



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

**PRESENTED BY  
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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 or veteran loved one. TAPS was founded in 1994 as a 501(c)(3) nonprofit organization to provide 24/7 care to all military survivors, regardless of a service member's duty status at the time of death, a survivor's relationship to the deceased service member, or the circumstances or geography of a service member's death.

TAPS provides comprehensive support through services and programs that include peer-based emotional support, casework, assistance with education benefits, and community-based grief and trauma resources, all delivered at no cost to military survivors. TAPS offers additional programs including, but not limited to, the following: the 24/7 National Military Survivor Helpline; national, regional, and community programs to facilitate a healthy grief journey for survivors of all ages; and information and resources provided through the TAPS Institute for Hope and Healing. TAPS extends a significant service to military survivors by facilitating meaningful connections to peer survivors with shared loss experiences.

In 1994, Bonnie Carroll founded TAPS after the death of her husband, Brigadier General Tom Carroll, who was killed along with seven other soldiers in 1992 when their Army National Guard plane crashed in the mountains of Alaska. Since its founding, TAPS has provided care and support to more than 120,000 bereaved military survivors.

In 2024 alone, 8,911 newly bereaved military and veteran survivors connected to TAPS for care and services, the most in our 30-year history. This is an average of 24 new survivors coming to TAPS each and every day. Of the survivors seeking our care in 2024, 37 percent were grieving the death of a military loved one to illness, including as a result of exposure to toxins; 29 percent were grieving the death of a military loved one to suicide; and only 3 percent were grieving the death of a military loved one to hostile action.

As the leading nonprofit organization offering military grief support, TAPS builds a community of survivors helping survivors heal. TAPS provides connections to a network of peer-based emotional support and critical casework assistance, empowering survivors to grow with their grief. Engaging with TAPS programs and services has inspired many survivors to care for other more newly bereaved survivors by working and volunteering for TAPS.

Chairman Moran, Ranking Member Blumenthal, and distinguished members of the Senate Committee on Veterans' Affairs, the Tragedy Assistance Program for Survivors (TAPS) is grateful for the opportunity to provide a statement for the record on issues of importance to the 120,000-plus surviving family members of all ages, representing all services, and with losses from all causes who we have been honored to serve.

The mission of TAPS is to provide comfort, care, and resources for all those grieving the death of a military loved one, regardless of the manner or location of death, the duty status at the time of death, the survivor's relationship to the deceased, or the survivor's phase in their grief journey. Part of that commitment includes advocating for improvements in programs and services provided by the U.S. federal government — the Department of Defense (DoD), Department of Veterans Affairs (VA), Department of Education (DoED), Department of Labor (DOL), and Department of Health and Human Services (HHS) — and state and local governments.

TAPS and the VA have mutually benefited from a long-standing, collaborative working relationship. In 2014, TAPS and the VA entered into a Memorandum of Agreement that formalized their partnership with the goal of providing earlier and expedited access to crucial survivor services. In 2023, TAPS and the VA renewed and expanded their formal partnership to better serve our survivor community. TAPS works with military and veteran survivors to identify, refer, and apply for resources available within the VA, including education, burial, benefits and entitlements, grief counseling, and survivor assistance.

TAPS also works collaboratively with the VA and DOD Survivors Forum, which serves as a clearinghouse for information on government and private-sector programs and policies affecting surviving families. Through its quarterly meetings, TAPS shares information on its programs and services as well as fulfills any referrals to support all those grieving the death of a military and veteran loved one.

TAPS President and Founder Bonnie Carroll served on the Department of Veterans Affairs Federal Advisory Committee on *Veterans' Families, Caregivers, and Survivors*, where she chaired the Subcommittee on Survivors. The committee advises the Secretary of the VA on matters related to veterans' families, caregivers, and survivors across all generations, relationships, and veteran statuses. Ms. Carroll is also a distinguished recipient of the Presidential Medal of Freedom, the nation's highest civilian honor.

## LOVE LIVES ON ACT OF 2025 (S.410)

### **TAPS Strongly Supports**

TAPS is honored to work with members of this committee to pass one of our top legislative priorities, the **Love Lives On Act of 2025 (S.410)**. This comprehensive legislation will allow surviving spouses to retain their benefits following remarriage before the age of 55. TAPS is grateful to Senators Jerry Moran (R-KS) and Raphael Warnock (D-GA) and our 22 original Senate cosponsors for introducing this important legislation in the 119th Congress.

We ask Congress to:

- Remove the age of 55 as a requirement for surviving spouses to retain benefits after remarrying.
- Allow surviving spouses to retain both the Survivor Benefit Plan (SBP) and Dependency and Indemnity Compensation (DIC) upon remarriage at any age.
- Allow remarried surviving spouses to regain their TRICARE benefits if their remarriage ends due to death, divorce, or annulment.

Current law significantly penalizes surviving spouses if they choose to remarry before the age of 55. Given that most surviving spouses from the post-9/11 era are widowed in their 20s or 30s, we are asking them to wait 20-plus years to move forward in their lives with the financial security given as a result of their loved ones' service and sacrifice. They often have children they must raise alone. Many surviving spouses choose not to remarry after the death of their service member because the loss of financial benefits would negatively impact their family, especially those with children. Many choose to cohabitate instead of legally remarrying.

