



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

HEARING ON PENDING LEGISLATION

**PRESENTED BY
CANDACE WHEELER
TAPS DIRECTOR FOR POLICY**

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The Tragedy Assistance Program for Survivors (TAPS) is the national provider of comfort, care, and resources to all those grieving the death of a military loved one. TAPS was founded in 1994 as the 501(c)(3) non-profit organization to provide 24/7 care to all military survivors regardless of the duty status of the service member at the time of death, the survivors' relationship to the deceased, or the circumstances of the 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 provides additional programs including but not limited to a 24/7 National Military Survivor Helpline; national, regional, and community programs including military survivor seminars, retreats, and Good Grief Camps for children to facilitate a healthy grief journey; and information and resources provided through the TAPS Institute for Hope and Healing. TAPS provides a significant service to military survivors by facilitating meaningful connections to other survivors with shared loss experiences.

TAPS was founded in 1994 by Bonnie Carroll following 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 the national non-profit organization providing grief support and casework assistance to all those impacted by a death in the military, many TAPS volunteers and staff members have grown with their grief by engaging with TAPS programs and services and now support the mission by caring for other newly bereaved survivors.

Chairman Tester, Ranking Member Moran, and distinguished members of the Senate Committee on Veterans' Affairs, the Tragedy Assistance Program for Survivors (TAPS) is grateful for the opportunity to testify on issues and concerns of importance to the families we serve, all those who have served and died.

The mission of TAPS is to offer comfort and support for surviving families of military loss regardless of the location or manner of their death. Part of that commitment includes advocating for improvements in programs and services provided by the Federal government through the Department of Defense (DoD), the Department of Veterans Affairs (VA), Department of Education (DoED), Department of Labor (DOL), Department of Health and Human Services (HHS), as well as 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 agreement, TAPS continues to work with military survivors to identify resources available within the VA and private sector. TAPS also collaborates with the VA in the areas of education, burial, benefits and entitlements, grief counseling, survivor assistance, and other areas of relevance to all military survivors.

TAPS appreciates the opportunities provided by the quarterly Department of Veterans Affairs (VA) and Department of Defense (DoD) Survivors Forum, which work as a clearinghouse for information on government and private sector programs and policies affecting surviving families. TAPS partners with the VA/DoD Survivors Forum to share information with our colleagues on TAPS programs and services that support all military loved ones following the death of a service member and 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* where she chairs the Subcommittee on Survivors. The Committee advises the Secretary of the VA, through the Chief Veterans Experience Officer, on matters related to Veterans' families, caregivers, and survivors across all generations, relationships, and Veteran status. Ms. Carroll also serves as a PREVENTS Ambassador for the VA's initiative on preventing suicide.

MILITARY SURVIVOR-RELATED LEGISLATION

TAPS applauds Chairman Tester and Ranking Member Moran for their steadfast leadership on military survivor-related issues. We thank you and members of this committee for introducing key pieces of legislation during the 117th Congress that address important issues to our survivor community. TAPS has worked closely with Members and their staff on many of these important bills. We look forward to getting them passed and signed into law this year.

Ensuring Survivor Benefits During Covid-19 Act Of 2021 (S.89)

(TAPS supports with comment)

TAPS thanks Senators Kyrsten Sinema (D-AZ) and Thom Tillis (R-NC), Jeanne Shaheen (D-NH), John Boozman (R-AR), Richard Blumenthal (D-CT), Elizabeth Warren (D-MA) and Christopher Coons (D-DE) for reintroducing the *Ensuring Survivors Benefits During COVID-19 Act of 2021 (S.89)*.

Veterans who die after being ill with coronavirus may have their cause of death labeled as “COVID-19” without accounting for service-related disabilities that further complicate their diagnosis or contributed to their death. This important legislation ensures service-connected disabilities are taken into account by the Department of Veterans Affairs (VA), to ensure family members have access to the survivor benefits they are eligible to receive.

The VA has stated that they can and are implementing this as policy, which we greatly appreciate, but we have heard from impacted surviving spouses who are having a difficult time gaining benefits due to processing errors or processors who do not know about the policy change. We ask Congress to codify the regulation to ensure it continues into the future. We do not know how long the COVID-19 pandemic will last but we want to ensure that surviving families are taken care of in perpetuity.

