

Making Wellness and Self-Care the Heart of All Health Care

Testimony of James S. Gordon, M.D. Before the Senate Committee on Health, Education, Labor, and Pensions February 23, 2009

Chairman Kennedy, Ranking Member Enzi, Senator Mikulski, members of the Committee: I'm very pleased to be with you this afternoon. I'm a psychiatrist, founder and director of The Center for Mind-Body Medicine, and a clinical professor of psychiatry and family medicine at Georgetown Medical School. I bring to you today a perspective shaped by forty years of work as a clinician, researcher, and teacher, as Chair of the Advisory Council of the NIH's Office of Alternative Medicine, and Chair of the White House Commission on Complementary and Alternative Medicine Policy. The recommendations I make are my own and they are shaped by years of discussions with many colleagues, patients, and friends

We are poised on the verge of a necessary revolution in our health care. It has become clear that an overwhelming attention to disease, an endlessly multiplying system of reimbursable diagnostic tests and side-effect burdened drugs and procedures are actually combining to produce more, not less, suffering in the United States; the health of Americans, according to the World Health Organization, ranks 37th on our planet. We live shorter lives and have higher infant mortality than a host of other industrialized countries, and we spend as much as twice as much as they do on our care: the cost to our national treasury is 16.5% of our Gross Domestic Product, and growing every year. It's time, more and more of us realize, to shift our focus from treating disease to promoting health and wellness, from symptomatic treatment to systematic prevention. It is time also to take control of our health care from those who profit from our ill health, to ensure that it responds to the needs of all our people.

Six weeks ago in response to a request from the Obama Administration, hundreds of groups met around the country to discuss the health care challenges that we face, to come up with new perspectives and fresh ideas for health care. I invited thirty colleagues and friends, and their friends, to my house to respond to this request. Their accents and perspectives were as varied as the 30-person group—men and women from their early 20's to early 80's, blacks and whites, Asians and Hispanics, health care professionals, businesspeople and policy wonks, the wealthy and the barely getting by. Still, remarkably, as each of us spoke of our greatest health care concerns, common themes, common understandings, common solutions emerged—and with them

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a reevaluation of our health care system as revolutionary in its way as the theories of Copernicus and Darwin.

In my written testimony, I provide ten recommendations for transforming health care that emerged from our discussion and from my own forty years of experience. Here I will offer three that seem most salient and a fourth that will help ensure their continued growth and development.

1. **We need a coherent, rational system of National Health Care, a single-payer system that, without demeaning and destructive bureaucratic obstacles, meets the needs of all Americans.** This recommendation was supported by successful, stressed-out health professionals and beleaguered parents, by self-styled liberals and conservatives, and by policy analysts who months ago believed it was “off the table” of political discussion. In spite of any complexities in its creation, it was regarded as the “only sane” remedy. Indeed, one of our participants, a former head of mental health services for the Veterans Administration, pointed out that a majority of US physicians and nurses already favor such a plan.

The crucial task, we feel, is to ask the Administration and Congress to examine the available models—Medicare, government employees’ insurance, and military health in the United States, and the national systems of other developed countries—and create one that is most beneficial and suitable to our population: a system that facilitates more free choice than the current one, and eliminates the demeaning bureaucratic inquisitions that characterize current insurance practice, while guaranteeing universal coverage and cutting costs. Physicians for a National Health Plan and other advocates estimate that we could reduce our entire health care bill by 20-25%, or \$400-500 billion dollars per year, by enacting a single-payer plan.

Single-payer can no longer be regarded as taboo, or off the table. It is, to use an expression dear to physicians, a “treatment of choice” for our national health care ills—not a panacea, but a platform that makes other necessary changes possible, a structure that offers our best hope for fairness, effectiveness, and economic survival.

Though all participants regarded insurance companies as obstacles, the chief proponents of profits over peoples’ welfare, all felt it was imperative that their employees be retained as workers in the single-payer system or retrained for other careers, especially in health care.

2. **Whatever model of universal care is chosen, it must be grounded in a profoundly different point of view and practice from the current one, a model in which prevention is as important as treatment and in which self-care and mutual help are understood as fundamental to both prevention and treatment.**

This means that education about psychosocial and economic factors in health and illness and practical instruction in the use of nutrition, exercise, stress management, and mind-body approaches (like meditation, guided imagery, biofeedback, and yoga) must come to be seen and practiced as the true primary care. These effective and inexpensive practices—“breathing, moving, learning how to shop,” as one mother of three put it—must be central to both prevention and treatment, used wherever possible prior to more side-effect burdened approaches like surgery and drugs, as well as along with them. This is not meant to disparage drugs and surgery in any way. It is simply to put them in their proper place in health care: vital remedies, with significant hazards, to be used only when necessary.

All of our group believed that this approach was absolutely essential to cost savings as well as our national health; that it should be mandated as primary care. And all of us are firmly convinced that this emphasis on self-awareness and self-care needs to be central to the training of all health professionals, and that research on its effectiveness in treating and preventing chronic illness cannot be an afterthought for our government. It needs to be the central focus of its attention and funding at NIH and elsewhere.

This approach to wellness and prevention does not, we believe, require economic incentives and penalties as many have insisted —carrots and sticks. It can be grounded in an entire system which helps people who have felt discouraged and disrespected and alienated to become actively engaged in their own care. I and other clinicians in the room reported that when we treated our patients with respect, taught them techniques they could use to help themselves, and provided the kind of practical, emotional, and social support they needed to sustain the changes they decided to make, health care miracles were possible. Many of us, including The Center for Mind-Body Medicine staff (and many of our professional trainees), have found this approach to be highly successful with populations that are often regarded as recalcitrant and incapable of self-care, including the low-income, chronically ill elderly; delinquent adolescents; HIV-positive ex-prisoners; and war-traumatized children and adults. Respected and treated as equals who are capable of understanding and helping themselves, offered the opportunity to use simple, practical tools of self-care to live healthier and fuller lives, the vast majority respond—and so will the vast majority of all Americans.

3. **The transformation of the health of our population must begin with our children.** In this process, the Department of Education must be understood as a central agency in health promotion and disease prevention. Current school health programs are largely negative—“don’t smoke, don’t drink, don’t have sex, etc. etc.”—and largely ineffective. The school wellness curricula that all states have been ordered to develop are a good first step. Congress needs to ensure that they are taken far more seriously, closely examined, and carefully and completely implemented. True and comprehensive wellness—including exercise, nutrition, stress management and self-expression—must become a

central part of all school curricula and of the lives, and the teaching and learning experience, of all school personnel and of the parents of school children, and of the health professionals who work with both parents and children. Those who are teaching self-care must themselves learn and practice it, and the homes that children live in must support their children's efforts to help and care for themselves.

4. **A White House Office of Health and Wellness.** As we surveyed these and other changes we were recommending, it became clear to our group—and has become clear to other groups and leaders around the country—that a small but powerful agency at the highest level of our government is required to ensure continued responsiveness to the ongoing and changing health needs of Americans.

I respectfully recommend therefore that a White House Office of Health and Wellness be established. This office (which would in some ways be similar to the White House Offices of Science and Technology and Drug Policy) would ensure, along with Congress, that government bureaucracies (including any required for National Health Care as well as the NIH, the Departments of Education, Agriculture, and Defense and the Veterans Administration) are accountable to a vision in which service to all Americans is paramount, and to the implementation of programs, like the school wellness program, which make this vision a reality. The White House Office—and its representative National Advisory Board—would help ensure ongoing active engagement of our population in their own care and in shaping the kind of care that will most effectively, humanely, and economically meet all our evolving needs.