



**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 4, 2025

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.

Chairmen Moran and Bost, Ranking Members Blumenthal and Takano, and distinguished members of the Senate and House Committees on Veterans' Affairs, the Tragedy Assistance Program for Survivors (TAPS) is grateful for the opportunity to provide a statement 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.

END THE REMARRIAGE PENALTY FOR SURVIVING SPOUSES

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, H.R.1004)***. 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, and Representatives Richard Hudson (R-NC-09), Joe Neguse (D-CO-02), Derrick Van Orden (R-WI-03), Kelly Morrison (D-MN-03), Morgan Luttrell (R-TX-08), and Ro Khanna (D-CA17) 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 who 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 Texas¹, Virginia², and Louisiana³, 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

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

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

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

they are supposed to retain, and which portions should cease. Additionally, they may 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.

Gina Kincaide Piland, Surviving Spouse of Lt Col John Kincaide U.S. Air Force

"On November 21, 2019, my husband of 20 years, Lt Col John (Matt) Kincaide, lost his life in a military aviation training mishap at Vance Air Force Base. Through his (our) 20 years of service, I followed him from base to base — Texas to California to Nevada back to California, then Iowa, and finally "home" to Oklahoma — raising our two amazing sons, keeping the home fires burning, and praying he would come home safely.

"The day after my Matt died, I sat down with a representative from Vance AFB and received my benefits briefing. That day I learned about the benefits I would collect due to Matt's death. I also learned that most of the benefits would never expire — assuming I remained unmarried until the age of 55. I remember thinking that wouldn't be a problem. I couldn't see past the grief and despair of the fresh loss to consider that someday in the future I might meet someone who could make my life — and my sons' lives — beautiful again. And yet, that's exactly where I find myself today.

"In March of 2022, I met Cally, a man who helped me see the beauty of life again. He allowed space for the legacy of my late husband. Cally and I struggled with how to move forward together, knowing the severe financial repercussions we would face upon marrying. Because we are both Christians who are dedicated to having God at the center of our relationship, and because we believe marriage is a holy covenant that we want to model for our combined six children, Cally and I made the choice to accept the financial penalty and were married on December 31, 2023. I am no longer eligible to receive DIC or the SBP that my late husband invested in to provide for our needs.

"For the 20 years my late husband served, our sons have been my priority. Matt and I always had the belief that one parent should be wholly available to our kids at all times, and in the years of deployments, work-ups, and training. I sacrificed my career goals to support him and to raise our two amazing sons. And now, as a result of his death, I find myself at 50 years old starting over again — not just in a relationship, but also in a career.

“In spite of our tremendous loss, under current law, the U.S. government, the Department of Defense, and Veterans Affairs will be free and clear of any responsibility to the family of the late Lt Col John (Matt) Kincade when our youngest son turns 22.”

Kellie Hazlett, Surviving Spouse of Capt Mark Nickles 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, on my 30th birthday. He is still considered Missing in Action because they were never able to recover his remains. 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, so 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, but 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, that 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, 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.”

Sarah Stolfa, Surviving Spouse of SSG Brian Stolfa U.S. Army

“My husband was a courageous veteran who tragically took his life due to the invisible and physical wounds of the war in Afghanistan. Brian and I were the parents of a young boy, just 2 1/2 years old when we lost Brian, and I was only 28 years old. The grief I have endured has been unimaginable, and yet, I have found the strength to move forward — finding love again and building a new life with someone who truly cares for my son and me. Our family has grown — we now have a beautiful daughter, and my partner is eager to adopt my son, but we are faced with an insurmountable challenge. I am financially unable to marry without facing significant hardships, and in this economy, it is not a realistic option for me to afford.

“The Love Lives On Act offers a critical opportunity for individuals like myself, who are faced with the financial constraints of life after tragedy, to continue moving forward and fully heal. I must wait until I am 55 years old, in 24 years, to marry without jeopardizing my financial stability, and this delay holds us back from fully embracing our future. It is crucial that we pass the Love Lives On Act to allow surviving spouses like me the ability to legally marry and secure a brighter future for our children without sacrificing economic well-being. This act would give families like mine the hope and the means to move forward in the face of hardship, truly allowing love to live on.”

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

“My husband, Lowell, enlisted in high school via the delayed entry program. We met at Fort Campbell, Kentucky, and married six months later. After multiple moves, he 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 spouse back. Unfortunately, we do not have that option.”