Aid and Attendance Support Act of 2021 (S.219)

(TAPS supports)

TAPS appreciates Senator Catherine Cortez Masto (D-NV) for introducing the *Aid and Attendance Support Act of 2021 (S.219)*. This legislation increases the amount of specified Department of Veterans Affairs (VA) benefit payments for veterans or their survivors who require aid at home or are in nursing homes. This bill increases these benefits by 25 percent until 60 days after the end of the declared emergency period resulting from COVID-19.

Caring For Survivors Act Of 2021 (S.976)

(TAPS supports with comment)

TAPS is extremely grateful to Chairman Jon Tester (D-MT) and Senator John Boozman (R-AR) for reintroducing the *Caring for Survivors Act of 2021* (S.976), which strengthens Dependency and Indemnity Compensation (DIC) for more than 450,000 eligible survivors. DIC is a tax-free monetary benefit paid to eligible surviving spouses, children or parents of service members who died in the line of duty or eligible survivors of veterans whose death resulted from a service-related injury or illness.

This important bill will bring DIC up to 55 percent of the rate of compensation paid to a 100 percent disabled veteran. The current monthly DIC rate is \$1,357.56 and has only increased due to Cost-of-Living-Adjustments (COLA). We want to ensure that the indemnity rate is increased the same for all DIC recipients pre-and-post 1993, and that added monthly amounts like the 8-year provision and Aid and Attendance are protected. TAPS and the survivor community have supported increasing DIC for many years, especially for those survivors whose only recompense is the DIC payment. It is the top priority for The Military Coalition Survivor Committee, which TAPS co-chairs.

Katie Hubbard, Surviving Spouse of CSM James Hubbard Jr.

“An increase in DIC would mean a little less stress and worry each month. That increase would ensure money for groceries and basic necessities would be covered each month and I wouldn’t have to struggle as much to ensure the rest of the ends would be met. It would mean I could travel the three hours to see our grandson without wondering how to fit that expense in the budget. It would mean that I would have a few extra hours each month to spend with my son on extra learning opportunities, family time without constraints, and play. It would mean a less stressed mom for him that could enjoy playing with legos or cars without thinking about whether I worked enough that day for the bills and food.”

The *Caring for Survivors Act of 2021* also reduces the timeframe a veteran needs to be rated totally disabled from 10 to 5 years, allowing more survivors to become eligible for DIC benefits.

TAPS thanks Chairman Tester for including a provision in the *Johnny Isakson and David P. Roe, M.D. Veterans Health Care and Benefits Improvement Act of 2020* to enable eligible surviving spouses to retain DIC upon remarriage at age 55 instead of the current age of 57.

Colonel John M. McHugh Tuition Fairness for Survivors Act (S.1095)

(TAPS supports with comment)

TAPS is grateful to Ranking Member Jerry Moran (R-KS) and Chairman Jon Tester (D-MT) for introducing the *Colonel John M. McHugh Tuition Fairness for Survivors Act of 2021* and we look forward to its passage.

Currently, there are 151,825 Chapter 35 recipients, most of which are the dependents of 100% disabled veterans. The set rate for Chapter 35 is \$1,265 per month averaging out to just over \$11,000 per year to pay for all college related expenses. In most cases, this will not cover the cost of attendance at an in-state institution of higher learning (IHL) let alone an out-of-state IHL.

Chapter 35 is by far the most outdated education benefit that the VA provides. Even with the \$200 a month increase included in the Forever GI Bill, it is still half of what the Montgomery GI Bill pays, and minimal compared to the Post 9/11 GI Bill and the Fry Scholarship. Long term, TAPS would like to sunset Chapter 35 and move everyone into Chapter 33. In the meantime, guaranteeing in-state tuition for those receiving Chapter 35 is a low cost lift that will drastically improve education options for surviving families and reduce their need for student loans.

Survivors using the Fry Scholarship, dependents using transferred entitlement, and veterans using the Post 9/11 GI Bill are all eligible for in-state tuition at any state school in the country. Survivors using Dependents Education Assistance (DEA) under Chapter 35 are excluded. Eligible DEA recipients are dependents of 100% disabled veterans or service-connected deaths. Guaranteeing in-state tuition for these dependents and survivors, who receive less tuition assistance, would ensure these benefits go further and would not limit school choice.

Renee Monczynski, Surviving Spouse of AT2 Matthew Monczynski

"In order to build a life for my daughter and myself, I knew I had to go to school and choose a career that would allow me to raise her in a single-parent household. Because I am a pre-9/11 veteran and Matt died prior to 9/11, my daughter and I have Chapter 35 benefits that we are grateful to receive. Since Chapter 35 benefits have not been updated to include the ability for a veteran or surviving spouse/child to use them at any state school - in any state - and receive in-state pricing, I now have student loans for my BS in Psychology and I'm paying completely through loans for my MA in Industrial & Organizational Leadership. I paid the difference between in-state and out-of-state tuition. I was penalized because I did not move to PA, my home state of record, where I entered the service. I was not the same person who left at 18 for the Marines."

