCH 8, 2023

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 survivor's 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 with education benefits, 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 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 100,000 bereaved military survivors.

In 2022 alone, 8,849 newly bereaved military survivors came to TAPS for care. This is an average of 24 new survivors coming to TAPS each and every day. Of the survivors seeking our care in 2022, 30 percent were grieving the death of a loved one to illness, including toxic exposures, and 29 percent were grieving the death of a military 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.

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 on issues and concerns of importance to the 100,000-plus surviving family members of all ages, representing all services, and with losses from all causes that 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 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 needed survivor services. In 2023, TAPS and the VA renewed and expanded their formal partnership to better serve our survivor community. TAPS works with military 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, and supports referrals to, its programs and services that support all those grieving the death of a military loved one.

TAPS President and Founder, Bonnie Carroll serves on the Secretary of Defense Roundtable for Military Service Organizations and the Department of Veterans Affairs Federal Advisory Committee on *Veterans' Families, Caregivers, and Survivors*, where she 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 is also a distinguished recipient of the Presidential Medal of Freedom, the Nation's highest civilian honor.

PASS COMPREHENSIVE REMARRIAGE LEGISLATION, THE LOVE LIVES ON ACT

TAPS is working with Members of Congress to pass the ***Love Lives On Act of 2023***, comprehensive legislation to eliminate the penalty on surviving spouses that can cause them to lose their survivor benefits if they remarry before the age of 55. TAPS is grateful to Senators Raphael Warnock (D-GA) and Jerry Moran (R-KS), 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 arbitrary 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.
- 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. They often have children that 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 them, especially those with children. Many choose to cohabitate instead of legally remarrying. A long-term goal for TAPS is to secure the right for surviving spouses to remarry at any age and retain their benefits. TAPS is a strong supporter of the ***Love Lives on Act of 2023***.

Military spouses are among the most unemployed and underemployed populations in the United States. Due to frequent military moves, absence of the service member, and expensive child care, military spouses face high barriers to employment and are unable to fully invest in their own careers and retirement. For many families, military retirement pay is treated as the household's retirement pay. These barriers to employment

continue when a military spouse becomes a surviving spouse. Many surviving spouses have to put their lives on hold to raise bereaved children. They are reliant on their survivor benefits to help offset the loss of pay for 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 cannot. If a surviving spouse was previously eligible for insurance through 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 are punitive restrictions that are 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 in Texas¹, Virginia², and Louisiana³, first responders' survivors are allowed to 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, that 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.

Choosing to remarry should not impact a surviving spouse's ability to pay bills. They should not have to choose between another chance at love 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. Being widowed should not penalize them from finding love in the future.

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

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

"My first husband, SSG Matthew Mackey, on his last deployment, wrote our children each a "what if" letter. In those letters, he tells my children that he wants me to find someone to pick up our broken pieces and would love them when he is unable. Due to an archaic law, Congress has made our futures all about ways that we can lose our

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>

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

Had my deceased husband been a police officer, here in Louisiana, instead of U.S. military personnel, I wouldn't have been in this situation. Their survivors are allowed to keep their benefits and pensions, whether they choose to remarry or not. A piece of paper will never make me less of a military widow. It doesn't take away from the 12 years spent sacrificing my own employment while he served, nor the 12 years after his death spent raising our broken family. I should never be forced to live with someone (in hiding) to ensure that the government doesn't take away my earned benefits because I chose not to wait another 35 years for the government's blessing to be able to remarry and keep them.

Members of both committees, all we ask for is the freedom to choose how we pick up the pieces of our broken lives. To be able to move forward without being told we must spend half our lives alone first!"

Michele Nelson, Surviving Spouse of SMSgt Jeremy Nelson, U.S. Air Force

"Jeremy and I were middle school sweethearts and married right out of high school when he joined the Air Force. We talked about and decided that I would stay home with the kids during his many deployments, and while he pursued his higher education. We actually joked that his career was our retirement plan and, therefore, we should invest in him first before I started school and a career.

