



STATEMENT FOR THE RECORD

**TRAGEDY ASSISTANCE PROGRAM FOR SURVIVORS (TAPS)
BEFORE THE
JOINT COMMITTEES ON VETERANS AFFAIRS**

March 22, 2017

Tragedy Assistance Program for Survivors (TAPS) is the national organization providing compassionate care for the families of America's fallen military heroes. TAPS provides peer-based emotional support, grief and trauma resources, grief seminars and retreats for adults, 'Good Grief Camps' for children, case work assistance, connections to community-based care, and a 24/7 resource and information helpline for all who have been affected by a death in the Armed Forces. Services are provided to families at no cost to them. We do all of this without financial support from the Department of Defense. TAPS is funded by the generosity of the American people.

TAPS was founded in 1994 by Bonnie Carroll following the death of her husband in a military plane crash in Alaska in 1992. Since then, TAPS has offered comfort and care to more than 70,000 bereaved surviving family members. For more information, please visit www.TAPS.org.

TAPS currently receives no government grants or funding.

Chairman Isakson, Chairman Roe, Ranking Member Tester, Ranking Member Walz and distinguished members of the Senate and House Veterans Affairs Committees, the Tragedy Assistance Program for Survivors (TAPS) thanks you for the opportunity to make you aware of issues and concerns of importance to the families we serve, the families of the fallen.

While the mission of TAPS is to offer comfort and support for surviving families, we are also committed to improving support provided by the Federal government through the Department of Defense (DoD) and the Department of Veterans Affairs (VA), state governments and local communities for the families of the fallen -- those who fall in combat, those who fall from invisible wounds and those who die from illness or disease.

We thank you for the provisions included in the *Jeff Miller and Richard Blumenthal Veterans Health Care and Benefits Improvement Act of 2016* including the expansion of eligibility for the Marine Gunnery Sergeant John David Fry Scholarship for spouses, clarification of eligibility for in-state tuition benefits for those using the Fry Scholarship, and expedited payment of survivor benefits for the surviving spouses of 100 % disabled veterans. We are grateful for both Committees' focus on improving survivor benefits.

TAPS would also like to recognize the outstanding support we receive from the VA on behalf of the survivors we serve. The VA Office of Survivor Assistance, including director Moira Flanders and her staff, works closely with TAPS to answer questions and concerns that are raised by surviving family members. We also appreciate the opportunities provided by the DoD/VA Survivors Forum, held quarterly, which works as a clearinghouse for information on government and private sector programs and policies affecting surviving families. This is ably facilitated by Craig Zaroff of the VA Benefits Assistance Service.

Survivor Financial Benefits

Improve Dependency and Indemnity Compensation (DIC)

TAPS asks that Congress establish DIC equity with other federal survivor benefits. Currently the 2017 DIC rate is set at \$1,257.95 monthly (approximately 43% of a 100% disabled retiree's compensation). Survivors of federal civilian workers have their annuity set at 55% of their Disabled Retiree's Compensation. TAPS supports raising DIC payments to 55% of VA Disability Compensation for a 100% disabled veteran. Moreover, when compensation is increased the law should ensure that DIC-eligible survivors under the old system (prior to 1993) receive an equal increase.

Allow Remarried Surviving Widows to Retain Benefits

TAPS hears from many young surviving spouses who are unable to move on with their lives because they will lose their benefits upon remarriage. For many of them, the biggest loss is their jurisdiction as primary next of kin (PNOK). If they remarry, they no longer have the right to decide where the final resting place of their service member spouse would be should they be missing in action or if, as has happened several times, other remains are discovered and returned for burial.

TAPS recommends that the age limit on remarriage (age 57) be eliminated in order for surviving spouses to remain in receipt of rights and benefits, including PNOK status after remarriage. In 2014, Great Britain eliminated any remarriage restriction limiting the reception of benefits for surviving spouses. We ask that you at least study the implications of allowing remarried widows to retain benefits.