Kannan Mackey Fugler, Surviving Spouse of SSG Matthew Mackey

“My daughter, Chloe Mackey, is the surviving child of SSG Matthew Mackey. She has a 4.3 GPA and is at the top of her graduating class this year. She is eligible for both the Fry Scholarship and Chapter 35. She has been accepted to Syracuse, the University of Alabama, and Louisiana State University. She has chosen to leave Louisiana and go to the University of Alabama. With it comes a heart-wrenching choice of having to waste months’ worth of her Fry Scholarship purely for the in-state tuition rate.

If Chapter 35 would allow for students to be granted in-state tuition, Chloe has enough academic scholarship money to pay for her tuition and fees and will be wasting thousands of dollars in her benefits just for the in-state tuition rate. Those benefits could be used to further her education in graduate school; instead, they are being used just for a lower tuition rate on tuition that won’t even be paid by the Fry Scholarship, but her academic scholarships. She’s lucky to have the option of choice even though she feels penalized for being at the top of her class and being awarded scholarships. Without the scholarships, she could justify using her months of Fry Scholarship. Instead, she has to justify losing thousands of dollars over in-state/out-of-state rates based on which benefit she uses.

Please consider academic students, like Chloe, that feel penalized for being a good student and choosing a school that is willing to give her an amazing academic scholarship and wasting her benefits, or going to school somewhere she doesn’t want to be.”

Monica Jaikaran, Surviving Spouse of MA1 Dameshvar Jaikaran

“Allowing for In-State Tuition for Chapter 35 benefits would positively impact my family. My 15-year-old daughter would be able to attend her college of choice, Arizona State University. I have steered her away from that dream because we live in California and she can only attend college in her own state to maximize the current VA benefits.”

Fry Scholarship Enhancement Act (S.1096)

(TAPS supports with comment)

TAPS thanks Senators James Lankford (R-OK) and Tom Carper (D-DE) for introducing the *Fry Scholarship Enhancement Act* (S.1096), which expands eligibility for the Marine Gunnery Sergeant John David Fry Scholarship to the families of those who die in the 120 Day Release from Active Duty (REFRAD) period. This bill will provide long overdue parity to these surviving families.

If a veteran dies from a service-connected injury or illness within the 120 Day REFRAD period they are considered to have died on Active Duty for all benefits, except for the Fry Scholarship. These benefits include Survivors Group Life Insurance (SGLI), Dependency and Indemnity Compensation (DIC), Survivors Benefits Plan (SBP), Death Gratuity, TRICARE for Life, MWR privileges, and burial benefits. The only difference is in education benefits where these families are eligible for Chapter 35 instead of the Fry Scholarship.

A long-term goal for TAPS is to sunset Chapter 35 and move all survivors into Chapter 33. Granting access to these families is the logical next step. In some cases, the service member had only been released for a matter of hours or days from active duty at the time of their death.

Astrid Rushford, Surviving Spouse of TSGT Richard Rushford

“My husband attempted suicide in December 2001 while on Active Duty in the Air Force, he did not die immediately, and the Air Force chose to retire him when he was on life support. A few hours later he died ‘in the line of duty’ but was no longer considered active duty by less than 8 hours. My family received every other active duty benefit, except for the Fry Scholarship because of this. I cannot afford to go to college and wish the benefits would be extended to my children and myself. I would like to be a nurse.”

TOXIC EXPOSURE LEGISLATION

Exposures to deadly toxins as a result of military service is not a new phenomenon. Unfortunately, generations of service members have been exposed to toxic substances and many have died as a result. Our country must do more to prevent exposures, properly treat illnesses, and provide benefits for veterans who have been exposed and their families, caregivers, and survivors.

There are more than 2.7 million veterans affected by Agent Orange and over 425,000 veterans affected by Gulf War Syndrome. There are currently more than 3.5 million service members and veterans that may have been exposed to toxins while serving after 9/11, including but not limited to service during Operation Enduring Freedom and Operation Iraqi Freedom. There are more than 7,000 veterans who were exposed to toxic substances while serving in the Armed Forces at Karshi-Khanabad (K-2) Air Base, Uzbekistan.

