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STATEMENT OF
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DEPUTY NATIONAL LEGISLATIVE DIRECTOR

COMMITTEE ON VETERANS' AFFAIRS
UNITED STATES HOUSE OF REPRESENTATIVES
November 18, 2026

Chairman Bost, Ranking Member Takano and Members of the Committee:

DAV appreciates the opportunity to submit this statement for the record regarding emerging therapies for veterans living with post-traumatic stress disorder, traumatic brain injury, substance use disorders, depression, anxiety and other complex health conditions. As you know, DAV is a congressionally chartered and Department of Veterans Affairs (VA) accredited veterans service organization. We provide an array of services, including meaningful claims support free of charge to more than 1 million veterans, family members, caregivers and survivors.

In April 2026, DAV launched MindScapes, a thorough educational resource examining the science, possible benefits, dangers and difficulties surrounding psychedelic-assisted therapies for veterans. The initiative brings together emerging clinical research, personal accounts from veterans and information about the importance of medical supervision and continued care. Through MindScapes, DAV seeks to provide veterans, policymakers and the public with credible information about treatments being investigated for Post Traumatic Stress (PTS), traumatic brain injury, substance use disorders and other conditions. This effort reflects DAV's commitment to ensuring that veterans have a voice in emerging research while stressing that promising results must be substantiated by rigorous clinical evidence.

We believe Congress, VA, researchers, clinicians and veterans must work together to advance innovative treatment options while maintaining the highest standards of patient safety and clinical oversight.

The urgency of this work is underscored by VA's 2026 National Veteran Suicide Prevention Annual Report, which reports that 6,488 veterans died by suicide in 2024, an average of 17.7 veterans each day. VA further reports that 62% of veterans who died by suicide in 2024 had not received VA health care in the year of their death or the preceding year. These findings reinforce the need to reach veterans who are disconnected from care, strengthen access to evidence-based treatment and sustain support over time.

Ongoing research shows great promise for psychedelic-assisted therapies, which may help prevent suicide in concert with other existing suicide prevention services. Veterans deserve access to treatments proven safe and effective through rigorous

scientific evaluation. We strongly support continued research into psychedelic-assisted therapies and other novel treatment modalities through carefully designed clinical trials and evidence-based evaluation.

Recent clinical research offers cautious optimism. A 2021 Nature Medicine Phase 3 trial evaluated MDMA-assisted therapy for severe PTS. 67% of participants receiving MDMA-assisted therapy no longer met PTS diagnostic criteria, compared to 32% receiving placebo with the same therapy. Researchers reported no increase in suicidal thoughts or behaviors with MDMA. A confirmatory 2023 trial included a more diverse population with moderate to severe PTS. In that trial, 71.2% of participants receiving MDMA-assisted therapy no longer met diagnostic criteria, compared with 47.6% receiving placebo. The trial also reported that remission rates were 46.2% in the MDMA-assisted therapy group and 21.4% in the placebo group. Although the Food and Drug Administration (FDA) declined approval in 2024 and requested further study, these findings warrant rigorous evaluation.

Psilocybin research has also advanced. In 2025 and 2026, Compass Pathways reported that COMP360 met primary endpoints in two Phase 3 trials for treatment-resistant depression. Together, the trials involved more than 800 dosed participants, with rapid symptom reductions and a generally favorable safety profile. Separately, six-month results released in July 2026 reported that 39% achieved a clinically meaningful response after two doses and that the response was maintained for an average of six months. A rolling FDA New Drug Application is underway, with final submission expected by year-end 2026.

Veteran-specific research is especially encouraging. A Stanford Medicine study published in Nature Medicine in January 2024 followed 30 Special Operations Forces veterans with traumatic brain injury histories and repeated blast exposure. The veterans received ibogaine with magnesium for heart protection. Nearly all had severe psychiatric symptoms and functional disabilities; 19 had experienced suicidality. One month after treatment, average reductions in PTS, depression and anxiety symptoms were 88%, 87% and 81%, respectively. Researchers also reported improvements in disability, concentration, and memory with no serious side effects or cardiac complications previously associated with ibogaine. A July 2025 Nature Mental Health follow-up linked brain activity changes to these improvements. Separately, Texas has since approved $50 million for ibogaine clinical trials.

These findings are promising, but many of these studies involved small samples, short follow-up periods, or limited numbers of veterans. They underscore why larger, rigorous trials conducted within the veteran population remain essential before any of these therapies can be considered an established standard of care.