The long-term goal for TAPS is to secure the right for surviving spouses to remarry at any age and retain their benefits. TAPS is leading efforts to pass the **Love Lives On Act of 2025**, which is supported by over 50 veteran and military organizations. TAPS spearheaded a letter of support from these partner organizations that has been shared with every member of this committee.

Military spouses are among the most unemployed and underemployed populations in the United States. Due to frequent military moves, absence due to frequent deployments 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 from their late spouse and their own lost income as a result of military life.

If a surviving spouse's subsequent marriage ends in death, divorce, or annulment, while most benefits can be restored, TRICARE benefits are not restored. If a surviving spouse was previously eligible for CHAMPVA, that benefit can be restored. TAPS is asking that we provide parity with other federal programs and allow TRICARE to be restored if the subsequent marriage ends.

These restrictions appear to be punitive as they are only imposed on the military surviving family, but not others who put their lives on the line to protect and defend. For example, in 30 states, including Texas<sup>1</sup>, Virginia<sup>2</sup>, and Louisiana<sup>3</sup>, first responders' survivors may legally remarry in the U.S. and maintain all or partial pensions and benefits.

In certain circumstances, divorcees are granted more respect than surviving spouses. If a service member was married for at least 20 years and served 20 years, their divorced spouse is entitled to a portion of that retirement benefit regardless of whether they remarry or not. Surviving spouses should not be penalized for remarrying when we grant the right to retain benefits to certain divorced spouses.

Additionally, when a surviving spouse remarries before the age of 55, they are legally required to notify the VA to discontinue DIC. The VA states that the processing time for these claims is typically eight to 12 weeks, but unfortunately, this is most often not the case. Numerous surviving spouses experience delays ranging from six to 18 months, with some cases taking up to 42 months of constant effort to terminate their benefits. They often encounter the need to make multiple calls, resend paperwork repeatedly, and are frequently informed that their file hasn't been reviewed even six months after submission.

As these survivors continue to receive payments, they subsequently receive debt letters demanding the immediate repayment of benefits, often with added interest. This places an undue burden and emotional distress on surviving spouses who followed the required procedures. The challenge is exacerbated by the fact that many surviving spouses, often with minor children, are unaware of the specific portions of the payments they are supposed to retain and which portions should cease. Additionally, they may

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<sup>1</sup> <https://www.firehero.org/resources/family-resources/benefits/local/tx/>

<sup>2</sup> <https://www.firehero.org/resources/family-resources/benefits/local/va/>

<sup>3</sup> <https://irp-cdn.multiscreensite.com/ac5c0731/files/uploaded/Louisiana.pdf>

lack the financial resources to repay the VA promptly. This is a waste of VA resources, and allowing our surviving spouses to maintain benefits upon remarriage would eliminate these unnecessary challenges.

According to the VA, there are approximately 506,000 surviving spouses receiving DIC. Less than 35,000 of those surviving spouses are under the age of 55 and could potentially benefit from this legislation. Currently, less than 5 percent of surviving spouses under the age of 55 have chosen to remarry due to these penalties.

The federal government has allowed surviving spouses to maintain benefits upon remarriage over the age of 55 or 57 for decades. There is no specific reason for the age of 55, it is just the age Congress decided they could live with, but it sets the precedent that surviving spouses can and should be able to remarry and retain survivor benefits without waiting 20-plus years. Most choose to cohabitate until age 55, so all this law does is discourage legal marriages and prevent our young surviving children from having a mother or father figure legally in their lives.

With recruiting and retention at an all-time low in the military, every time we do not keep our promises to our military, veterans, and their families, we are discouraging our younger generations from serving. When an 18-year-old enlists in the military, they sign a check for up to and including their life. They also know that if something happens to them, our government will take care of their family. Period. There are no conditions, they are promised that their family will be taken care of for the rest of their lives. The current law breaks that promise. Our military, Members of Congress, and administration frequently remind survivors that the death of their loved one “is a debt that can never be repaid,” but ending survivor benefits upon remarriage is saying “that debt is paid in full.” Just because a surviving spouse remarries does not mean they stop grieving. A piece of paper will never change that they are a widow or widower; it just means they are also someone else’s spouse.

Remarriage should not impact a surviving spouse’s ability to pay bills. They should not have to choose between another chance at love, a stable home life for their children, and financial security. They are still the surviving spouse of a fallen service member or veteran, who earned these benefits through their service and sacrifice. Regardless of their marital status, surviving spouses should not be penalized for finding love in the future. All they are asking for is to choose how they move forward to pick up the broken pieces of their lives.

TAPS appreciates the House and Senate Armed Services Committees including section V of *the Love Lives on Act of 2023*, which expands commissary and exchange benefits to remarried surviving spouses, in *the Fiscal Year 2024 National Defense Authorization Act*, and we appreciate the House and Senate Veterans’ Affairs

Committees for including sections II and VII in the **Senator Elizabeth Dole 21st Century Veterans Healthcare and Benefits Improvement Act** in December 2024, which expands the Fry Scholarship to remarried spouses and ends the archaic, “Hold oneself out to be married” clause.