Eliminate the DIC Offset to the SBP Annuity

TAPS believes ending the Dependency and Indemnity Compensation (DIC) offset to the Survivor Benefit Plan (SBP) will provide the most significant long-term advantage to the financial security of all eligible surviving families. Although we know there is a significant price tag associated with this change, ending this offset would correct an inequity that has existed for many years. While we realize that resolution of this issue does not fall under the purview of the Veterans Affairs Committees, we feel it is important for the Veterans Affairs Committees to be aware of this issue.

Each payment serves a different purpose. The DIC is a special indemnity (compensation or insurance) payment paid by the VA to the survivor when the service member's service causes his or her death. The SBP annuity, paid by the DoD, reflects the longevity of the service of the military member. It is ordinarily calculated at 55 percent of retired pay.

Military retirees who elect SBP pay a portion of their retired pay to ensure that their family has a guaranteed income should the retiree die. If that retiree dies due to a service-connected disability, their survivor also becomes eligible for DIC. At present, the surviving spouse who is eligible for SBP and DIC receives the full DIC payment of \$1,257.95 (2017 rates) per month and the portion of the SBP payment offset by the DIC payment which varies upon the retiree's rank and length of service.

Surviving spouses whose service member died on active duty after September 11, 2001 are also eligible for both the SBP annuity and DIC payment. Surviving active duty spouses can make several choices, dependent upon their circumstances and the ages of their children. Because SBP is offset by the DIC payment, the spouse may choose to waive this benefit and select the "child only" option. In this scenario, the spouse would receive the DIC payment and the children would receive the full SBP amount until each child turns 18 (23 if in college), as well as the individual child DIC until each child turns 18 (23 if in college). Once the children have left the house, this choice currently leaves the spouse with an annual income from DIC of \$15,095 (2017 rates), a significant drop in income from what the family had been earning while the service member was alive and on active duty. The percentage of loss is even greater for survivors whose service members served longer.

TAPS hears from the eligible surviving spouses we serve about the inequity of this offset. Many of the surviving spouses of junior service members receive no portion of their SBP annuity. Those who choose to designate their children as the SBP beneficiaries often find that the taxes the children are paying overwhelm the short-term benefit of having the SBP go to their children. Add to that the difficulty of making those choices so soon after the death of the service member while still in the fog of grief.

It is unconscionable that this has been an issue for so many years and that survivors need to come back year after year to fight for this change only to be told the cost is too high. The cost was high to surviving families -- those who gave their lives for their country deserve more fair compensation for their surviving spouses.

Increase VA Survivors' Death Pension linking death pension benefits to the federal poverty level determined each year by the Department of Health & Human Services.

Education Benefits

TAPS appreciates the attention that the Committees have paid to making sure that veterans and surviving family members have access to quality education. Surviving family members using their education benefits often fall prey to many of the same challenges facing veterans using their benefits, whether it be unscrupulous recruiting practices or questionable and confusing financial aid packages. TAPS is proud to work with other organizations, including the American Legion, Veterans of Foreign Wars, Veterans Education Success, Student Veterans of America and the Department of Education to ensure that safeguards are in place to protect all recipients of education benefits from the VA.

Indicative of the specialized support that TAPS provides is the education portal and individualized support on the education benefits available for the children of America's fallen heroes. TAPS staff members work with each individual to maximize the financial support they can receive to complete their education from both government and private agencies.

Expansion of the Yellow Ribbon Program

Extend eligibility for the Yellow Ribbon program, which allows approved institutions of higher learning and the VA to partially or fully fund tuition and fee expenses that exceed the established thresholds under the Post-9/11 GI Bill to those survivors eligible for the Fry Scholarship.

Waiver for Distribution of the Transferred Post -9/11 GI Bill Benefits

TAPS requests a technical correction for transferred GI Bill Benefits. If a service member transfers their GI Bill while alive and subsequently passes, no change in the number of months of the benefit amount allotted each family member can be made. If the service member or veteran was still living, they could adjust the number of months allotted to each family member at will.

