



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

**JOINT HOUSE AND SENATE
VETERANS SERVICE ORGANIZATION LEGISLATIVE PRESENTATION**

**PRESENTED BY
BONNIE CARROLL
PRESIDENT AND FOUNDER**

MARCH 8, 2022

The Tragedy Assistance Program for Survivors (TAPS) is the national provider of comfort, care, and resources to all those grieving the death of a military loved one. TAPS was founded in 1994 as a 501(c)(3) nonprofit organization to provide 24/7 care to all military survivors, regardless of a service member's duty status at the time of death, a survivors' relationship to the deceased service member, or the circumstances of a service member's death.

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

In 1994, Bonnie Carroll founded TAPS after the 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 2021 alone, 9,246 newly bereaved military survivors came to TAPS for care. This is an average of 25 new survivors coming to TAPS each and every day. Of the survivors seeking our care in 2021, 31% were grieving the death of a loved one to illness and 27% were grieving the death of a military loved one to suicide.

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

Chairmen Tester and Takano and Ranking Members Moran and Bost, and distinguished members of the Senate and House Committees on Veterans' Affairs, the Tragedy Assistance Program for Survivors (TAPS) is grateful for the opportunity to provide a statement on issues and concerns of importance to the 100,000 plus family members of all ages, representing all services with losses from all causes that we have been honored to serve.

The mission of TAPS is to provide comfort, care, and resources for all those grieving the death of a military loved one regardless of the manner of death, the duty status at the time of death, the survivor's relationship to the deceased, or the survivor's phase in their grief journey. Part of that commitment includes advocating for improvements in programs and services provided by the U.S. federal government, 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 2019, TAPS and the VA entered into a new and expanded Memorandum of Agreement that formalized their partnership with the goal to provide earlier and expedited access to needed survivor services. TAPS works with military survivors to identify, refer, and apply for resources available within the VA including education, burial, benefits and entitlements, grief counseling, and survivor assistance.

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

TAPS President and Founder, Bonnie Carroll serves on the Secretary of Defense Roundtable for Military Service Organizations and the Department of Veterans Affairs Federal Advisory Committee on *Veterans' Families, Caregivers, and Survivors* where she chairs the Subcommittee on Survivors. The Committee advises the Secretary of the VA on matters related to Veterans' families, caregivers, and survivors across all generations, relationships, and veteran statuses. Ms. Carroll also serves as a PREVENTS Ambassador for the VA's suicide prevention initiative.

PASS LANDMARK TOXIC EXPOSURE LEGISLATION (S.3003, H.R.3967)

TAPS will continue to work with Congress to:

- Pass the ***COST Of War Act (S.3003)*** and the ***Honoring Our PACT Act (H.R.3967)***, which will ensure the 3.5 million veterans exposed to toxins and airborne hazards get immediate, lifelong access to VA health care.
- Improve and expand healthcare and benefits for veterans exposed to toxins, and provide necessary support and benefits for their caregivers and survivors.
- Appropriate critical funding for toxic exposure research, education, and outreach.

According to the VA, 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.

Since 2008, over 16,500 survivors whose military loved ones died due to an illness have contacted TAPS. As mentioned, in 2021 alone, 9,246 newly bereaved military survivors came to TAPS for care, and 31% were grieving the death of a loved one to illness, surpassing all other circumstances of death, including hostile action. Sadly, we project this number to increase by more than 3,000 each year based on current trends.

As a result of these increasing losses and the challenges they pose for grieving loved ones, many who have often cared for their service member or veteran without recognition or governmental support for years before their death, TAPS is committed to promoting a better shared understanding of the illnesses that may result from exposures to toxins. Our desire is to ensure that surviving families have access to all available benefits earned through the service of their loved one.

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 worked with Members of Congress to introducing significant legislation during the 117th Congress, which collectively address the devastating effects of toxic exposure on our veterans, their families, caregivers, and survivors.

