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Statement for the Record

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Chairwoman Miller-Meeks, Ranking Member Brownley, and Members of the Committee:

Thank you for the opportunity to submit this written statement for the record on traumatic brain injury (TBI) and the ongoing brain health needs of America's veterans. I am Russell ("Rusty") Gore, M.D., a neurologist board-certified in Neurology and Brain Injury Medicine and a former U.S. Air Force operational Flight Surgeon. I currently serve in clinical leadership roles focused on mild-to-moderate TBI, complex concussion, and the overlapping neurologic, vestibular, sleep, pain, and mental health conditions that frequently accompany brain injury.

This statement addresses: (1) the clinical reality of persistent TBI; (2) why access and integration gaps remain despite VA progress; (3) why Avalon Action Alliance's complementary partnership model helps; (4) the TBI-suicide risk relationship using VA's most recent annual suicide surveillance (updated with 2023 data); and (5) why passage of the BEACON Act is necessary.

I. TBI in Veteran Populations: Burden and Complexity

TBI is a defining injury of modern military service. Since 2000, more than 500,000 service members have sustained a TBI. While many TBIs are classified as "mild," a significant subset of veterans experiences persistent symptoms that affect life function and community reintegration.

Clinically, persistent TBI is often multi-domain: symptoms may include headaches, sleep disruption, dizziness and imbalance, cognitive inefficiency, irritability, and mood disturbance.

These problems commonly overlap with PTSD, chronic pain, and substance use risk—conditions that can intensify disability and complicate recovery.¹

Post-traumatic headache provides a clear example. It is widely recognized as a common sequela of mild TBI, can persist for months to years, and often co-occurs with sleep disturbance and mental health symptoms, requiring multimodal assessment and management rather than isolated treatment.²

Peer-reviewed clinical descriptions of intensive interdisciplinary programs reinforce why integrated care is often necessary. A published case report describing an intensive outpatient interdisciplinary program for a veteran with chronic TBI and associated comorbidities documents a broad symptom profile (including headaches, insomnia, cognitive difficulties, depression/anxiety, PTSD symptoms, anger, balance impairment, and chronic pain) and reports meaningful improvement following coordinated interdisciplinary treatment with planned follow-up supports.³ The literature supports intensive, interdisciplinary care for veterans and service members with mTBI and associated co-occurring disorders. This intervention is individualized to the needs of the patient and prospective studies demonstrate a meaningful and durable response to treatment including prospective studies from the Department of Defense and Avalon Alliance partner, the SHARE Military Initiative at the Shepherd Center.⁴

II. VA Progress and Why Gaps Persist

VA has made meaningful progress in building brain injury and rehabilitation capacity, including improved screening, the polytrauma system of care and improved access to specialty services. Yet, persistent gaps remain that should be understood as structural challenges rather than lack of effort. Veterans who are rural, far from specialty centers, living with complex comorbidity, or disengaged after difficult care experiences may not access sufficiently integrated, high-touch treatment with the continuity required for durable gains.

National expert discussions on TBI systems describe similar needs: continuity across the care continuum, reduced fragmentation, and learning-health-system approaches that integrate data

¹ Rebekka Dieterich-Hartwell et al., “An Integrative, Holistic Treatment Approach for Veterans with Chronic Traumatic Brain Injury and Associated Comorbidities: Case Report,” *Frontiers in Psychiatry* 16 (2025): 1568876.

² Yevgeniya Sergeenko, “A Comprehensive Approach to the Assessment and Management of Posttraumatic Headache,” *Physical Medicine and Rehabilitation Clinics of North America* (2025).

³ Dieterich-Hartwell et al., “Integrative, Holistic Treatment Approach.”

⁴ DeGraba TJ, Williams K, Koffman R, et al. Efficacy of an Interdisciplinary Intensive Outpatient Program in Treating Combat-Related Traumatic Brain Injury and Psychological Health Conditions. *Front Neurol.* 2021;11:580182; Wallace TD, McCauley KL, Hodge AT, et al. Use of person-centered goals to direct interdisciplinary care for military service members and Veterans with chronic mTBI and co-occurring psychological conditions. *Frontiers in neurology* 2022;13:1015591.

and outcomes to improve long-term recovery and reintegration.⁵ These themes align with what veterans and families often face: multi-domain symptoms, multiple referrals, and too little coordinated follow-through.