According to the Veterans Health Administration (VHA), fewer than 300,000 veterans have enrolled in the VA Airborne Hazards and Open Burn Pit Registry, which includes those who deployed to the Southwest Asia theater of operations

after August 1990 or served on or after 9/11 and were deployed to a base or station where open burn pits were used.

While the federal government has created a self-report registry, they admit it is a flawed and limited system that covers only exposures to burn pits. There has not been enough attention placed on ensuring that ALL those exposed to burn pits have been included and it is widely and justifiably criticized as focusing too narrowly on one type of many exposures. Sadly most young veterans who have died as a result of their exposures to toxins never knew to register.

According to the Department of Veterans Affairs, a significant number of veterans who served after 9/11 were exposed to more than a dozen different wide-ranging environmental and chemical hazards, most of which cause serious health risks. Whether from open burn pits, depleted uranium, toxic fragments, or particulate matter, service members and veterans are getting sick and prematurely dying from uncommon illnesses and diseases that are tied to exposures to toxins.

TAPS applauds Congress and members of this committee for introducing significant legislation during the first few months of the 117th Congress, which collectively address the devastating effects of toxic exposure on our veterans, their families, caregivers and survivors.

TAPS proudly supports each of these critical bills.

A bill to modify the presumption of service connection for veterans who were exposed to herbicide agents while serving in the Armed Forces in Thailand during the Vietnam era (S.657)

TAPS thanks Senator John Boozman (R-AR) and Chairman Jon Tester (D-MT) for introducing S. 657, and Senators Ron Wyden (D-OR), Kirsten Gillibrand (D-NY), Elizabeth Warren (D-MA), Rob Portman (R-OH), Maggie Hassan (D-NH), and Mike Braun (R-IN) for being original co-sponsors of the bill.

This important legislation will create a presumption of service connection between exposure to Agent Orange for veterans who served in Thailand during the Vietnam era. Current VA policy only grants service-connected healthcare and benefits for toxic exposure to Vietnam era veterans whose service in Thailand placed them on or near the perimeters of Thai military bases.

We join with the Veterans of Foreign Wars (VFW) in urging the passage of this bill to ensure Vietnam era veterans who served in Thailand receive the care and benefits they have earned.

Fair Care for Vietnam Veterans Act of 2021 (S.810)

TAPS greatly appreciates Chairman Jon Tester (D-MT) introducing the *Fair Care for Vietnam Veterans Act of 2021* (S.810) along with 16 original co-sponsors. We strongly support this important legislation, which adds hypertension and MGUS (Monoclonal Gammopathy of Undetermined Significance) to the list of Agent Orange presumptive conditions at the Department of Veterans Affairs (VA).

The National Academies of Science, Engineering, and Medicine have linked both hypertension and MGUS to Agent Orange exposure, but they are the only two illnesses not included in the VA's list of presumptive conditions. As many as 490,000 Vietnam veterans and their families could benefit from this change.

TAPS applauds the Senate for overwhelmingly passing last year's *Fair Care for Vietnam Veterans Act of 2020* and for Senator Tester leading the charge to include it in the final *Fiscal Year 2021 National Defense Authorization Act* (NDAA). The FY21 NDAA added three additional diseases - bladder cancer, hypothyroidism, and Parkinsonism - to VA's list of Agent Orange presumptive service-connected illnesses.

We strongly urge Congress to pass the *Fair Care for Vietnam Veterans Act of 2021*, which further honors our nation's commitment to our Vietnam veterans, their families, caregivers, and survivors.

Veterans Burn Pits Exposure Recognition Act of 2021 (S.437)

TAPS thanks Senators Dan Sullivan (R-AK) and Joe Manchin (D-WV) for reintroducing the *Veterans Burn Pits Exposure Recognition Act of 2021* (S.437), which addresses the barrier preventing veterans from accessing the Department of Veterans Affairs (VA) health care and benefits for illnesses related to exposure to burn pits. Currently, veterans have to provide their own personal evidence of burn pit exposure for each VA claim.

This important legislation would recognize and concede exposure to airborne hazards and toxins from burn pits under certain circumstances. If a service member falls into one of the specified deployment areas and time periods, they are presumed to have been exposed to a burn pit. It would also require the VA to provide a medical exam to a veteran to determine any links between their medical condition and exposure to burn pits.

TAPS strongly supports the passage of this bill, which removes the burden of proof for burn pit exposure from veterans, their families, caregivers and survivors, and provides much needed health care and benefits to our nation's veterans.