We had been married nearly 18 years when he died, and I did not have the resume or education to support our three kids by myself. I truly tried, but my many years as a military spouse and volunteering in spouse groups while serving overseas did very little to help me when interviewing for jobs. I used the education benefits to obtain a degree in business, but my resume remains lacking. I am just entering the workforce at 45 and will never see retirement benefits of my own. I am in a serious relationship and would love to get married to him someday, but cannot afford to lose my benefits."

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 eventually 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 the burn pits. 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, but your decision could certainly soften that blow.”

IMPROVE DEPENDENCY AND INDEMNITY COMPENSATION FOR SURVIVING FAMILIES (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 (S.414, H.R.1083)***.
- 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 450,000 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 \$1,562.74, 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 base rate is increased equally for all DIC recipients; 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) 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 veteran survivors demonstrate that stringent limitations on DIC payments to survivors have financial and widespread impacts on housing, transportation, utilities, clothing, food, medical care, recreation, and employment on all family members, including children who lost a parent.

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.”

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.”

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** is the most significant expansion of benefits and services for veterans in more than 30 years.

TAPS worked with the leadership of the Senate and House of Representatives; Chairmen and Ranking Members of the Senate and House Veterans’ Affairs Committees and their professional staff; the Biden Administration; the Department of

Veterans Affairs (VA); veteran and survivor advocates, including Jon Stewart and John Feal; and more than 60 veteran and military organizations who joined together to advocate for this critical legislation. TAPS was proud to witness President Biden sign the **PACT Act** into law on Aug. 10, 2022.

This historic bill ensures 3.5 million 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 critical benefits for their families, caregivers, and survivors. The VA estimates there are 382,000 potential survivors who may be eligible for **PACT Act**-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

The VA began accepting veteran and survivor **PACT Act**-related claims on Aug. 10, 2022 and began processing claims on Jan. 1, 2023. The VA has received over 300,000 **PACT Act**-related claims to date from veterans, but the number of survivors filing claims has been estimated by the VA to be around 6,600.

TAPS recently renewed our Memorandum of Agreement (MOA) with the VA and is partnering with them to help identify, educate, and encourage survivors who lost their loved ones as a result of toxic exposure to submit **PACT Act**-related claims. We remain committed to working with Congress and the VA to ensure toxic-exposed veterans and their survivors receive their earned benefits and health care.

EXPAND MENTAL HEALTH SERVICES AND SUICIDE PRE/POSTVENTION

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

- Prioritize mental health as an essential element to overall wellness and readiness for veterans, service members, families, caregivers, and survivors.
- 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 has 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 22,000 individuals whose military and veteran loved ones died by suicide. In 2022, 29 percent of those coming to TAPS for care each day were grieving a death resulting from suicide and a life that included military service. TAPS conducts in-depth interviews with each survivor to reflect on their loved one's life before suicide. One typical pattern identified among thousands of military suicide survivors is the call for the nation and military community to prioritize mental health care as an essential element to overall wellness and readiness.

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 works with the VA Vet Centers, which provide services to family members of veterans and service members for military-related issues and 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 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.”

RAISE AWARENESS OF OPIOID DEPENDENCE AND FENTANYL-RELATED DEATHS

TAPS will continue to work with Congress, the VA, and 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 swift 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**.⁴

⁴ <https://www.ncbi.nlm.nih.gov/pmc/articles/PMC9262363/>

At the request of Congress, the Department of Defense (DOD) recently 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 2021.⁵ 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).⁶

During the State of the Union Address on Feb. 7, 2023, President Biden stated that “Fentanyl is killing more than 70,000 Americans a year.”⁷ The administration plans to launch a major surge to stop fentanyl production, sale, and trafficking, and improve drug detection.

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

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

“Our son, Cameron, was born on Dec. 3, 1986 and died on Feb. 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, Georgia 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 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).

⁵https://www.markey.senate.gov/imo/media/doc/dod_response_to_senator_markey_colleagues_september_2022_letterpdf.pdf

⁶ <https://www.cdc.gov/stopoverdose/fentanyl/index.html>

⁷<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/>

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 Aug. 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 (IED) in April 2010, which caused a Traumatic Brain Injury (TBI) 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, and 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 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 US 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 still 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 system 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.”

