



**BOB WOODRUFF
FOUNDATION**



**GEORGE W. BUSH
INSTITUTE**

**Advancing Health & Wellbeing
in the Military/Veteran
Community:**

**A Roundtable Discussion of
Psychedelics & Mental Health**





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Co-hosted By



**BOB WOODRUFF
FOUNDATION**

The Bob Woodruff Foundation (BWF) was founded in 2006 after reporter Bob Woodruff was wounded by a roadside bomb while covering the war in Iraq. Since then, BWF has led an enduring call to action for people to stand up for heroes and meet the emerging and long-term needs of today’s veterans, including mental health, caregiver support, food insecurity, and service-connected fertility issues. To date, BWF has invested over \$90 million to find, fund, and shape programs that have empowered impacted veterans, service members, and their family members across the nation, reinforcing the message that BWF has “Got Your Six”.

Where appropriate, BWF also convenes experts to discuss important topics relevant to the military and veteran community, as part of the BWF High Impact Collaboration™ series. For more information about BWF, as well as stories of success and innovation from BWF’s network of partners, please visit bobwoodrufffoundation.org or follow us on Twitter at [@bwforg](https://twitter.com/bwforg).



The George W. Bush Institute is a solution-oriented nonpartisan policy organization focused on ensuring opportunity for all, strengthening democracy, and advancing free societies. Housed within the George W. Bush Presidential Center, the Bush Institute is rooted in compassionate conservative values and committed to creating positive, meaningful, and lasting change at home and abroad. We utilize our unique platform and convening power to advance solutions to national and global issues of the day. The Bush Institute’s Veterans and Military Families program helps veterans and their families make successful transitions through leadership programming and research-driven policy recommendations. We focus on informing the veteran employment, education, and health and well-being space so that transitions are simpler and more accessible.

This paper shares a summary of key discussion points, without implying agreement or consensus among the convening participants.

A special thank you to Grant Miller Photography for capturing this important convening.





Introduction

The Bob Woodruff Foundation and the George W. Bush Institute co-hosted a roundtable to discuss psychedelics and mental health in the military and veteran community on May 11, 2022. Those convened represented a wide range of important relevant expertise in mental health clinical care, evidence-based therapy for PTSD, suicide prevention, brain research, clinical logistics, clinical training, professional qualifications for clinicians, public policy, and legislation.¹ Some of the experts were already engaged in psychedelic-assisted therapy; some were not.

The discussion addressed the necessary preparation for psychedelic-assisted therapy, any concerns regarding clinical implementation, and the equity of care. This convening complemented prior convenings, panels, and lecture series that discussed the science of psychedelics in mental health and provided testimonials of personal experience.²

¹ Participant bios are available on page 6.

² See for example, <https://www.nyas.org/events/2021/webinar-psychedelics-for-the-treatment-of-depression-and-psychiatric-disorders/>; <https://www.nursing.upenn.edu/calendar/view/all/-date/20220101/search/psychedelic>; <https://physicians.mountsinai.org/videos/mount-sinai-panel-visionary-approaches-psychedelics-as-therapy?t=0m811s>

Discussion Points

Psychedelic Substances Differ, As Do Their Application and Evidence Base

Although conversations commonly group psychedelic substances together, these substances differ from one another significantly and represent different opportunities for application and different concerns and policy implications. By grouping the substances to discuss “psychedelics,” the discussion risks losing the nuance of the potentials for each substance. For example, the implementation and use of MDMA and psilocybin are considerably different. Similarly, pharmaceutical grade substances differ from “street” versions, such that street-grade Ecstasy can differ significantly from clinical MDMA.

The pharmaceutical psychedelic substances each show different degrees of promise to address PTSD, substance use disorder, and depression. They have different implementation concerns, to include contra-indications. And they are progressing individually through research and approval processes, and thus have different legal and policy considerations.

