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Subcommittee on Veterans Affairs Study on Psychedelics for PTSD

### Main Points

Access to current available treatments do not fall in line with Health Canada standard.

Veterans Affairs and Medavie Bluecross engage in malicious denial, gaslighting, and policy practices.

Blame for overspending being shifted to Disabled Veterans.

### Background and Issues with Access

I am diagnosed with Severe PTSD, Generalized Anxiety Disorder, Major Depressive Disorder. I am a Veteran of the CAF and released medically because of the horrible things I was ordered to do, terrible abuses of power that I witnessed, and the horribly toxic work place that I had to endure. I engaged with all traditional treatments on my way out of the forces; different rounds of medications, different modalities of therapy, and accommodation through working off base. Now I have a Service Dog named Trevor, and have found an organization to help with accessing Cannabis for Medical Purposes and that has been a great base to explore alternative treatment modalities.

My Symptomology was exacerbated by the death of my best friend and my service dog being hurt in the summer of 2021, I was in the deepest depression I had ever experienced and was searching for a paradigm shift in order to cope with everyday living. Through my CMP provider I found out about Fieldtrip Health who provides Ketamine Assisted Therapy and was put in touch with an organization to onboard me for treatment. Everyone I spoke with about the treatment had been miraculously cured in some way and I was very excited to learn that VA had been covering treatment and health related travel for clients of the Toronto Fieldtrip Clinic.

Prior to my treatment with Fieldtrip in Feb 2022 I was gaslit and lied to about Veterans Affairs policy on Ketamine assisted therapy by customer service agents, senior analysts, and area supervisors over the hundreds of hours of calls I had trying to make sure I was going about accessing this treatment the correct way. No one was able to tell me that I needed to do or what the health-related travel restrictions were until after my February treatment with Fieldtrip. The failures of the people that I spoke too prior to being treated have landed me in a huge mess with VA and BC. I currently have the VA ombudsman investigating multiple inconsistencies on my file and am receiving overtly aggressive denial letters when I submit for reimbursement. Honestly, this situation is so far out of control I am considering hiring outside advice on how to best protect myself, I feel I am being targeted and made an example out of.

I too experienced miraculous healing with Ketamine assisted psychotherapy, for the first time in my life I was filled to the brim with hope and had an incredible self-image. My PTSD symptomology was greatly reduced and I felt better than I ever had. Because of the horrible experiences I have had fighting for access to KAP I now feel that there will be repercussions from VA and BC if I continue that treatment path. Out of necessity I have found a therapist and doctor who are ready to help me apply to the special access program for MDMA first, and then Psilocybin. I am aware of the decision made on 25 November to gatekeep hundreds of applicants of the SAP by making them consider electro convulsive therapy and I am appalled that practice still exists; however, I am relieved to know that they were embarrassed enough to change their mind about that decision.

My experience in accessing effective healing modalities has been ripe with exhausting barriers, effective treatment has been unfairly denied, and dealing with VA and BC has become such a daunting task that I have regular panic attacks when I need to open a piece of mail from them. I am very excited to be pursuing the SAP outside the realm of Veterans Affairs, because it is way too hard to deal with their regressive policies and bias.

### Recommendations

Veterans Affairs should review and align their access to Ketamine Assisted Psychotherapy policy to Health Canada's standard where any doctor can prescribe Ketamine for off-label use in order to allow Veterans to access effective care while the Subcommittee concludes their work and applies progressive policy for Psychedelic Assisted Psychotherapy.

Veterans Affairs should be helping provide access to MDMA and Psilocybin through promoting the Special Access Program instead of offering Veterans Medical Assistance in Dying.

Veterans Affairs should attempt to stop using language that pushes blame of these disastrous monetary policies on disabled Veterans. All we hear is that we are not worth it, and trust me that I have sacrificed too much to hear and see those sorts of comments.

Veterans Affairs and the Government of Canada should be capitalizing on the opportunity of Psychedelic Assisted Therapy to combat this endemic of mental illness.

## Conclusion

I hope to have shed some light on what it is like on my road to wellness, I have persevered and have had to exercise my resilience the entire way. The unfortunate thing is that so many others do not have the same perseverance as I do and give up hope at the first denial of access they come against. I know that I am worth the struggle I face against these organizations to get better because I was shown that I MATTER through Psychedelic Assisted Psychotherapy at Fieldtrip Health.

I am willing to give oral testimony if there is a need, and would love to be more involved with your study as I submit my application to the Special Access Programme for the drugs you are studying the effectiveness for PTSD.

Please do the right thing, we all know that these medicines are effective and low risk. It is my hope that your body can do this work without negative bias or stigma.

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