III. Why Avalon Action Alliance’s Model Works

Avalon Action Alliance supports a “fill-the-void” approach that is best understood as capacity augmentation, *not privatization*. The intent is to complement VA by partnering with high-performing programs capable of delivering comprehensive assessment, interdisciplinary treatment, and structured follow-up for veterans who are not effectively reached (or not successfully retained) within traditional pathways.

From a clinical systems perspective, the model’s strength lies in (1) front-end comprehensive assessment and individualized planning; (2) interdisciplinary delivery designed for overlapping neurologic, vestibular, sleep, pain, and mental health needs; and (3) continuity supports that reduce “handoff loss” after intensive care.⁶

Programs designed for complex veteran needs demonstrate these principles. Shepherd Center’s SHARE Military Initiative, for example, describes comprehensive rehabilitation services for service members and veterans with brain injury and PTSD, reflecting an interdisciplinary orientation and structured support for complex cases.

IV. TBI and Suicide Risk: VA’s Most Recent Data (Updated with 2023 Outcomes)

Any serious TBI strategy must include suicide prevention. VA’s most recent annual suicide surveillance report (updated with 2023 data) identifies traumatic brain injury as a clinically important subgroup. In 2023, VA reports the suicide rate among Veteran VHA users with a recent TBI diagnosis was 94.3% higher than those without a recent TBI diagnosis.⁷ The suicide rate for veterans is 3.9 per 100,000 and veterans w/ TBI the suicide rate is 77.6 per 100,000.⁸

These findings do not mean TBI alone causes suicide, but they do indicate that veterans with TBI diagnoses represent a materially higher-risk population. This supports an urgent clinical and policy conclusion that brain injury care and suicide prevention should be integrated

⁵ National Academies of Sciences, Engineering, and Medicine, *Data Integration in Learning Health Care Systems for Traumatic Brain Injury: Proceedings of a Workshop* (Washington, DC: National Academies Press, 2024).

⁶ Dieterich-Hartwell et al., “Integrative, Holistic Treatment Approach.”

⁷ U.S. Department of Veterans Affairs, *2025 National Veteran Suicide Prevention Annual Report: Part 2 of 2—Report Findings* (Washington, DC: Department of Veterans Affairs, 2025).

⁸ Howard, Jeffrey T., Ian J. Stewart, Megan E. Amuan, Jud C. Janak, Krista J. Howard, and Mary Jo Pugh. "Trends in suicide rates among post-9/11 US military veterans with and without traumatic brain injury from 2006-2020." *JAMA neurology* 80, no. 10 (2023): 1117-1119.

operationally, particularly when TBI overlaps with sleep disruption, PTSD, chronic pain, and substance use risk.⁹

V. The BEACON Act: Why It Is Necessary

The BEACON Act aligns with the clinical and systems realities described above by creating VA grant mechanisms to support development, implementation, and evaluation of neurorehabilitation approaches for chronic mild TBI, including Randomized Controlled Trials (RCTs) for definitive proof including evidence-based integrative and nontraditional therapies, with outcomes measurement.¹⁰ As drafted, it is intended to supplement, not supplant VA's existing clinical care and research.

This policy design is appropriate because persistent TBI is heterogeneous and interdisciplinary models, while clinically coherent, are difficult to scale without structured evaluation and dissemination.¹¹ VA's own data also show that veterans with recent TBI diagnoses in VHA care have markedly elevated suicide rates, underscoring urgency and the need for integrated models that address brain injury and mental health risks together.¹² By accelerating scalable, evidence-based neurorehabilitation that improves function and mental health for veterans with chronic mTBI, the BEACON Act can help reduce suicide risk and long-term disability burden—strengthening families, workforce participation, and the broader evidence base for brain-injury care.

Conclusion

TBI among veterans is often a persistent, multi-domain condition shaped by comorbidity and care fragmentation. VA has made meaningful progress, yet gaps remain in integrated access and continuity for veterans with complex needs. An innovative approach is critical to establish the evidence necessary to validate this model of care and improve access to this care for all veterans with TBI. The Avalon Action Alliance's partnership model helps close those gaps by supporting coordinated interdisciplinary programs and follow-up. VA's most recent suicide surveillance, updated with 2023 data, underscores the urgency: suicide rates are substantially higher among recent VHA users with recent TBI diagnoses. The BEACON Act provides a timely mechanism to evaluate and scale effective neurorehabilitation approaches while complementing VA's mission.