The information gathered from our survivor histories is invaluable in establishing patterns and baselines that can inform the policy and programmatic considerations of the DOD, VA and Congress as they seek to address ways to prevent these exposures, address health care needs of military members and veterans, support their caregivers

and ensure that their survivors are fully covered with the care, benefits, resources and services they need after loss and in their future.

TAPS is tremendously grateful to Chairman Tester and Ranking Member Moran of the Senate Committee on Veterans' Affairs, and Chairman Takano and Ranking Member Bost of the House Committee on Veterans' Affairs for crafting comprehensive Toxic Exposure legislation, which incorporate key aspects of many of these important bills.

TAPS has appreciated the opportunity to testify in support of these landmark bills, and share actionable recommendations with Members of Congress, the White House, VA, and DOD. We are extremely gratified by President Biden's remarks during the State of the Union Address on March 1, 2022, stating, ***"I am calling on Congress to pass the law to make sure veterans devastated by Toxic Exposure in Iraq and Afghanistan finally get the benefits and the comprehensive health care they deserve"***. The First Lady's guest was Danielle Robinson, the surviving spouse of SFC Heath Robinson, who died as a result of his exposure to open burn pits. The ***SFC Heath Robinson Burn Pit Transparency Act (S.1188)*** was named in his honor, and Danielle received support assistance through our TAPS Casework Team.

TAPS has shared many personal testimonials of survivors like Danielle whose loved ones have died as a result of their exposure to toxins, open burn pits, and airborne hazards while deployed. Though each survivor's story is different, the underlying thread is the desire to share their loved ones story to help save lives. Here are just some of the many stories impacted survivors have shared with us:

Coleen Bowman, Surviving Spouse 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 have 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 at very young ages."

June Heston, Surviving Spouse 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."

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."

Laura Forshey, Surviving Spouse 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."

Amber Bunch, Surviving Spouse 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."

Exposures to deadly toxins and airborne hazards as a result of military service is not a new phenomenon. Unfortunately, generations of service members have been exposed to environmental toxins while deployed and died as a result of their exposure. Our country must do more to prevent environmental exposures, properly treat illnesses, and provide healthcare and benefits for impacted veterans and their survivors.

EXPAND MENTAL HEALTH SERVICES FOR SUICIDE LOSS SURVIVORS (S.2817, H.R.5029)

TAPS will continue to work with Congress to:

- Pass the ***Expanding the Families of Veterans Access to Mental Health Services Act (S.2817, H.R.5029)***.
- Pass the ***Strong Veteran Act of 2022 (H.R.6411)***.
- Prioritize mental health care and wellness for all surviving families.

Tragically now nearly one third of the surviving families coming to TAPS for care in 2021 - 2,496 of the 9,426 just last year - were grieving a death as a result of suicide related to military service. Of the more than 100,000 military survivors TAPS now cares for, 19,432 are grieving the death of a loved one to suicide, making it the leading causes of death grieved by our survivors.

TAPS families grieving a military loved one who died by suicide often cope with symptoms of trauma and complicated grief, putting them at increased risk for suicide, posttraumatic stress, and other mental health concerns due to the traumatic nature of their loss. It is imperative that we not wait until a crisis; increasing a sense of belonging and social connection earlier in the grieving process decreases individual risks.

Leading research and TAPS extensive experience has validated that these risks can be significantly reduced for survivors of all ages with early and relevant social connections that demonstrate respect, offer understanding and increase their sense of belonging and social connection – especially when paired with customized assistance to meet the challenges of legal, financial, benefits and care needs.

Knowing how to reduce risk and support survivors, TAPS works closely with agencies and organizations across the country to not only welcome their referred survivors but to help build their capacity by providing information and training on loss including suicide

loss. TAPS works with the VA Vet Centers, which provide services to family members of veterans and service members for military-related issues and also offer bereavement counseling for families who experience an active duty death, as well as family members of Reservists and National Guardsmen who die while on duty.

