



IMPACT REPORT FY 24-25



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"The psychological toll of service does not respect jurisdictional boundaries. If a model saves lives in one high-risk profession, refusing to apply it elsewhere is not principled – it's negligent."



Message from our Team

This fiscal year Sabot Foundation was forced to evolve because:

- Suicide became the leading cause of death among post-9/11 veterans, exceeding combat fatalities.
- Traditional VA and DoD systems were too slow, bureaucratic, or stigmatized to catch people in crisis.

Which led to:

- Expansion of rapid-response, and culturally competent interventions that actually work.
- Stem Cell Therapy
- Stellate Ganglion Block
- Housing stabilization
- Trauma-informed therapy focused on moral injury, not just PTS.
- Expanded relationships with clinicians who specifically specialize in these unique communities.

The crossover of these programs to law enforcement happened naturally / organically because the risk profile is nearly identical when recognizing:

Shared risk factors

- Repeated exposure to violence and death
- Hypervigilance and sleep disruption
- Moral injury and identity collapse
- Cultural stigma around asking for help
- Fear of career consequences if mental health issues are disclosed

Shared outcomes

- Elevated suicide rates
- Higher divorce and substance-use rates
- Isolation after retirement or termination
- Increased risk following internal investigations or disciplinary action

Founded in the Big Horn
Mountains of Wyoming - 2016



Why This Crossover Matters (Strategically):

- Breaks down the false separation between "military trauma" and "civil service trauma"
- Normalizes help-seeking in high-risk professions
- Creates a civilian bridge when government systems fail
- Saves lives by intervening before disciplinary collapse or termination

This point is especially powerful when framed as:

- Evidence-based expansion, not mission drift
- A response to documented suicide epidemiology
- A cost-saving public safety investment
- A human-centered alternative to punitive systems

EH Meredith & J Krashna
Co-Founders & Trustees

Introduction

Sabot's Veteran Programs Become a Blueprint for Supporting Law Enforcement Personnel

For years, veteran foundations have faced a stark and uncomfortable truth: more veterans were dying by suicide than in combat. Confronted with institutional inertia and stigma within traditional systems, we adapted. We developed trauma-informed, rapid-response programs designed to meet veterans where they were—often quietly, anonymously, and outside of government channels. Along the way, something unexpected happened. These programs didn't just save veterans' lives—they proved transferable.

Building on this success, we expanded our suicide-prevention efforts to include law enforcement officers and first responders. This is not mission creep; it is an evidence-based evolution, driven by the near-perfect overlap in risk profiles. Both law enforcement personnel and veterans endure repeated exposure to violence, chronic hypervigilance, disrupted sleep, moral injury, and a professional culture that equates vulnerability with weakness. Both groups face career-ending consequences for disclosing mental health struggles, and both are at greatest risk—not in moments of heroism—but during periods of investigation, isolation, administrative discipline, or retirement. Traditional systems often intervene too late—after a life is lost, after benefits are jeopardized, after identity collapses.

From the start, we learned that suicide prevention is not just about therapy. It's about timing, trust, effective programs, and practical stabilization. It's about peers who understand the language, the silence, and the fear of being reported.

When we applied these lessons to law enforcement, the results spoke for themselves. Clinicians trained in moral injury—rather than generic stress management—help reduce isolation before it hardens into despair. Some have questioned why we involve ourselves with civilian law enforcement. The better question is: why wouldn't we? Public safety professionals do not stop being human because they wear a uniform. Many are veterans themselves. The psychological toll of service does not respect jurisdictional boundaries. If a model saves lives in one high-risk profession, refusing to apply it elsewhere is not principled—it's negligent.

This crossover also highlights a deeper issue: government systems remain structurally ill-equipped to address suicide risk in professions where admitting distress can end a career. Independent foundations like ours fill that gap precisely because we operate outside command structures, union politics, and disciplinary pipelines. Trust—not authority—is the currency of prevention.

The expansion of veteran suicide-prevention programs into law enforcement represents a quiet success story in American civil society. It embodies adaptation where bureaucracy stalled, compassion where punishment prevailed, and prevention where reaction once ruled. If we are serious about reducing suicide, we must stop treating trauma as a siloed problem. Veterans showed us the way forward. Law enforcement officers are now benefiting from that hard-earned knowledge. The next step is acknowledging that this model works—and ensuring it is supported, funded, and scaled. Lives depend on it.



