

**STATEMENT OF
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BEFORE THE COMMITTEE ON VETERANS' AFFAIRS
UNITED STATES SENATE
ON
“SEPARATING FACT FROM FICTION: EXPLORING ALTERNATIVE THERAPIES
FOR VETERANS' MENTAL HEALTH”**

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Good morning, Senator Tuberville and everyone joining us here today. Thank you for the opportunity to discuss the importance of seeking new and effective ways to care for our Nation's heroes. I am Dr. Ilse Wiechers, Deputy Executive Director of the Department of Veterans Affairs (VA) Office of Mental Health (OMH). Joining me today is Dr. Miriam Smyth, Executive Director of the Brain, Behavioral, and Mental Health Portfolio within the Office of Research and Development (ORD). My testimony will focus on VA's research and clinical efforts regarding emerging therapies, including psychedelic-assisted therapy and hyperbaric oxygen therapy (HBOT), as well as other innovative treatments.

Background

VA operates the largest integrated health care system in the United States, providing comprehensive services to over 9 million enrolled Veterans annually. Our mission centers on caring for those who have borne the battle, their families, and caregivers. Mental health care is a critical aspect of our services, and we continuously strive to support new and innovative research studies, as well as to integrate

scientifically-based and evidence-based treatments into current protocols to treat conditions such as posttraumatic stress disorder (PTSD), depression, and anxiety.

Current evidence-based treatments for these conditions, such as Prolonged Exposure Therapy, Cognitive Processing Therapy, Eye Movement Desensitization and Reprocessing, and medications are effective for many. However, putting Veterans first means finding new ways to help approximately one-third of Veterans with PTSD or major depression who do not find relief from conventional treatments. This has driven our commitment to researching and integrating innovative therapies that may offer significant benefits for Veterans.

Psychedelics

VA is exploring the therapeutic potential of psychedelic compounds. We recognize that psychedelic drugs like MDMA (3,4-methylenedioxymethamphetamine) and psilocybin are drawing attention as potential treatments for some mental health conditions. As of July 2025, there are 12 clinical research studies on psychedelic treatment for mental health conditions underway at 9 VA medical centers (VAMC). These studies involve MDMA, psilocybin, dimethyltryptamine, and lysergic acid diethylamide. They focus on PTSD and Major Depressive Disorder but also look at generalized anxiety disorders and substance use disorders.

This fiscal year, VA announced funding for a research study on MDMA-assisted therapy for PTSD and alcohol use disorder among Veterans. This clinical trial will take place at the Providence VAMC in Rhode Island. While a formal policy process will be critical to expand the scope of VA's existing research efforts, VA is pleased to support the HALT Fentanyl Act (S331) signed by President Trump in July 2025, that allows private, non-governmental entities to expand their controlled schedule I and II research protocols.

As with all VA research, treatments are conducted in a clinical setting with strict safety protocols and in compliance with all appropriate Federal guidelines for conducting studies with controlled substances. Through this research, VA intends to gather rigorous scientific evidence on the potential efficacy and safety of psychedelic compounds when used in conjunction with psychotherapy.

Hyperbaric oxygen therapy (HBOT)

HBOT is recognized for its efficacy in treating conditions such as decompression sickness and wound healing. However, the Food and Drug Administration (FDA) has not authorized its use for the treatment of PTSD or traumatic brain injury (TBI).¹ VA has explored its potential benefits for TBI and mental health conditions, particularly PTSD. VA and the Department of Defense (DoD) have developed evidence-based clinical practice guidelines (CPG) for TBI and PTSD. The most recent update for the TBI CPGs was completed in June 2021, while the most recent update for the PTSD CPGs was completed in June 2023. The CPGs for PTSD found insufficient evidence to recommend HBOT as a treatment for PTSD. There have been two published trials since the CPGs for PTSD were published, yet both trials would not be enough to change the CPGs recommendations as the evidence was insufficient. The CPGs for TBI strongly recommend against the use of HBOT for patients with symptoms attributed to mild TBI.

There has been no randomized controlled trial study completed since the publication of CPGs for TBI. Published results of scientifically rigorous VA and DoD research on TBI have repeatedly shown that HBOT has the same impact as a placebo and no clinically relevant long-term effects. In addition to the lack of patient improvement, the use of HBOT after a mild TBI may have harmful impacts, including seizures. Current empirical evidence does not support the widespread use of HBOT as a primary or adjunct therapy for PTSD or TBI. VA remains committed to monitoring ongoing research and will revisit its potential use based on future findings.

Other Emerging Therapies

In addition to psychedelic-assisted therapy and HBOT, VA continues to evaluate several other innovative treatments to address mental health conditions among Veterans. These emerging therapies show promise in treating conditions that have been resistant to traditional methods. Our goal is to ensure that Veterans have access to the most effective and cutting-edge treatments available. I will outline some of these therapies and their current status within VA.

¹ <https://www.fda.gov/consumers/consumer-updates/hyperbaric-oxygen-therapy-get-facts>

- **Stellate Ganglion Block (SGB):** Although promising, current research indicates insufficient evidence to recommend SGB for PTSD. Ongoing studies are being conducted to clarify its potential benefits and determine its efficacy in treating PTSD among Veterans.
- **Ketamine and Esketamine:** Ketamine and its derivative, esketamine, are evidence-based treatments that are offered at 49 VA facilities for treatment-resistant depression and acute suicidality. In fiscal year (FY) 2024, these treatments saw a 17% increase in usage compared to FY 2022.
- **Transcranial Magnetic Stimulation (TMS):** TMS is an FDA-approved treatment for major depressive disorders. TMS is available at 62 VA facilities and is being further investigated to determine its efficacy for PTSD. TMS offers a non-invasive option for Veterans whose depression has not responded to other treatments.

While VA's research efforts continue, Veterans will receive the mental health care and support they need—whenever and wherever they need it. Our proven, evidence-based care options for Veterans experiencing PTSD or depression include mental health care at VA facilities, assistance with reintegration into their communities, counseling at Vet Centers across America, 24/7 access to qualified crisis responders at the Veterans Crisis Line, emergent suicide care for Veterans at any VA or non-VA facility at VA expense, and much more.

The VA is committed to bring the best in medical and mental health care innovations to our Nation's warriors, but we must caution the public. These therapies remain investigational and are not approved for general use. It is important not to self-medicate with psychedelics outside of a clinical research setting, as doing so can carry significant risks.

Conclusion

VA is committed to advancing the science behind emerging therapies and ensuring their safe and effective integration into mental health care. We achieve this through rigorous scientific evaluation, ensuring all new therapies undergo thorough testing and peer-reviewed research to establish their safety and efficacy. This approach

helps ensure that treatments are tailored to meet the unique needs of Veterans and are seamlessly integrated into existing care frameworks. By exploring and integrating innovative and evidence-based therapies, we aim to ensure that no Veteran is left behind. We appreciate the Committee's continued support in this shared mission. My colleague and I are prepared to respond to any questions you may have.