However, these Vet Center services do not currently extend to veteran families of those who died by suicide. This needs to change to begin to meet the increasing needs for counseling and support of the growing numbers of suicide survivors. TAPS supports the ***Expanding the Families of Veterans Access to Mental Health Services Act (S.2817, H.R.5029)***, which provides Vet Center counseling and mental health services to surviving families of veteran suicide. TAPS thanks Representative David Rouzer (R-NC-7) for introducing this important legislation in the House and Senator Tom Tillis (R-NC) for introducing the companion bill in the Senate.

We also thank Chairman Takano for introducing the ***Strong Veteran Act of 2022 (H.R.6411)***. This related bill makes improvements in the mental health care provided by the VA to include hiring an additional 100 full-time equivalent employees for Vet Centers to bolster the workforce of Vet Centers, and to provide expanded mental health care to veterans, members of the Armed Forces, and their families through outreach, community access points, outstations, and Vet Centers.

TAPS strongly believes that expanding Vet Center usage eligibility to include survivors of suicide loss can do the following: help stabilize issues of concern; decrease risks for suicide, post-traumatic stress, depression, anxiety, and other mental health conditions; and ensure successful, healthy outcomes for survivors. These following statements from suicide loss survivors reinforce the need to expand Vet Center services to families grieving the death of their loved one to suicide:

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

“My husband, Richard Stumpf, an active duty U.S. Marine Drill instructor, died by suicide in 1994 with his service-issued weapon in the workplace. My life and the lives of all those exposed to his death irrevocably changed that day. I was pregnant full-term at the time of my loss and gave birth several days later after being rushed to the hospital at the same time as his funeral.

Widowed as a young military mother of a newborn baby, I felt completely alone, with no direction on surviving my devastating loss. Due to the social isolation and stigma surrounding suicide combined with the lack of awareness and access to resources, I

never knew who to turn to or where to find help. As a suicide survivor, being told you don't qualify for services or programs due to the cause of death was one more thing on the list of painful reminders of your loss. So many times, I just stopped looking for help. Rather than asking for support, after being turned away time and time again, I just had to find ways to manage on my own.

TAPS was the first organization that I found offering acceptance and care and leading the way for positive change that supports all military survivors. Suicide loss survivors significantly benefit from having access to mental health support— an important service that many cannot afford out of pocket— and connecting with providers aware of the military lifestyle and culture, such as through TAPS or at Vet Centers. Most civilians just don't understand what my loved one was going through or how this impacts me, our child, and our family.”

Marcia Tomlinson, Surviving Mother of A1C Patrick Tomlinson

“What saved me was a late night call I finally made to TAPS and admitting I needed help. It was the dark of winter, and I was alone with even darker thoughts. My life was in danger. That soothing voice on the phone assured me she could and would arrange for me to go ASAP to the local Vet Center for a specific Bereavement Counseling for military loss survivors. A few hours later, I was called by a Vet Center counselor and saw him every week as he slowly and with great care helped me thaw the iceberg encasing my heart.

This specialized military bereavement counseling through the Vet Center saved my life. I had been plummeting downwards into an unemotional abyss, which could so easily have ended with me taking my own life. Ten years later I am thriving. Without those two intensive years of Vet Center bereavement counseling, I do not know if I would have survived to arrive where I am now.”

HONOR ALL GOLD STAR FAMILIES

TAPS is working with Congress to:

- Pass the ***Gold Star Families Day Act***.
- Use inclusive language for legislation, “died while serving or from a service-connected injury or illness.”

As the national provider of compassionate care and resources for all those grieving the death of a military loved one, TAPS fully endorses the ***Gold Star Families Day Act***. TAPS thanks Senators Elizabeth Warren (D-MA) and Joni Ernst (R-IA) for their steadfast support on this issue. This important legislation will create a federal holiday on

the last Monday in September to recognize families whose loved one died in service to the nation, regardless of the manner, place, or time of death. While Memorial Day honors all those who have served and died in defense of our freedom, Gold Star Families Day would honor their families' tremendous sacrifice for our nation.