Priority Programs for LEO's & Veterans



STEM CELL THERAPY

Between December 2024 – December 2025, we have successfully provided free treatment to combat veterans and 9/11 rescue workers. This treatment involved a combination of Exosome and MSC Stem Cells. The average cost per veteran treated was \$12,000, and this initiative was made possible through the generous support of our donors.



DSR-SGB & PRISM PROGRAMS

We will treat 25-30 Veterans with Dual Sympathetic Reset (DSR) Stellate Ganglion Block (SGB) in FY 25-26. While SGB is an FDA-approved treatment for pain, it is increasingly used off-label to address symptoms of PTS, anxiety, and depression by regulating the overactive sympathetic nervous system and resetting the "fight-or-flight" response to baseline. This initiative is being carried out in a joint program with the Infinite Hero Foundation. Additionally, 75-100 Veterans will participate in Sabot's "PRISM" Integration Programs.



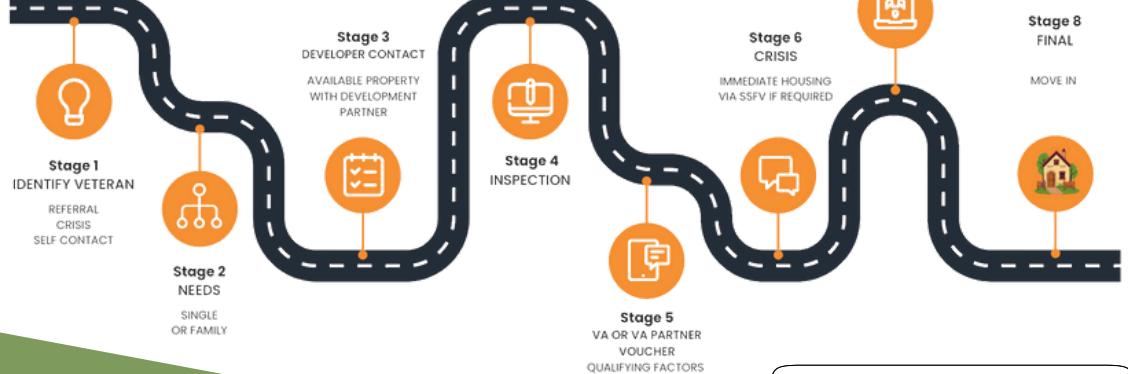
PSYCHEDELIC PROGRAMS -VARE-

Since 2020, Sabot has actively participated in retreats, initiatives, and donations to third-party organizations focused on advancing psychedelic therapies involving Ibogaine, 5-MEO, and Psilocybin. These efforts have supported treatments for individuals facing a range of psychological challenges, including PTS, MST, severe depression, self-medication, and anxiety. In fiscal year 2024–2025 alone, Sabot contributed over \$20,000 in funding to third-party foundations to further its mission of supporting veterans in need through these innovative therapies.