K2 Veterans Care Act of 2021 (S.454)

TAPS is grateful to Senators Richard Blumenthal (D-CT), Tammy Baldwin (D-WI), Sherrod Brown (D-OH), Robert Menendez (D-NJ), and Dianne Feinstein (D-CA) for introducing the *K2 Veterans Care Act of 2021 (S.454)*.

This critical legislation establishes a presumption of service-connection for certain illnesses of veterans who served on active duty at Camp Stronghold Freedom, Karshi-Khanabad (K2) Air Base in Uzbekistan between January 1, 2001, and December 31, 2005.

More than 15,000 Army, Air Force and Marine Corps personnel were deployed to K2, a former Soviet base, between 2001-2005 in support of Operation Enduring Freedom. According to declassified Department of Defense (DoD) documents, K2 service members were exposed to multiple cancer-causing toxic substances and radiological hazards to include petrochemicals, volatile organic compounds (VOCs), depleted uranium, burn pits, and elevated levels of tetrachloroethylene.

Many K2 veterans have become ill and are dying as a result of their exposure to toxins. TAPS calls on Congress to pass this legislation to provide care and benefits for our K2 veterans, their families, caregivers, and survivors. We stand with the Veterans of Foreign Wars (VFW), Disabled American Veterans (DAV), Wounded Warrior Project (WWP), and the Stronghold Freedom Foundation to support this critical legislation.

Mark Takai Atomic Veterans Healthcare Parity Act of 2021 (S.565)

TAPS thanks Senators Tina Smith (D-MN), Thom Tillis (R-NC), and 14 other original co-sponsors for introducing the *Mark Takai Atomic Veterans Healthcare Parity Act of 2021 (S.565)*.

This important bill provides for the treatment of veterans who participated in the cleanup of Enewetak Atoll from January 1, 1977 through December 31, 1980, as radiation-exposed veterans for purposes of service-connected presumption of certain disabilities by the Department of Veterans Affairs.

Named in honor of former Representative Mark Takai, the bill's original 114th Congress sponsor, who died of pancreatic cancer in 2016. Mark served for 17 years with the Hawaii Army National Guard, and was a friend to many of us in the military and veteran community. TAPS supports the swift passage of this bill.

Toxic Exposure in the American Military (TEAM) Act (S.927)

TAPS greatly appreciates Senators Thom Tillis (R-NC) and Maggie Hassan (D-NH) reintroducing the *Toxic Exposure in the American Military (TEAM) Act* (S.927). This landmark bipartisan, bicameral legislation fundamentally reforms and improves how veterans exposed to toxic substances receive health care and benefits from the Department of Veterans Affairs (VA).

The *TEAM Act* expands VA health care and treatment for veterans exposed to toxic substances. It requires the VA to enter into agreements with the National Academies of Science, Engineering, and Medicine to review scientific studies regarding associations between diseases and exposure to toxic substances, and to establish new presumptions of service connection when supported by the science. The bill also expands training on toxic exposure issues for VA health care personnel, and requires VA to develop a questionnaire for primary care appointments to determine whether a veteran may have been exposed to toxic substances during service.

TAPS is a founding member of the Toxic Exposure in the American Military (TEAM) Coalition, comprised of military, veterans, uniformed services, and survivor organizations and stakeholders. The TEAM Coalition was instrumental in helping to draft this critical legislation and we urge Congress to pass it this year.

Presumptive Benefits for War Fighters Exposed to Burn Pits and Other Toxins Act of 2021 (S.952)

TAPS is grateful to Senators Kirsten Gillibrand (D-NY) and Marco Rubio (R-FL) for reintroducing the *Presumptive Benefits for War Fighters Exposed to Burn Pits and Other Toxins Act of 2021* (S.952). This comprehensive bill would streamline the process for veterans to obtain benefits from the Department of Veterans Affairs (VA) for illness due to exposure to burn pits and other toxic exposures.

TAPS strongly supports this bipartisan, bicameral legislation and all efforts to prevent exposures, properly treat those who become ill, and provide benefits for the families of those who die as a result of their service-connected illnesses.

There are millions of service members and veterans who were exposed to burn pits and other toxins while serving, and tragically many will become ill and die from exposure-related illnesses. Their loved ones will make up a large portion of the next generation of TAPS survivors. We call on Congress to pass this toxic exposure legislation this year.