TAPS appreciates the use of inclusive language in the bill, "died while serving or from a service-connected injury or illness" as the VA does not distinguish by cause of death. There is no differentiation of military headstones, the folding of the flag, playing of Taps, or distribution of government benefits based on geography or circumstances of a service member's death, whether they died in combat, by accident, an illness related to their service, or by suicide. A service member's death is honored and remembered based on their life and service, not the geography or circumstance of the death.

These following testimonials from surviving family members highlight the importance of recognizing *all* surviving families who have lost a loved one to military service:

Kathy Maiorana, Surviving Spouse of TSGT Mark Maiorana

"I was once asked by another widow, while we looked at a memorial for the fallen, why I was so upset. When I told her it's because my husband's name will never be on a memorial, she responded to me, 'Well he shouldn't be'.

I've been a Suicide widow for 18 years. During those 18 years I cannot count how many times my family, including my 4 children, have been left out of different memorials or events because of the way my husband died. Suicide has been seen as a stigma amongst veterans and their families for as long as I have been part of the military life. Suicide has made not only my husband invisible in the eyes of military families, but also deemed his family's suffering as lesser than others who have also lost. In the eyes of many it doesn't matter how long or to what extent someone has served, but simply how they died. Even though my husband's life ended a certain way, that does not make his contributions to this country any less."

Denise Brownlee Surviving Mother of P03 Mitchell Brownlee

"When our oldest son Mitchell took the Oath of Enlistment for the Navy in November of 2014, our entire family drove to Sacramento to watch the ceremony. When Mitchell graduated from boot camp the following January, his sister and I flew to Great Lakes Illinois to celebrate this proud moment with him. His three little brothers who were 7, 9 and 11 proudly wore their kid sized BDU's playing 'sailors' outside. My husband wore his "Navy Dad" sweatshirt proudly.

When PO3 Mitchell P. Brownlee died on July 24, 2016, the Navy lost a dedicated service member, and our family lost a beloved son and big brother. Our lives have been shattered. As a family, we went to South Carolina to bring his body home. It is not just an individual that joins the military, it is their entire family. Having a Gold Star Family Day acknowledges the loss that hundreds of thousands of families like ours have experienced. Equally as important, a Gold Star Family Day would also create awareness that Gold Star Families have experienced the death of a loved one through suicide, accidents, murder, and illness, as well as combat. A Gold Star Family Day could be used to shine a light of hope, remembrance and awareness.”

IMPROVE DEPENDENCY AND INDEMNITY COMPENSATION (DIC) FOR SURVIVING FAMILIES (S.976, H.R.3402)

TAPS remains committed to improving DIC and providing equity with other federal benefits as we continue working with Congress to:

- Pass the ***Caring for Survivors Act of 2021 (S.976, H.R.3402)***.
- Increase DIC from 43% to 55% of the rate of compensation paid to a 100% disabled veteran.
- Reduce the timeframe a veteran needs to be rated totally disabled from 10 to 5 years, allowing more survivors to become eligible for DIC benefits.

More than 450,000 survivors receive DIC from the VA. DIC is a tax-free monetary benefit paid to eligible surviving spouses, children, or parents of service members whose death was in the line of duty or resulted from a service-related injury or illness.

The current monthly DIC rate for eligible surviving spouses is \$1,437.66, which has only increased due to Cost-of-Living-Adjustments (COLA). TAPS is working to raise DIC from 43% to 55% of the compensation rate paid to a 100% disabled veteran; ensure that the base rate is increased the same for all DIC recipients bereaved pre and post-1993; and protect added monthly amounts like the eight-year provision and Aid and Attendance.

TAPS and the survivor community have supported increasing DIC for many years, especially for military survivors whose only recompense is DIC. We are grateful to Senators Jon Tester (D-MT) and John Boozman (R-AR), and Representative Jahana Hayes (D-CT-5) for introducing the ***Caring for Survivors Act of 2021 (S.976, H.R.3402)***.

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

The following statements from veteran survivors demonstrate that stringent limitations on DIC payments to survivors have financial and widespread impacts on housing, transportation, utilities, clothing, food, medical care, recreation, and employment on all family members, including children who lost a parent.

