GREENSBORO CHRONICLE

OP-ED | VETERANS' HEALTH & PUBLIC POLICY

Beyond the Stigma: Why the VA's Psilocybin Trial Could Mark a Turning Point in Veterans' Mental-Health Care

Installment 1 of 5 - The Background: From Prohibition to Federal Clinical Research

August 13, 2026
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For generations, the word *psychedelic* has carried cultural baggage powerful enough to end many conversations before they begin.

Psilocybin - the psychoactive compound associated with certain mushrooms - has been discussed through the lenses of illicit drug use, the counterculture of the 1960s and 1970s, criminal prohibition, and public-health warnings. It has rarely occupied the same sentence as the U.S. Department of Veterans Affairs without controversy.

That is precisely why the VA's expanding research into psychedelic-assisted mental-health treatment deserves serious public attention.

The issue is not whether Americans should suddenly embrace psychedelic drugs. Nor is it whether Veterans should abandon established medications, psychotherapy, or other evidence-based treatments.

The issue is considerably narrower - and scientifically more important:

> **What happens when conventional treatments have not been enough, and rigorous research suggests that an unconventional therapy may deserve a controlled clinical test?**

The VA is now helping the nation confront that question.

A Significant Federal Shift

The Department of Veterans Affairs has moved beyond merely observing the psychedelic-research movement.

It is participating in it.

The VA Office of Research and Development is sponsoring a multi-site randomized controlled study known as **PIVOT - Psilocybin Intervention for Veterans Overcoming Treatment-Resistant Depression**. The registered study is designed to evaluate both the effectiveness and risks of psilocybin in U.S. military Veterans suffering from treatment-resistant depression, including Veterans who also have post-traumatic stress disorder.

According to the federal ClinicalTrials.gov registration, the research is a multi-site, double-blind randomized controlled trial. Participants are to receive carefully structured psilocybin sessions accompanied by psychological support, with outcomes evaluated after treatment and longer-term follow-up extending over six months.

That distinction matters.

This is not the VA recommending that Veterans obtain psychedelic mushrooms and attempt to treat themselves.

It is not legalization.

It is not routine VA prescribing.

It is **clinical research conducted within a controlled medical framework**.

The VA itself has emphasized that psychedelic clinical trials are conducted under FDA research requirements and that clinical use outside research would only be considered by VA following FDA approval.

That boundary should remain central to the public discussion.

Why Veterans?

To understand why this research matters, one must first understand the problem researchers are attempting to solve.

Depression is not a single, uniform illness. Some patients respond well to medication, psychotherapy or combinations of established treatments. Others do not.

Treatment-resistant depression describes the much harder clinical territory in which adequate conventional treatment attempts have failed to produce sufficient improvement.

Among Veterans, the problem can become still more complicated when depression overlaps with PTSD, substance-use disorders, chronic pain, traumatic experiences, sleep disturbances, family disruption and difficulties transitioning from military to civilian life.

The PIVOT investigators specifically describe treatment-resistant depression as a serious problem among Veterans and note that it frequently occurs alongside PTSD. They also acknowledge something equally important: although civilian studies have produced evidence suggesting antidepressant effects from psilocybin, considerably less is known about its safety and effectiveness specifically among Veterans.

That knowledge gap is exactly what clinical trials are supposed to address.

Research should not begin with the conclusion that psilocybin works.

It should begin with the question.

The Evidence Is Promising - but 'Promising' Is Not 'Proven'

That distinction becomes particularly important because enthusiasm surrounding psychedelic medicine can easily outrun the evidence.

Recent research provides legitimate reasons for further investigation.

A first-of-its-kind open-label pilot study involving U.S. military Veterans with severe treatment-resistant depression reported notable treatment responses and remission among some participants following psilocybin treatment. Researchers nevertheless acknowledged substantial limitations, including the small sample size and the study's uncontrolled and unblinded design. Their conclusion was appropriately restrained: further study was warranted.

More recently, researchers studying psilocybin-assisted therapy in 12 Veterans with severe, treatment-resistant PTSD reported encouraging preliminary findings. The study involved psychological support and two synthetic-psilocybin dosing sessions rather than casual or unsupervised psychedelic use.

Reuters reported in July that nine of the 12 Veterans in that small pilot no longer met PTSD diagnostic criteria one month after treatment. But the study was an early-stage investigation and was not designed to establish definitive efficacy.

Twelve participants cannot settle a national medical debate.

They can, however, justify asking the next question.

And that is where larger, controlled trials become essential.

The VA's Interest Did Not Begin Overnight

The current development is part of a broader federal research trajectory.

In January 2024, the VA announced that it was seeking proposals to study psychedelic compounds for PTSD and depression, describing the effort as the first VA-funded psychedelic research since the 1960s.

By December 2024, the VA announced funding for research into psychedelic-assisted therapy involving Veterans with PTSD and alcohol-use disorder.

The research portfolio has since expanded beyond psilocybin. In May 2026, VA announced a clinical trial evaluating MDMA-assisted therapy for severe mental-health disorders, including PTSD and alcohol-use disorder.

Then, in July 2026, VA and the Department of Health and Human Services announced an agreement intended to improve cooperation surrounding psychedelic-drug clinical trials. VA reiterated that these substances remain investigational and that clinical deployment would depend upon FDA approval.

Taken together, these developments reveal something more consequential than one isolated experiment.

They represent the construction of a federal research infrastructure around psychedelic-assisted therapies.

Why Psilocybin?

Psilocybin is a psychedelic compound capable of producing substantial alterations in perception, cognition, mood and consciousness.

Those properties are precisely why unsupervised use and controlled clinical research should not be confused.

In psychedelic-assisted research, the drug is not necessarily being investigated as though it were simply another pill taken every morning.

