

The American Wellness System An Alternative Way of Thinking

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Albert Einstein: *"The significant problems that we have cannot be solved at the same level of thinking we were at when we created them."*

The usual conversation about the American healthcare system revolves around what is called "the iron triangle of cost-quality-access." In reality, a change in any one of these aspects will affect all the others. We suggest that the "iron triangle" presents a false dilemma, and that this level of thinking cannot solve the current crisis.

We must incentivize 75 percent of people to move from the current sick-care system to a self-pay, community-focused wellness system.

Preamble: How We Got in this Situation

1. The United States has a sick-care system, a disease-prevention system, and a death-prevention system — all of this with great expense and very little public satisfaction. (I cite an NIH official, Ezekiel Emanuel, writing in JAMA, May 15, 2007.)
2. A 60-year focus on turning to experts to fix disease has effectively taken away the capacity of the individual and the family to know how to tend their own symptoms and diseases. The automatic refrain, "Ask your doctor before you do anything," has created a massive feeling of impotency throughout the public.
3. This disempowerment of the public originates with the Flexner Report in 1908; devised essentially at Johns Hopkins, the study resulted in the closing of most other schools of healing by 1920. Thus the ascendancy of what we currently call medicine was actually crafted 100 years ago in a process that greatly reduced the diversity of healing options.
4. The longing for expert-based care was advanced by the discoveries of antibiotics and blood transfusions and other acknowledged miracles of modern medicine. It was assumed, as with many other aspects of life, that everything could be made well by technology. In the last quarter of the 20th century, this myth began to recede; and now the plea of the American public is a simple call to the medical profession: "Please listen."
5. Several studies at Tai Sophia indicate that even when symptoms are relieved, patients often are not satisfied. Satisfaction is correlated with "I now understand how I control my symptoms." Having an expert remove a headache is a vastly different experience than having someone teach you how to change your own headache by drinking more water, getting more sleep, breathing more deeply, or clearing an upset. (The research of Nortin Hadler M.D., Claire Cassidy, Ph.D., and others underscore this observation.)

6. A root of this issue is an assumption long held in the medical community that the mind and the body are separate, and that the physical body can be dealt with separately from dealing with emotions — a view that now is clearly unsustainable from a scientific perspective.
7. The situation for healthcare is similar to the issue of creating a sustainable planet. Humans must learn to live appropriately and well with our bodies, tending life as it is. In both cases, the issue is sustainability.
8. Almost all existing conversations about health policy — whether mainstream or complementary or integrative — focus inherently on treating disease, preventing disease, and preventing death. All of the economic incentives go to those who claim to tend these aspects of healthcare; and insurance reimbursement is linked to the identification of the disease being treated, the disease being prevented, or the particular cause of death.

Resources: Building on a Movement Already Well in Place

1. The public is longing for empowerment to live well. This is evidenced by a vast movement, especially among the wealthy, for access to spas, wellness clinics, the use of complementary/alternative medicine, and the use of yoga. This is a worldwide movement where countries such as Thailand and India are positioning themselves to be the future of wellness and medical care with a strong emphasis on wellness.
2. The United States has an army of wellness providers in the form of massage therapists, acupuncturists, herbalists, chiropractors, wellness and holistically-oriented physicians and nurses. However, because of the way funding works, most of these individuals do not focus on promoting wellness, but are focused on promoting care reimbursed by insurance within the existing system; thus, they are diverted from their main interest of educating the individual on how to be well.
3. This longing for learning about wellness and how to live well is emphasized continuously on shows such as those by Montel Williams and Oprah Winfrey, and through enormous sales of books by Andrew Weil, Deepak Chopra, and Mehmet Oz, etc. The public longs for this kind of learning.
4. There are demonstration projects. For example, the British Government recently funded a project in Devon with Dr. Michael Dixon and Simon Mills, who have devised a wellness program that gives local primary care physicians funding incentives to invest in wellness, and provides them the freedom to keep for the community any funding not needed for disease-care. It is an inventive system to promote wellness and to reduce the habit of turning to high-tech, higher cost interventions.
5. Many of the components for an American wellness system are available. They must be triggered by certain public policy steps to redirect the way in which cash flows — a way of breaking the iron triangle.
6. We break the iron triangle with a focus on a wellness system, designed to move 75 percent of the public (a public that now repeatedly goes to disease experts) into learning wellness practices — how to breathe, how to sleep, how to exercise, and how to live well. It is a conversation about what is **not insurable**. Wellness must be incentivized, but we cannot **insure** well-living. We must figure out from a public policy perspective how to encourage young children in the first grade to breathe deeply, to get enough sleep, and to eat well. For example, rather than immediately resorting to the pharmaceutical Ritalin, we must learn how to incentivize deep breathing and exercise for hyperactive children.

Public Policies

1. The president must use his “pulpit” to preach that healthcare reform must start with an individual responsibility to live well using wise habits: enough sleep, simple food, plenty of exercise, and leisure time with family and friends. This seems to be the president’s personal lifestyle — focused not on preventing illness, but on wise habits through which we feel good about being alive.

2. We must create a White House Office charged with promoting the habits of wellness in every aspect of American life. Wellness is not only a matter for the healthcare system; it must be developed through the engagement of our educational system, our businesses, our environmental awareness, our military families, our veterans services, etc.

3. Fund demonstration initiatives in local communities, designed to reduce medical expenditures when healthy lifestyle habits are reinforced at a community level. Howard County, Maryland, currently has such a demonstration project for the uninsured. These demonstrations should provide financial and community-benefit incentives for corporations and local governments to build wellness programs. Most self-insured corporations and local governments and colleges have a financial self-interest in promoting such initiatives. These wellness programs must be incentivized with demonstration funding.

4. Funds provided for disease research must remain level, while additional funds should be used to build and research a wellness model for our society.

5. Wellness must not be insurance-linked. Insurance must be used to tend pathologies when there are recognized ways to help. Tax-exempt savings accounts may incentivize the transition from a disease model to a wellness culture. (Norton Hadler, at the Medical School at the University of North Carolina, has written widely on this topic.)

6. All current healthcare providers must be trained to understand their own bodies, i.e., how to maintain their own wellness. Most healthcare workers endure extreme stress and are very vulnerable to chronic illnesses. Like most Americans, healthcare workers tend to take a pill in the presence of a headache rather than relieve the stress that generated the headache.

7. This training for healthcare workers will effectively enable each of them to become a wellness coach. As healthcare workers learn to tend their own wellness, they will become a national army of wellness educators able to instruct those who come to them, guiding them to maximize their wellness and deal effectively with symptoms before their symptoms become pathologies.

8. Individuals and families must learn to be their own primary care providers. Our disease-oriented system will become more efficient as people learn how to function with day-to-day symptoms and to manage chronic disorders, and thus move out of this disease system. Thus, demand for disease-care services will decrease, making access and funding available for those who do need immediate care for a pathology.

9. The United States must fund the development of a series of wellness universities (such as Tai Sophia) to train wellness educators for our schools and our communities.