Psychedelics Have Been Used in Sacred and Mystical Practices for Centuries

Adding more nuance to this discussion, substances like psilocybin have a centuries-long history of use by indigenous peoples. As we struggle with the medical versus the mystical, we also have to struggle with the scientific versus the sacred, because much of the psychedelics use is being done underground in sacred and ceremonial context. The convening included a conversation about the need to include these perspectives in ongoing discussions and to learn from their cultural applications. Participants indicated a deep respect and honor for the indigenous peoples who use these medicines, and referred to their work as sacred and mystical. There was debate, though, over the ability and process to transfer these applications into clinical research on psychedelics.



Psychedelics are Not a Magic Pill

While some anecdotal accounts describe life-changing single use of psychedelics, research generally indicates most of the psychedelic substances are efficacious only when combined with therapy. Especially true of MDMA, it is the psychotherapy facilitated with MDMA and administered by a qualified clinician that produces significant results addressing PTSD.

It Is Important to Understand the Evidence and How these Drugs Work in the Body

Most of the psychedelics research to date has been clinical. Fewer studies have examined the physical effect of these substances, to understand their mechanism for action in the brain. In many ways, these substances are no different from prior generations of therapeutics. They are drugs that have an impact on the brain and body. It's important to understand those two patterns. Such findings could improve and further clinical decisions about how and when to use which substance. Meanwhile, a competing minority perspective emphasized that we should not slow the implementation of these substances, given the likelihood that they may have life-changing impact upon the population we serve.

Research Should Compare Psychedelic-Assisted Therapies to Evidence-Based Therapies

Some of the research that has shown positive effects of psychedelic-assisted therapies have failed to use evidence-based therapies as a control, and thus provide limited information about the comparative efficacy of these substances. Research designs that do not compare psychedelic-assisted therapy directly against the best evidence-based therapies miss an opportunity to assess most accurately the efficacy of adding psychedelics to psychotherapy.

The Evidence Base Must Consider Contra-indications and Comorbidity

We are still learning about which substance and what kind of therapy works for the right patient. Many patients who are resistant to other treatments suffer from comorbidities that complicate treatment. For example, Selective Serotonin Reuptake Inhibitors (SSRIs) are the most common prescription for depression and are also frequently prescribed for PTSD or generalized anxiety disorder. However, SSRIs also reduce the effectiveness of MDMA. Many clinical trials exclude patients with comorbidities, which reduces the opportunity for real-world understanding of the right therapy for the right patient.

Pragmatic Treatments Differ for Civilians, Veterans, and Active-Duty Military

Research and clinical implementation need to consider the differences between pragmatic and effective treatments for civilians, veterans, and active-duty military. For example, civilians often have higher response rates to evidence-based therapy than do veterans or active-duty personnel. There is less privacy of care for active-duty personnel, and regularly-scheduled therapy sessions are inconsistent with a military setting.





Equity of Care

In the civilian community, equity of healthcare generally becomes an insurance discussion; until insurance covers these treatments, individual financial resources will dictate the availability of care. In the military and veteran community, access to this care has largely been limited to individuals with access to esteemed clinical researchers, and by military experience. Veterans who served in elite military units are more likely to receive psychedelic-assisted therapy, due to nonprofit efforts specifically designed to provide this care within that specialized military community.

There is also an inequity in medical science; the medical industry conducts significantly less research in the veteran and military community. Participants also observed inequities in the racial diversity of researchers and clinical providers. This has implications for the earlier observation, that prospective patients will prioritize selection of therapists with whom they are comfortable, over those more qualified. It also has implications for those concerned about the lack of indigenous voices present in discussions pertaining to their sacred medicines.

Logistical Challenges and Scaling Challenges

The ability to scale the availability of treatment is directly related to equity of care. Current clinical treatments are generally oriented around regularly-scheduled, weekly one-hour sessions. Psychedelic-assisted therapy requires considerably more therapist time, in irregularly-scheduled increments, and typically with two trauma-informed therapists. For example, two treatments of MDMA-assisted therapy requires twenty hours of psychotherapy; three treatments of MDMA-assisted therapy requires approximately forty hours of psychotherapy. Each MDMA-assisted therapy session requires two therapists and 8 hours. Psilocybin-assisted therapy patients participate in preparation sessions, receive a dose of psilocybin during a 6-to-8-hour session with two therapists, and then participate in integration sessions.