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

**Marcie Robertson, Surviving Spouse of SFC Forrest Robertson of Kansas, U.S. Army**

*“I lost my husband in November 2013 when he was killed in action in Afghanistan. At the time, I was 34 years old, and our daughters were 14, 10, and 6 years old. One day I had a partner, and the next day I was the only one to make decisions, discipline, and raise three daughters.*

*“My husband deployed four times during our marriage, so we both understood his job meant there was a real possibility that he might not come home each time he deployed. Early on, we had a discussion about what would happen if he were to lose his life. He told me where he wanted to be buried, and what to do with the insurance money. He also told me that when I felt ready, he wanted me to move forward with someone new. It was very important to him that I not spend the rest of my life alone. He said this, not realizing that his wish for me would mean the end of the benefits he provided for me. He went to war for his country knowing that if he sacrificed his life, his family would be taken care of. He did not know that meant his widow would have to stay unmarried until she was practically a senior citizen to maintain her benefits.*

*“I have met a wonderful man who has become a partner to me and a ‘bonus dad’ to my daughters. He is exactly what my husband would want for the four of us. I dream of the day when I can marry him. I am a Christian and believe that God provided this amazing man to be my husband. I was pulled aside several times by my church leader and told that if I didn't marry him or kick him out of my home, I would lose my ability to volunteer in the church. This ultimately pushed me away from my church and severed important friendships in my support system. I am being forced to make a choice to put aside my religious beliefs to maintain my income.*

*“Even after all this, he is willing to wait until we are in our late 50s to marry me. I should never have been put in a position to have to ask that of him. Especially when a service member can get divorced, and, if the couple was married for a certain length of time, the spouse will receive as much as half of the service member's retirement. That same spouse can remarry and receive their share of the retirement. It is unbelievable that this is not the same for me.*

*“It appalls me that my country would ask me to give up my financial independence to get married. We are talking about a small portion of the population of the United States that have sacrificed so much. If you are willing to vote ‘yes’ on a bill to send people to war, you should also hold responsibility for the catastrophic effects of war and serving. It should be a reminder of the cost of war. Continuing to pay these benefits after remarriage is a small price to pay to take care of the families of our fallen. If you are concerned about the cost of supporting survivors, stop asking men and women to give their lives.”*

**Kellie Hazlett, Surviving Spouse of Capt Mark Nickles of Colorado, U.S. Marine Corps**

*“My husband, a United States Marine Corps F-18 pilot, died in a training accident while deployed to Japan in 1997. He died on my 30th birthday, and he is still considered ‘Missing in Action’ because his remains have not been recovered. I had to move out of our home in San Diego within six weeks of his death because I could not afford to maintain the payments on our rental without his paycheck. I moved back home to be a caregiver to my mother. I could no longer continue my career in the medical field, due to the trauma of losing my husband, and had to start over.*

*“Eventually I met my now husband, Steve. I hesitated to remarry as I was dependent on the financial benefits that helped offset my own lost income as a military and surviving spouse. Mark and I never had the chance to start a family, and it was important to me that when Steve and I did, we were legally married. We now have three beautiful children.*

*“I was recently diagnosed with a long-term illness, and my treatments are not covered by insurance as they are viewed as experimental. Restoring my survivor benefits, that Mark and I paid into, would go a long way in helping offset the very expensive costs of my treatments. As I am 57 years old, I could divorce Steve, reinstate my benefits and remarry him the next day because of the arbitrary remarriage age of 55. This is something that I have seriously considered, due to the unfair penalty.”*

**Linda Ambard Rickard, Surviving Spouse of Maj Phil Ambard of Texas, U.S. Air Force**

*“I became a widow just before my 50th birthday when my husband of 23 years, Major Phil Ambard, was killed in Kabul, Afghanistan, in a mass shooting that left eight airmen and one civilian dead. For over two decades, we had moved every two to four years. While I had multiple master’s degrees and a teaching license, I never progressed beyond probation/provisional status at my jobs because we were never in any one place long enough. I never got too attached to a home, people, or a job because everything*



*was so temporary. When I became a widow, I didn't know where to move. I hadn't lived back home in Idaho since 1979. I was too old to go live with my mom and dad, and too young to live with my children, four of whom were in the military. It took me years to get my feet on the ground.*

*"I didn't date for many years because I just couldn't. At 57, I met the man who would become my husband. I married him just after my 60th birthday. While I maintain my survivor benefits and survivor social security, due to my age, I had to give up TRICARE even though I now qualify for CHAMPVA. It is ridiculous that younger widows/widowers lose everything with remarriage; there is a big difference with the magic age of 55."*

**Kaanan Mackey Fugler, Surviving Spouse of SSG Matthew Mackey of Louisiana, 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 love them when he is unable. Due to an archaic law, Congress has made our futures all about ways that we can lose our 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 to 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 a member of the military, 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 not have to live in hiding with someone 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. All we ask for is the freedom to choose how we pick up the pieces of our broken lives, and to be able to move forward without being told we must spend half our lives alone first!"*

## **Tonya Syers, Surviving Spouse of W4 Lowell Syers II of Georgia, U.S. Army**

*“My husband, Lowell, enlisted in high school via the delayed entry program. We met at Fort Campbell, Kentucky, and married six months later. After multiple moves, he decided to join the National Guard, and we moved to California. He retired after 20.5 years. In May of 2019, we watched my son graduate from the University of Georgia and be commissioned into the U.S. Army Reserve. My husband gave him his first official salute. It was a very exciting moment, but the next day Lowell asked me to take him to the emergency room. Instead of celebrating Jake's graduation, we found out Lowell had stage 4 glioblastoma from exposure to the burn pits while deployed. By the end of July, it took his life.*”