Operation Homecoming

Housing Roadmap 2026

HOUSING ROADMAP FOR VETERANS IN NEED



35 Housed to date



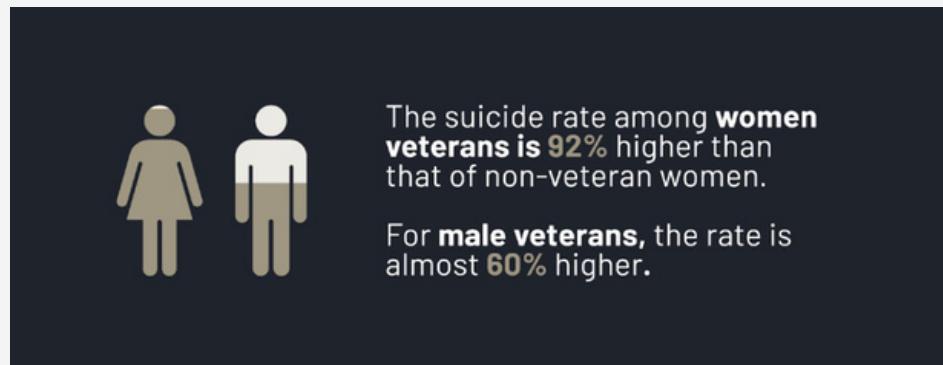
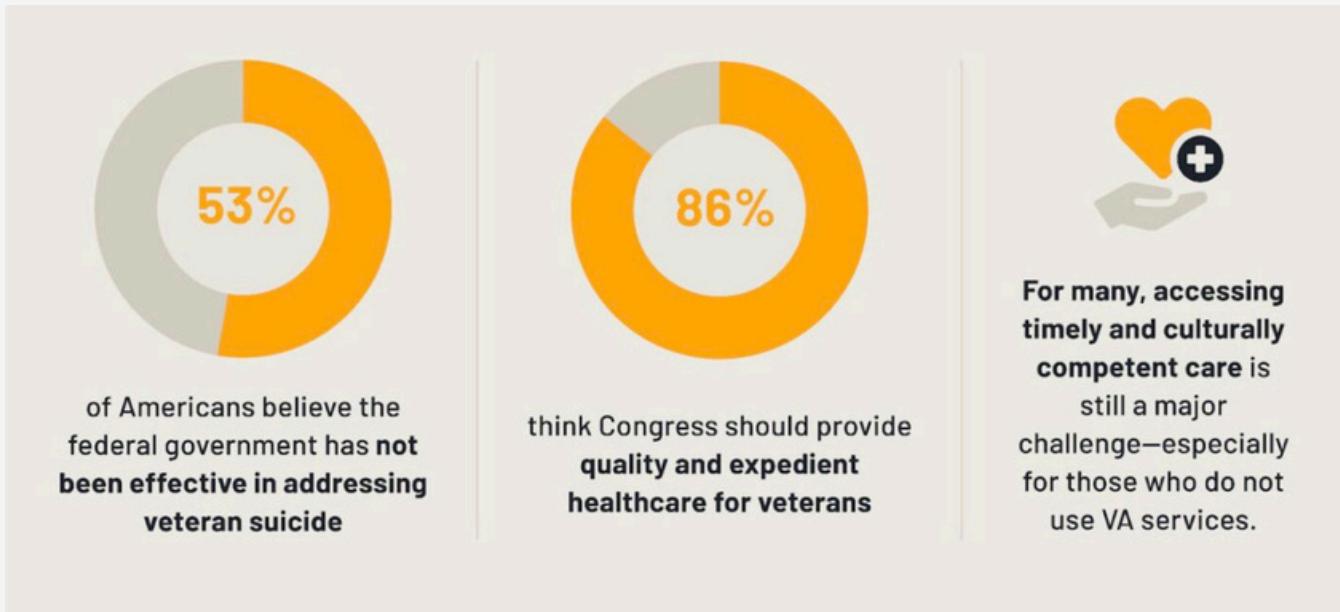
Measuring Progress

Measuring the effectiveness of programs aimed at supporting veterans and law enforcement officers (LEOs): Given that many individuals experience moral injury rather than solely clinical sickness, tracking progress must extend beyond symptom reduction to include comprehensive functional and meaning-making outcomes. The ultimate goal of this comprehensive approach is to track the progression from Insight → Action → Habit → Identity Shift. We believe that these metrics provide a more accurate and holistic view of participant recovery and successful functional reintegration especially when the individual has done dramatic shifts in their lives e.g. competition, outdoor activity and community engagement



Key Indicator	Programs	Outcome
Orthopedic injuries Traumatic Brain Injury (TBI) PTS Peripheral nerve damage Autoimmune / inflammatory conditions	STEM CELLS	Best outcomes occur when paired with: Physical therapy & mobility retraining Nervous system regulation Nutrition & metabolic reset Psychological integration (especially for TBI/PTS)
Many veterans operate in a chronically elevated stress state. By Q2 2026 over 250 Veterans and LEO's will have participated in this program	PRISM Platforms for Recovery Integration Systems Management	Not symptom elimination—but: <ul style="list-style-type: none">Improved sleep and regulationRestored sense of agencyStable relationshipsMeaningful daily responsibilityReduced crisis events over time
PTS, depression, addiction, and reintegration struggles	PSYCHEDELIC PROGRAMS	Life changing results witnessed. Participants walked away with a new perspective and tools to continuously improve their jobs, home lives, and relationships.