IMPROVE DEPENDENCY AND INDEMNITY COMPENSATION FOR SURVIVING SPOUSES

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, H.R.680)***
- 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) and Congresswoman Jahana Hayes (D-CT-5), and Congressman Brian Fitzpatrick (R-PA-1) for introducing the bipartisan ***Caring for Survivors Act of 2025 (S.611, H.R.680)***, 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., 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, 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, 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, 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 grass-root effort for decades 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, 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., 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, 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 H.R.680. It would help all of us widows who have already lost so very much!"

PROVIDE CHAMPVA HEALTH COVERAGE FOR YOUNG ADULTS

TAPS is working with Congress to:

- Pass the ***CHAMPVA Children's Care Protection Act (S.605, H.R.1404)*** in the 119th Congress to ensure surviving families with young adults have access to affordable health care and mental health benefits.

The ***Affordable Care Act (ACA)***, signed into law in 2010, allows young adults to remain on their parent's health care plans until age 26 without a premium increase. This rule applies to all plans in the individual market and to all employer plans. However, it does not extend to veteran families with young adults under the Civilian Health and Medical Program for the Department of Veterans Affairs (CHAMPVA). 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 actively working to expand CHAMPVA coverage for eligible surviving children up to age 26. We strongly support the reintroduction of the ***CHAMPVA Children's Care Protection Act (S.605, H.R.1404)***. TAPS greatly appreciates Ranking Member Blumenthal (D-CT), and Congresswoman Julia Brownley (D-CA-26) for their leadership on this issue. This important legislation was endorsed in the 118th Congress by 43 veteran and military organizations and stakeholders to include TAPS, along with our colleagues in The Military Coalition (TMC), representing 5.5 million members of the uniformed services — active, reserve, retired, survivors, veterans — and their families.

Allowing young adults to remain eligible for medical care under CHAMPVA until their 26th birthday will bring the program in line with private insurance plans and the Department of Defense TRICARE Program. Those eligible would include adult children under the age of 26 of veterans who:

- Died from service-connected disabilities
- Rated permanently and totally disabled for service-connected disabilities
- Were totally disabled from a service-connected disability at the time of their death

Although not under the Veterans' Affairs Committee purview, TAPS is also working to pass the ***Health Care Fairness for Military Families Act of 2025***, which would allow TRICARE young adults to remain on their parent's policy up to age 26 without a premium increase. This legislation, combined with the ***CHAMPVA Children's Care Protection Act***, will ensure our surviving military and veteran families have affordable access to critical health care and mental health benefits.

Surviving families, who have lost their loved ones as a result of military service, are often at higher risk and in need of behavioral and mental health care. Children of surviving families are highly susceptible to mental health issues and trauma due to multiple deployments, frequent moves, or the loss of a parent. Gaps in health care deprive these young adults of proper mental health services and support systems. CHAMPVA, which offers mental health care support is essential to the overall well-being of our surviving families.

Unfortunately, young adult survivors who do not pursue a college education, attend part-time, graduate early, or take a gap year lose their CHAMPVA benefits or feel the pressure to attend college full-time to avoid high premiums, all while navigating grief. Many young adult survivors were also impacted by the COVID-19 pandemic and have found it difficult to find full-time employment in a challenging job market. These young adults and their families cannot afford expensive out-of-pocket health care costs and should not be uninsured.

Surviving families with young adults should be provided the same affordable access to health care and mental health care as civilian families under the protection of the *Affordable Care Act*. TAPS wholeheartedly agrees with Congresswoman Brownley's statement that, *"It is unacceptable that the children of those who sacrificed the most for our country do not have the same health care protections provided to other families under the Affordable Care Act."*

TAPS will continue to work with Members of Congress and fellow VSOs to pass the ***CHAMPVA Children's Care Protection Act*** within the 119th Congress. Surviving families of our nation's veterans deserve nothing less.

Sgt. David Glover, U.S. Army (Ret.)

"On July 9, 2023, my 19-year-old daughter was riding in the backseat of a vehicle when it was struck by a drunk driver. She sustained catastrophic head and spinal injuries that required an emergency back surgery and two facial reconstruction surgeries. She spent 16 days in the hospital with half of that time in an intensive care unit. With her jaws wired shut, she left the hospital having to now plan her recovery process, instead of her upcoming semester at the University of Nevada, Reno (UNR). Cognitive therapy, physical therapy, dental, orthodontics, plastic surgery, and neurology — those are some of her new required courses. But she is a strong young woman with a positive outlook, ready to play the hand she was so unfairly dealt.