*“Eventually, I met a gentleman named James ‘Jay’ Matheson. He also retired from the Reserves. We got engaged. I was shocked to learn that remarrying before the age of 55 would cause me to lose my military benefits. Jay's ex-wife was granted half of his Navy retirement. She is free to remarry without any financial loss. Why does the government allow divorcees to keep military pensions but punish military widows? I am not in any way telling the government to rescind ex-wives' court-appointed portions of military pensions. I am only saying that it is morally wrong not to offer military widows the same option to remarry without financial penalty.*”

*“The most pro-family and pro-military decision Congress could make is to change this law! Lowell served over 20 years and never collected one cent in retirement. He died, like most, too early due to military service. We would gladly trade our benefits to have our spouses back. Unfortunately, we do not have that option.”*

## **CARING FOR SURVIVORS ACT OF 2025 (S.611)**

### ***TAPS Strongly Supports***

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 2025 (S.611)***.
- Increase DIC from 43 percent to 55 percent of the compensation rate paid to a 100 percent disabled veteran, in parity with other federal survivor programs.
- Reduce the time frame a veteran needs to be rated totally disabled from 10 to five years to assist families who have become caregivers for their disabled veteran, and to allow more survivors to become eligible for DIC benefits.

Dependency and Indemnity Compensation (DIC) is a tax-free benefit paid to eligible surviving spouses, dependent children, or dependent parents of service members who die in the line of duty or veterans whose death resulted from a service-related injury or illness. More than 506,000 surviving spouses receive DIC from the VA.

The current monthly DIC rate for eligible surviving spouses is \$1,653.07 (Dec. 1, 2024) and has only increased due to Cost-of-Living Adjustments (COLA) since 1993. TAPS is working with Congress to raise DIC from 43 percent to 55 percent (\$2,107.22) of the compensation rate paid to a 100 percent disabled veteran, in parity with other federal survivor programs; ensure the DIC base rate is increased equally; and protect added monthly amounts, like the eight-year provision and Aid and Attendance.

TAPS and the survivor community have supported strengthening DIC for many years, especially for military survivors whose only recompense is DIC. We are grateful to Senators Richard Blumenthal (D-CT) and John Boozman (R-AR) for introducing the bipartisan ***Caring for Survivors Act of 2025 (S.611)***, which will increase DIC by \$454 a month.

Passing this important legislation in the 119th Congress is a top priority for The Military Coalition (TMC) Survivor Committee, co-chaired by TAPS. TMC consists of 35 organizations representing more than 5.5 million members of the uniformed services — active, reserve, retired, survivors, veterans, and their families.

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

**Amanda Lee Pitzer, Surviving Spouse of CPO Larry Pitzer Jr. of North Carolina, U.S. Navy**

*“Losing my husband changed every aspect of my life — emotionally, mentally, and financially. As a widow and a mother, my greatest concern has always been ensuring stability for my family. While Dependency and Indemnity Compensation (DIC) provides some support, the reality is that at only 43 percent of a 100 percent disability rating, it simply isn’t enough to keep surviving families financially secure.*”

*“The gap between what is provided and what is actually needed forces many of us into impossible situations, choosing between paying bills, securing our futures, or being present for our children. For me, that meant returning to school to earn my doctorate and taking on five part-time jobs just to bridge the gap. Despite my education and qualifications, I am still years behind my peers in both earnings and retirement savings, with no access to employer-sponsored benefits, like retirement accounts.*”

*“Like so many other survivors, I am constantly running on empty — physically, emotionally, and financially — just trying to stay afloat. If the **Caring for Survivors Act** is passed, it would be life-changing. Raising DIC to 55 percent, bringing it in line with other federal survivor benefits, would provide much-needed financial relief to families like mine. It would mean that widows and widowers wouldn’t have to overextend themselves with multiple jobs just to make ends meet. Instead, they could focus on building sustainable careers, securing their financial futures, and — most importantly — being present for their children.*

*“This increase would acknowledge that the sacrifices made by our fallen service members do not end with their passing. Their families continue to bear the weight of their loss, and they deserve support that reflects the true cost of that sacrifice.*

*“Passing the **Caring for Survivors Act** wouldn’t just correct an unfair disparity, it would send a powerful message that our nation truly honors and supports the families of its fallen heroes. For so many of us, this is not just about numbers on a page, it is about survival, stability, and the ability to rebuild a future with dignity and hope.”*

**Heather Welker, Surviving Spouse of SSG Mark Welker of Missouri, Missouri National Guard**

*“My husband loved this country and gave it 21 years of his life. During those years he would always tell me, ‘It’s for our future.’ So his career was first priority, which took time away from family. It was supposed to make retirement years easier for us, or so we thought.*

*“In October of 2022, he was diagnosed with cancer, and the tumor was in a location that had no possibility of surgery because of organs and arteries. It also denied him the ability to continue working, so he was granted disability. I soon had to leave my employment of 18 years to be his caregiver.*

*“Fast forward to March 5, 2024, that morning my husband died from his service-connected cancer. We were robbed of our golden years together. I have not been able to find employment comparable to what I had before, plus the loss of any income he provided through disability.*

*“The increase in DIC to 55 percent of the single disability rate would allow breathing room. I would not be looking for a second job at the age of 54.”*

