



Special Operations Association of America

September 27, 2022

Statement for the Record

House Committee on Veterans Affairs

Veteran Suicide Prevention: Capitalizing on What Works and Increasing Innovative Approaches

House Committee on Veterans Affairs
364 Cannon Office Building
Washington, D.C., 20515



The Special Operations Association of America (SOAA) is a 501c19 Veteran Service Organization (VSO) located in Washington, D.C. that exclusively advocates for Special Operations Forces (SOF) and their families; commissions research on issues that affect SOF members; and, cultivates an engaged community of Active Duty and Veteran SOF and their families.

SOAA's mission is to provide sustained advocacy, research, education initiatives, and community building to ensure the success of the SOF community and their families.

Founder and Chairman of the Board, Daniel Elkins

Mr. Elkins is the founder of the Special Operations Association of America (SOAA), the only Veterans Service Organization in Washington D.C that engages in policy and legislation advocacy on behalf of all of the men and women in the Special Operations community and their families. Aiming to be "*a voice for all members of the Special Operations community*" on Capitol Hill, SOAA fights for those who fight for us, ensuring mission success for those that bear the greater burden. In his role at SOAA, Mr. Elkins frequently engages Congress, the White House, Department of Defense, Department of Veterans Affairs, and other key stakeholders in the Administration on behalf of the SOF community.

Mr. Elkins is a subject matter expert on Special Operations, national security, covert and clandestine capabilities, military transition, preservation of the force and family, the National Guard, suicide prevention, military and veteran healthcare, the Post-9/11 G.I. Bill, Federal Tuition Assistance, and postsecondary education policy.

Mr. Elkins is a currently serving Green Beret in the National Guard, and proud recipient of multiple military awards and decorations, including the Combat Infantryman Badge, Parachutist Badge, Special Forces Tab, Military Free Fall Parachute Badge, and the Afghanistan Campaign Medal with Campaign Star.

Prior to serving with SOAA, Mr. Elkins served as the Executive Director for the Veterans Education Project (VEP) where he directed nationwide grassroots outreach to ensure the protection of military benefits. He was also responsible for monitoring all legislative activities on Capitol Hill, with a focus on oversight and implementation of policy. His day-to-day responsibilities included developing new relationships with key stakeholders on Capitol Hill, maintaining relationships with the Administration, and serving as an expert witness to both congressional and federal offices. Prior to working for VEP, Mr. Elkins was the Legislative Director at the Enlisted Association of the National Guard of the United States (EANGUS). At EANGUS, Mr. Elkins's portfolio included legislative issues related to the National Guard, Veterans, healthcare, suicide prevention, and higher education.

Prior to working as an advocate for Veterans and serving in the military, Mr. Elkins spent five years working overseas with nonprofit organizations to solve complex issues related to human trafficking across South America, Sub-Saharan Africa, Europe, and the Middle East.

Mr. Elkins is a proud life-member of the Special Forces Association, the Enlisted Association of the National Guard of the United States, and Veterans of Foreign Wars. Mr. Elkins Is originally from Western Maryland, and currently resides in Washington, D.C. with his wife, Lauren.



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Dear Chairman Takano and Ranking Member Bost,

On behalf of our members of the Special Operations community and their families, we thank you for this opportunity to provide a statement for the record on alternative and innovative approaches to Veteran suicide prevention, as our members have been pursuing alternative treatments and therapies out of desperation—often leading them beyond American borders to receive care. The recognition and pursuit of these alternative treatments for post-traumatic stress and traumatic brain injury has come as a result of recent research and improved understanding of these conditions.

A recent study¹ commissioned by US Special Operations Command (USSOCOM), and conducted by the American Association of Suicidology, found that suicide rates among US Special Operations Forces are the highest in the military, being about 30% higher than conventional US forces. This study discussed the aggregate findings from 29 psychological autopsies of SOF members who died by suicide over a three-year period between 2012 to 2015, with the intent of improving our understanding of SOF deaths by suicide by researching risk factors and warning signs.