"If her only insurance was CHAMPVA, it would be at this point where her coverage would end as she is no longer a full-time student. Without coverage, at 19, she would face a lifetime of medical debt, a lifetime of debilitating injury, and a lifetime of missed

opportunity. Thankfully she is covered under other insurance and will not have to carry this extreme financial burden; she can focus on healing and returning to her classes at UNR. But what about the families that do not have insurance options? CHAMPVA would fail them.

“Our military families are strong and resilient, facing hardships head-on. While on active duty, we have the full support of the Department of Defense; however, upon leaving active service we face new challenges and lose some of our health care security. When it comes to health care, we don't ask for more than what the current standards are; we just ask to be equal. It is with a humble heart that I ask this Committee to consider the CHAMPVA Children's Care Protection Act. Thank you.”

Kathleen Paden, Surviving Spouse of William Paden, U.S. Air Force

“My husband passed away at age 35, leaving me with a 6-year-old to raise alone. While I was grateful for receiving DIC and CHAMPVA, I think there could definitely be improvements made. My daughter lost her CHAMPVA coverage for health care the day she turned 23, despite being a full-time college student. If she had traditional health coverage on a policy that I had through an employer, she would have been able to stay on my policy until she turned 26.

“I find it completely unfair that a child of a veteran who died as the result of his military service has fewer options than someone who is on a workplace insurance plan. I tried to get coverage through my workplace so that she could stay on my policy until age 26, but because I have coverage through CHAMPVA, I could not get coverage through my employer.”

Anita Sullivan, Surviving Spouse of CE3 Michael Sullivan, U.S. Navy

“Our oldest son was 15 when his dad died — a sophomore in high school on track to likely play college baseball and begin taking college classes that fall as a high school junior. His dad's suicide death impacted everything and has made for a long journey of healing.

“Drew did enter college that fall, at an exceptional and demanding school. He changed majors and took a semester off to help care for his ill grandmother, as loss changed his priorities, and later was forced to take another semester off for his own recovery after a very severe car accident. He is behind a typical college student plan and will not be ready to provide his own insurance at 23, especially because of his life experiences. If he wasn't a surviving child on CHAMPVA, he would have it until 26 and the unfairness is adding to the loss.”

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

“As a surviving spouse, my primary responsibility is ensuring my children’s well-being, security, and future. However, under the current system, my son faces an unfair gap in coverage simply because he is a military child. Unlike his peers whose parents have private or federal employer-sponsored health plans, his health care coverage will disappear if he chooses to work a trade, take a gap year, or follow a nontraditional path before age 26.

“The Affordable Care Act (ACA) ensures that young adults in civilian families remain covered under their parents’ health insurance until they turn 26. Yet, surviving military children — who have already sacrificed so much — are denied that same protection. This disparity leaves surviving families scrambling to find affordable health care for their children at a time when they should be focused on their education, careers, and personal growth.

“If legislation was passed to extend CHAMPVA or TRICARE Young Adult coverage to surviving children until age 26, it would provide military children the same stability and security that all other young adults are guaranteed. No child should lose their health coverage simply because they lost a parent in service to this country. Providing this extension is not just a matter of fairness — it is a moral obligation to the families who have already endured the ultimate sacrifice.

“Passing this legislation would ensure that surviving children are not forced into financial hardship just to afford basic medical care. It would give them the freedom to explore their futures without fear — whether that means pursuing higher education, entering a trade, or taking time to determine their path. Military children deserve the same level of care and support as their civilian peers, and this legislation is a crucial step toward honoring that commitment.”

Kaylee Hughes, Surviving Daughter of MAJ Gary G. Hughes, U.S. Army

“I just turned 23 years old, and I am the Gold Star daughter of the late Army Major Gary G. Hughes. My dad passed away February 28, 2018, when I was 16 years old, a junior in high school. Upon my high school graduation, I attended the University of Tennessee at Chattanooga (UTC), where I obtained my bachelor’s degree.

“I have had numerous health problems since losing my dad. Mainly a back injury while training in Fort Knox for UTC’s Army ROTC program, which ultimately turned into the downfall of that career choice. Afterward, I have had multiple appointments with doctors, nurses, therapists, and surgeons about this ongoing issue that affects me to this day. During these intense years of schooling during the COVID pandemic, I kept good

grades and even went to school during the summer months knowing the importance of keeping health insurance. The day I graduated from college, all insurance and benefits halted. I have applied to full-time jobs that contain benefits, but have been consistently turned down after the interview process by someone who has had more time in the field. How am I supposed to get a full-time job with benefits when I don't have experience yet? I then got two part-time jobs in the Williamson County School District to gain some experience in the field, but they offered no medical benefits.