The Current Veteran Suicide Picture

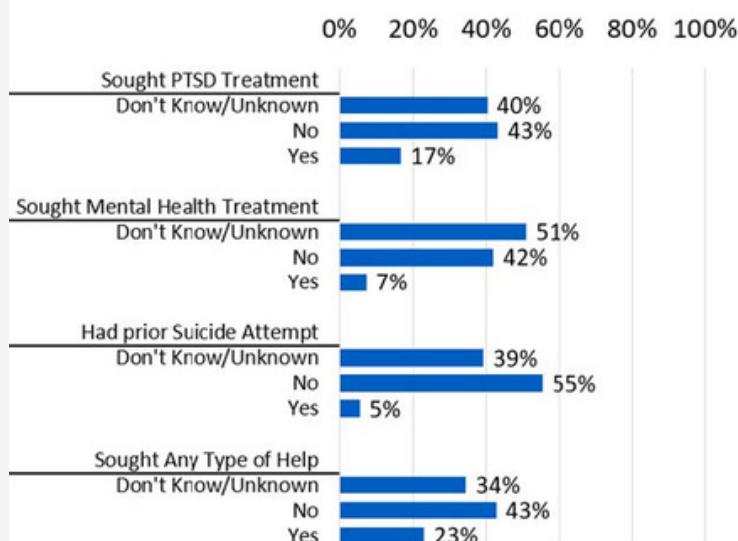
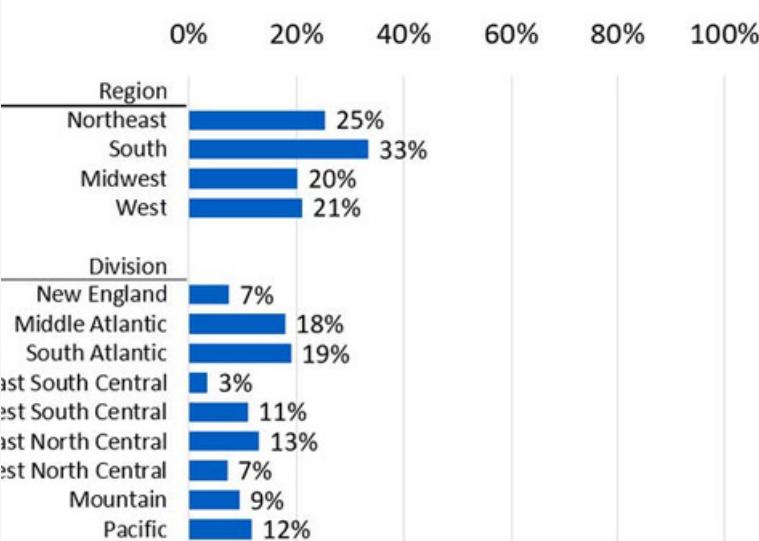
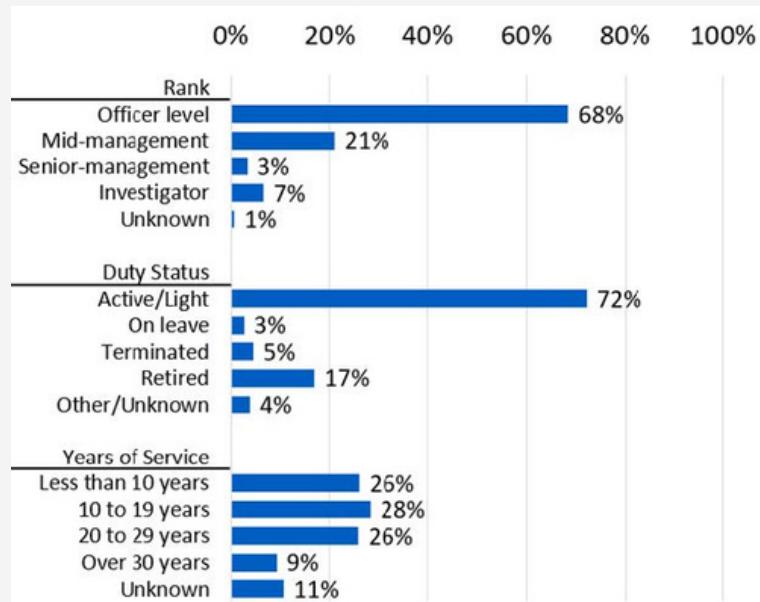
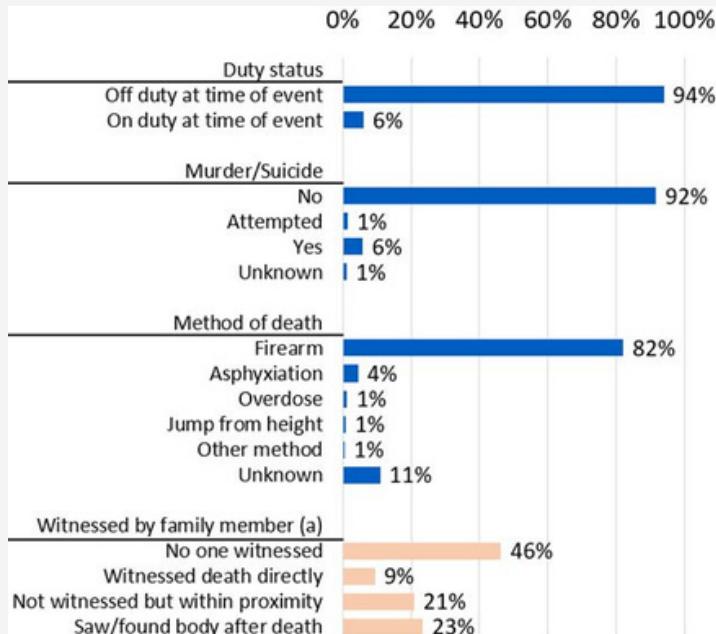


