

PERSONNEL AND READINESS APR 2 1 2012

The Honorable Jim Webb Chairman Subcommittee on Personnel Committee on Armed Services United States Senate Washington, DC 20510

Dear Mr. Chairman:

The enclosed report is in response to Senate Report 111–295, page 185, accompanying S. 3800, the Department of Defense Appropriations Bill, 2011, which requests a report on the use of complementary alternative medicine therapies, integrative health, and wellness treatments in the Military Health System. This issue falls under my purview, and I have been asked to respond.

The report details the comprehensive, robust research for the subject modalities underway at the Deployment Health Clinical Center at the Walter Reed National Military Medical Center, the Defense and Veterans Brain Injury Center, and through extensive cooperative research and development agreements at military and civilian hospitals across the United States. The Congressionally Directed Medical Research Program is a significant factor in facilitating this research. The use of complementary and alternative medicine and the rationale for its use across the MHS is extensive. TRICARE coverage is described, as well as the specific application of these modalities for traumatic brain injury and post-traumatic stress disorder.

A similar letter is being sent to the Chairmen of the congressional defense committees. Thank you for your interest in the health and well-being of our Service members, veterans, and their families.

Sincerely.

lo Ann Roopey \cting

Enclosure: As stated

ee: The Honorable Lindsey Graham Ranking Member



PERSONNEL AND READINESS AFR 2 1 2012

The Honorable Carl Levin Chairman Committee on Armed Services United States Senate Washington, DC 20510

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Enclosure: As stated

ee: The Honorable John McCain Ranking Member



PERSONNEL AND READINESS ALT: 2 1 2012

The Honorable Howard P. "Buck" McKeon Chairman Committee on Armed Services U.S. House of Representatives Washington, DC 20515

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Sincerely?

Jo Ann Roon Acting

Enclosure: As stated

ee: The Honorable Adam Smith Ranking Member



PERSONNEL AND READINESS 1.1 1 2012

The Honorable Joe Wilson Chairman Subcommittee on Military Personnet Committee on Armed Services U.S. House of Representatives Washington, DC 20515

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Sincerely, /

Enclosure: As stated

ee: The Honorable Susan A. Davis Ranking Member



PERSONNEL AND READINESS

1. . . 1 2012

The Honorable Daniel K. Inouye Chairman Committee on Appropriations United States Senate Washington, DC 20510

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Sincerel \nn Rooney

Enclosure: As stated

ee: The Honorable Thad Cochran Vice Chairman



PERSONNEL AND READINESS

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The Honorable Daniel K. Inouve Chairman Subcommittee on Defense Committee on Appropriations United States Senate Washington, DC 20510

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cc: The Honorable Thad Cochran Vice Chairman



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The Honorable Harold Rogers Chairman Committee on Appropriations U.S. House of Representatives Washington, DC 20515

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Sincerel \nn Roong Acting

Enclosure: As stated

ee: The Honorable Norman D. Dicks Ranking Member



PERSONNEL AND READINESS ..... 1 2012

The Honorable C.W. Bill Young Chairman Subcommittee on Defense Committee on Appropriations U.S. House of Representatives Washington, DC 20515

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Jo Ann Roopey / Acting

Enclosure: As stated

ee: The Honorable Norman D. Dicks Ranking Member

## Report to Congress



# Complementary and Alternative Medicine within the Military Health System

In

# Fiscal Year 2011

Preparation of this study/report cost the Department of Defense a total of approximately \$2,764 in Fiscal Year 2011

> Generated on 20110526 Ref ID: 2-EA30BDD

The Senate Report 111-295, page 185, to accompany S. 3800, the Department of Defense Appropriations Bill, 2011, requests a report on the use of complementary alternative medicine therapies, integrative health, and wellness treatments within Military Health System (MHS) and medical operational units, including deployed medical facilities. The report includes:

- (1) Research and grant programs on complementary alternative medicine, integrative medicine and wellness treatment;
- (2) Specific treatments and therapies being utilized or researched for the treatment of post-traumatic stress disorder and traumatic brain injury;
- (3) Treatment services or therapies under complementary alternative therapies covered by TRICARE; and
- (4) Military treatment facilities where treatment and/or DoD research of complementary alternative therapies are being utilized and reason for utilization."