"In February 2024, I had a cyst grow on my lower back where it restricted my ability to sit, lay down, and eventually walk. Because I did not have any type of insurance, I limited myself to what treatments I could afford. I went to urgent care three times in the span of three days and was directed to go immediately to the emergency room. Once again crying in excruciating pain and knowing I could not afford to burden my family, I made my way to Williamson Medical Center in Franklin, Tennessee, and now must pay over \$25,000 in medical bills. I just started grad school at Middle Tennessee State University (MTSU) and asked for support from TENCare, but was denied.

"If it were not for my father's coffin being draped with the American flag, I would have been on a parent's insurance until age 26. I am being punished because my father, who served our country for over 20 years, was killed. I have no option but to suffer the consequences our laws have made without keeping dependents like me in mind."

Jessica Byrd, Surviving Spouse of LCpl John Bryd, U.S. Marine Corps

"John was proud to be a Marine, husband, and father. He had plans to serve his entire life and show my son the ways of the Marine Corps. I was pregnant when John was killed in action serving in Operation Iraqi Freedom; we were both 23 years old. As the only parent to Elijah, I was a stay-at-home mom who dedicated my entire life to his schedule and well-being. I am currently in the process of building a career for myself but am currently unable to provide for his health care.

"After 20 years of sacrifice and the absence of his father, my son has recently learned that he does not receive the same privilege provided to his peers to remain under his father's health benefits until age 26. Transitioning into adulthood is hard enough for the average human. But now you have a young man coming of age; he is realizing how much he missed out on having his father in his life. He is finally using his mental health benefits to explore all of his lifelong emotions of missing his father. We only learned recently that unlike others his age he only receives his health care until 23, which leaves him as a full-time college student with no health care. My hope and request is that the U.S. government provides the children of the fallen the same transitional time on a parent's health coverage as other United States young adults. Thank you."

Hana Mackey, Surviving Daughter of SSG Matthew Mackey, Iowa National Guard

“My name is Hana Mackey, I’m the surviving daughter of Staff Sergeant Matthew Mackey, who died 10 days before I turned 2 years old. I’m also a Type 1 diabetic, which is why passing the Healthcare Fairness for Military Families Act means so much to me.

“Currently, BAH where we live is roughly \$1,446 a month. TRICARE Young Adult is \$727 a month to cover what my current insurance covers. If I were in college and just turned 23, that would leave me with \$717 a month — paying for my out-of-pocket insulin and supplies which are about \$100 a month, a place to live, utilities, transportation, and food. The reality of that amount should be troubling for you. It will be a life or death decision that I will have to make without this law changing.

“Under the current law, federal employees and civilian families can keep their kids on their insurance until age 26. This gives them time to graduate college, find a job, and become eligible for their own insurance policies. Because my dad died while serving our country, I’m inevitably going to be faced with deciding if a place to live is more important than paying for my life-saving medication, and dying because I can’t afford the drug that keeps me alive; or if I’m going to be homeless to pay for my medication and insurance and starve; dying when I go into diabetic ketoacidosis (DKA) because I’m going to be forced to ration out the insulin I can find and afford.

“The very people who told me I’d be ‘taken care of when my dad died’ are ultimately playing with my life, because it’s too expensive to pass a bill for military families that the rest of the country already gets.”

TREAT SUICIDE AS A PRESUMPTIVE SERVICE-CONNECTED CAUSE OF DEATH AND PRIORITIZE MENTAL HEALTH AND WELLNESS

In 2025, TAPS will continue to work with Congress to:

- Introduce and pass the ***Service-Connected Suicide Compensation Act***
- Pass the ***Veterans’ Assuring Critical Care Expansions to Support Servicemembers (ACCESS) Act of 2025***
- Prioritize mental health as essential to the overall wellness and readiness for veterans, service members, families, caregivers, and survivors, and advance collaborative suicide prevention and postvention efforts to help save lives.

In 2024, 29 percent of new surviving families coming to TAPS for services were suicide-loss survivors. While this number has decreased from 32 percent the previous year, the families of suicide loss face massive struggles when it comes to applying for benefits

through the Department of Veterans Affairs (VA). While many illnesses are considered presumptive conditions to prevent families from having to prove that the cause of death is related to service, suicide is not a presumptive condition.