Scheduling these patient sessions and ensuring that sufficient numbers of clinicians receive the 100-hour training curriculum will present a significant challenge for most clinical programs. Quality of care depends heavily upon resolving these challenges and ensuring that trained and credentialed clinicians provide this care.

Public Perception and Expectations for Care Are Outpacing Regulatory Processes

While the research and regulatory approvals proceed, there has been a groundswell of interest in these substances, which are perceived to provide dramatic relief for PTSD, substance use disorder, and depression. In this way, these substances are “coming to culture before coming to medicine”. There are already indications that the community will not wait patiently for regulatory approvals and sufficient availability of trained providers. For example, some individuals are self-treating with psychedelic substances purchased through unofficial channels or receiving treatment abroad. Some nonprofit organizations have formed to facilitate treatment abroad for veterans, especially for those who served in elite military units.



Public Awareness Campaigns are Necessary to Educate the Public on Strengths, Limitations, and Risks Related to These Substances.

Popular media coverage continues to highlight individual testimonials of successful use without elaborating on the science or the nuances of these substances to facilitate informed choice. Balanced and research-informed messaging is especially important to mental health consumers, who often focus on convenience, familiarity and comfort level when selecting a therapist, rather than the quality of care they will receive. Those prospective patients who are concerned with quality often lack the information or expertise to select the most qualified and appropriate care.





Participants



Michael D. Allard

Chief Operating Officer, Home Base

Michael D. Allard is the Chief Operating Officer for Home Base, a Red Sox Foundation and Massachusetts General Hospital Program. As one of the founding members of the organization, Michael's expertise, vision, and drive has helped Home Base grow from a small regional outpatient clinic to a National Center of Excellence dedicated to healing the invisible wounds of war through world-class clinical care, wellness, education, and research. Michael's enduring gratitude for the sacrifices made by our nation's service members – including those of his family, past and present – will always be the spirit behind his work. Michael graduated from Northeastern University with a bachelor's degree in political science.



Colonel Matthew F. Amidon, USMC

Director, Veterans and Military Families George W. Bush Institute

Colonel Matthew F. Amidon, USMC, is the Director, Veterans and Military Families at the George W. Bush Institute. Colonel Amidon leads the day-to-day efforts of the Military Service Initiative and the team leading our policy and programmatic work on veteran transition. Colonel Amidon has served in both active duty and reserve capacities since 1994. As an AV-8B Harrier pilot, he deployed in support of both Operation Enduring Freedom and Operation Iraqi Freedom, at the operational and staff level. In his current reserve capacity, he serves as Assistant Wing Commander, 4th Marine Aircraft Wing. 4th MAW operates from numerous sites in 14 states with over 7,100 personnel and 160 aircraft. Colonel Amidon is originally from Stowe, Vermont and is a graduate of The University of Vermont. He earned his MBA at Southern Methodist University Cox School of Business in 2009. In 2012, he attended The Eisenhower School for National Security and Resource Strategy where he earned a Master of Science. Colonel Amidon is married with three children.



Zachary Cohen, PhD

Clinical Psychology Researcher, UCLA

Zachary Cohen is a clinical psychology researcher whose work focuses on precision and personalized approaches to mental health treatment. His research, including the creation of the Personalized Advantage Index (PAI) approach, aims to better understand how and for whom specific treatments (or treatment elements) will work, and to use that information to optimize response. At the UCLA Depression Grand Challenge, Dr. Cohen and his team have developed a digital therapy ecosystem designed specifically to build and evaluate personalization algorithms. Dr. Cohen founded a biannual international conference called the Treatment Selection Idea Lab (www.treatmentselectionidealab.com) and is currently helping lead a large depression digital phenotyping study with his mentor, Dr. Michelle Craske.