In response to the above request, data were obtained from the Army, Navy and Air Force with significant input from the Telemedicine and Advanced Technology Research Center and the Congressionally-directed Medical Research Program located at the U.S. Army Medical and Materiel Command, Fort Detrick, MD. Additional information was obtained from the Defense and Veterans Brain Injury Center (DVBIC), the Department of Defense (DoD) Deployment Health Clinical Center at the Walter Reed National Military Medical Center (WRNMMC), and the Defense Centers of Excellence for Psychological Health and Traumatic Brain Injury. The Defense Advanced Research Projects Agency (DARPA), Arlington, VA, also sponsors some of the research efforts.

The National Center for Complementary and Alternative Medicine (NCCAM), established in 1998 by Public Law 105-277, is one of the Institutes of the National Institutes of Health. The mission of NCCAM "is to define, through rigorous scientific investigation, the usefulness and safety of complementary and alternative medicine interventions and their roles in improving health and health care." As stated in the NCCAM strategic plan, "the scope, self-care nature, and associated costs of CAM use in the United States reinforce the need to develop scientific evidence concerning the usefulness and safety—or lack thereof—of CAM interventions, and to ensure the public has access to accurate and timely evidence-based information." We do provide these services at the military treatment facilities (MTFs) when they are part of proven, conventional therapies. As has been shown on the NCCAM website (http://nccam.nih.gov), some popular therapies believed to be effective by users have been proven to be harmful or antagonistic to effective conventional therapies.

Consistent with 32 CFR 199.4(g)(15), the MHS can reimburse only for therapies that have been shown to be safe and effective. This is normally accomplished by looking at reliable evidence, which includes well-controlled studies of clinically meaningful endpoints, published in reference medical literature. Because many of these alternative therapies have not undergone rigorous testing, the MHS has undertaken to have studies done that include the use of randomized, double-blinded controlled clinic trials. By authorizing such studies, the MHS may offer active duty members alternative therapies that may provide some benefit and which do not otherwise interfere with their standard therapies. An acronym list is available on page 17 of this report to assist the reader.

#### **REPORT TO CONGRESS**

#### Complementary and Alternative Medicine within the Military Health System

# **1.** Research and grant programs on complementary alternative medicine, integrative medicine and wellness treatment

#### **Central Programs**

The **Deployment Health Clinical Center (DHCC)**, located at WRNMMC, has sponsored or is sponsoring the following:

- a. A randomized trial of traditional Chinese medicine acupuncture for the treatment of post-traumatic stress disorder (PTSD) in combat veterans (completed); and,
- b. A feasibility study of yoga nidra as an adjunctive treatment for PTSD to determine if a randomized trial is feasible within a military population (completed).
- c. DESTRESS-PC (Cognitive Behavioral Therapy (CBT) for PTSD delivered via secure website) National Institutes of Health (NIH)/DoD funding to study it at Womack Army Medical Center (WAMC), Fort Bragg, NC, and at the Veterans Administration Medical Center (VAMC), Charleston, WV.
- d. DESTRESS-T (CBT for PTSD delivered via telephone) plans underway to evaluate this treatment at Martin Army Community Hospital (MACH), Fort Benning, GA, and Irwin U.S. Army Community Hospital (IACH), Fort Riley, KS.

#### The DVBIC Headquarters in Rockville, MD, is sponsoring:

- a. Biofeedback (Interactive Metronome Therapy) at Evans U.S. Army Community Hospital (EACH), Fort Carson, CO.
- b. Acupuncture at WRNMMC, Bethesda, MD. In collaboration with the Samueli Institute; project additionally funded by the U.S. Army Telemedicine and Advanced Technology Research Center (TATRC).
- c. Meditation (Qigong Therapy) at DVBIC, Charlottesville, VA. Additional funding from the Tri-Service Nursing Research Program.
- d. Hyperbaric Oxygen therapy at Hunter Holmes McGuire VAMC, Richmond, VA. Additional funding is being provided from the DARPA.