⁹ U.S. Department of Veterans Affairs, *2025 National Veteran Suicide Prevention Annual Report: Part 2 of 2—Report Findings*.

¹⁰ H.R. 6993, 119th Cong., 1st sess.

¹¹ National Academies of Sciences, Engineering, and Medicine, *Data Integration in Learning Health Care Systems for Traumatic Brain Injury*; Dieterich-Hartwell et al., "Integrative, Holistic Treatment Approach."

¹² U.S. Department of Veterans Affairs, *2025 National Veteran Suicide Prevention Annual Report: Part 2 of 2—Report Findings*.

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Russell Gore is the Founding Director of the Shepherd Center Complex Concussion Clinic and Medical Director of the SHARE Military Initiative. He also currently serves as Chief Medical Officer for the Avalon Action Alliance, a national network of programs treating complex mTBI in service members and veterans. Clinically Dr. Gore is a neurologist specialized in traumatic brain injury and the vestibular, oculomotor, and balance systems with specific interest in the assessment and rehabilitation of athletes, service members, and veterans with protracted recovery after mild TBI.

Before starting his career in neurology, Dr. Gore served as a military flight surgeon in the US Air Force including experience at the Air Force Research Laboratory. He was privileged to care for soldiers at home and overseas and experienced first-hand the devastating aftermath of traumatic combat injuries.

Dr. Gore is an adjunct Associate Professor in the Georgia Institute of Technology and Emory University Wallace H. Coulter Department of Biomedical Engineering, and he directs Shepherd Center's mTBI Brain Health and Recovery Laboratory. He leads an interdisciplinary research team developing methods to assess, quantify, and treat brain injury for military and sports applications. His research has been supported by numerous foundations, the National Institutes of Health, and the Department of Defense.

Dr. Gore serves on the Veterans Administration Federal Advisor Committee for Prosthetics and Special Disabilities. He also serves as concussion consultant and advisor for US Major League Rugby, the 2026 FIFA World Cup, and other college and professional sports teams.

About Avalon Action Alliance

Avalon Action Alliance is a 501(c)(3) nonprofit dedicated to helping veterans and first responders heal from the invisible wounds of service, including traumatic brain injury (TBI), post-traumatic stress (PTS), and substance abuse (SA) challenges. Avalon exists to simplify access to care by serving as a single point of contact and connecting warriors to specialized treatment through a national network of trusted providers.

At Avalon, veterans and first responders are never handed off or left to navigate care alone. Instead, we walk beside them, making direct connections, coordinating referrals, and partnering across our alliance of care providers to ensure warriors receive the support they deserve.

To date, Avalon-supported partners have served more than 1,400 warriors through intensive outpatient TBI centers, more than 5,500 participants through post-traumatic growth training, and funded over 275 warriors for substance abuse treatment. These outcomes reflect Avalon's commitment to ensuring veterans and first responders receive the life-changing care they deserve. Every program is backed by data, with proven outcomes that show measurable improvements in quality of life.

About the SHARE Military Initiative

Shepherd Center's SHARE Military Initiative is designed as a comprehensive rehabilitation program for service members and veterans living with brain injury and PTSD, emphasizing individualized plans because "every brain injury is unique."

SHARE describes providing care at no out-of-pocket cost and building a dedicated, veteran-experienced interdisciplinary team—spanning neurology; physical and rehabilitation medicine; PT/OT; speech-language pathology; recreation therapy; neuropsychology/psychology/counseling; cognitive rehabilitation; vestibular evaluation and treatment; vocational/community re-entry supports; pain management; peer support; and substance-use psychology.

The program's intensive tracks are structured to support both treatment and reintegration: the comprehensive day program includes daily therapy over multiple weeks, coordinated visits with a broad care team, and up to 12 months of transition-to-community follow-up sessions with a life coach, reflecting an emphasis on continuity beyond the initial treatment episode.

SHARE's model is not "one size fits all," highlighting a highly personalized approach and framing philanthropic support as essential to making this transformational care available at no cost to participating veterans and service members.

The great work at SHARE is made possible by generous donations from Avalon Action Alliance and other donors.