Anne Marie Dougherty

Chief Executive Officer, Bob Woodruff Foundation

Anne Marie Dougherty is the Chief Executive Officer of the Bob Woodruff Foundation, an award-winning marketer, industry thought-leader, and passionate champion for our nation's veterans and their families. Under her dynamic approach to leadership and management, the foundation has grown from a small regional organization to a top-tier, nationally recognized brand, and market leader. Dougherty has disrupted the traditional fundraising approach, leveraging metrics, relationships, and results to maximize the foundation's \$80 million investment impact. She utilizes an entrepreneurial approach in moving the foundation forward and establishing a standard of excellence that permeates the entire organization.



Vicky Dulai

Board Member, Multidisciplinary Association for Psychedelic Studies (MAPS)

Vicky Dulai is an independent psychedelic philanthropic consultant. She advises philanthropists and foundations about the emerging opportunities in psychedelic research, treatment, and therapist training. Vicky is the founder of Compassion for Addiction, a non-profit dedicated to a trauma informed and psychedelic medicine approach to treating addiction. She was the first female board member of MAPS in modern times and serves on the board of the Harvard Innovative Psychedelia Initiative (IPI). Vicky is a doctoral candidate for clinical psychology at California Institute of Integral Studies (CIIS) and a graduate of the inaugural cohort of psychedelic assisted psychotherapy certificate program at CIIS. She graduated from Columbia University with a M.S. in Narrative Medicine and has a B.S. in Psychology from the University of Houston. A first-generation American child of Punjabi Sikh immigrants, Vicky joined MAPS to help expand access of psychedelic medicines to diverse populations while fostering more women leaders in the field.



Magali Haas, MD, PhD

Chief Executive Officer, Cohen Veterans Bioscience

Magali Haas is Chair, CEO and President of Cohen Veterans Bioscience, a non-profit brain research organization based in New York City whose mission is to fast-track diagnostics and therapeutics to advance precision brain health. Magali has over 15 years of pharmaceutical executive experience, predominantly at Johnson & Johnson, where she assumed broad end-to-end development leadership roles in early and late-stage neuroscience clinical development, translational medicine, diagnostics, and integrative solutions. To pioneer new approaches for precision therapeutics for brain health, she founded Orion Bionetworks in 2012, which was transformed to Cohen Veterans Bioscience in 2015, while also serving as founding Chief Science and Technology Officer for One Mind for Research. Magali earned her BS in bioengineering from the University of Pennsylvania, an MS in biomedical engineering from Rutgers University, and her MD and PhD in neuroscience with distinction from Albert Einstein College of Medicine.



Margaret “Meg” Harrell, PhD

Chief Program Officer, Bob Woodruff Foundation

Meg Harrell is the Chief Program Officer at the Bob Woodruff Foundation (BWF). Prior to BWF, she was the Executive Director, Force Resiliency, for the Office of the Secretary of Defense (OSD) and was responsible for the OSD offices and policy pertaining to sexual assault prevention and response, suicide prevention, diversity management, equal opportunity, drug reduction, and personnel safety. She was also responsible for Department of Defense collaborative efforts with the Department of Veterans' Affairs. Prior to her Pentagon appointment, Dr. Harrell was a senior social scientist and Deputy Director of the RAND Arroyo Center where she researched military manpower and personnel, military families and quality of life, and veterans' issues.



Heather O'Beirne Kelly, PhD

Staff Member, The House Committee on Veterans' Affairs

Heather O'Beirne Kelly ended a 21-year career at American Psychological Association (APA) to become a senior professional staff member on the House Veterans' Affairs Committee (HVAC). Heather has testified before Congress regarding funding for VA research and mental health services; and has coordinated numerous Capitol Hill briefings on topics of interest to the veteran population, including suicide prevention, PTSD, and traumatic brain injury. Dr. Kelly graduated from Smith College in 1987 and worked in non-profit development for clients including the Children's Defense Fund, UNICEF and the March of Dimes before becoming director of corporate relations for Wolf Trap Foundation for the Performing Arts in 1989. Dr. Kelly received her doctorate in clinical psychology from the University of Virginia in 1998, where she taught both undergraduate and graduate courses in psychology. She completed her pre-doctoral clinical internship at Children's Hospital in Washington, D.C.