SFC Heath Robinson Burn Pit Transparency Act (S.1188)

TAPS thanks Senators Sherrod Brown (D-OH) and Rob Portman (R-OH) for introducing the *SFC Heath Robinson Burn Pit Transparency Act (S.1188)*, which would direct the Secretary of Veterans Affairs to notify Congress regularly of reported cases of burn pit exposure by veterans.

This bill also enables surviving family members to add a veteran to the Burn Pit Registry after his or her death. This is an important change for surviving families in recognition of their veterans' exposure to burn pits and other toxins. It will also help establish patterns of exposure and deaths, which could help save lives.

The bill is named in honor of an Ohio Army National Guard soldier, SFC Heath Robinson, who was exposed to burn pits during deployment and died last year at the age of 39 after waging a three-year battle with lung cancer.

Understanding Illnesses from Exposures to Toxins

TAPS' interest in understanding illnesses that may result from exposures to toxins stems from our desire to ensure surviving families have access to all available survivor benefits earned through the service of their loved one. The information that can be gathered from our survivor histories is also invaluable in establishing patterns and baselines that can be applied to the veteran and military community, save lives, and prevent this now and in the future.

Over the past five years, the number of survivors of a military death due to illness seeking TAPS services increased by 95 percent. As of April 1, 2021, thirty-one percent of all military survivors connecting with TAPS have experienced a loss due to illness. Military deaths due to illnesses (31%) and suicide (29%) are the leading causes of death among new military survivors connecting with TAPS and far surpasses all other circumstances of death, including hostile action.

TAPS re-launched a national Military Survivor Illness Loss Survey, to learn more about the issues faced by military members who have passed away post-deployment. Among the 722 respondents who accessed the survey, the survey found that 66% of survivors reported their service members served post 9/11. The rates of cancer among pre- and post-9/11 service members are similar at 58% and 57% respectively. Survivors reported that their loved one was misdiagnosed in over 40% of post-9/11 cases. Among age groups, those ages 31-40 reported the highest misdiagnosis rate. A majority of post-9/11 service members reported requiring a caregiver. While 67% of all survivor respondents reported their service member required a caregiver, 60% of post-9/11 service

members reported that they required a caregiver. Results included only demonstrate initial findings. To strengthen the validity of these findings, TAPS plans to collect and analyze additional survey data to provide further insight into the experiences of service members and veterans, and illustrate any trends that may warrant continued research.

Together with other partners in the military and veteran community, TAPS is working to advocate for veterans exposed to toxins, their families, caregivers, and survivors. Through these partnerships, we have made great strides over the past three years to create a growing awareness of the issue of toxic exposure by enlisting support from other organizations, such as members of The Military Coalition (TMC), comprised of 35 organizations representing more than 5.5 million members of the uniformed services - active, reserve, retired, survivors, veterans - and their families.

Illness Loss Survivor Testimonials

Death by illness is one of the leading causes of death among military survivors. Since 2008, TAPS has been supporting 14,207 survivors whose military loved ones died due to an illness. In 2020 alone, 2,317 new survivors of a death by illness reached out to TAPS for support and services. Sadly, we project this number to increase by more than 2,300 each year based on current trends.

While we know there's a significant number of veterans who die of common illnesses, we have become deeply concerned that like the Vietnam era, post 9/11 veterans have been exposed to toxins that are known to cause terminal illnesses. TAPS is working to gather survivor stories and aggregate data to better understand the scope and types of illness loss. Here are a few of the many stories we have collected from our surviving families:

Coleen Bowman, Widow of SGM Robert Bowman

"Rob was the picture of health before he deployed, he was an Airborne Ranger. When he returned from his second deployment from Iraq, he was sick. In June 2011, Rob was diagnosed with an extremely rare cancer Cholangiocarcinoma (bile duct cancer). During deployments, Rob was in close proximity to an open-air burn pit that burned around the clock. His vehicle was struck at least ten times by IEDs, stirring up particulate matter.

Had we known he had been exposed and to what toxins, we could've shared the information with doctors, and it wouldn't have taken six months of misdiagnoses before we learned he had stage 4 inoperable cancer. Had we known earlier he might still be alive today.

For 19 months my daughters and I cared for him, and on January 13, 2013 Rob passed away at the age of 44. Several of the men that Rob served with have many different illnesses, to include cancer, and several have passed away since at very young ages."

