Treating war veterans and victims of terror and sexual abuse

War and abuse take a tragic toll not only in loss of life and limb, but also to the psychological well being of the survivors. It used to be called shell-shock – war veterans coming back, unable to forget the horrors they were a part of. Victims of sexual and physical abuse and torture, can also bear the permanent mental trauma of a personal wrong that can never be made right. Even survivors of life-threatening accidents and illnesses can suffer long-term emotional problems. For most, life goes on, coping with life's daily stresses. For some, the stress is simply too much, their minds reliving the old trauma as if it were renewed every day. This condition is called Posttraumatic Stress Disorder (PTSD). We don't know why some of us are resilient and others not. Severe cases result in inability to perform their job, take care of their family, or themselves. Untreated, PTSD victims often turn to self-medication with drugs and/or alcohol to numb the nightmare in their head, or suicide. They become the mentally disabled, the Vietnam vet on the corner, the bag lady, the social recluse.

* Over our lives, one in twelve of us will get some form of PTSD, 80% US cases are victims of sexual assault.
* A 2008 Rand Corp. study estimates 20% of the 300,000 vets from Iraq and Afghanistan will return with symptoms of PTSD, costing US $6.2 billion in the first 2 years after deployment. A tidal wave of untreated war veterans is beginning to be felt. In 2004, the VA paid PTSD disability payments of $4.3 billion to 215,000 vets. The prospect of tens of thousands of new war vets in permanent disability is tragic and unaffordable.

About 30 years ago, a new drug called Ecstasy hit the party scene. It was called the love drug for good reason. Its recreational use eventually made it illegal, but not before hundreds of therapists discovered it was amazingly effective in psychotherapy, including the treatment of PTSD. Five years ago, MAPS got FDA approval for the first legal clinical trial of the therapeutic use of MDMA. The study in 21 PTSD subjects took 4 years and $1 million and has just been completed with outstanding results. PTSD severity declined in subjects treated with MDMA about three to four times more than subjects in studies testing Zoloft and Paxil, the only FDA approved medications for PTSD. Some MDMA patients spoke in terms of a cure rather than symptom reductions. If we can replicate these results in 600 or so subjects, we can transform MDMA into a prescription medicine.

MAPS was founded 22 years ago by Rick Doblin, Ph.D. and is dedicated to studying the therapeutic use of psychedelic drugs. The board members are not compensated and are: Rick Doblin, John Gilmore, Marybeth Home, and Ashawna Hailey. MAPS’ annual budget is $900,000. As a non-profit drug company, MAPS is requesting funding, and also assistance locating local funders in countries where our research is or will soon be taking place, in Israel and Jordan. MAPS is seeking support for the following projects:

US MDMA/PTSD study in 7 Iraq or Afghanistan War Vets with treatment-resistant posttraumatic stress disorder (PTSD) from war. Cost-$150,000 for therapy/research. No funds spent or raised.

Israeli MDMA/PTSD study in 12 subjects with treatment-resistant posttraumatic stress disorder (PTSD) from war, terrorism and sexual assault. Cost: $100,000 for therapy/research (therapists salaries subsidized by the Israeli Ministry of Health). $35,000 spent, $65,000 to raise.

Jordanian MDMA/PTSD study in 12 subjects with treatment-resistant posttraumatic stress disorder (PTSD) from war, terrorism and sexual assault. Cost: $85,000 for therapy/research. No funds spent or raised.

Thank you for considering this request,

Ashawna Hailey