Tracey Hemmerlein, Surviving Spouse of TSGT John Hemmerlein

“My late husband was USAF 100% disabled with service connected brain cancer and seizure disorder among other things. He died July 15, 2019, at 39. Our daughter wasn’t even 2 years old. We moved to California to participate in the only clinical trial he qualified for in the entire country. I went to work a month after he died because I wasn’t able to support us on DIC alone. I didn’t have time to grieve, and my daughter has severe separation anxiety and night terrors.”

The increase to DIC would absolutely be beneficial to myself, so I could have some breathing room with bills and take time with my daughter. An increase to DIC would allow me the financial breathing room to finally practice self-care. I still haven’t grieved and I’m a critical care nurse who went through the COVID surges in Los Angeles. I’m exhausted mentally and physically.”

Sue Story, Surviving Spouse of MSGT Dennis Story

“My husband proudly served his country for more than 22 years. My husband was a Vietnam Veteran serving two years in Thailand. Dennis loved his family, but I can honestly say he loved his country more. Dennis required that I keep his “Go Bag” packed, and it was even at his death in 2016. He loved his country and loved serving. I recently found out that his service was not as important as other federal employees or at least after death. My husband died from his service connected disabilities and I am grateful that I am receiving DIC compensation for his disabilities and my loss. What I am confused about is why other federal surviving spouses receive compensation differently than military spouses. Military spouses often give up so much during our spouses service and now to get compensated less than the others is disturbing.”

Sabine Ward, Surviving Spouse of SFC Clay Ward

“My late husband served 20 years as a medic in the US Army and was retired and 100% disabled after serving two tours in Iraq. When he died I was in college, we had recently moved into a new home and had lost all of my income within one day! The compensation that I, as his widow received, left me with no income and I was forced to sell our home. The amount for DIC that I receive does not compensate for the monetary loss I had after he passed, and I struggled for years to get my life back.”

Barclay Murphy, Surviving Spouse of Major Edward Murphy

“Widows with older children especially need a DIC increase. As our children reach age 16, “our” portion of Social Security goes away, effectively reducing our income by over \$1,700 a month. At the same time, expenses for our children are on the rise between graduation, supplies, college applications, and expenses for school visits— and even basics like higher car insurance premiums for a young driver. Costs are up on EVERYTHING, and this winter will see some of the highest heating costs around.”

INTRODUCE COMPREHENSIVE REMARRIAGE BILL TO ALLOW SURVIVING SPOUSES TO RETAIN THEIR BENEFITS UPON REMARRIAGE

TAPS is working with Members of Congress to introduce comprehensive legislation to eliminate the penalty on surviving spouses that can cause them to lose their survivor benefits. We ask Congress to:

- Remove the arbitrary age of 55 as a requirement for surviving spouses to retain benefits after remarrying.
- Allow surviving spouses to retain both the Survivor Benefit Plan (SBP) and Dependency and Indemnity Compensation (DIC) upon remarriage at any age.
- Allow remarried surviving spouses to maintain access to education benefits under the Fry Scholarship and Dependents Education Assistance (DEA).
- Allow remarried surviving spouses to retain Commissary and Exchange benefits.
- Allow remarried surviving spouses to regain their TRICARE benefits if their remarriage ends due to divorce or death.
- Allow access to electronic medical appointments, referrals and prescription refills.
- Redefine surviving spouse to honor all surviving spouses, including those of same sex marriages.
- Remove the “Hold Themselves Out to Be Married” clause from 38 USC, Section 101, paragraph 3.

Current law significantly penalizes surviving spouses if they want to remarry before they are 55. Given that survivors from illness loss, suicide as well as combat are younger than 55 and often have children and teens that they must raise alone, many surviving spouses choose not to remarry after the death of their service member because the loss of financial benefits would negatively impact them, especially those with children.

This is a punitive restriction that is imposed on the military surviving family but not others who put their lives on the line to protect and defend. For example, most first responders in the United States are also allowed to legally remarry in the U.S. and maintain pensions and benefits- including in New York, Los Angeles, and Louisiana.