Tim Merkh, Father of Corpsman Richard Merkh

"My son Richard Merkh was a Corpsman in the Navy. He had served over 15 years and died from cancer on October 3, 2018. Richard served several tours with the Marines during the war. His lodging facilities were on only trash or dump sites. It is my belief that Richard contracted stage 4 cancer from his exposure during the war. Cancer does NOT run in my DNA, nor my wife's. So where did he contract the cancer... his exposure. Unfortunately, he was diagnosed after his entire liver and colon was infected with cancer.

I am a retired USAF veteran. I know what we put our troops through. Some things must change. Richard was survived by his wife of twelve years and a beautiful 4-year-old daughter, my precious granddaughter. We can't change Richard's outcome, but we must ensure we treat and support our troops better."

Nicoele, Drew, and Maggie Arseneau, Widow and Children of Specialist Andrew Arseneau- US Army

"My children Drew and Maggie lost their father, and I lost my husband, Andy, six years ago on September 12, 2014 to lung and heart failures due to toxic exposures during his service in Iraq, Saudi Arabia, and Kuwait during Desert Storm. He was only 46.

We first filed his health claims with the VA in 2010. They were denied and we were in the very lengthy appeals process when he passed away in 2014. He was approved 100%, permanent and total for his PTSD, but his toxic exposure claim was denied. He could no longer work due to his illness and I was his full-time caregiver for four years.

I filed for DIC benefits for the children and myself immediately after his death. I'm still fighting today for approval after paperwork was lost by the VA forcing me to lose possible back pay and start the process from the beginning after ten years. He has been gone for six years and this process has taken a toll on our family."

June Heston, Widow of BG Michael Heston

"Mike was active duty in the Vermont National Guard. He deployed to Afghanistan three times. First in 2003 for 7 months, then 2006-2008 for 15 months, and last 2011-2012 for one year.

In April of 2016, Mike had gone into the doctor not feeling well. For 10 months doctors couldn't figure out what was wrong with him. Finally, in January of 2017, Mike was diagnosed with a very rare form of pancreatic cancer, stage 4. Mike passed away shortly after that on November 14, 2018."

Laura Forshey, Widow of Sgt Curtis Forshey

"Three months into his deployment, he began to experience bloody noses that would go on for hours at a time. He went to the doctor there on the FOB where they ran bloodwork. The results showed his white blood count was way off. They flew him to Landstuhl, Germany.

His wife, Laura, and 3-month-old son, Ben, along with Curt's parents flew to be with him in Germany. While they were in flight, Curt passed away. His cause of death was a brain aneurysm, caused from the cancer they discovered, Acute Promyelocytic Leukemia. Curt was 22 years old. He died on March 27, 2007. With proper diagnosis and treatment it is curable in 80-90% of patients."

Rev. Jennifer Moser, Widow of LTC Gregory Moser

"My husband LTC Greg Moser was an IL National Guard Chaplain, deployed to camp Phoenix. He left healthy in 2008. He returned in 2009 with a wracking cough that never fully went away. He died on December 24, 2016 from complications of the stage IV lung cancer he'd been diagnosed with six months earlier.

Being a Chaplain and parish Pastor, he had no history of Toxic Exposures from any other source (he didn't work in heavy industry or some such in his civilian life). And there was no history of cancer in his family whatsoever. Heart disease and diabetes, yes. Cancer, no!

As a result of his death being ruled active duty, honorable but not in the line of duty, I do not qualify to receive his pension, and Greg's four children do not qualify for tuition help, such as the Fry Scholarship. Moreover, the "not in the line of duty" ruling is an emotional slap in the face to our National Guard soldiers who fought a ten-year war with multiple deployments. Often taking pay cuts to serve and dealing with trauma to families of multiple and sudden deployments, only to have DoD tell us those deaths aren't service-connected."

Kris Marbutt, Widow of Sgt John Marbutt

"He worked very closely to the burn pits. In 2010 he was diagnosed with a brain tumor and told it was benign. He was initially denied a CT scan. He was diagnosed with a second 'huge tumor' glioblastoma. He died on October 21, 2016. He was 34 years old."

Amber Bunch, Widow of LCPL Mark Bunch

“After returning from his second deployment he was different mentally and physically. From the outside looking in one could see the effects of war followed him home, facing PTSD and Survivors Guilt. On the other hand, the more noticeable conditions began to appear including insomnia paired with night terrors, breathing issues, constant coughing, stomach issues that could not be resolved, migraines that lasted for days, sudden mood changes, lower back pain, sleep apnea, memory loss, and the list could go on. I fought and fought for us, for our family. On February 26, 2014, my battle for my husband Mark Bunch Jr’s legacy began upon his passing. I never imagined six years later I would still be fighting for benefits.”