## Army Programs

Modality	Source of Funding (Sponsor)	Location of Grant Program (Awardee)
Acupuncture	• TATRC	<ul> <li>Oregon Health &amp; Science University</li> <li>Dept. of Veterans Affairs, Oregon</li> </ul>
	• TATRC	<ul> <li>Samueli Institute, Alexandria VA</li> <li>Then-WRAMC</li> </ul>
	• TATRC	<ul> <li>Samueli Institute, Alexandria VA</li> <li>Tripler Army Medical Center (TAMC), Honolulu HI: Evaluation of the Integrative Pain Center</li> </ul>
	• TATRC	<ul> <li>Samueli Institute, Alexandria VA</li> <li>Carl R. Darnall Army Medical Center (CRDAMC) Fort Hood TX: Reset program evaluation</li> </ul>
	Congressionally Directed Medical Research Program (CDMRP)	• Maryland, University of, Baltimore
	• CDMRP	• New England School of Acupuncture, Inc.
	• CDMRP	• Rochester, University of
	• CDMRP	• Michigan, University of
	• CDMRP	• Maryland, University of, Baltimore

Biofeedback	• TATRC	<ul> <li>Samueli Institute, Alexandria VA</li> <li>Then-WRAMC: Integrative Cardiac Health Project</li> </ul>
	• TATRC	<ul> <li>Samueli Institute, Alexandria VA</li> <li>CRDAMC: Reset program evaluation</li> </ul>
	<ul> <li>Joint Program Committee Operational Medicine (JPC-5)</li> </ul>	• Dorn Research Institute, Columbia, SC
	• JPC-5	<ul> <li>Biomedical Research Foundation, Little Rock, A</li> <li>Virginia National Guard</li> </ul>
	• JPC-5	<ul> <li>Tel Aviv University, Israel</li> <li>MIT, Boston, MA &amp; Israel</li> </ul>
	• JPC-5	• Research Triangle Institute
	• Joint Program Committee Combat Casualty Care (JPC-6)	• Baylor College of Medicine
	• JPC-5	• Palo Alto Institute for Research and Education
Chiropractic	• TATRC	<ul> <li>Samueli Institute, Alexandria VA</li> <li>Then-WRAMC: Integrative Cardiac Health Project</li> </ul>
	• TATRC	<ul> <li>Samueli Institute, Alexandria VA</li> <li>William Beaumont Army Medical Center (WBAMC), Fort Bliss, TX, Low back pain</li> </ul>

	TATRC	<ul> <li>Samueli Institute, Alexandria VA</li> <li>CRDAMC: Reset program evaluation</li> </ul>
	• CDMRP	RAND Corporation
Hypnosis	• TATRC	<ul> <li>Samueli Institute, Alexandria VA</li> <li>WRAMC: Integrative Cardiac Health Project</li> </ul>
	• TATRC	<ul> <li>Samueli Institute, Alexandria VA</li> <li>CRDAMC: Reset program evaluation</li> </ul>
	• CDMRP	Brooke Army Medical Center (BAMC), San Antonio, TX
	• CDMRP	• New York-Presbyterian
Meditation/Yoga/Other	• TATRC	<ul> <li>Samueli Institute, Alexandria VA</li> <li>Then-WRAMC: Integrative Cardiac Health Project</li> </ul>
	• TATRC	<ul> <li>Samueli Institute, Alexandria VA</li> <li>CRDAMC: Reset program evaluation</li> </ul>
	• TATRC	<ul> <li>Samueli Institute, Alexandria VA</li> <li>BAMC: Relaxation response and restoration</li> </ul>
	• TATRC	<ul> <li>Samueli Institute, Alexandria VA</li> <li>BAMC: Transcutaneous stimulation for pain</li> </ul>
	• TATRC	<ul> <li>Samueli Institute, Alexandria VA</li> <li>Fort Carson, CO: Evaluation of Warrior Optimization Systems Training</li> </ul>