Military service exposes individuals to unique stressors and potential traumas. The presumption of service-connection for veteran suicides would acknowledge that the mental health challenges veterans face are often a direct consequence of their service. On active duty, if a service member dies by suicide, it is often treated as a “line of duty” death, and their eligible dependent family members are awarded various Department of Defense (DoD)-related benefits, such as the Survivor Benefit Plan (SBP) annuity. This policy implicitly recognizes the pressures of military life and the potential for these pressures to contribute to suicide. Extending similar benefits to veterans’ families would provide a consistent acknowledgment of service connection that does not end when active duty does.

Offering survivor benefits to families post-suicide death does not incentivize suicide but rather provides comprehensive lifecycle support for service members and their families to seek and receive help. According to the National Veteran Suicide Prevention Annual Report of 2022, veterans enrolled in a VA life insurance policy who died by suicide decreased from 9.1 percent in 2005 to 6.3 percent in 2020. Additionally, according to the DoD Annual Report on Suicide in the Military (CY 2022), evidence suggests that strengthening household financial security and fostering supports that address economic challenges and quality of life issues can reduce suicide risk. Strengthening household financial security and knowing their families will not be financially abandoned may reduce the immense stress some veterans feel about their ability to provide for their loved ones.

The presumption that veteran suicide is service-connected and that survivor benefits should extend to their families is not about incentivizing tragedy; it’s about recognizing the full scope of sacrifices made by those who serve. It’s about honoring their service, providing for their loved ones, and reflecting a society that takes responsibility for its veterans to the very end, including providing support for the aftermath of the ultimate sacrifice.

The following statements from survivors demonstrate the complicated challenges our suicide-loss surviving families face in applying for VA Survivor benefits.

Andrea Schaub Surviving Spouse of TSgt David Schaub Jr., U.S. Air Force

“The biggest challenge I had after my spouse’s suicide was my local VSO telling me that it wasn’t worth my time and energy. I had to get his death certificate amended to include additional circumstances. I had to present additional medical records to the

county who originally signed off on his death certificate. I had to submit character letters from his battle buddies, friends, and myself and obtain a Nexus letter.

“I ended up going to a VSO in a neighboring county that believed my claim was worthy and assisted me with the paperwork claim. My children were 9 and 11 at the time of their father's death, and we did not receive benefits for nearly four years.”

Brandy Warfel, Surviving Spouse of Sgt Thomas Warfel U.S. Marine Corps

“My husband struggled deeply the last six months of his life from PTSD related to his two tours in Iraq. After three failed attempts, the father of my two beautiful children took 90 pills for his depression and was on a vent for a week until I had him removed. March will be five years since his death, and June will be five years of me continuing to fight for his DIC benefits.

“The addition of suicide as a presumptive cause of death would not only allow my children access to their father's rightful benefits, but it would honor him for the pain and trauma his service years inflicted on him and myself until his last day.”

Lisa Davis Renfro Surviving Spouse of SPC Clarence Hyder, Tennessee Army National Guard

“My husband was two weeks away from his second deployment when he tried to die by suicide twice. The week before he died he was seen at the VA in Johnson City, Tennessee. He and I both talked separately with the psychiatrist. I ask that he be committed to the hospital for mental evaluation. The doctor told me to call the police if he showed concerning behaviors. Exactly one week later, my husband died by suicide. It took me almost three years of appeals, letters, and calls to finally get our benefits.”

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. In 2024, 29 percent of those coming to TAPS for care each day were grieving a death resulting from suicide and a life that included military service. TAPS conducts in-depth interviews with each survivor to reflect on their loved one's life before suicide. One typical pattern identified among thousands of military suicide survivors is the call for the nation and military community to prioritize mental health care as an essential element to overall wellness and readiness.

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 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. In addition, increasing timely access to VA community care providers will help improve mental health care outcomes for our veterans. TAPS appreciates Chairman Moran and Bost for introducing ***Veterans' Assuring Critical Care Expansions to Support Servicemembers (ACCESS) Act of 2025***, which would establish existing community care access standards as the baseline standard of care for veterans seeking care in the community.

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. TAPS families grieving a military loved one who died by suicide also cope with symptoms of trauma and complicated grief, putting them at increased risk for suicide, post-traumatic stress, and other mental health concerns due to the traumatic nature of their loss. It is imperative that we not wait until a crisis occurs among these survivors or let the long-term impact of unsupported grief on the youngest survivors lead to lifelong challenges and suffering.