- Suicide risk is influenced by multiple factors that disproportionately affect veterans, including PTS, traumatic brain injury (TBI), moral injury, social isolation, unemployment, and difficulties adjusting to civilian life.
- Not all veteran suicides involve VA services — many occur among those not connected to VA care, underscoring the need for community-based and outreach initiatives.

We have filled these gaps with key initiatives including our established PRISM and VARE programs, as well as newly developed programs focusing on advancements in STEM Cell Therapy and Dual Sympathetic Reset / Stellate Ganglion Block procedures.

These programs exemplify our commitment to the Foundation's Goals and providing effective community support.

The Current LEO Suicide Picture



• SOURCE CNA CORPORATION AND FIRST HELP

- Veteran suicide prevention programs are now being adapted for law enforcement because they address moral repair, not just symptoms.
- Narrative reconstruction (restoring meaning, not erasing memory)
- Peer-based integration (credibility matters more than credentials)
- Somatic and neurobiological interventions (TBI, stress load)
- Purpose restoration (service beyond uniform)
- Psychedelic-assisted therapy
- Structured integration frameworks (not just treatment episodes)

These work because they address moral coherence, not just diagnosis codes.



Next Steps

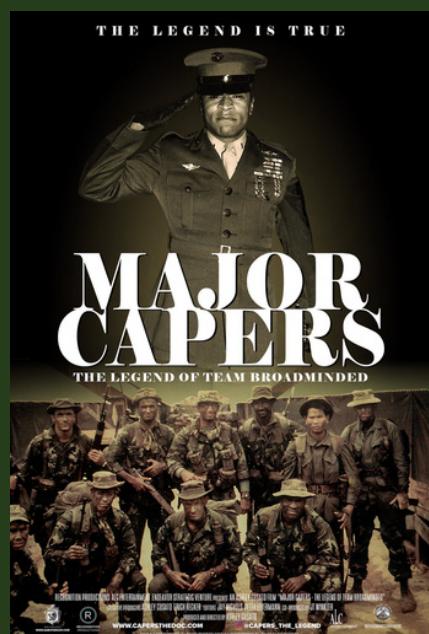
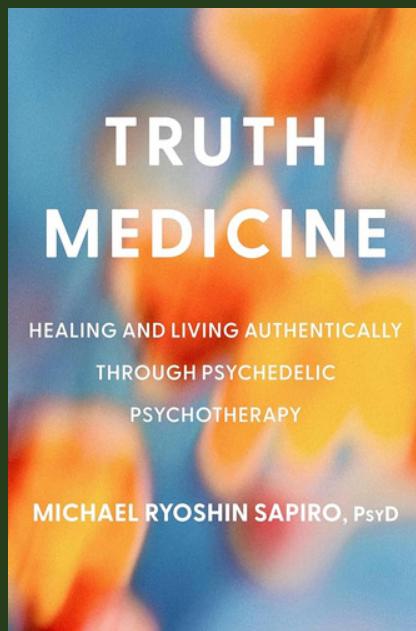
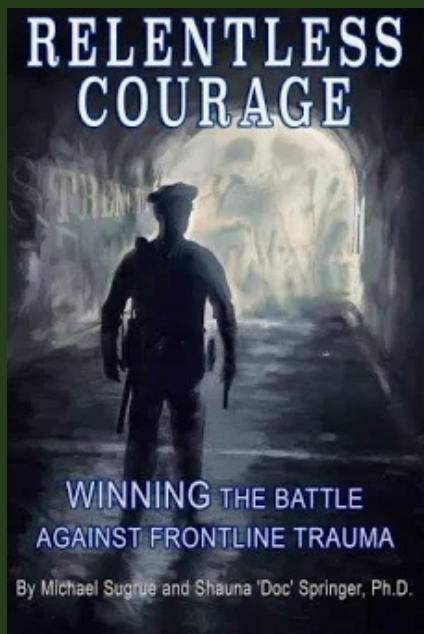
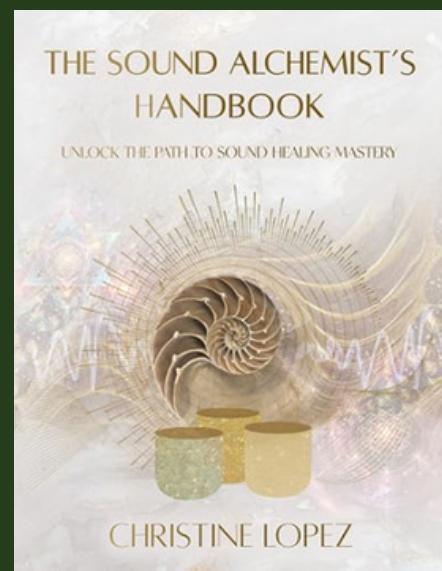
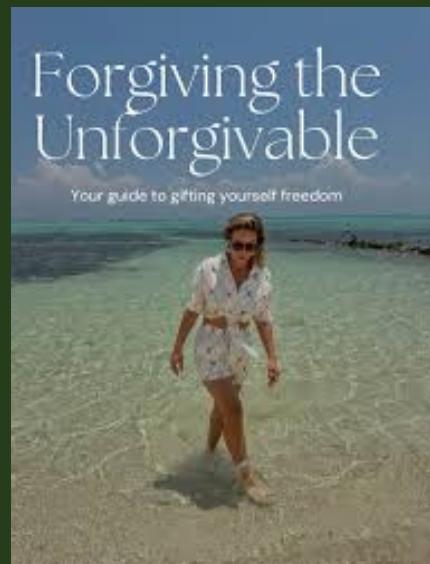
Suicide prevention isn't a program you simply "complete." It's an ongoing, adaptive process because the factors driving suicidal distress shift over time, vary between individuals, and change with life circumstances. What supports someone today may no longer be enough six months from now.

In the veteran and law enforcement communities—our primary focus—prevention is most effective when approached like long-term operational readiness, rather than a one-time mental health checkbox. This means continuous monitoring, trusted peer engagement, and swift re-engagement whenever life becomes unstable.

Effective interventions must evolve and be layered: crisis lines, therapy, peer support, neurobiological treatments, and spiritual or purpose-driven work all have a role to play. Their power lies in being revisited regularly and combined thoughtfully.



Education & Awareness Through Media



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In Conclusion

Suicide prevention is not a destination, a policy, or a single intervention—it is an ongoing journey that requires vigilance, humility, and sustained human connection. For veterans, law enforcement, Gold Star and White Star families, spouses, and others exposed to repeated trauma and moral injury, risk doesn't vanish when treatment ends or a crisis passes. It evolves.

Effective prevention demands a long-term commitment: continuous engagement, layered support systems, and the flexibility to adapt as lives change. When prevention is embraced as an enduring responsibility rather than a one-time response, lives are not only saved in the moment—they are supported over time, which is where true prevention takes hold.

**FY 24-25
23 Events
869 Served**



THANK YOU

Thank you to our donors and supporters for believing in our mission and making this work possible.



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