

Giving Healing a Voice

2014 Grantmakers In Health Annual Meeting on Health Philanthropy Plenary Address

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I have been a family physician for over 30 years. In my career, I have been a military physician; a medical school faculty member; a health policy advisor; a medical research training program director; and the director of the National Institutes of Health's (NIH) Office of Alternative Medicine where I learned about many of the world's healing traditions, which were very different than the western medicine of my training. During my time at NIH, one of the things that I observed was that the world's healing traditions and our western healing methods, if you go back several hundred years, were not very different. But in the last hundred years, ours has radically changed—often for the good and sometimes for the bad. I'd like to illustrate to you both sides of that coin: showing you the dilemma that we're in in health care today and the way out of that dilemma, and the leadership role that health funders such as yourselves can provide.

After my military service, I became the founding director of the Samuelli Institute, a nonprofit medical research organization that focuses specifically on the solutions to our health care problems. Our mission at the institute is to seek ways to create a flourishing society—through the scientific exploration of wellness and whole-person healing. We have discovered that there is a big difference between health care that focuses on healing and a medical care system that focuses on cure. We need both. We do not have both. And we do not integrate them. The result is that patients and our economy suffer. Healing occurs at the individual level, it occurs at the organizational level, and it occurs at the community level. Unless those levels work in concert, the benefit of healing and the huge healing capacity that all of us carry to achieve well-being cannot occur. At the institute we work to understand how healing processes work; how to integrate healing practices; and to how to help individuals, families, work places, and organizations create optimal healing environments.

Samuelli Institute works at a number of locations around the world. About 50 percent of what we do is for the benefit of the military and our veterans. Military and veteran leaders tell me that the health care system is not just unable to meet the needs of its patients. In fact, it is on fire, delivering care that is suboptimal and costing more and more each year. The U.S. military has served admirably through 10 years of wars, which has also led to hundreds of thousands of individuals coming back with post-traumatic stress disorder (PTSD), traumatic brain injury, and chronic pain. These are young people with families, with long futures in front of them. Their care will cost our country \$4 trillion in the next 30 years. If we can't bend that cost curve, it will become the biggest threat to our national defense. Forget China, forget North Korea, forget the Middle East, and forget Russia. Four trillion dollars is a lot of money and more than we can afford. We need to build a different way to heal.

WHAT IS HEALING?

What is healing exactly? The meaning I use is: the process of recovery, repair, and a return to wholeness. In fact, the root word "to heal" actually means wholeness, to become whole again. Traditionally the idea of becoming whole has been a core part of what people and societies mean by healing. But that begs the question: What is a whole person? If you seek to become whole again, what are the parts that need to come back? A whole person is one integrated in mind, body, and spirit. It is not the same as one without disease. That is key. Healing may or may not result in cure. You can see healing occur and sometimes witness the most profound wholeness at the end of life, when individuals are reconcil-

ing not only with themselves and the challenges that they have had personally, but also reconciling with their families and their communities. This reconciliation can heal not just the individual, but the family and community as well, leaving a healing legacy for the next generation. One cannot talk about wholeness unless one also talks about the social connectivity that is part of a person, the family, and the community in which we are embedded. Wholeness also means social wholeness. You can also have individuals that are cured, having absolutely no sign of disease, but who are terribly unwell, unhealed, and fractured from society. Everyone has seen examples of both of these. Healing and cure intersect, but they're not the same.

TWO APPROACHES TO PAIN AND ILLNESS

In the West we are divided about healing. We take two approaches and rarely integrate them. One approach to pain and illness is a technological approach. This the “we’re going to go in and we’re going to fix you” approach. It’s often done later in the disease process, is often high-cost, and it usually is quite manipulative. It overvalues the physical things you can see and measure. For example, we often focus on a measurement of cholesterol for heart disease rather than looking at depression or the emotional state of the patient. The other approach is less visible. It’s not seen unless it’s named, unless it’s looked for, unless it’s cultivated, unless it emerges out of our perception and relationships. It’s about the mind and the spirit. It might mean that what is needed is enhanced caring social connections or diet changes rather than the insertion of a stent or undergoing bypass surgery for heart disease.

I was exposed to the idea of healing as wholeness very early in my life. My father was a chaplain in the military for 30 years, serving in three wars. As a minister, he spent a lot of time comforting people who had been through very traumatic experiences, helping to lead them to deeper sources of strength. They didn’t call it PTSD back then, but that’s what he was treating. When his war service were was over, the last one being Vietnam, he became a hospital chaplain and worked with the acutely ill in the hospital. Once I asked him why he decided to be a hospital chaplain after the wars, he said, “Because that’s where the most suffering is.” I said, “Well, what do you do in a hospital as a chaplain?” And he said, “I help people heal. I pray with them, and I pray for them, and I help them become more whole by connecting them to their spiritual selves.” And so very early on I got the idea that healing had something to do with the spirit, with the inner environment of the person.