Leading research and TAPS' extensive experience have 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. 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.

ENSURE THE DEPARTMENT OF VETERANS AFFAIRS COLLECTS CAUSE OF DEATH DATA

TAPS is working with Congress to:

- Pass the ***Justice for America's Veterans and Survivors Act*** in the 119th Congress.

While the Department of Veterans Affairs (VA) does a fantastic job of tracking major data categories for surviving families, the one major piece of information that the VA does not currently track is the “cause of death” of the veteran. While the VA currently supports 506,000 surviving spouses, they cannot tell you what percentage are suicide or illness or combat-related or training accident-related deaths. This information would be crucial to ensure that VA and other organizations are providing the necessary care and programs those families need.

During a meeting with the VA last year, we were informed that because the VA does not track cause of death, the potential 382,000 PACT Act impacted survivors includes all manners of death, including those who died of natural causes, age-related conditions, by suicide, or in car accidents, not just those filing claims related to toxic exposure. This helps to explain why after extensive outreach by the VA and organizations like TAPS, to date only 32,876 survivors have applied for PACT-related benefits. Unfortunately, the potential survivor numbers have also informed the Congressional Budget Office's (CBO) scoring of current survivor legislation, such as the *Love Lives On Act* and *Caring for Survivors Act*, almost doubling the cost and creating exorbitant scores, making it difficult to find funding.

This type of data is critical to tailoring programming for surviving families as well as research into suicide prevention and toxic exposures and illnesses that have led to the tragic deaths of many veterans. The Department of Defense has been doing this for many years, so it is logical to presume the VA can and should do the same.

CREATE ONE GI BILL FOR ALL

TAPS requests Congress:

- Pass the ***Gold Star Family Education Parity Act*** to sunset Chapter 35 and expand the Fry Scholarship to families not previously eligible non-active-duty survivors, pre-9/11 survivors, and families of 100 percent disabled.

Chapter 35 is an outdated education benefit provided by the VA since 1952, and has not had any major improvements since then. The Forever GI Bill increased education benefits by \$200 per month; however, that remains nearly half of the amount paid by the Montgomery GI Bill, and far less than the Post-9/11 GI Bill and Fry Scholarship.

TAPS recommends sunseting Chapter 35 and moving all qualified recipients to Chapter 33, even if it is on a lower scale, such as 80 percent as opposed to 100 percent of the benefit. Benefits under the Survivors' and Dependents' Educational Assistance (DEA) program are significantly lower than the Post-9/11 GI Bill, Fry Scholarship, and Montgomery GI Bill.

Those using DEA are dependents of a 100 percent disabled veteran, those who died of a service-connected death, and those who died before 9/11, all of which are populations that traditionally received fewer benefits than their active-duty, Post-9/11 counterparts.

While VA has made major improvements with the Digital GI Bill toward automation for Chapter 33 benefits, they are still utilizing COBOL to process Chapter 35. COBOL is a program from 1959 and is not widely utilized anymore. VA has not upgraded this system, which causes more processing errors and delays than other GI Bill programs.

Sunseting Chapter 35 would simplify the VA approval process and ensure that all survivors are receiving adequate educational benefits. The following personal testimonials from surviving families help highlight these education benefit issues.

Melissa Evinger, Surviving Spouse of Sgt Barry “Bear” Evinger, U.S. Marine Corps

“My husband, Bear, was injured while serving on active duty as a United States Marine — he was medically retired from his severe injuries and unfortunately died later from those injuries. While our family is eligible for Chapter 35 benefits, we are not eligible for the Fry Scholarship because he was injured on active duty, medically retired, then died as a result of those injuries.

“As a military widow and public school teacher, the reality of my child receiving a quality university education is less than ideal. As my child is currently looking at colleges, I have a sense of panic and sadness knowing that once again we will be faced with disappointment and difficult choices. The financial consideration of public versus private schools, housing and dorm costs, work-study to help pay for school, and so much more are devastating. The reality is Chapter 35 is helpful, but the cost of education is high. Chapter 35 alone is minimal and barely covers basic educational and housing costs. I beg you to consider increasing the eligibility of the Fry Scholarship to all Chapter 35 eligible survivors. Our children’s futures are in your hands.”