**Lynn Tennant, Surviving Spouse of Army SSG Adrian Tennant of New York, U.S. Army**

*“Adrian, a 20-year retired Army veteran, lost his life after a very brief and hard 34-day battle with acute lymphoblastic leukemia (ALL) T-Cell. He left behind me, his wife of 18 years, and two young children, ages 13 and 9 at the time. Adrian had only been retired from the Army for seven years. He never truly got to enjoy his retirement as he enrolled in college to pursue a career in information technology. I gave up my career to let him follow his goals and raise our children.*

*“His loss has put a great financial burden on me to raise our two children. I was awarded DIC finally after five years, which I am thankful for, but between that, Social Security benefits, and my job, it still isn’t enough in these tough economic times. I am heading back to school to further my career in education, but the loss of his income and retirement pay has made things very difficult.”*

**Elly Gibbons, Surviving Spouse of CMSgt John Gibbons of Arkansas, U.S. Air Force**

*“My husband served for 38 years and died due to Agent Orange exposure. Upon his death, my income decreased by 70 percent. His Social Security was affected by the Windfall Elimination Provision (WEP), so I cannot draw from his Social Security.*

*“I fought for seven years to help rectify the SBP/DIC offset, which finally was rectified due to a grassroots effort by those affected by the incomprehensible wrong. Now we continue a fight to address the Caring for Survivors Act, which would finally increase DIC to the appropriate level of 55 percent in parity with ALL other federal survivors’ benefits. The increase of income would have a tremendous positive impact on so many survivors of those who have served our nation, our patriots. Thank you.”*

**Harry McNally, Surviving Spouse of SGT Shanna Golden of Virginia, 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.”*

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

*“Due to his status at the time of my husband’s death, the only financial benefit we are eligible for is DIC. CSM James W. Hubbard, Jr. died May 21, 2009, while in treatment for leukemia caused by the burn pits in Iraq.*

*“Having your income cut by more than 60 percent while trying to navigate funeral costs, bills that aren’t stopping, and unexpected ambulance and ER charges nearly took me out too. My mental health was not conducive to returning to the workplace quickly after being his caregiver and dealing with the unexpected loss, yet I had to figure out something to make up the income or lose our home too. My future, my best friend, and my normal were gone.*”

*“While a 12 percent increase doesn’t seem like much, any widow living paycheck to paycheck can tell you it is. The military is a federal entity, yet their survivors are treated less than. Passing the Caring for Survivors Act would show military widows that their spouse and themselves are cared for and not forgotten.”*

**Janet Albaugh Surviving Spouse of SP5 Rick Albaugh of South Carolina, U.S. Army**

*“There needs to be a change in the way DIC is allowed. It’s not the fault of the veteran that they couldn’t live until the 10-year rule! My husband did two tours in Vietnam, and he was sprayed with Agent Orange. He had everything wrong with his respiratory system known to man.*”

*“It’s just not fair that we don’t get any help because our veteran died too soon! Believe me, ALL widows would rather have our husbands still here with us. It’s a real hardship to try and hang on to what we fought so hard to build. Is it really fair that not only do we lose our husbands, we lose everything too? They fought for our country and did ALL they were asked to do. Please pass S.611. It would help all of us widows who have already lost so very much!”*

**AVIATOR CANCERS EXAMINATION STUDY (ACES) ACT (S.201)**

***TAPS Strongly Supports***

TAPS will continue to work with Congress to:

- Pass the ***Aviation Cancers Examination Study (ACES) Act (S.201)***.

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***.

The *PACT Act*, signed into law by President Biden on Aug. 10, 2022, is the most significant expansion of benefits and services for veterans in more than 30 years. This

historic law ensures veterans of multiple generations who were exposed to burn pits, toxins, and airborne hazards while deployed are eligible to apply for immediate, lifelong access to VA health care and benefits for their families, caregivers, and survivors.

The passage of the **PACT Act** is a tremendous victory, but the work does not stop. Each year, more survivors whose loved ones died due to toxic exposure-linked illness connected with TAPS for grief support and help navigating their benefits. Of the survivors seeking our care in 2024, 37 percent were grieving the death of a military loved one due to illness, including toxic exposures.

TAPS remains committed to promoting a better-shared understanding of illnesses that may result from toxic and environmental exposures, radiation, or PFAS. We will continue to work with the VA to identify and expand **PACT Act** presumptive conditions. TAPS will also continue to work with Congress to advance further toxic exposure-related legislation to ensure impacted service members, veterans, their families, caregivers, and survivors receive critical health care and mental health support, and the benefits they have earned.

TAPS fully supports the **Aviation Cancers Examination Study (ACES) Act (S.201)** and thanks Senator Tom Cotton (R-AK) and Senator Mark Kelly (D-AZ) for reintroducing this important legislation in the 119th Congress. The **ACES Act** would direct the Secretary of Veterans Affairs to oversee a multi-year study — conducted by the National Academies of Sciences, Engineering, and Medicine (NASEM) — on the prevalence and mortality of cancer among individuals who served as active-duty aircrew in the armed forces. The **ACES Act** is supported by the TEAM Coalition, a nonpartisan consortium of veterans, military service organizations, and subject matter experts.

There is an urgency of early diagnosis and intervention which saves and prolongs the lives of service members and veterans, beloved by family and friends who consider each day together as precious and irreplaceable.