Before I went to medical school, I wanted to find out what this hospital chaplain thing was about. So I took five months, and I went to Union Theological Seminary specifically to do clinical pastoral education and training—that is, to work in the hospital as a student chaplain. I wasn’t going to be a minister, but they let me in anyway. And I remember that when I was there at that hospital at 21 years old and preparing to go to medical school, I started to learn how healing occurs.

I’ll never forget my very first client. He was an older man who had widespread metastatic lung cancer, and he was in the hospital to be put on a morphine pump for pain control. I was assigned to minister to him. I went up into his room, and I sat next to his bed. He must have been just given a dose of morphine because he appeared to be sleeping, breathing heavily. As I sat next to his bed, I thought, “Whew, boy, this should be easy. All I’ve got to do is sit here and say a few prayers, and I’ll go back out and I’ll tell my colleagues that I ministered to him.” So I was sitting there, starting to relax a little bit, thinking I was off the hook. Suddenly he opened his eyes and looked over at me. Then he reached over and put his hand on my hand, and said, “Son, you’re going to be okay.” I was floored. This dying man was ministering to me!

So the first and most important lesson about healing is that healing doesn’t go in one direction. He was healing me. I wasn’t the healer. Healing arises out of connection and relationship, and it doesn’t come from any one person or another person. It comes from an authentic, deep connection that occurs in our normal life. It arises out of empathy and compassion—if we develop the skills and spend the time to do it.

In medical school, buried in biochemistry and diagnostic tests and treatments, I knew that healing was somewhere in there; but you had to look pretty hard to find it, because it wasn't named or talked about. It was invisible. One reason it was invisible was because a hundred years ago, we decided that something else was more important in medicine: finding the physical cause of disease and eliminating it. At the time that it became the primary focus of modern medicine, the disease-based approach was extremely effective. It evolved into the type of technology-based medical system that we have in this country now. And it is the envy of the world is because it works for the diseases we faced then.

A hundred years ago, the kinds of illnesses that were killing us were infectious diseases and the consequences of trauma and childbirth. The average life expectancy at that time was 45 years old. With the development and application of public health efforts, and antibiotics and technologies to control those illnesses, medicine was highly successful. In fact, it's so successful that it has resulted in the dilemma that we have today—a dramatic rise in the chronic, lifestyle-related diseases of aging.

A hundred years later, we now have an aging population. We now no longer die as often because of illnesses and diseases such as pneumonia, infections, and viral epidemics. The primary causes of death are heart disease, cancer, diabetes. The morbidities include arthritis and depression, and the average life expectancy now is 78. Clearly the model we have been applying in the last hundred years has been successful. If you look at developing countries that don't have these modern interventions, you see the same things you saw a hundred years ago in the United States: infectious disease, the consequences of trauma, maternal and infant mortality, and overall low life expectancy.

CHALLENGES TO OUR CURRENT HEALTH CARE SYSTEM

The problem is that this model doesn't work anymore for the conditions we are left with. We've pushed that model to its limit, and we've now built a system that can't stop no matter what the diagnosis or illness or cause.

Yesterday we had a presentation by Dr. Steve Wolf, who is the chair of the recent Institute of Medicine (IOM) report *Shorter Lives, Poorer Health*, which summarized data well known to public health officials, but which dove deeper and longer into this data. This report asked the questions: Are we really healthy in this country? Is our medical system working? Is what we're doing today in the medical system actually worth the investment?

First of all, we pay almost double of any other country on medical and health care, and yet we're 30th or lower in our health indices. At the current rate we will spend 25 percent of our gross national product by 2025 and almost half of it by 2082 if we don't bend the cost curve. The baby boomers have started to turn 65, which means there's a tsunami of chronic needs and illnesses coming down the pike.

Health disparities are growing, not shrinking, increasing and undercutting the ability of our population to function and flourish. The Centers for Disease Control and Prevention estimates that one in three children born after 2000 will develop type 2 diabetes. We are killing our children with lifestyle-related diseases. And for the first time in 100 years, our life expectancy is declining compared to other countries, especially in women and people of color.

I was taught that infant mortality and low birth weight occur mostly in places like India or Sub-Saharan Africa and we've got a modern system that's really solved that problem, right? Wrong. We have the highest infant mortality of all of our peer countries. If you look at other birth outcomes, such as low birth weight, stillbirths, preterm birth rate, we also are one of the highest in the world. In fact, the comparison is more like the rates found in Sub-Saharan Africa. We do not have an effective health system.