Dr. Kelly's research focused on adolescent social development, child sexual abuse and adolescent dating violence. As a therapist, she worked primarily with children and families.



Alice Kim

Chief Operating Officer, Cohen Veterans Network

Alice Kim oversees the operations and administration of the Cohen Veterans Network and all its programs and initiatives. Prior to joining the Cohen Veterans Network, she was the Director of Operations at the Center for Innovation and Research on Veterans & Military Families (CIR) at the University of Southern California School of Social Work. Kim oversaw the day-to-day operation of CIR and managed several large research projects funded by the Department of Defense to enhance the competence and capacity of civilian behavioral health care providers working with military populations. Kim also led the development of numerous cutting-edge programs such as an online training platform for behavioral health professionals, virtual avatar trainers for evidence-based practice and clinical skill, observed structured video examination (OSVE) for military clinical skill assessment, and inter-professional education using military-focused standardized patients. Kim received her BA from the University of Chicago and her MA from the University of Chicago, School of Social Service Administration.



Robert Koffman, MD, MPH

Senior Consultant for Integrative Medicine & Behavioral Health, National Intrepid Center of Excellence

With 32 years of active duty, **CAPT Robert Koffman's** experience as a naval medical officer is unparalleled in Navy medicine. Koffman holds a Doctor of Medicine degree from UST, a Master's in Public Health from the Harvard School of Public Health, and a Certificate in Psychedelic Studies and Research from the California Institute of Integral Studies. He has collaborated on numerous studies and projects, including the DoD's Mental Health Assessment Team (MHAT), DoD and VA's Clinical Practice Guidelines for PTSD (2004, 2010), and JAMA's landmark study on the psychiatric sequelae of combat duty in Iraq (2004). A flight surgeon, psychiatrist, and preventive medicine physician, he was the 2014 recipient of the prestigious Patriot Award, SOCOM's annual bestowal for exceptional care to wounded warriors and their families. Koffman's terminal assignment was as the Chief of Clinical Operations at the National Intrepid Center of Excellence (NICoE) where he helped design and implement DoD's premiere PTSD and TBI holistic recovery program. Practiced in Integrative Psychiatry and now, psychedelic assisted therapies, he chairs the newly incorporated Board of Psychedelic Medicine and Therapies (BPMT).



Vetisha L. McClair, PhD

Health Science Officer, Office of Research and Development, Department of Veterans Affairs

Vetisha McClair is a Health Science Officer and Scientific Program Manager who joined CSR in 2018. Her portfolio includes clinical mental health research projects, including those focused on PTSD, Mood/Anxiety Disorders, Suicide Prevention and SMI. Prior to the VA she served as a Social Science Research Analyst in the Research and Rapid Cycle Evaluation Group at the Centers for Medicare and Medicaid Services (CMS, where she led the program evaluations of several mental health-related healthcare demonstration projects. Vetisha completed a Post-Doctoral Fellowship in the Section on Developmental Genetic Epidemiology at the National Institute of Mental Health (NIMH) after earning her Ph.D. and M.S. in Counseling Psychology from the University of Illinois at Urbana-Champaign and a B.S. in Psychology from Howard University. She has a generalist-orientation and has experience in the treatment of a wide-variety of psychological and substance use disorders. Vetisha has also provided psychological treatment in a variety of settings (Veterans Affairs medical centers, disability services, and out-patient hospitals) and is a licensed Psychologist in the state of Maryland.