To that end, TAPS also urges the use of the Individual Longitudinal Exposure Records (ILER) — an electronic database of service members' and veterans' exposures used in collaboration between the VA and the Department of Defense (DoD) — to identify trends, locations, and potential exposures to proactively reach out to service members and veterans to help save lives. We also request that these records be accessible to service members, veterans, and their families, to help them make better informed decisions regarding their care.

## VETERANS CLAIMS ACT OF 2025 (DRAFT)

### **TAPS Strongly Supports**

Since the passage of the **PACT Act**, the VA and numerous VSOs have seen an influx of advertisements and solicitations from predatory claims consultants. With nearly 33,000 additional survivors eligible for PACT Act-related benefits, increased regulatory oversight is crucial to ensuring that these survivors receive adequate care and representation throughout the VA benefits claim process. While claim sharks are not a new problem, there has been an uptick in their predatory practices and those practices are still illegal. The problem is there are no “teeth” behind these illegal practices.

The enforcement mechanism was previously removed in 2006, leaving the VA Office of the General Counsel (OGC) constrained in its oversight over groups that operate outside of accreditation. Currently, the OGC can only apply administrative penalties to accredited individuals and refer matters relating to nonaccredited individuals to federal or state enforcement agencies. By reinstating criminal penalties, OGC will be able to exercise jurisdiction over unaccredited individuals and hold them accountable for predatory behavior.

The **Veterans Claims Act of 2025** would finally reinstate criminal penalties for unaccredited individuals who charge fees and compensation for assisting veterans and survivors with filing a VA benefits claim. This bill seeks to close loopholes in existing laws that allow unaccredited individuals and organizations to offer claims assistance without proper oversight. This legislation would strengthen protections for veterans by reinforcing the necessity of using VA-accredited representatives, such as veteran service organizations (VSOs), attorneys, and VA-accredited claims agents.

Historically, surviving spouses have had a large target on their backs from predatory actors, and claim sharks are no different. TAPS wants to ensure that surviving spouses applying for benefits from the VA are not taken advantage of by predatory actors when there are so many free and low-cost options available.

Although veterans are considered a vulnerable population to predatory actors, we believe that surviving spouses are as well. When a disabled veteran dies, surviving spouses lose more than half of their financial benefits and are provided limited support to figure out how to file for benefits as a surviving spouse. If you call the VA, they will give you the form number for DIC or tell you to contact a VSO for assistance in filling a claim. If you Google how to “file a DIC claim as a widow,” the first response takes you to the VA’s website. Seven of the next nine results are paid sponsorships or claim sharks. The 10th response takes you to the Disabled American Veterans — the first true VSO result available.



Additionally, we fully support the expansion of accreditation to 501(c)(3) nonprofit organizations in section 3 of the bill. There are major changes that need to be made to accreditation to allow reputable actors into the space, while protecting against predatory behaviors.

TAPS is not an accredited VSO because the current rules stipulate that you must help the veteran community as a whole. Since our mission is solely focused on surviving families, we are not the best equipped to serve veterans, but we are the most well-equipped to serve survivors. This section would allow TAPS and other organizations with similar circumstances to become accredited, while specializing in the cases that we can best support.

We would welcome the opportunity to be accredited to help make the process easier for surviving families, but **have NEVER and would NEVER charge for our services**. In 2024 alone, our TAPS Casework team assisted almost 2,200 survivors on benefit claims. These are survivors whose benefits were turned off for paperwork errors, who had overpayments, or were generally confused about their benefit eligibility. In many cases, we were able to assist due to our MOU with the VA, but it would be far simpler for our caseworkers to have the same access as a VSO to check on the status of a claim or assist with a claim directly.

TAPS strongly supports the ***Veterans Claims Act of 2025*** because it will help deter predatory behavior and ensure that veterans and survivors receive their full earned benefits at no additional cost.

## **VETERANS' ASSURING CRITICAL CARE EXPANSIONS TO SUPPORT SERVICEMEMBERS (ACCESS) ACT OF 2025 (S.275)**

### ***TAPS Strongly Supports***

In 2025, TAPS will work with Congress to:

- Pass the ***Veterans' Assuring Critical Care Expansions to Support Servicemembers (ACCESS) Act of 2025 (S.275)***.

TAPS is grateful to Chairmen Moran and Bost for introducing the ***Veterans' Assuring Critical Care Expansions to Support Servicemembers (ACCESS) Act of 2025 (S.275)***. This important legislation would improve access to community care for veterans and increase access to mental health and addiction services and other life-saving care for veterans through the Department of Veterans Affairs (VA).

TAPS knows first-hand that access to VA care is incredibly important, but access to community care, when VA care is unavailable or inadequate, is equally important. With

29 percent of new survivors coming to TAPS due to suicide loss and 37 percent due to illness loss, we know that ensuring timely access to these programs is life changing and lifesaving.

For more than a decade, TAPS has been on the front lines of suicide postvention efforts to support military families grieving deaths by suicide and using gained knowledge to save countless lives through suicide prevention efforts. The TAPS Suicide Postvention team developed a research-informed, best-practice **TAPS Postvention Model™** for suicide-loss survivors, decreasing the risk of additional suicides and promoting healing.

TAPS has supported nearly 30,000 individuals whose military and veteran loved ones died by suicide. 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.

Above all, mental health care needs to be consistent. TAPS survivors relay that the care their service members or veterans received — marked by uncertainty, confusion, and sudden changes — caused them to lose trust in the process. The bonds formed by veterans and providers at the start of the care cycle are critical. Having to retell their difficult stories time and time again to new providers at each visit can be debilitating. Abruptly changing care teams, especially when a veteran becomes suicidal, only heightens the sense of crisis. Familiarity and predictability are keys to effective mental health care.