Where do we excel? If you're 75, you're probably going to live longer than if you live in another country. If you have cancer, you're probably going to live longer if you are here in the United States. We are great at keeping people alive; not so great at keeping people healthy.

Einstein said that no problem can be solved from the same kernel of consciousness that created it; we

must learn to see the world anew. I think the fundamental issue here is: Can we reshape our own assumptions and perception about how health happens? It does not happen by putting more money into a medical treatment system that was built for something a hundred years ago.

SALUTOGENESIS: THE PROCESS OF HEALING

We now are investing a huge amount in a disease treatment system when what we need is a healing, resilience, well-being, and community wellness and prevention system. To me, the fundamental perceptual difference has to do with something that I call salutogenesis. When I was in medical school, I had a book called *The Textbook of Pathology*. It's still used. Pathogenesis shows us how disease occurs. It is the process and the mechanisms whereby illness and diseases arise. In our current medical systems, everything flows from that: diagnosis, research, and reimbursement.

At the same time, it is clear that we are always healing ourselves—constantly, continuously, often completely—and that there is a process of health creation going on in our bodies, our minds, and our spirits. Yet we didn't have a name for it in medical school. I never heard the term. Aaron Antonovsky coined the term “salutogenesis” for the process whereby health and wholeness is restored and maintained. We need a system of health care that focuses on salutogenesis and frames a profession and industry around that, not just around pathogenesis.

How do you create health and wellness? You move. You make a social contact. You cultivate positive intentions. You settle your mind into the moment. You eat right. You do meaningful things. All those are fundamental behaviors of health and well-being that you can teach anybody to do, anywhere, anytime. If you like chemistry I can show you studies where these behaviors generate oxytocin and dopamine in the brain, the social chemical and the happiness chemical. As neuroscientist Candice Pert put it the “molecules of emotion.”

Surveys that periodically ask people about what they are doing and if they are happy with what they're doing reveal that happiness does not come from whether you're in a good or a bad situation. It mostly is driven by whether you're doing what you want to do at the time, instead of wandering off and doing something else than what you are actually want to be doing. In other words, happiness is largely generated by being mindful of what you are doing rather than whether what you are doing is thought to be a “happy” or enjoyable activity. Happiness comes from mindfulness, and mindfulness can be learned and practiced.

Wholeness and health arise from motion, from presence, and from social connectivity. That can be done by anybody at any time. The question is: How can we embed that into our health care systems?

WHAT CREATES HUMAN FLOURISHING?

Fifty years ago Abraham Maslow talked about the core processes and elements of human flourishing. He put them in a hierarchy, and at the bottom he said there are basic needs such as food, water, warmth, rest, and security needs. After you have those, then you can pay attention to things like belongingness, love, and social needs. Ultimately, the hierarchy peaks at meaningful activity, which he called self-actualization. There's no question that if you don't have the basic needs of food and water and shelter, it's very difficult to think about self-actualization. But we now know that it's not really quite a hierarchy, because the very things that drive wellness can be done almost anywhere and anytime and don't necessarily need to go through a hierarchy. It's really more of a network. At the center of that network is the question: Why? Why are you here? What is your purpose? What is meaningful in your life?

Most people answer that question either in social terms—“I'm here to help others. I'm here to take care of my family,” or in religious terms—“I'm here to give back to God or to praise God.” Sometimes it's “I'm here to make money or gain fame or get power.” Usually those latter items don't last very long in the hierarchy of happiness. Once the questions about meaning and purpose are answered, one can

then look at other components of the hierarchy that enhance human flourishing. These are things like psychological resilience, social bonding and cohesion, social needs for intimacy, sleep and exercise, optimum nutrition, and substance use. Without knowing why, then it is hard to get to the how. Or if you're just told to do the how, then the data show that very few people do that for very long.

Surrounding these behaviors is the environment that will either allow us to flourish or interfere with our ability to do engage in healthy behaviors. These “environments” include the physical environment; the social environment, where many of the social determinants of health are; the health care environment, which contributes only about 15 percent to human flourishing; and the leadership environment of those who hold the power and resources of stewardship in their hands. The leadership environment is where grantmakers can really change the picture that we've talked about.

A recent report published in *Nature Medicine* showed that fear induced in male rats could be genetically transmitted through two generations. This means that the experience of fear actually showed up in the genes of the grandchildren. The “molecules of emotion” are pasted on to our genes beyond our lifespans. If we can pass on fear, we can also pass on happiness. Jean-Baptiste Lamarck was right. What is embedded in our genes can be passed on through experiences. Think of the profound impact that we could have if every parent and child got a positive experience deeply embedded in their beings before they had children.