The study indicates traumatic brain injury (TBI), untreated emotional trauma, substance abuse disorders, and mental health disorders such as anxiety, depression, or Post-Traumatic Stress (PTS), as high-risk comorbidities to death by suicide among SOF members. The scope of the study, however, did not permit consideration of providing SOF Veterans access to breakthrough therapies (therapies that show exceeding efficacy and have passed FDA's phase 1 trials) to treat these conditions. The consideration of alternative approaches to treat these comorbidities would be beneficial to the overall effort to combat Veteran death by suicide.

Treating Post-Traumatic Stress, Anxiety, Depression, and Substance Use Disorders via Psychedelic-Assisted Therapy

Comorbid illnesses that are indicators of death by suicide include: neuropsychiatric disorders such as depression, anxiety, post-traumatic stress, and feelings of purposelessness; negative behavioral patterns such as substance abuse and isolation; and, physical trauma that significantly impacts brain function such as a traumatic brain injury. Recent trials with psychedelic-assisted therapy have shown promising results in abating or neutralizing a wide range of these comorbidities in patients, significantly improving quality of life.

Psychedelic-assisted therapy is the use of psychedelic compounds within a therapeutic framework under the close watch of a trained psychiatrist or psychotherapist. The FDA has classified two psychedelic compounds, methylenedioxymethamphetamine (MDMA) and psilocybin, as breakthrough therapies in the treatment of post-traumatic stress, treatment-resistant depression, anxiety, and substance use disorder. However, in the interim of FDA approval, SOF Veterans are unable to access these psychedelic-assisted therapies under the Right to Try Act, despite being designated breakthrough therapies by FDA, per Drug Enforcement Agency policy guidance.

¹<https://www.socom.mil/FOIA/Documents/Psychological%20Autopsy%20Study%20of%20Suicides%20among%20United%20States%20Special%20Operations%20Forces.pdf>



There has been growing acceptance of such alternative forms of therapy as possible solutions to a range of mental and behavioral health issues. In 2020, the peer-reviewed journal *Chronic Stress* published a study of psychedelic treatment for trauma-related psychological and cognitive impairment in SOF veterans.² Results indicated significant and very large reductions in suicidal ideation, cognitive impairment, and symptoms of post-traumatic stress, depression, and anxiety. Results also showed a significant and large increase in psychological flexibility (the state of being present, aware, and accepting of sensations, emotions, and thoughts, including undesired ones, and moving in a pattern of behavior in the service of chosen values), from before-to-after the psychedelic treatment. Increases in psychological flexibility were strongly associated with reductions in cognitive impairment, and symptoms of post-traumatic stress, depression, and anxiety. Additionally, most participants rated the psychedelic experiences as one of the top five personally meaningful (84%), spiritually significant (88%), and psychologically insightful (86%) experiences of their lives.

Alongside the growing awareness and acceptance of psychedelic-assisted therapy within medical communities, there has been a growing movement of SOF Veterans traveling out of country for these treatments. According to Veterans Exploring Treatment Solutions (VETS)—one of many recent non-profit organizations founded by SOF veterans to provide grants, coaching, and resources for other SOF veterans to receive psychedelic-assisted therapy in countries where it is legal, but less regulated—over 620 SOF Veterans have pursued treatment abroad in the last two years. Growing awareness and hope in these alternative therapies among SOF Veterans are inspiring more and more to forego VA medical care, and entrust themselves to the less-regulated hands of foreign caregivers, which is not only financially burdensome for SOF Veterans, but also involves higher risk.

The Special Operations Association of America recognizes the desire of our members to receive care that *works*, and believes that providing access to psychedelic-assisted therapies for treatment-resistant SOF Veterans through VA pilot programs will: help ensure SOF Veterans remain within the VA health care system; receive the care they need in safe conditions; and, provide valuable data for further research.

