

**Statement of Wayne B. Jonas, MD  
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***Hearing on Pending Health Care Legislation  
Senate Committee on Veterans' Affairs  
May 9, 2013***

Thank you, Senator Sanders, and members of the Committee for the invitation to testify on the pending health care legislation, and in particular to voice my support for your efforts to promote greater integration of complementary and alternative approaches into the provision of veterans' health. My name is Wayne Jonas. I am a veteran and retired Army family physician. I see patients weekly at a military medical center, and am President and CEO of the Samueli Institute of Alexandria, Virginia, and Corona Del Mar, California. I have formerly served as Director of the Office of Alternative Medicine at the National Institutes of Health, a Director of the World Health Organization Collaborating Center of Traditional Medicine, the Medical Research Fellowship and Walter Reed and a member of the White House Commission on Complementary and Alternative Medicine Policy.

Samueli Institute, a 501(c)(3) non-profit scientific research organization, investigates healing processes and their application in promoting health, wellness and human flourishing, preventing illness, and treating disease. The Institute is one of few organizations in the nation with a track record in complementary and integrative medicine, healing relationships, and military and veteran medical research. The Institute has extensively investigated the health conditions routinely presented by our service members, veterans and their families.

I state my strong support for greater integration of complementary and alternative approaches into veterans' health care based on the clinical and outcomes evidence for their effectiveness for a wide array of conditions presented every day by our veterans. These approaches are also low cost and have few negative side effects.

In more than ten years of armed conflicts, a large number of the nation's veterans are exhibiting what I term the trauma spectrum response—an array of symptoms, including pain, anxiety, depression, sleeplessness, excessive drug use and social isolation resulting from multiple deployments or a battlefield insult, like an explosion or other trauma. These symptoms often progress to chronic conditions, like post-traumatic stress disorder and chronic pain; and most of these people and families are young, with a long battle for recovery in front of them. More and more, our nation is faced with the weighty imperative not only to attempt cure of our veterans' combat wounds, but to help them to heal for the rest of their lives. The pilot programs described in the draft Veterans' Health Promotion Act will help veterans to heal, because it will provide patient-centered approaches that restore them to personal and social wholeness.

Recent research by Samueli Institute, and other leading national and international researchers, has shown the effectiveness of drugless, self-care and integrative practices for treatment of these prevalent conditions and for healing. Our research on acupuncture, mind-body, nutrition and self-care approaches has demonstrated that these practices can help heal and reset veterans to optimal well-being and function. For example, recent studies on acupuncture and relaxation approaches have demonstrated marked improvements (as large or larger than the best drug or behavioral treatments) in PTSD with additional benefits on pain, cognitive function, energy, sleep and anger. The Institute's research has shown the growing use of complementary and alternative medicine (CAM) practices by veterans, and favorable outcomes for individuals who receive CAM in addition to standard care. VA practitioners are attempting to secure these practices for their patients, but encounter institutional barriers, limited availability and the tyranny of the status quo.

To appropriately address the policy and operational issues related to the transition of complementary and alternative medicine approaches into the VA's health care operations and infrastructure, I recommend a centralized, coordinated, rapid translational program to inform the VA's decisions on benefits, manpower, infrastructure and management. The provisions of the draft Veterans' Health Promotion Act and, in particular, its support for a Center of Innovation for complementary and alternative medicine, a pilot program on the establishment of complementary and alternative medicine within VA medical centers, and the study of barriers encountered by veterans to receive complementary and alternative care, are laudable and considerable first steps in the right direction. Without this program we will not know how to make these practices more widely available to our veterans who need and deserve them.

While that legislation uses the term "complementary and alternative medicine (or CAM)" freely, I feel the use of the term "integrative health care" is more appropriate as it more clearly describes the process of integrating CAM practices into the conventional care provided widely across the nation and by the VA. The ultimate goal is to improve health and health care for veterans through the seamless integration of the best of conventional medicine and CAM. The pilot program will benefit from the work of early champions in the VA system who have introduced such things as acupuncture, guided imagery, meditation, mindfulness and other CAM practices through research and innovative programs. The proposed pilot program will create the necessary infrastructure and process for wide adoption of these practices, such that they become mainstream options for treating symptoms and promoting well-being, in combination with the best of conventional care.

Such a centralized, coordinated and rapid translational program would provide a cornerstone for the VA's top priority of providing P4 (personalized, predictive, preventive and participatory) medicine for all vets.

I appreciate the opportunity to appear before this Committee and I look forward to any questions.  
Thank you.