Louise Carroll, Widow of Vietnam Veteran Larry Carroll

“My husband Larry was in the Army and Navy for 27 years. He was in Vietnam where he contracted Agent Orange. From 2004 to 2017, I watched my husband die slowly with new comorbidities that were from cancer to COPD plus all kinds of lipomas and heart problems. His percentage of disability was 265 percent. He was on morphine for pain.

I touched every part of his body not knowing the terrible problems to me. For three years now, I have had places come up on my face and body that end up like burns. I have been treated for everything but cannot be given a diagnosis. I believe, because I was exposed to all of his secretions, that through his blood I contracted Agent Orange. I called the VA for help in testing and they refused, very hurriedly telling me this was impossible. At the time, I had surgery on my knee and hip from lifting him and dressing my own wounds. No way it was sterile. I am retired from the medical field and know I am sick.”

Tanja Smith, Military Spouse

“While I haven’t lost someone due to this, my husband was deployed several times and spent time at the burn pits, which makes me worry about the future and how the burn pits may cause issues with his health.”

Exposure-Related Illnesses

In 2021, TAPS believes that deaths due to illness will be the leading cause of death among military survivors. It’s time to take action and learn more about which toxins are causing rare cancers and other illnesses in our young people. Research must be done in and outside of government. We don’t have time on our side, we already know a number of toxins our troops were exposed to are carcinogens.

The Department of Defense has the ability to determine who was exposed to what toxins, when they were exposed and can work together with the VA to notify every affected service member and veteran. We must get this information into the hands of veterans and their medical providers so they can plan for early screening, make connections for accurate diagnosis and effective early treatments and ensure that they are receiving the benefits and services they have earned through their service to our nation.

The Departments of Defense and Veterans Affairs are working to mine data to match exposures to veterans, but they must work harder and faster. The information that should be mined from the Individual Longitudinal Exposure Record (ILER) could be groundbreaking. TAPS is proud to have strenuously advocated that the final version of the *National Defense Authorization Act (NDAA) for Fiscal Year 2021* requires the ILER be expanded to allow veterans to access their personal records. We continue to call on Congress to require DoD and VA to make this critical information available to veterans' families and survivors.

We know pre- and post-9/11 generation service members were exposed to toxins while serving overseas. The sobering consequence has been thousands of unexplained illnesses, many of them terminal. The loss of a service member or veteran to illness can be especially difficult when the survivor is unable to "prove" a service connection. This results in an absence of death benefits for survivors or acknowledgement of responsibility by the government that the illness and/or death of the loved one was caused by exposure to toxins.

What TAPS Is Doing

We must provide answers to our survivors of military loss. So many are left wondering how their loved one survived multiple deployments and returned home safely, only to succumb to illnesses or rare cancers. Like we did when we saw increasing trends and deaths by suicide, TAPS is developing a program to specifically address the needs of our survivors who grieve the death of their loved one to an illness.

Through our research, TAPS has learned that many illness loss survivors have been caregivers first. Of the 722 respondents who accessed the Illness Loss Survivor Survey, 60% of post-9/11 service members required a caregiver before their death to perform their activities of daily living, to administer medications and be at the bedside - sometimes for lengthy periods of time.

TAPS recognizes the urgent need to support families who have lost a military loved one after having been caregivers. As a result, TAPS launched our “Caregiver to Survivor” program with the Elizabeth Dole Foundation and the American Red Cross Military and Veterans Caregiver Network (MVCN) to warmly transition caregiver families to surviving families. Our program will provide hope and healing to thousands of veteran and military families who are experiencing the devastating loss of loved ones to illnesses and/or injuries related to their overseas service.

TAPS applauds Congress and this committee for conducting oversight of the devastating effects of toxic exposure on our veterans, caregivers, and survivors. We urge Congress to expand healthcare and benefits for veterans, caregivers and survivors; legislate critical funding for toxic exposure research and education; and build a public awareness campaign so we can save lives.

Those who volunteer to serve in defense of freedom and the families who stand beside them must know that America will support them should they make the ultimate sacrifice as a result of their service.

CONCLUSION

The Tragedy Assistance Program for Survivors thanks the leadership of the Senate Committee on Veterans’ Affairs and its distinguished members for holding this hearing to discuss the myriad of important pieces of legislation that have been recently introduced. TAPS appreciates the opportunity to testify and provide a statement for the record in support of important survivor-related and toxic exposure-related legislation.