Military survivors must wait to remarry until after age 55 to retain their benefits without any offset. Thus, to retain their full benefits before this age, many choose to cohabitate instead of legally remarrying. A long-term goal for TAPS is to secure the right for surviving spouses to remarry at any age and retain their benefits. TAPS is working with members of the House and Senate Veterans' Affairs Committees to introduce comprehensive remarriage legislation this year.

TAPS believes that allowing surviving spouses to retain education benefits is a great starting point. Choosing to remarry should not impact a surviving spouse's ability to afford an education. They are still a surviving spouse of a fallen service member or veteran, who earned these benefits through their service and sacrifice.

In addition to losing financial benefits, ID cards and TRICARE for themselves, remarried surviving military spouses lose access to the TRICARE Beneficiary Self-Service Account that allows them to access referrals and check the status of referrals for their TRICARE-eligible children. Instead, surviving spouses must physically mail referrals, which often delays treatment.

Remarried surviving spouses also lose access to Relay Health, which facilitates communication, prescription refills, and appointments online. If a surviving spouse remarries, they are no longer in the system under TRICARE and cannot access Relay Health for their minor children who cannot have personal accounts.

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

Nicole Johnson, Surviving Spouse of Sgt. Daniel Johnson

"Because I do not want to lose that connection to my late husband, or forfeit the benefits he paid for me to have, my daughter will spend the rest of her childhood without a father figure. Losing my husband was not a choice, but it is something I have to pay for, either emotionally, by not dating again, or financially if I ever decide to remarry. Neither of those sound like good options."

Traci Voelke, Surviving Spouse of Maj. Paul Voelke

"We were married for 12 years, and during that time, we moved five times. I sought employment at each duty station, but our frequent changes of station caused me to leave my jobs, forfeit seniority and lose promotion potential with each move. In addition, I was unable to maintain employment long enough to vest in my own pension or 401K."

Paul was killed in Afghanistan in 2012. When Paul died, I was 37 with two young children. The portion of Paul's pension I currently receive is essential to my retirement, as I will never have an opportunity to earn the equity lost during the twelve years I was married. Military life can be difficult, but it ultimately becomes part of who you are. Many military wives, myself included, left school, work, family, and friends when the military required him to move. My time as a military wife is over, but I appreciate the military access I still have for my healthcare, support groups, and survivor services.

Recently, at age 46, I have found a partner who I would like to marry. Although my partner is financially stable on his own, losing Paul's benefits would prevent me from contributing adequately to our potential marriage. At this stage of my life, I am disheartened, because I will never formally celebrate our commitment to each other, or enjoy a traditional anniversary. Essentially, my partner and I will be denied the legal and financial benefits afforded by marriage. The laws as written, penalize those military widows who wish to start a new chapter of their lives."

CREATE ONE GI BILL FOR ALL VETERANS, SURVIVORS AND FAMILIES

TAPS requests Congress:

- Introduce legislation to consolidate all remaining education benefits under Chapter 33.
- Pass the ***Fry Scholarship Enhancement Act of 2021 (S. 1096)*** to expand eligibility for those who die in the 120 day REFRAD period to the Fry Scholarship, which is the second phase in expanding eligibility to all Chapter 35 recipients.

Chapter 35 is an outdated education benefit provided by the VA. It has been around since the Vietnam war, and has not had any major improvements since. The Forever GI Bill increased education benefits by \$200 per month, however, that remains nearly half of the amount paid by the Montgomery GI Bill, and far less than the Post 9/11 GI Bill and Fry Scholarship.

TAPS recommends sunsetting Chapter 35 and moving all qualified recipients to Chapter 33, even if it is on a lower scale such as 70 percent as opposed to 100 percent of the benefit. Benefits under DEA are significantly lower than the Post 9/11 GI Bill, Fry Scholarship, and Montgomery GI Bill. Those using DEA are limited to dependents of a 100 percent disabled veteran or those who died of a service-connected death.