Veterans are more likely to seek help from an established provider when they feel a sense of safety and trust. Talking about thoughts of suicide with an established provider — when they are not necessarily intent on or have a plan for suicide — should be seen as positive in that the veteran is trusting enough to share some of their deeper struggles, and should not be a reason to transfer them to a new team.

Focusing on retaining providers with active caseloads, streamlining record collection and review, and training all personnel to address suicide risk further upstream in the care experience can alleviate this concern. TAPS also believes that identifying issues related to grief and trauma, which need to be distinguished and treated separately, is essential in providing consistency of care for veterans.

Shifting thinking from a crisis response model — which pays attention to mental health only when someone is suffering and suicidal — to treating mental health care as a vital part of overall health and readiness is imperative.

## RESTORE VA ACCOUNTABILITY ACT OF 2025 (S.124)

### **TAPS Supports**

In 2017, Congress passed the ***VA Accountability and Whistleblower Protection Act*** in response to the nationwide VA access crisis that negatively impacted veterans' care. This critical law gave VA leaders the ability to break through bureaucratic obstacles to discipline or fire poor-performing employees, providing VA employees a healthier workplace and increasing veterans' trust in VA.

TAPS fully endorsed the ***VA Accountability and Whistleblower Protection Act of 2017*** and we are grateful for how much it has improved accountability within the VA. However, we have also seen that there are still gaps and legal issues to fully implement the intent of the law.

The ***Restore VA Accountability Act (S.124)*** addresses the decisions from the Federal Circuit, the Federal Labor Relations Authority, and the Merit Systems Protection Board that rendered the authority in the *VA Accountability and Whistleblower Protection Act* difficult to implement for some of the VA workforce. This significant legislation codifies the intent of the *VA Accountability and Whistleblower Protection Act* while ensuring that VA decisions supported by substantial evidence are upheld on appeal and aligning the disciplinary authority for VA managers with the process currently in place for members of the Senior Executive Service, removing the Merit Systems Protection Board from the process.

TAPS applauds Senator Moran for introducing the ***Restore VA Accountability Act (S.124)*** to ensure that VA has the needed authority to create and sustain a workforce environment that best serves our veteran community, and TAPS fully endorses it.

## SERVICEMEMBERS AND VETERANS' EMPOWERMENT AND SUPPORT ACT (DRAFT)

### **TAPS Supports**

TAPS strongly supports the ***Servicemember and Veterans' Empowerment and Support (SAVES) Act***, which expands the definition of military sexual trauma (MST) to ensure service members and veterans who experience online sexual harassment can access critical VA counseling and benefits. TAPS is grateful to Ranking Member Blumenthal (D-CT) for introducing this critical legislation.

The ***SAVES Act*** also updates and establishes a lower burden of proof for all mental health conditions resulting from sexual violence and expands eligibility for MST-related care and treatment at VA to all former National Guard and Reserve members.

The Department of Veterans Affairs (VA) has invested in mental health services and suicide prevention efforts for MST survivors. MST-related services are now available at any VA health care facility. MST-related outpatient services are also available at every VA medical center and many VA community-based outpatient clinics or Vet Centers.

Access to critical counseling and mental health treatment is essential for MST survivors, who are at greater risk for suicide ideation as a result of their trauma. With nearly 1 in 3 female veterans seen by VA providers reporting military sexual trauma, and nearly 1 in 50 male veterans reporting MST, expanding eligibility for MST-related care and treatment to all MST survivors will save lives! TAPS is committed to working with Congress to pass the SAVES Act this year!

## **ENSURING VETSUCCESS ON CAMPUS ACT OF 2025 (S.610)**

### ***TAPS Supports***

The VetSuccess on Campus (VSOC) program is incredibly significant because it provides a VA Vocational Rehabilitation Counselor (VRC) on campus at certain Institutions of Higher Learning (IHLs). The program also provides a VA Vet Center Outreach Coordinator on many of those VSOC campuses, to provide peer-to-peer counseling and referral services.

Unfortunately, the VSOC program is limited to IHLs with larger veteran populations, the ***Ensuring VetSuccess on Campus Act (S.610)*** would allow schools with smaller veteran populations to access the VSOC program and ensure that there is at least one VSOC program in each state. TAPS greatly appreciates Senators Blumenthal (D-CT) and Rounds (R-SD) for introducing this critical legislation, and we look forward to its passage.

While VRCs do not impact surviving families, the VA Vet Center Outreach Coordinator and disability accommodations are programs that surviving spouses and children are eligible to receive. The support for a VA Vet Center alone is critical for surviving families as they offer much needed bereavement counseling for survivors. We often see that IHLs campus counseling services are under- or ill-equipped to support those who are grieving, they tend to be more focused on students' adjustment to campus life, learning disabilities, and general anxiety.

Providing the on-campus resources for a program that provides bereavement counseling is essential to the success of our surviving families on college campuses nationwide.

