

**Testimony Submitted by Jackson Smith**  
**Senate Veteran Affairs Committee**  
**14 August 2025**

Thank you Chairman Moran, Ranking Member Blumenthal, and Senator Cassidy for the privilege of testifying before this committee today. My name is Jackson Smith, I am the Executive Director of the Bastion veterans community here in New Orleans, and a Marine combat veteran. My experience with the most pressing issues facing the veteran population began in 2010 in Helmand Province, Afghanistan. I spent eight months in high intensity, frontline combat alongside the 78 Marines and Sailors of Third Platoon, India Company, 3/6. Throughout this time virtually every one of those young men experienced multiple, in some cases dozens of brain-injuring events. I remember a Marine experiencing three separate IED blasts in one day. And in the years since then I have seen how few resources there are for the hundreds of thousands of veterans with experiences just like the Marines of Third Platoon. Simply put, we are not doing enough, and we are not prepared for the still-growing magnitude of these threats to the lives of our veterans. (1:00)

TBI, suicide, PTSD, substance abuse, deaths of despair. These problems are growing worse for our veterans, not better. Here in Louisiana between the two most recent years of veteran suicide data we have seen a 35% percent increase in veterans taking their own lives, while the civilian suicide rate here has remained relatively flat. The Wounded Warrior Project's 2025 Community Survey, the most detailed data set available on post-9/11 disabled veterans, shows that homelessness among disabled veterans doubled between 2022 and 2023. Disabled veterans experience anxiety and depression at up to eight times the rate of their civilian counterparts. Nearly 18 veterans per day are still taking their own lives. But that number increases to 44 when accounting for overdoses and other self-induced deaths. That means during the course of this hearing alone we will lose as many as four more veterans. Four, right now, as we speak. (2:00)

But the news is not all bad. Programs like the SSG Fox Grant are a first step towards innovation and delivery of care at the scale we need. But it is only that, a first step. I have heard witnesses before this committee assert that the primary purpose of the Fox Grant is outreach- engaging those veterans who are otherwise falling through the cracks, like the 10 out of 17 veteran suicides per day who never had any contact with the VA at all. But outreach requires presence. Boots on the ground. And right now, with less than two Fox grantees per state and 7 states with no grantees at all, we are not cutting it.

The Fox Grant should be expanded significantly, including the availability of significantly more grants for new applicants. In the last cycle, 82 out of 93 grants went to existing grantees, making the actual pool of funding available for new initiatives vanishingly small. For small, community-based organizations like mine, it is difficult to justify the significant effort required to even assemble a federal grant application in light of these numbers. And that matters, because it is organizations like mine who are best positioned to deliver the outreach, connection, and follow through that our veterans need and deserve. Organizations like mine are working

furiously to fill gaps in the continuum of care with truly innovative solutions. Bastion's Headway Program, funded since its inception by the Wounded Warrior Project, is a perfect example- one of the first programs in the country to deliver long term, community-based, no-cost rehabilitation for TBI-affected veterans. An expanded Fox Grant program, particularly one that specifically incentivizes programming for brain injury-affected veterans, could facilitate the replication of programs like Headway at genuine scale nationwide. Until we are able to implement such solutions, I fear we will continue to see our most troubling statistics move in the wrong direction. The VA should make a greater number of grants available, including at lower funding levels and with less burdensome application processes, to seed and advance the innovation that organizations like Bastion are already undertaking.

I also urge this Committee to renew or replace the Assisted Living-TBI Pilot Program. This program was discontinued in 2017 without replacement. I have heard various reasons for the termination of this program, including that it was prohibitively expensive. I would respectfully ask this Committee, given that there is no replacement or alternative program in place - expensive compared to what? I believe we owe it to this population to deliver the support they need regardless of cost, just as they swore an oath to defend their nation and Constitution regardless of whether it might cost their lives. I would also submit that the choices we have made in terminating this program without replacement have merely passed the cost on to the families of our veterans, with stark consequences: The suicide rate among long term caregivers of non-seniors is as high as 20%. One in five. We can do better, and we must.

I will leave you with the words said to me by one of our Headway participants just last week. "This program saved my life." To hear that from a fellow veteran is a gift I lack the words to properly describe. But when I hear them, I cannot help but to think of how many more veterans there are out there just like him, who we cannot yet reach. How many of them will we lose if we wait another year? How many will we lose today? Too many. Organizations like Bastion can make the difference for these veterans. We prove that every day. But we need your help to turn the tide. Thank you.