For example, Col. David McCracken transferred 35 months to his son and 1 month to his daughter while he was on active duty. He did so thinking he could go back and divide it as they needed it later. Unfortunately, because he died of wounds from his service, the division must remain. Col. McCracken's son, Connor is planning to attend the US Air Force Academy and would like to give all 35 of his months to his sister to use; but because only the service member can make adjustments to the amount of months each dependent receives, Connor will have to let the 35 months he was allotted go unused.

The technical fix would be to allow survivors of those who had transferred the GI Bill and passed to adjust the months amongst those designated. In discussion with committee staff, the quandary of who should decide on the division was raised. We suggest it could be up to the current possessor of the benefit to determine if and how many months would be transferred. This will also only impact those already listed as transferees; no new transferees could be added.

Improve Chapter 35 Survivors' and Dependents' Educational Assistance (DEA) and other Educational Benefits

- Support legislation to increase DEA benefits under Chap. 35, Title 38 USC a minimum of 20% to match the increase in Montgomery GI Bill (MGIB) benefits Congress passed in 2008.
- Establish a housing and annual book stipend for the DEA program.
- Require the DEA program be adjusted proportionally whenever Congress raises MGIB (Chap. 30) and the Post-9/11 GI Bill (Chap. 33) benefits.

Expansion of Fry Scholarship to Reserve and National Guard

Currently, if a service member in the Reserves or National Guard dies while on active-duty orders, in a training accident or in route to or from training,, the death is considered “in the line of duty” by the branch of service and service-connected by the VA. In those circumstances of death, the family is eligible for the same education benefits as a full-time, active-duty service member, such as the Fry Scholarship or Survivor Benefit Plan (SBP). However, if that Reserve or National Guard member dies of an illness, natural causes, suicide or accident while inactive or not on orders, the family is not eligible. The death may later be determined service connected by the VA, but a line-of-duty investigation by the branch of service does not apply, thus eliminating eligibility for the Fry Scholarship and in some cases SBP.

Below are examples of families negative effected by the current law:

Colonel David McCracken served honorably in the Army and Army Reserves for over 20 years. During his military career, he was deployed multiple times; during his last tour he was activated as a reservist to deploy to the Middle East. Upon return from his deployment, he was diagnosed with brain cancer which was found to be service-connected by the VA because of the link to burn pit exposure in the Middle East. He was not on active-duty orders nor training at the time of his death due to illness, and his children are not eligible for the Fry Scholarship. Because his death was service-connected, his eligible family members are granted VA Dependents Education Assistance and Dependency Indemnity Compensation, however the Fry Scholarship pays a much greater benefit for education.

1st Sergeant John DuPont served his country honorably for over 30 years, starting in the USMC and then the Army National Guard. During his National Guard service (which spanned nearly 20 years) he was deployed to Afghanistan. Upon his return he continued with the National Guard and lost his battle with PTSD and completed suicide in 2011. He had just returned home from his drill weekend only hours before and was preparing for an upcoming deployment in early 2013. Had he died a few hours earlier his children would have been eligible for the Fry Scholarship but because of his non activated status at the time of his death his children are not eligible, despite remaining with the National Guard until the time of his death. His death was considered service-connected but not in the line of duty.

Children and spouses of deceased Reserve and National Guard who were serving their country at the time of death are denied benefits that are paid to active duty service members’ families whose deaths are caused by the same conditions. Traditional National Guard and Reserve members typically serve one weekend per month and two weeks per year, but are always at the ready for national and international military needs. Eligibility for survivor benefits requires the death be the result of an injury or disease incurred or aggravated in the line of duty during active duty or active duty for training. Other benefit programs require a specified number of days of active service. Reserve and National Guard members’ next of kin are issued the DD Form 1300 Report of Casualty, just like a full-time, active-duty service member. While they may be on inactive duty for training or off orders at the time of death their commitment to serve their country is an obligation and should be treated the same as active duty death.