Kristy Oman-Gilbert, Surviving Spouse of SPC Keith Gilbert U.S. Army

“We lost my husband at the age of 35 to a service-connected suicide. Before he was medically discharged, he could not transfer his GI Bill to our son, as he did not meet the continuing service requirements. With his death being after active duty, we do not currently qualify for the Fry Scholarship, and we cannot take out Parents Plus Loans in his name to have dismissed due to his service-connected disability. This leaves the financial burden of paying for college on my son and myself.”

“My husband's death was confirmed to be service-connected, but we will struggle to put my son through school without help from private organizations. Extending the Fry Scholarship to ALL surviving spouses and children would show that the country recognizes the sacrifice of those remaining, no matter when the death occurred. The timing of my husband's death should not negate the opportunity for my son to have the best future possible.”

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

“The difference for my daughter between Chapter 35 and Fry for the next two years is the constant worry of how we are going to pay for each 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 who served and died after 9/11.”

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

GUARD VA BENEFITS ACT

TAPS will continue to work with Congress to:

- Pass the **Guard VA Benefits Act**, which would reinstate criminal penalties for unaccredited individuals who charge fees and compensation for assisting veterans and survivors with filing a VA benefits claim.

This 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.

Since the passage of the PACT Act, the VA and numerous VSOs have noticed an influx of advertisements and solicitations from predatory claims consultants. With nearly 33,000 additional survivors now 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.

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 in figuring 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 and claim sharks. The 10th response takes you to the Disabled American Veterans — the first true VSO result available.

We fully acknowledge that there are changes that need to be made to accreditation to allow reputable actors into the space. TAPS is not an accredited VSO because the 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 well-equipped to serve survivors.

In 2024 alone, our TAPS Casework team assisted almost 2,200 survivors on benefit claims. 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.**

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

ENSURE IMPLEMENTATION OF THE PACT ACT FOR TOXIC-EXPOSED VETERANS AND SURVIVORS AND EXPAND PRESUMPTIVE CONDITIONS

TAPS will continue to work with Congress and the Department of Veterans Affairs (VA) to:

- Ensure proper implementation of the ***PACT Act*** for veterans and survivors.
- Introduce and pass legislation to create a **presumption of service-connection for deployment to Karshi-Khanabad (K2)**.
- Pass the ***Aviation Cancers Examination Study (ACES) Act (H.R.530)***.

As the leading voice for the families of those who died as a result of illnesses connected to toxic exposure and co-chair of the Toxic Exposure in the American Military (TEAM) Coalition, TAPS led efforts to pass the bipartisan ***Sergeant First Class Heath Robinson Honoring Our Promise to Address Comprehensive Toxics (PACT) Act of 2022 (H.R.3967)***.

The *PACT Act* was signed into law by President Biden on August 10, 2022, and 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 connect 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. TAPS also remains committed to ensuring that impacted service members, veterans, their families, caregivers, and survivors receive critical health care and mental health support, and the benefits they have earned.

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 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.

TAPS will continue to work with the VA to identify and expand *PACT Act* presumptive conditions and locations to the list of toxic exposures. We are also committed to working with Congress to advance further toxic exposure-related legislation to address critical health care needs for impacted veterans and their families.

TAPS supports legislative efforts to address the ongoing health care and benefit needs of the 15,000 impacted Army, Air Force, and Marine Corps personnel who were deployed to Camp Stronghold Freedom, Karshi-Khanabad (K2) Air Base in Uzbekistan between Jan. 1, 2001, and Dec. 31, 2005.

According to declassified DoD documents, K2 service members were exposed to multiple cancer-causing toxic substances and radiological hazards to include petrochemicals, depleted uranium, burn pits, volatile organic compounds (VOCs), and elevated levels of tetrachloroethylene. Many K2 veterans have become ill and are dying or have died as a result of their exposure to toxins.

We stand with our VSO partners at the Stronghold Freedom Foundation and urge Congress to introduce and pass legislation to **create a presumption of service-connection for all conditions reported from K2 deployments, including but not limited to rare and undiagnosed conditions.**

TAPS also fully supports the ***Aviation Cancers Examination Study (ACES) Act (H.R.530)***, introduced by Congressman August Pfluger (R-TX-11), which would direct the Secretary of Veteran 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.

ENSURE IMPLEMENTATION OF THE SENATOR ELIZABETH DOLE 21ST CENTURY VETERANS HEALTHCARE AND BENEFITS IMPROVEMENT ACT

TAPS is committed to working with Congress and the Department of Veterans Affairs (VA) to:

- Ensure implementation of the ***Senator Elizabeth Dole 21st Century Veterans Healthcare and Benefits Improvement Act***, signed into law on Jan. 2, 2025.

