

The Center for

Mind-Body Medicine[®]

Science. Training. Community. Outreach.

5225 Connecticut Avenue NW, Suite 414 • Washington, DC 20015

TEL: (202) 966 – 7338 • FAX (202) 966 – 2589 • center@cmbm.org • www.cmbm.org

Dear Friends of the Center for Mind-Body Medicine,

The Center for Mind-Body Medicine (CMBM), though a small organization, can catalyze major changes in the way we approach healthcare in the United States and around the world. The position of our Founder and Director, James S. Gordon, M.D., serving as a bridge between the government and non-government world, between professionals and the disenfranchised, as well as our long track record, puts us in an ideal position to create and widely disseminate a new model of healthcare. Our gifted and committed international faculty and our dedicated staff are the foundation for ever larger and more influential work.

We are already helping to bring about a shift from an overwhelming reliance on inefficient and often ineffective doctor dependent technology-heavy treatment to an appreciation and regular use of self awareness and self care, mutual help and community support. This change can not only transform the health of individuals and of populations, but potentially the way we think about and experience ourselves, and indeed the meaning and purpose of our lives. We've seen it over and over again – in troubled and homeless inner city kids, in people facing cancer and other life threatening illnesses, in the aged, in those living in the middle or aftermath of war, and most intimately, in ourselves and our colleagues.

We teach simple science based techniques - drawings, journaling, deep breathing, imagery, meditation, exercise, and dietary change – which help people to feel more relaxed, more confident, more fit, and more hopeful. As they begin to become actively involved in their own care, they lower their levels of stress and directly remedy the sense of hopelessness and desperation that so often accompanies or contributes to chronic physical and emotional problems.

These realizations and feelings, in turn, set in motion profound changes in other aspects of their lives. Illness no longer seems simply a disaster, but a challenge, an opportunity to do something for and learn about oneself. If you can share your feelings with someone else in the same position, you begin to overcome the loneliness that is often the most disabling part of any physical or emotional disorder. And when people who are making these discoveries come together, profound institutional change also becomes possible.

Medical students who have participated in our “Mind-Body” groups become less anxious, study better, feel more compassionate and begin to reclaim the ideals that prompted them to become doctors. People with cancer who participate actively in their own care feel better, make better choices and tend to live longer. They also help to make their oncology professionals more responsive and effective. Ex-combatants in the Balkans who may have felt desperate and betrayed in the aftermath of war, overcome their sense of powerlessness and betrayal, make changes in their lives, and begin to free themselves from crippling memories and even more disabling desires for revenge.

The three areas we focus on at CMBM, which are highlighted below, could, with your partnership and that of others, help bring about a profound transformation in healthcare.

Here is what we believe to be possible:

Medical Education

We believe that bringing self awareness and self care – mind-body approaches, group support, and nutrition – into the center of medical education is the single most important step that we can take to create a new kind of physician.

Chronic illnesses which afflict people, particularly children and the elderly, in developing as well as developed countries, are not easily treated by “magic bullets.” Treating – and preventing – chronic illness depends on changes in the way people eat and exercise, in the way they deal with stress and the decisions all of us make to create more healthy lives and communities. These approaches depend on self awareness, self care and mutual help and can only be taught by physicians and other healthcare practitioners who themselves are using them.

Bringing mind-body skills and self care into the center of medical education as we have been doing, also helps medical students to experience a level of personal understanding and compassion that is not usually encouraged in the rest of the curriculum. At Georgetown Medical School, where our program is funded by an NIH grant, we have seen striking changes in the students who have participated in mind-body groups, as well as in the faculty who are leading them. Students’ ability to concentrate, study, work and sleep has increased markedly as has their level of compassion. They are “less stressed,” more confident and have a renewed enthusiasm for being physicians.

According to national surveys the interest of students in this approach is overwhelming. There are, as well, committed faculty in almost every medical school. Some faculty, from such schools as Duke, Columbia, Minnesota, Connecticut, Arizona, Maryland, George Washington, Howard, and Michigan, have come to our trainings and brought this approach back to their schools. If we had sufficient funds we would be able to bring many more faculty to our training and create programs at many other medical schools.

We want to offer faculty (12-15) from each of 10 medical schools, three years of training and ongoing consultation and supervision in mind-body approaches and nutrition. The schools would compete for these awards. We believe that once 10 schools have adopted our approach and studied the results (through scientific evaluation, surveys of student satisfaction, and possibly an increase in student applications) this would produce a significant effect on medical education throughout the United States.

Comprehensive Cancer Care for All

Studies consistently show that more than 80% of all people with cancer are desperate for reliable and authoritative information about which therapies – complementary and alternative as well as conventional – to use and for expert guidance in how to combine them in individualized programs of comprehensive care. They want emotional support too, peace of mind for themselves and their families, even when cure is not possible.