Veterans must have meaningful opportunities to participate at every stage of clinical trials and research initiatives evaluating psychedelic-assisted therapies and other novel treatment approaches. The experiences of military service, combat exposure, military sexual trauma, repeated deployments, traumatic brain injuries, toxic exposures, chronic pain and the transition from military to civilian life often create health circumstances that differ significantly from those of the general population. Research conducted exclusively in civilian populations cannot fully account for these complexities.

Working with the Congressional Psychedelic Advancing Therapies (PATH) Caucus, we continue to promote opportunities to bring the veteran perspective to conversations on emerging therapies, mental health innovation and research priorities. We appreciate the bipartisan leadership of the Caucus and look forward to continuing these discussions with Congress, industry leaders, researchers, fellow veterans service organizations, clinicians and other stakeholders as the science evolves.

VA is uniquely positioned to lead this effort. No health care system in the nation possesses the same level of expertise in veteran-specific conditions, integrated mental health care, suicide prevention, traumatic brain injury treatment and longitudinal care. VA's network of clinicians, researchers, medical centers and specialized programs makes it well suited to safely research, evaluate and deliver these therapies if evidence demonstrates their effectiveness. Recent VA efforts, such as the Psilocybin-Assisted Therapy for Veterans with PTS (PIVOT) study, demonstrate the department's commitment to evaluating these potential treatment options within the veteran population.

Recently, DAV entered a partnership with Americans for Ibogaine, Mission to Live, Heroic Hearts, and the Psychedelic Medicine Coalition as part of our commitment to understanding the potential role emerging therapies may play in addressing some of the most difficult health challenges facing veterans. Consider the following stories about how individual veterans have benefited from psychedelic therapy.

Army veteran Sam Juan's experience illustrates why veteran voices must be central to this work. Juan, DAV's 2026 Disabled American Veteran of the Year, served as an Army Cultural Support Team member attached to special operations forces in Afghanistan. For years after her service, she carried moral injury, flashbacks, nightmares and substance use disorder, only later seeking ibogaine therapy after traditional approaches did not fully address the weight of those experiences. Her story is not offered as proof that any one treatment will work for every veteran, but it underscores why veterans with complex trauma, traumatic brain injuries, substance use disorders and treatment-resistant mental health conditions must be included in responsible research. Their lived experiences can help ensure that studies ask the right questions, measure outcomes that matter and account for the realities veterans face after service.

Retired Navy SEAL Marcus Luttrell, who earned numerous military honors and decorations, including the Bronze Star Medal twice, has publicly said of ibogaine treatment, "You're going to save a lot of lives through it. It absolutely changed my life for the better." His statement reflects the urgency many veterans and families feel when existing treatment options have not been enough. Such experiences warrant examination through safe, controlled and medically supervised research, not substitution for rigorous clinical evidence.

If ongoing research demonstrates that psychedelic-assisted therapies are safe and effective, veterans must have timely and clinically appropriate access through VA. Planning must address continuity of care when a clinical trial concludes and access to

approved therapies without unnecessary barriers, lengthy delays or restrictive administrative processes. Qualified VA providers should be able to recommend and prescribe approved treatments when supported by evidence-based clinical guidelines and appropriate for an individual veteran's circumstances. DAV urges Congress and VA to ensure that implementation planning includes American Indian tribes, tribal health partners and veterans living in rural and highly rural communities, so access to approved therapies is not limited by geography, distance from major medical centers or lack of specialized providers.

DAV has significant concerns about whether VA currently has sufficient infrastructure to support widespread implementation if these therapies become approved treatment options. These therapies differ substantially from traditional medication management. A single treatment session may require several hours in a controlled therapeutic setting, supervision by multiple specially trained clinicians and dedicated clinical space. Responsible delivery will require workforce development, provider training, physical infrastructure and operational planning.

Continuity of care must extend beyond the initial treatment experience. Veterans must have reliable access to ongoing counseling and mental health support before, during and after treatment, including follow-up care and integration of therapy after the dosing session.

Long wait times and provider shortages already delay access to mental health care across portions of the VA health care system. Congress and VA should evaluate whether sufficient staffing, resources and clinical capacity exist to support these therapies without compromising access to the ongoing care of veterans needs.

Accordingly, DAV urges Congress to advance research and approval pathways alongside implementation planning that addresses clinical efficacy, workforce capacity, facility needs, provider training and continuity of care. These elements must be developed together, rather than waiting until therapies are approved to address delivery requirements.

Emerging therapies, particularly psychedelic therapy, offer potential for veterans who have not experienced sufficient relief through existing options. DAV recognizes that some of these medicines have been used in traditional medicine for centuries, but that history does not replace the need for scientific evaluation. The path forward must unite rigorous research, veteran participation, clinical oversight and long-term readiness to quickly deliver treatments that prove safe and effective.