Alan L. Peterson, PhD, ABPP

Director, STRONG STAR

Alan L. Peterson is a Professor and the Chief of the Division of Behavioral Medicine within the Department of Psychiatry & Behavioral Sciences and the Joe R. & Teresa Lozano Long School of Medicine at the University of Texas Health Science Center at San Antonio (UT Health San Antonio). He is a board-certified clinical health psychologist, the Krus Endowed Chair in Psychiatry, and the Associate Director of Research for the Military Health Institute at UT Health San Antonio. He is also a Supervisory Research Health Scientist at the South Texas Veterans Health Care System and a Professor in the Department of Psychology at the University of Texas at San Antonio. Dr. Peterson is the Director of the STRONG STAR Consortium, which includes over 150 research collaborators and 40 institutions worldwide. Dr. Peterson retired from the Air Force in 2005 after 21 years of active duty service including deployments in support of Operations Noble Eagle, Enduring Freedom, and Iraqi Freedom. He has published 7 books, authored almost 300 scientific manuscripts, and given over 500 presentations at national and international meetings.



Rajeev Ramchand, PhD

Co-Director, Epstein Family Veterans Policy Research Institute, Rand Corporation

Rajeev Ramchand (he/him) is codirector of the RAND Epstein Family Veterans Policy Research Institute and a senior behavioral scientist at the RAND Corporation. He studies the prevalence, prevention, and treatment of mental health and substance use disorders in adolescents, service members and veterans, and minority populations. He has conducted many studies on suicide and suicide prevention including environmental scans of suicide prevention programs, epidemiologic studies on risk factors for suicide, and evaluations of suicide prevention programs, and has developed tools to help organizations to evaluate their own programs. He has testified on suicide prevention before the United States Senate and California State Senate. Other current areas of research include military and veteran caregivers (he has testified before the U.S. House of Representatives on military caregivers); the role of firearm availability, storage, and policies on suicide; and the impact of disasters on community health. He received his Ph.D. in psychiatric epidemiology from the Johns Hopkins Bloomberg School of Public Health and his B.A. in economics from the University of Chicago.



Barbara Rothbaum, PhD, ABPP

Associate Vice Chair of Clinical Research, Department of Psychiatry, Emory School of Medicine

Barbara Olasov Rothbaum is a Professor of Psychiatry and Associate Vice Chair of Clinical Research at the Emory University School of Medicine's Department of Psychiatry and Behavioral Sciences. She is the Executive Director of the Emory Healthcare Veterans Program and Trauma and Anxiety Recovery Program. She holds the Paul A. Janssen Chair in Neuropsychopharmacology. Dr. Rothbaum specializes in research on the treatment of individuals with anxiety disorders, particularly focusing on Posttraumatic Stress Disorder (PTSD) as well as pioneering the application of virtual reality to the treatment of psychological disorders. She has authored over 300 scientific papers and chapters, including five published books on the treatment of PTSD. She has edited three other books on anxiety in operational psychiatry.



Paula P. Schnurr, PhD

Cofounder and Executive Director, National Center for PTSD, Department of Veterans Affairs;
Professor of Psychiatry, Geisel School of Medicine, Dartmouth

Paula P. Schnurr is cofounder and Executive Director of the National Center for PTSD and Professor of Psychiatry at the Geisel School of Medicine at Dartmouth. Dr. Schnurr is editor of the Clinician's Trauma Update Online, former editor of the Journal of Traumatic Stress, past president of the International Society for Traumatic Stress Studies, and a Fellow of the American Psychological Association and the Association for Psychological Science. With over 250 publications, she has won several awards for her research and contributions to the field of traumatic stress studies. Her research focuses on the treatment of PTSD and the longitudinal study of the effects of traumatic exposure on physical and mental health.