Furthermore, while FDA has made progress in the approval process of MDMA-Assisted Therapy and Psilocybin-Assisted Therapy for PTSD, treatment-resistant depression, anxiety, and substance use disorders, the current lack of an inter-agency task force to provide Risk Evaluation Mitigation Strategies (REMS), consult with all relevant agencies and stakeholders on access and implementation, or conduct pilot programs for research, ensures these alternative treatments will remain inaccessible to Veterans in the United States. Appropriations for such a task force would guarantee safe and affordable access to these novel treatments upon their eventual approval, while also facilitating and assisting the implementation of pilot programs.

Finally, as an immediate first-step, clarification either via statute or DEA policy guidance of the Right to Try Act to include these breakthrough therapies would serve SOF Veterans who are eager to receive treatment in the interim of FDA approval, and not necessitate that they seek help abroad.

² <https://journals.sagepub.com/doi/full/10.1177/2470547020939564>

Treating Traumatic Brain Injury with Endocrinological Therapeutics

The previously mentioned USSOCOM study on SOF deaths by suicide reports that over half of the SOF members examined were diagnosed with a mental illness and exhibited the following symptoms: isolation, substance abuse, purposelessness, anxiety, hopelessness, withdrawal, anger, recklessness and mood changes.

- 62% Exhibited one Sign
- 45% Exhibited more than one sign
- 33% Exhibited Depression.

While this study observes the troubling number of neuropsychiatric disorders, such as depression, anxiety and post-traumatic stress in the SOF members autopsied, there is no mention of possible causal trauma, whether physical or nonphysical, for the development of such disorders. Based on research from Warrior Angels Foundation, a non-profit SOF foundation dedicated to endocrinological research and treatment protocols for TBI, the Special Operations Association of American offers the following perspective of Traumatic Brain Injury (TBI) and chronic neuro-inflammation prevalent among SOF members:

- Physical and nonphysical trauma can result in alterations to the molecular chemistry of the brain in a process called neuro-inflammation.
- Neuro-inflammation can lead to neuropsychiatric disorders such as depression, anxiety, and post-traumatic stress.
- The neuro-inflammation secondary to physical trauma (such as sub-concussive hits accumulated over time without a loss of consciousness) can result in emotional, cognitive and physiological changes in the brain.
- The neuro-inflammation secondary to non-physical trauma (such as emotional trauma, chronic stress, toxins, medications, poor sleep, poor nutrition) can result in emotional, cognitive and physiological changes in the brain.

The environment and training required of SOF members puts them at an elevated risk of developing chronic neuro-inflammation. It is highly likely chronic neuro-inflammation, as a result of traumatic brain injury and SOF-service conditions, lay behind many of the psychological diagnoses observed in the SOF members autopsied in the USSOCOM study. However, current VA and DOD medical procedures do not consider biochemical trauma when evaluating for, or in the treatment of, neuropsychiatric disorders heavily associated with death by suicide. As such, it is highly likely many SOF veterans are being diagnosed and treated for disorders that are secondary to an underlying, primary pathology: neuro-inflammation.

Laboratory testing is readily available to identify alterations or damage to the brain's neurosteroids by neuro-inflammation from physical and nonphysical trauma. The brain's neurosteroids can be repaired via non-toxic treatments that abate inflammatory cytokines—the likely cause of many such neuropsychiatric disorders present in SOF veterans.

The preliminary findings of endocrinological treatments for TBI by non-profit foundations like Warrior Angels Foundation have shown that the prerequisite laboratory tests and subsequent treatment



protocols are far more cost effective than current VA treatment protocols, and the SOF-veterans who have undergone endocrinological treatment for TBI have reported consistently higher outcomes in reduction of symptoms and improvements in quality of life than current VA treatment protocols.

Once again, we thank the Committee for this opportunity to submit comment on behalf of our members of the SOF community on the promising alternative treatments for Veterans with post-traumatic stress, traumatic brain injury, and other high-risk comorbidities of death by suicide, and look forward to continued discussions with your offices on innovative solutions that work.

Daniel Elkins
Founder
Special Operations Association of America