## THE VETERAN FRAUD REIMBURSEMENT ACT (DRAFT)

### *TAPS Supports Intent, But Has Concerns*

The ***Veteran Fraud Reimbursement Act of 2025*** aims to improve the repayment process for veterans and survivors whose benefits have been misused by a fiduciary. This bill seeks to strengthen protections for them by ensuring they recover their rightful benefits while holding fraudulent fiduciaries accountable. While TAPS never supports fiduciaries fraudulently taking advantage of veterans and survivors, we do have concerns with the new ways VA is handling fiduciaries and that this law could negatively impact surviving spouses and children.

On Aug. 13, 2018, the VA amended 38 CFR 13.100, to require the appointment of a fiduciary for any minor in receipt of VA benefits. On Oct. 1, 2022, the Columbia, South Carolina, Fiduciary Office requested clarification on whether an apportionee is considered a “beneficiary” under 38 CFR 13.100(a)(1). The VA determined that any minor beneficiary, including an apportionee, would be subject to the fiduciary requirements of 38 CFR 13.100. In March of 2024, the VA conducted an internal audit to ensure that all minor beneficiaries receiving benefits in their own right had a fiduciary. Data from March 1, 2024, showed over 4,000 minors were in receipt of benefits without a fiduciary in place. Upon this discovery, the VA began the process of appointing fiduciaries as required by law.

On Sept. 20, 2024, remarried surviving spouses began receiving letters informing them that they had to set up fiduciary accounts for their minor children. The reason they received these letters was because they had remarried. Unremarried surviving spouses are not required to set up these accounts. These are all cases where a surviving spouse was allowed to manage their children's benefits until the day they remarried, when they became the “fiduciary” instead of the parent, in the eyes of the law.

The VA is now mandating these remarried surviving spouses prove how they spend the child portion of their DIC while also claiming things like “housing” and “medical” are not eligible expenses.

### **Jessica Braden-Rogers Surviving Spouse of CPT Michael Braden of Pennsylvania, U.S. Army**

*“In August 2024, a VA employee showed up at my front door and claimed he had been trying to contact me for months. I never received a letter or a call. I have had the same cell phone number since 2003. He stated that when my husband passed away in April of 2012, I should have set up a fiduciary account to manage my son’s finances. He reiterated that I now had to do it immediately or the VA would stop paying my son.*”

*“The VA employee then gave me a packet of paperwork to fill out, which I returned to the VA. He then called me and asked to talk to my son and wanted to know how much his DIC is, and my minor son said ‘I don’t know.’ We don’t feel family finances are any of a 15-year-old’s business. The VA representative made it seem like I was neglectful and that I would not be able to be his fiduciary.”*

TAPS has concerns that this bill will increase the issues surviving spouses are having with the new fiduciary program rules or prevent a parent from being able to manage their children's benefits.

TAPS recommends that we treat remarried surviving spouses the same as unremarried surviving spouses and not unfairly burden them with the establishment of fiduciary accounts. With that concern addressed, TAPS would be able to endorse the ***Veteran Fraud Reimbursement Act of 2025***.

## **IMPROVING VETERAN ACCESS TO CARE ACT (S.607)**

### ***TAPS Supports***

*The Improving Veteran Access to Care Act (S.607)* would require the Secretary of Veterans Affairs to establish an integrated project team to improve the process for scheduling appointments for health care from the Department of Veterans Affairs (VA). TAPS appreciates Senators Hassan (D-NH) and Boozman (R-AR) for introducing this important legislation that aims to improve delivery, efficiency, and access to VA care for veterans, while improving customer experience and service.

The bill would also require the development of a self-service scheduling platform, available for use by all VA patients, and would create a process for patients to telephonically speak with a scheduler who would assist in determining appointment availability and be able to schedule appointments on behalf of the patient.

Closing gaps in appointment time and adding more availability to providers may be key in proactively preventing the negative effects of long waits and canceling and rescheduling appointments, which only adds frustration. For example, if a veteran finally agrees to call to ask for help and must talk to several people about their history before setting up appointments, canceled and rescheduled appointments delay the care process, sometimes for weeks or months, with no other follow-up with the veteran.

The ***Improving Veteran Access to Care Act (S.607)*** will not only improve the scheduling process for VA appointments, it will improve health and mental health outcomes for veterans.

## REPRESENTING VA WITH ACCURACY ACT (DRAFT)

### *TAPS Supports*

The ***Representing VA with Accuracy Act*** or the ***REP VA Act*** would mandate that the VA use clear-cut phone numbers when calling veterans to ensure that they know it's the VA calling. We thank Senator Sullivan (R-AK) for introducing this legislation, which would help veterans and survivors know to answer the phone because the caller ID would register as the Department of Veterans Affairs (VA). It would also help deter phishing scams claiming to be the VA.

Being able to clearly identify that phone calls are coming from the VA will help improve the timeliness of care and benefits. It is critical that veterans and survivors know when the VA is calling, so they can schedule appointments and answer questions regarding their claims or benefits. Our older generation is vulnerable to phishing scams and calls; clearly identifying that a call is from the VA would help reduce that vulnerability. Additionally, our younger generation tends to not answer the phone at all unless they recognize the number or are expecting a call. This act would help ensure both our younger and older veterans have access to timely care and avoid missing important calls from the VA.

TAPS would like to ensure that the ***REP VA Act*** covers all those who receive care and benefits from the VA, to include families, caregivers, and survivors.

### **CONCLUSION**

TAPS thanks the leadership of the Senate Committee on Veterans' Affairs, their distinguished members, and professional staff for holding this hearing. TAPS is honored to testify on behalf of the thousands of surviving families we serve.