Health-Related Issues

Burn Pits

TAPS supports about 30 families who have identified the cause of death of their service member/veteran as burn pit exposure. Some deaths have been identified as service-connected and

some have not. The Government Accountability Office report *Waste Management: DOD Has Generally Addressed Legislative Requirements on the Use of Burn Pits but Needs to Fully Assess Health Effects* GAO-16-781: Published: Sep 26, 2016, has offered several recommendations that TAPS supports. We ask these committees to encourage further follow-up on these recommendations.

- Support research on the impact of service members exposed to environmental toxins or hazardous substances, and/or deployment illnesses resulting from their military service (e.g., burn pit exposure in Iraq and Afghanistan and Camp Lejeune contaminated water).
- Ensure health care and benefits are established to appropriately compensate and support service members and veterans, family members and survivors, particularly those experiencing catastrophic and devastating cancers, diseases, other health conditions, or death.
- Implement GAO's September 2016 Report (GAO-16-781) recommendation for DoD and VA to examine the relationship between direct, individual, burn pit exposure and potential long-term health-related issues as well as the National Academies of Sciences, Engineering, and Medicine's Report of 2011, which suggested the need to evaluate the health status of service members from their time of deployment over many years.

TAPS supports H.R. 1279 and S. 319 which propose to amend title 38, United States Code, to direct the Secretary of Veterans Affairs to establish within the Department of Veterans Affairs a center of excellence in the prevention, diagnosis, mitigation, treatment, and rehabilitation of health conditions relating to exposure to burn pits.

CHAMPVA

Expand CHAMPVA coverage to eligible surviving children up to age 26 to reflect the provisions in the Patient Protection and Affordable Care Act (ACA) that mandate young adult coverage on their parent's healthcare insurance plans. TAPS supports H.R. 92 and S. 423 which would accomplish this goal.

Suicide Prevention

TAPS fastest growing population is made up of the surviving families of military suicide. TAPS presently has more than 7,100 suicide loss survivors. We average 3 to 4 new suicide survivors every day. In addition to a specialized program for families of suicide, TAPS also launched a series of public service announcements in September 2016 to spread a message of hope, help and healing which were aired nationally. You may view them on the TAPS website (www.taps.org) and on YouTube.

TAPS offers a specialized program for the survivors of those who have died by suicide. The program is divided into three parts:

1. **POSTVENTION** -- Postvention is prevention. Those who are exposed to suicide, especially those who were intimately connected to the deceased, are at higher risk of suicide themselves. Postvention is an intervention that provides care to all those who are grieving a death by suicide in hopes of decreasing risk and providing a path to healing. TAPS has developed a program that allows peer professionals to connect immediately with new survivors. New survivors are offered peer-based support, resources and referrals to trauma care and seminars designed specifically for healing after suicide.
2. **INTERVENTION** -- Survivors of traumatic loss are at increased risk for suicide, mental health disorders and addiction. Whether killed in action, illness, accident or suicide, survivors may be at risk for suicide.

TAPS staff is trained in Applied Suicide Intervention Skills Training (ASIST). This training allows our staff to identify those at risk and connect them with the care they need.

3. PREVENTION -- With each suicide comes a story of a service member or veteran who did not survive his or her injury or illness. These stories provide us with an extraordinary amount of information that can be used in prevention efforts. TAPS has been the voice of suicide survivors for over a decade. Information from our survivors has informed policy and protocols for each of the services as well as the DOD and VA.

TAPS supports H.R. 411, which directs the Secretary of Veterans Affairs to conduct a review of the deaths of certain veterans who died by suicide and stands ready to assist the VA with any research or data we can provide.

It is the responsibility of the nation to provide for the support of the loved ones of those who have paid the highest price for freedom. Thank you for allowing us to speak on their behalf.