Alex Siegel, J.D., PhD
Interstate PACT for Mental Health

Alex M. Siegel is an attorney and clinical psychologist. Three different Pennsylvania Governors (Ridge, Schweiker and Rendell) appointed Dr. Siegel to the Pennsylvania State Board of Psychology. He served on the Board for 13 years, 6 of which as Chair of the State Board. Dr. Siegel was elected to the Board of Directors of the Association of State and Provincial Psychology Boards (ASPPB). He was also elected President of ASPPB in 2008. Currently, Dr. Siegel is the Director of Professional Affairs (DPA) for ASPPB. In his role as DPA, he serves as a liaison between ASPPB and state and national psychological associations. He provides training to new members of psychology licensing boards in the U.S. and the colleges of psychology in Canada. He was staff to the APA/ASPPB/APAIT joint task force on telepsychology and to the ASPPB task force on regulations for interjurisdictional telepsychological practice. He is a member of the PSYPACT task force.



Lieutenant General Martin R. Steele (USMC, Retired)
Cofounder and CEO, Reason for Hope; Cofounder, Veteran Mental Health Leadership Coalition

Martin Steele was born in Philadelphia, PA, and grew up in Fayetteville, AR., He enlisted in the Marine Corps in January 1965. His initial tour of duty was with the 1st Tank Battalion, 1st Marine Division, Camp Pendleton, CA, during which he deployed to the Republic of Vietnam. Subsequently assigned as a corporal to Officer Candidates School, he was commissioned a second lieutenant in January 1967. General Steele holds a B.A. degree from the University of Arkansas (1974); M.A. degrees from Central Michigan University (1981); Salve Regina College (1985); and the Naval War College. He is a distinguished graduate of the Armor Officer Advanced Course; an honor graduate of the Marine Corps Command and Staff College; and a graduate of the Naval War College. His personal decorations include: the Defense Superior Service Medal; Legion of Merit; Meritorious Service Medal; Navy Commendation Medal with gold star; and the Combat Action Ribbon.



Brett M. Waters
Attorney, Winston & Strawn, LLP; Cofounder, Reason for Hope;
Cofounder, Veteran Mental Health Leadership Coalition

Brett Waters is an attorney at Winston & Strawn, LLP in New York City and co-founder of Reason for Hope and the Veteran Mental Health Leadership Coalition, non-profits working to prevent deaths of despair by helping to develop and advocate for the policy and legal reforms needed to facilitate safe and affordable access to psychedelic medicine and assisted therapies. Brett has played a leading role drafting legislation, briefing federal and state legislators on both sides of the aisle, and preparing policy recommendations for various Biden Administration and independent agency officials.

Reason for Hope is named in memory of Brett's mom, Sherrie Hope Waters, who he lost to suicide in 2018. Brett's grandfather, a fighter pilot in WWII, also died by suicide when Brett was young. Prior to founding Reason for Hope, Brett served as the Policy and Advocacy Chair for the American Foundation for Suicide Prevention, NYC Chapter.



Dave Woodruff

CoFounder & Chief Development Officer, Bob Woodruff Foundation

Dave Woodruff cofounded the Bob Woodruff Foundation with his brother Bob and sister-in-law Lee Woodruff and served as Chairman of the Board until joining in his current capacity. Woodruff is committed to helping to grow the Bob Woodruff Foundation into an even more influential nationally recognized military charity. Dave had a decades-long career in advertising and media before joining the Bob Woodruff Foundation. He moved into media sales and marketing in the early 90's and worked at a number of media companies. During his career he also served in several industry positions, most notably as the 101st President of The Adcraft Club of Detroit, the oldest advertising club in the nation. He was also the first third-generation President of prestigious Orchard Lake Country Club in 2013 and is a Eucharistic Minister in the Episcopal Church. Dave and his wife Lee Ann live in Birmingham, Michigan, the Woodruff family's hometown.



Lee Woodruff

CoFounder, Bob Woodruff Foundation

Lee Woodruff, co-author of the New York Times best-selling *In an Instant*, garnered critical acclaim for the compelling and humorous chronicle of her family's journey to recovery following her husband Bob's roadside bomb injury in Iraq. Appearing on national television and as keynote speakers since the February 2007 publication of their book, the couple has helped put a face on the serious issue of traumatic brain injury among returning Iraq war veterans. They have founded the Bob Woodruff Foundation to assist injured service members and their families heal from the wounds of war.