The passage of the bipartisan and bicameral **Senator Elizabeth Dole 21st Century Veterans Healthcare and Benefits Improvement Act** in December 2024, will improve access to mental health and long-term care for veterans, and support those who care for them, as well as their survivors.

This important law included multiple long-term priorities for surviving families, such as expanding eligibility for the Fry Scholarship and provisions of the **Love Lives on Act of 2023**, which have had major impacts on the lives of our surviving families. The following are testimonials from survivors who are already benefiting from this significant law:

Anita Sullivan, Surviving Spouse of CE3 Michael Sullivan, U.S. Navy

“When The Dole Act was signed into law, I felt a weight lifted that allowed me to breathe deeper than I had in almost two years. After the tragic death of my husband and father to our three kids, I found love with a retired Navy Chief and wonderful man. We know that we’ll get married, but it’s still years away due to the current law that requires me to be 55 or lose benefits. Since becoming engaged in 2023, I’ve been fearful of someone wrongly reporting me, and our family enduring an investigation into if I was ‘holding myself out to be married.’ That fear has meant constantly correcting people about our relationship and asking our kids to do the same, which is a burden they shouldn’t have had. I’m very grateful for the provision in The Dole Act that removes that risk and fear.”

Julie McAdoo Surviving Spouse of MAJ Kevin McAdoo, U.S. Army

“The passage of the Dole Act has positively impacted my family by removing the ‘holding oneself out to be married’ clause from the definition of a widow. Prior to the Dole Act, I didn’t feel comfortable telling anyone about my partner, Mark. While I don’t have any enemies, the stakes of losing the money that sustains my family were just too high. I spent a lot of time being careful and not sharing outside of my closest circle of friends and family that I had a partner who I cared deeply about and intended to spend the rest of my life with even though I couldn’t marry him. Because of the Dole Act, I finally feel at ease in admitting that I have a partner to share my life with, who bolsters our family unit, and who plays a vital role in our resilience.

“Unfortunately, he came along prior to the Dole Act, and trying to form a family unit in secret was awkward, to say the least. My children, who were 12 and 14 at the time, didn’t know what to call him or what kind of a relationship to build with him. We couldn’t be clear about who he was and where he fit in our lives. Consequently, they have a weak and confusing bond with my partner. I wish the Dole Act had come along well before so that we could have clearly established our relationship and family unit openly at that critical time in our lives.

“Now that the Dole Act has passed, my partner and I have been able to have many important conversations about what kind of future we want together. We can talk about uniting finances, buying a home together someday, and how we wish to form a life together without fear. So many normal features of a romantic partnership were unavailable to us, and we are still feeling out the new avenues open to us now that we can admit how much we love each other and our intent to be together forever. Even though we still can’t marry for now, we are very grateful and relieved that the Dole Act passed! We feel so much more freedom to live and love!”

Rebecca Morrison Mullaney Surviving Spouse of CPT Ian Morrison, U.S. Army

“When my husband, Apache Helicopter Pilot Captain Ian Morrison died by suicide, I was only 24 years old. At 24 years old I was expected to start my life over. I had to withdraw from my graduate program because I could not complete my clinical hours at the time.

“I grieved Ian intensely — the man I’d lost, and the future with him that would never be. I eventually found healing in advocating for our service members, veterans, and their families, and following through with my goal to become a mental health care provider. Years later, along this path, I met Brennan, an Army veteran himself. We shared a passion for supporting the military and veteran community. Being with Brennan brought light back into my life. After experiencing the sanctity and joy of marriage with Ian, I knew this was something I didn’t want to live the rest of my life without, which is why Brennan and I chose to legally marry. However, that decision also meant giving up the benefits that supported me financially and would allow me to retrain into a career that made sense at this stage in my life.

“The passage of the Dole Act means that I can finally fulfill my dream of pursuing a Ph.D. in clinical psychology, and it acknowledges that just because I have remarried, does not mean I am not still Ian’s widow. While there is still work to do to pass the rest of the Love Lives on Act, I am grateful to know that in the meantime I can return to school.”

CONCLUSION

TAPS thanks the leadership of the Senate and House Committee on Veterans’ Affairs, their distinguished members, and professional staff for holding this Joint Session of Congress to hear the legislative priorities of veteran and military service organizations. TAPS is honored to testify on behalf of the thousands of surviving military and veteran surviving families we serve.