The treatment model may include screening, preparation, controlled administration, professional observation, psychological support and subsequent integration sessions intended to help patients process their experiences.

The PIVOT trial illustrates that difference. Participants are not simply being handed psilocybin. The study incorporates preparation, administration and integration-related psychological support, along with blinded dosing, independent evaluation and adverse-event monitoring.

The treatment being tested, therefore, is better understood as a **structured therapeutic intervention involving psilocybin**, rather than merely the ingestion of a psychedelic substance.

That distinction will become increasingly important if this research progresses.

The Evidence Still Demands Caution

Public excitement should not erase scientific uncertainty.

Existing VA/Department of Defense clinical guidance has concluded that evidence has been insufficient to recommend either for or against psilocybin and several other psychedelics for PTSD. The guideline specifically identifies uncertainties regarding effectiveness, adverse effects, feasibility, trained-provider availability and access.

That does not contradict the VA's decision to conduct trials.

It explains it.

When evidence is insufficient, the scientifically responsible response is not necessarily to permanently abandon a potential therapy.

Sometimes the appropriate response is to conduct better research.

Randomized controlled trials exist precisely because small studies, anecdotal reports and individual success stories cannot reliably determine whether an intervention works, for whom it works, how long benefits last, what risks it presents or whether apparent improvements resulted from the treatment itself.

Veterans Should Not Become Experimental Afterthoughts

There is another reason this research deserves scrutiny.

Veterans have historically carried disproportionate burdens from the consequences of war while sometimes waiting years for medicine, public policy and bureaucracy to catch up.

That history creates two obligations that must coexist.

Veterans should not be denied potentially beneficial innovation simply because a treatment carries cultural stigma.

But Veterans also should not become convenient test subjects for therapies whose risks are minimized because society desperately wants a breakthrough.

Those principles are not contradictory.

They are the foundation of ethical medical research.

Veterans participating in psychedelic studies deserve rigorous informed consent, careful screening, qualified clinicians, meaningful adverse-event reporting, long-term follow-up and transparency concerning both successful and unsuccessful outcomes.

A therapy does not become safe merely because it is innovative.

Nor does it become illegitimate merely because it was once culturally taboo.

Evidence must decide.

This Is Bigger Than Psilocybin

The larger story is about how America responds when established treatment systems encounter their limits.

For decades, Veterans have been told to seek help.

When they do, the health-care system assumes a reciprocal obligation: to continue searching for better answers when existing ones prove inadequate.

That does not mean abandoning evidence-based psychotherapy or medication.

It means refusing to confuse the treatments currently available with the limits of what medicine may eventually discover.

The VA's psychedelic research therefore represents something larger than an experiment involving one compound.

It represents a test of whether American institutions can evaluate a controversial therapy without either romanticizing it or dismissing it.

That requires separating four concepts that are too often blurred together:

research, medical treatment, legalization and recreational use.

They are not synonymous.

A government-funded clinical trial does not mean the government has declared psilocybin safe for general use.

A promising preliminary study does not establish a cure.

A Veteran's personal account of improvement does not substitute for controlled evidence.

And the historical criminalization of a substance does not, by itself, answer whether one of its compounds possesses legitimate therapeutic value.

A Question Worth Asking

There is something symbolically significant about the Department of Veterans Affairs becoming a major venue for this research.

The same federal government that spent decades treating psychedelics primarily as a law-enforcement problem is now examining whether carefully administered psychedelic compounds might have a legitimate role in medicine.

That does not mean the old debate has been settled.

It means a new one has begun.

The central question should therefore not be:

'**Do we support psychedelic drugs?**'

That framing is too simplistic.

The better questions are:

Can psilocybin meaningfully reduce treatment-resistant depression among Veterans? Which Veterans, if any, are appropriate candidates? What are the short- and long-term risks? How much of any benefit comes from the drug, the therapeutic environment, psychological support - or their combination? Will benefits persist? What safeguards would be necessary if psychedelic-assisted therapy eventually moves from research laboratories into ordinary VA health care?

And perhaps most importantly:

> **What standard of evidence should America demand before making that transition?**

Those are questions worthy of a five-part examination.

The Greensboro Chronicle will examine them without assuming the answer.

Coming in the Greensboro Chronicle Five-Part Series

Installment 1 - The Background: From Prohibition to Federal Clinical Research
How psychedelic medicine moved from the margins of American culture into formal VA clinical research.

Installment 2 - The Science: What Psilocybin Does - and What Researchers Still Don't Know
A deeper examination of psilocybin, the brain, depression, PTSD, treatment-resistant illness, clinical-trial design and the difference between correlation and demonstrated therapeutic efficacy.

Installment 3 - The Veteran Question: Why This Population May Be Different
An examination of combat trauma, military culture, treatment resistance, suicide prevention, medication burden, moral injury and why results from civilian psychedelic research cannot automatically be generalized to Veterans.

Installment 4 - The Risks, Ethics and Controversies
Psychological adverse events, patient vulnerability, informed consent, therapist conduct, expectancy effects, research blinding, commercialization, accessibility and the danger of allowing enthusiasm to outrun science.

Installment 5 - If the Trials Work: What Comes Next for Veterans and the VA?
FDA approval, federal drug policy, VA implementation, provider training, eligibility, cost, disability implications, access disparities and what psychedelic-assisted therapy could realistically look like inside America's largest integrated health-care system.

Editorial Note

This article is commentary and analysis based on publicly available clinical-trial registrations, government materials and published research. Psilocybin remains investigational within the federal clinical context discussed here. Nothing in this series should be interpreted as medical advice or as encouragement to obtain or use psilocybin outside lawful, professionally supervised research or medical settings.

Staff Writer | Op-Ed & Analysis