HONOR ALL GOLD STAR FAMILIES

TAPS is working with Congress to:

- Use inclusive language for legislation and establish a concrete legal definition of a Gold Star Family, which includes “died while serving or from a service-connected injury or illness.”
- Reintroduce and pass the ***Gold Star Families Day Act***.

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 of death. There is no differentiation of military headstones, the folding of the flag, playing of Taps, or distribution of government benefits based on

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 our 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.

Gold Star Wives of America (GSW) and American Gold Star Mothers, Inc. are both Congressionally Chartered Nonprofit Organizations, and use 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.

In addition, TAPS fully endorsed the **Gold Star Families Day Act (S.3734 – 117th Congress)** and thanks Senator Elizabeth Warren (D-MA) for her steadfast support on this issue. This important legislation would create a federal holiday on the last Monday in September to recognize families whose loved ones died in service to the nation, regardless of the manner, place, or time of death. While Memorial Day honors all those who have served and died in defense of our freedom, Gold Star Families Day would honor their families' tremendous sacrifice for our nation.

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.

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 lesser 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."

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.”

CREATE ONE GI BILL FOR ALL VETERANS, SURVIVORS, AND FAMILIES

TAPS requests Congress:

- Introduce legislation to consolidate all remaining education benefits for survivors under Chapter 33.
- 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 Vietnam War 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 70 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 limited to dependents of a 100 percent disabled veteran, those who died of a service-connected death, and those who died before 9/11.

Not only would sunseting Chapter 35 simplify the VA approval process, but it would also ensure that all survivors are receiving adequate educational benefits. The following personal testimonials from surviving spouses help highlight these education benefit issues.

Astrid Rushford, Surviving Spouse of TSgt Richard Rushford, U.S. Air Force

“My husband passed away on Dec. 1, 2001, a few short hours after the U.S. Air Force decided to medically retire him while on life support from a successful suicide attempt on active duty. Due to this, even though he was in the 120-day Release from Active Duty (REFRAD) window of being still considered active duty, I was not authorized to utilize the Fry Scholarship. I could not go to school at the time due to the situation and with two young kids; I had to support them through their father's death and life as a single parent.

With the suicide rates in the Air Force, and the Department of Defense as a whole, constantly increasing, I have really wanted to play an active role in suicide prevention. Unfortunately, I have been unable to go to school with the Fry Scholarship benefits due to my husband's status. I have tried twice to apply to the Board of Correction to Military Records to have his death changed to active duty, but was denied both times. They refused because he was medically retired with more than 20 years of active-duty service, but he was not able to sign the paperwork himself while on life support.

The military did not give me proper counseling or support — no access to casualty affairs. My dream is to help others and lower the suicide numbers in the military. The ability to go back to school will give me the education backing I need to fulfill this dream, and be active in the community to help others.”

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.”

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

“The difference for my daughter between 35 and Fry for the next two years is the constant worry of how we are going to pay for the next 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 that 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.”

PROVIDE CHAMPVA YOUNG ADULT COVERAGE IN PARITY WITH THE ACA

TAPS will work with Congress to:

- Reintroduce and pass the **CHAMPVA Children’s Care Protection Act**.
- 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. It is not included in the Civilian Health and Medical Program for the Department of Veterans Affairs (CHAMPVA) coverage. 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 working to expand CHAMPVA coverage for eligible surviving children up to age 26. We strongly supported the **CHAMPVA Children's Care Protection Act (S.727, H.R.1801)** introduced by Senator Sherrod Brown and Representative Julia Brownley in the 117th Congress. This important legislation was endorsed by 43 veteran and military organizations and stakeholders. 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, are working with Congressional Members to reintroduce this critical bill in the 118th Congress.

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 disease 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 (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.

Many young adults 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 as civilian families under the protection of the **Affordable Care Act**.

TAPS will continue to work with Members of Congress to reintroduce and pass the **CHAMPVA Children's Care Protection Act**. 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.”

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 families we serve.