Fortunately, children are extremely good at repairing from negative experiences if they're given the opportunity. There was a study of children aged seven to nine with chronic abdominal pain, which is a frequent manifestation of stress. It actually accounts for about 25 percent of the pediatric visits during that particular age. A biofeedback technique that the child learns by using imagery earphones can markedly improve those symptoms. Once learned, the effects of the technique are permanent. The children can relearn how to control their own stress—managing their own molecules of emotion.

The mind is an extremely powerful and ubiquitous influence, and yet its use is often ignored because it's invisible. Mind-body practices can not only alter our genes, they can influence our decisionmaking, and they can enhance productivity. They're the foundation for enhancing behavioral change. They can be used to treat many conditions: depression, anxiety, pain, sleep, high blood pressure, etc., at very low cost.

WHAT ARE THE CONDITIONS FOR CHANGE?

Extensive research shows that the more social capital and social connectivity we have, the better we do—mortality-wise and with almost any disease you can pick. How do you make social connectivity a priority in the type of health care systems that you're trying to influence?

We are swimming in a soup of healing potential. But we have to make it visible. We have to bring it forward. We have to name it. We have to measure and value it. We have to invest time and resources into it. We have to give it time to manifest. You can be leaders and stewards in making this happen.

What are the conditions for changing from what we have today to what we want? How can we create and embed healing into our health care systems? John Kania and Mark Kramer of Stanford University have described the components necessary to create system change, and it doesn't matter if you're changing an entire country or your local community or yourself. It starts with a purpose, the “why.” This then manifests as a common vision, an agenda, and a plan. It then goes to a “how,” a set of mutually reinforcing activities by the community, by the social stakeholders that work together. Each has an important role. None can do it alone.

The social change process then names and identifies the “what” through common metrics, a common language, and common measurement systems. It puts together a team to make that happen so that there's continuous communication and trust among the team with each stakeholder accountable for their role and the outcomes as a whole. Then it creates a backbone of organizational support, focused on moving toward the common goals. If you have your organization be this backbone, whether it

operates locally or nationally, you can change your system to a healing system. The purpose, the people, and the place—no matter what level that you work at—those are the core elements.

We went through these steps with the U.S. military, and they came out with a vision called “Total Force Fitness.” “Fitness” was their term for health and wellness. They created a whole-system approach, which is now being implemented in a variety of ways across their very large organization. We’re fortunate to be working with the W.K. Kellogg Foundation, whose support allows us to work with local communities to help them create their own community wellness programs. What we’re learning is that these communities already have the capacity to do this. All we’re doing is helping them to organize it in a way that creates collective change toward the goals they want and value.

The 18th Surgeon General of the United States, Dr. Regina Benjamin, described the solution for our nation to the challenges raised by the IOM report. It actually already exists. It’s called the *National Prevention Strategy*. It begins with a common vision and a goal across over 15 federal agencies; it lays out a set of action items and a set of metrics. It is collectively working with local agencies and governments across the nation to shift the decline in health measures and the rise in health care costs.

CREATING AN OPTIMAL HEALING ENVIRONMENT

For those of you that work at the national level, this is your opportunity. This is your opportunity to say we can now rise above the IOM report and create a flourishing society if we come together and go through the steps of cultural change needed on the national level.

For those of you who work at a more local level, you have the opportunity to do this also. There are tools to create “optimal healing environments.” They allow you to measure what you’re doing in health creation, enhancing the things that are working and then taking action to address the challenges and to fill in the gaps.

But that is not where you start. The first step is to engage in your own personal activities around healing and wellness. If you’re a brain surgeon, you have to become good by practicing on others. If you want to create health, you can only become good at it by practicing on yourself. Leadership in healing means attending to your own intention, movement, sleep, mind-body practice, food, and social support, and embedding these positive health enhancing behaviors into your daily life. That is the first and most important thing that you can do to move yourself, your family, and your individual organization forward. As I learned from the first client I ever was called to minister to, healing arises from within and manifests itself toward others.

Snoopy knew all of this when he said, “I think I’ve discovered something. When you wake up at night and your head hurts and your stomach feels funny, the first thing you do is you put on your bathrobe, then you drink a glass of water, you take some pills, and you sit by yourself in the dark for a while until you’re ready to go back to bed. But it’s not the pills that made you feel better. It’s the bathrobe.” Here is wishing that you all get wrapped in your own warm and healing bathrobe. The future of our children and our nation depends on it.

ABOUT WAYNE JONAS

Wayne Jonas is President and CEO of the Samueli Institute, whose mission is to transform health care through scientific exploration of wellness and healing. A widely published scientific investigator, practicing family physician, and professor of medicine, Dr. Jonas previously served as Director of the Office of Alternative Medicine at the National Institutes of Health.