The following personal testimonials from surviving spouses helps highlight these education benefit issues:

Renee Monczynski, Surviving Spouse of PO2 Matthew Monczynski

“The difference for my daughter between 35 and Fry for the next two years is the constant worry of how we are going to pay for the next semester. Waiting to see if she has enough scholarships to cover all expenses and scrambling for loans to cover the rest. Every time we fill out an application we are reminded that the Navy and our country don’t care about Matt’s sacrifice because it was in June 2001. He died on the wrong day for our country to care. That care is reserved for those that served and died after 9/11.

We were dual active. We were both willing and did serve our country. But according to a document his sacrifice is not worth a college education for our daughter. Nor is my 70% VA rated disability. So I’m not broken enough, and he died on the wrong day for anyone to care about our sacrifices.”

Monica Jaikaran, Surviving Spouse of MA1 Dameshvar Jaikaran

“Expanding the Fry Scholarship to all Chapter 35 eligible survivors would greatly impact my family’s life. We each have 12 months of Chapter 33 benefits because my late husband had to make the difficult decision of dividing the benefit by 3. Also, we have 36 months of Chapter 35 education benefits which is a lot less per month and semester. My husband’s last dying wish was to have his VA education benefits pay for his children’s college education in full with no debt. With the exorbitant cost to attend college and graduate school, I am put in a difficult position to take out a parent loan on my limited income. My children have already lost their Father, shouldn’t they have the opportunity to make a better life for themselves without the weight of paying for college on their shoulders and mine?”

PROVIDE CHAMPVA YOUNG ADULT COVERAGE IN PARITY WITH THE ACA (S.727, H.R.1801)

TAPS will continue to work with Congress to:

- Pass the **CHAMPVA Children’s Care Protection Act of 2021 (S.727, H.R.1801)**.
- Ensure surviving families with young adult children have access to affordable healthcare and mental health benefits.

The **Affordable Care Act (ACA)**, signed into law in 2010, allows young adults to remain on their parent’s health care plans until age 26 without a premium increase. This rule applies to all plans in the individual market and to all employer plans. It is not included in the Civilian Health and Medical Program for the Department of Veterans Affairs (CHAMPVA) coverage. Thus surviving young adults using CHAMPVA are currently no longer eligible for coverage when they turn 18 or 23 if they are a full-time student. TAPS is working to expand the CHAMPVA coverage to eligible surviving children up to age 26.

TAPS thanks Congresswoman Julia Brownley (D-CA-26) for her leadership in reintroducing the ***CHAMPVA Children's Care Protection Act of 2021 (H.R.1801)*** in the House along with eight original co-sponsors; Representatives Chris Pappas (D-NH-1), Paul Tonko (D-NY-20), Tim Ryan (D-OH-13), Ann Kirkpatrick (D-AZ-2), Kathy Castor (D-FL-14), Jahana Hayes (D-CT-5), Alcee Hastings (D-FL-20), and Delegate Eleanor Holmes Norton (D-DC-At Large).

TAPS also appreciate Senator Sherrod Brown (D-OH) for introducing the ***CHAMPVA Children's Care Protection Act of 2021 (S.727)*** in the Senate along with the 11 original co-sponsors; Senators Jon Tester (D-MT), Patty Murray (D-WA), Bernie Sanders (I-VT), Richard Blumenthal (D-CT), Richard Durbin (D-IL), Christopher Murphy (D-CT), Debbie Stabenow (D-MI), Robert Casey (D-PA), Tammy Baldwin (D-WI), Jack Reed (D-RI), and Kirsten Gillibrand (D-NY).

This important legislation will allow young adult children to remain eligible for medical care under CHAMPVA until their 26th birthday, regardless of their marital status.

CONCLUSION

TAPS thanks the leadership of the Senate and House Committee on Veterans' Affairs and their distinguished members for holding this Joint Session of Congress to hear the legislative priorities of Veterans Service Organizations. TAPS is honored to testify on behalf of the thousands of surviving families we serve.