SPECIAL FORCES
— FOUNDATION —

03 NOV 2026

The Honorable Mariannette Miller-Meeks, M.D., Chairwoman

The Honorable Julia Brownley, Ranking Member

Subcommittee on Health

Committee on Veterans' Affairs

U.S. House of Representatives

Dear Chairwoman Miller-Meeks and Ranking Member Brownley:

Thank you for holding the November 18 hearing on psychedelic-assisted therapies. There is real enthusiasm for these treatments across the Special Forces community, and we applaud the Subcommittee's efforts to ensure that safe and effective treatments are available for Veterans. While many emerging psychedelic treatments are still in research and years away from being broadly accessible for Veterans, ketamine therapy is already used by VA and has the potential to reach far more Veterans when delivered at home.

The Special Forces Foundation (SFF) supports Green Berets and their families. Green Berets are trained to the highest level to accomplish the most difficult and dangerous tasks. However, they receive insufficient tools to cope with the stress and loss that follows. Our Foundation's work is to see that they receive support commensurate with their sacrifice when they come home.

When a teammate is in crisis, our Quick Reaction Force (QRF) puts a fellow Green Beret at their door, coordinates travel, and provides immediate access to clinical and mental health resources. We've answered over 270 crisis calls so far in 2026. We work with partners to fill gaps in treatment, such as counseling, nerve blocks, and support dogs. When appropriate, we coordinate psychedelic therapy abroad at $8,000 per Veteran. Results can be life-changing, but we can't keep up with the need. For example, Veterans Exploring Treatment Solutions (VETS) has paused new grant applications because it "can only fund a small percentage of grant requests."

By the time a Green Beret reaches us they've usually exhausted conventional options. Ketamine and esketamine are approved by the VA and achieve remarkable results at VA clinics, such as a 70% depression response rate and decreased suicidal ideation for 56%. But access is limited, and Veterans we support report waiting over six months to start treatment, if they failed enough antidepressants to qualify. Those in crisis don't have six months. Some don't have a week.

Special Forces soldiers are also stubbornly self-reliant, and walking into a clinic for mental health treatment is something many simply will not do. Add the logistics: twice weekly trips to a facility, a VA-required driver each time, childcare, and days away from work. The result is that many, including 4.5 million rural Veterans, cannot realistically get the care they need.

In October 2025 we funded a cohort of ten Green Beret Veterans to complete at-home ketamine therapy. This allowed us to reach Veterans where they are, with an appointment within days, for one eighth the cost of psychedelic treatment abroad. Our program coordinator supported these Veterans and monitored treatment progress. The results were incredible, so we funded ten more.

To date, there have been no reported adverse events. 79% percent saw clinically meaningful improvement in PTSD, depression, or anxiety. Half reached full remission in at least one condition. After three sessions, quality of life ratings across sleep, daily functioning, stress resilience, and relationships rose 77%. These are outcomes we rarely see at this speed and magnitude for members of the Special Forces community, who are notoriously difficult to reach.

We initially approached ketamine with skepticism. Ketamine has a stigma in the special operations community. It is issued to medics as a battlefield analgesic, and soldiers on active duty have abused it. The last thing we wanted was to introduce another drug with abuse potential. We decided to offer at-home ketamine therapy through Mindbloom because of their peer-reviewed studies and program structure: careful screening, limits on doses, a friend or family member there for every session, and real-time clinician access, and routine follow-ups. We also ask patients to commit to an integration plan, which can include talk therapy, mindfulness work, and peer support. What we have seen is the opposite of what we feared. After treatment, Veterans have reported drinking less alcohol and using fewer prescriptions.

We ask the Subcommittee to press VA to pilot telehealth-supported, at-home ketamine therapy for Veterans unable to reach a VA or community care ketamine clinic. We are asking VA to validate results that we have personally experienced and that are published across large peer-reviewed studies. This is a moment for action: to make this life-saving treatment available to the Veterans who need it most, not just those who can afford to pay out-of-pocket.

We stand ready to support this Subcommittee, including sharing our experiences with emerging therapies and connecting you with Veterans who have been through treatment. In September, a member of our leadership team, a retired Green Beret and at-home ketamine therapy patient, spoke at FDA's public hearing on psychedelic therapies. You can find his testimony here.

Sincerely,

Doug Kiesewetter

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Chief Executive Officer

Special Forces Foundation