Our primary work in cancer care is now designed to train oncology professionals and patient advocates to meet these needs, to be “CancerGuides,” from the moment of diagnosis through and beyond treatment. In 1998 we inaugurated an international conference – Comprehensive Cancer Care - to bring people doing the most exciting research in alternative, complementary and integrative approaches to cancer together with leaders in mainstream cancer care. After

three of these international conferences, each attended by up to 1,500 professionals and patients. We also created an intensive, week-long CancerGuides training.

The response to CancerGuides has been stunning. The kinds of comments we've received about the "highest level scientific presentations" and "life changing experience" are quite representative. Most of the oncology professionals who have come through our training have profoundly changed their attitudes toward their patients and their practices. They are able to far more critically and effectively evaluate and integrate conventional and CAM approaches; are significantly enlarging their therapeutic options; and are far more capable of offering the human support patients and family members need. When several professionals from an institution come together to the program, as they have from a number of cancer centers and community programs around the country, they have begun to reshape the institution's perspectives and practices.

Over the next 10 years we would like to train enough oncology and other professionals and patient advocates so that every person with cancer in the United States will have available a CancerGuide. We want to be able to offer our initial CancerGuides training to 3 or 4 times the number of people we are now serving - from the 160 we trained this year (40% of whom received a full or partial scholarship) to perhaps 500-600 a year. We also want to create and offer our graduates an Advanced Training - to keep up with new developments in cancer care, to enhance their skills in assessing research and counseling patients and to help them deal with the emotional challenges of working each day with people with life threatening illness. We want as well to be able to offer them on-site internships with our faculty and to serve as ongoing consultants to them.

We would like to be able to offer 200 full scholarships to this entire two year long program each year for the next five years, to oncology professionals who serve the underserved and others who would not otherwise be able to come.

Healing the Wounds of War

In Kosovo, in four years, our model of psychological self-care, mind-body skills, and group support, has become central to the entire WHO-funded community mental health system. It is included in the education of medical students and of all psychiatric trainees. This program represents the largest single effort to deal effectively with the psychological consequences of war on an entire population as well as the first time that self-awareness and self-care have become central to a nationwide mental health system.

We are demonstrating that this program (which is now being led entirely by our Kosovo psychiatrist and psychologist colleagues) is having a powerful effect on decreasing levels of stress, anxiety and anger and improving mood in the health and mental health professionals, teachers, and community leaders who receive it, as well as helping them to be more hopeful about their ability to help the population as a whole. More than 90% of these trainees (over 900 so far) are incorporating our approach into their own lives and into their work with patients and students.

We are also publishing research that shows the powerful therapeutic effects of this approach. Teachers whom we've trained and supervised have, with no previous formal psychological training, been able to help young people with Post Traumatic Stress Disorder to reduce levels of PTSD from 85-90% to less than 35% in only 6 weeks. The results of this work are being published in the April 2004 issue of the Journal of Traumatic Stress, the most prestigious publication in the field. We are analyzing data on a study of 450 more students as well as developing a randomized controlled trial of this work.

Leaders in mental health in Israel and Palestine who read about this program (with its emphasis on self care, emotional awareness, and group work) recognized its potential for helping the overwhelming numbers of traumatized children and adults in their region. When we were recently in Israel, Gaza and the West Bank, we were struck by the tremendous interest in collaboration with us in medical schools, university psychology departments, hospitals and clinics, as well as from the Israeli Ministry of Education and the Palestinian Authority Ministry of Health. This is the only mental health approach that seems to them to have the potential for successfully helping entire populations that are both in need of psychological help and skeptical about psychiatry.

Kosovo is the model. The work in the Middle East is the next step. Over the next years, we hope to bring our approach to many other countries and regions to address a variety of issues. Among them are the psychological rehabilitation of former child soldiers in Africa; reconciliation in Northern Ireland; the overwhelming stress that AIDS caregivers experience in South Africa; and the complex challenges faced by those working in the United States with torture victims and other refugees, and with wounded and troubled American soldiers returning from wars abroad.

We believe we can make major, scientifically validated and sustainable contributions to the health, well-being, and hopefulness of sorely tested populations.

In Conclusion

Developing all these areas will require that CMBM have a firmer organizational and financial infrastructure. Over the years, we have tended to create programs first and figured out how to finance them later. Our dedicated faculty and staff have volunteered countless hours and worked for far lower pay than they deserve, or would receive, elsewhere. We've augmented our paid office space with free space in staff homes and have used hundreds of volunteers.

If we are going to grow and develop as we can and should, we need to train and hire even more faculty, to bring in administrators who are capable of dealing with more and larger programs and to hire staff who can coordinate the large numbers of qualified volunteers who want to participate. We would also benefit enormously from having a single facility to house our staff.

Our programs represent CMBM's contributions to transforming health and health care. We believe that with a small number of committed partners, we will be able to move ahead in all or any of these areas to serve very large numbers of people who are most in need with an authority, responsiveness, and speed that would otherwise be impossible.

**The Center for Mind-Body Medicine is a 501(c)3 non-profit organization.
We gratefully accept your tax-deductible contributions.**