• TATRC	<ul> <li>Samueli Institute, Alexandria VA</li> <li>Camp Lejeune: Evaluation of resilience, recovery, reintegration &amp; rehab</li> </ul>
• TATRC	• Brigham and Women's (BW) Hospital
• JPC-5	• BAMC (Brooke Army Medical Center)
• TATRC	• Medical University of South Carolina
• JPC-5	• University of Texas at Dallas
• JPC-5	<ul> <li>University of Texas at Dallas</li> <li>Naval Air Station (NAS) Joint Reserve Base Fort Worth/Carswell Field</li> </ul>
• JPC-5	<ul> <li>University of Miami, Coral Gables, Florida</li> <li>Schofield Barracks</li> </ul>
• JPC-5	<ul> <li>University of Michigan</li> <li>Ann Arbor VA, Ann Arbor, MI</li> </ul>
• TATRC	<ul> <li>Miami VA Healthcare System, Miami, FL</li> </ul>
• TATRC	• Detroit-Wayne County Community Mental Health Agency, Detroit, MI
• TATRC	• The Center of Mind-body Medicine, Washington, D.C.
• TATRC	• Westat, Inc.
• JPC-5	• Then-WRAMC
• TATRC	Boston VA Research Institute

•	JPC-5	• Georgetown University, Wash D.C
•	CDMRP	• VA Medical Center, Minneapolis, MN
•	CDMRP	• Tufts University
•	CDMRP	• Massachusetts, University of, Medical Center
•	CDMRP	• North Carolina, University of, Chapel Hill
•	CDMRP	• California, University of, San Francisco
•	CDMRP	• Vanderbilt University
•	CDMRP	• Vermont, University of
•	CDMRP	Hawaii University
•	CDMRP	• Beth Israel Deaconess Medical Center, Boston
•	CDMRP	• Case Western Reserve University
•	CDMRP	<ul> <li>Oregon Health &amp; Science University</li> </ul>
•	CDMRP	Columbia University
•	CDMRP	• South Carolina, University of
•	CDMRP	• Johns Hopkins University

### Navy Programs

Modality	Location of Research Program (MTF)
Acupuncture	WRNMMC: Acupuncture for Post-traumatic Headache After
	traumatic brain injury (TBI)
Biofeedback	Naval Hospital (NH) Bremerton/Family Medicine
	Naval Medical Center San Diego (NMCSD).2010.0148, "Treatment
	of Mild Traumatic Brain Injury Vestibular and Balance Dysfunction with Multi-Modal Biofeedback"
Chiropractic	Naval Hospital Camp Lejeune (NHCL), Naval Hospital Camp
	Pendleton (NHCP), Naval Hospital Jacksonville (NHJAX), Naval
	Health Clinic Corpus Christi (NHCCP), Naval Health Clinic New
	England (NHCNE), WRNMMC, Naval Health Clinic Hawaii
	(NHCH), Naval Health Clinic Quantico (NHCQ), NH Beaufort, NH
	Bremerton, NH Lemoore, NH Okinawa, Naval Medical Center
	Portsmouth (NMCP), NMCSD, Federal Health Care Center
	(FHCC), NH Pensacola, NH Twentynine Palms, RAND
0.1	Corporation, Palmer College
Other	NHCP. 2010.0175, "A Retrospective Chart Review Evaluating the
	Outcomes of Combination Therapy in Patients with Post-traumatic
	Stress Disorder
	NMCSD.2010.0157, "A Randomized, Placebo-Controlled Trial of
	Stellate Ganglion Block in the treatment of POST TRAUMATIC
	STRESS DISORDER"
	Naval Operational Medicine Institute (NOMI).2010.0004,
	"Posttraumatic Stress Disorder and Metabolic Syndrome:
	Retrospective Study of Repatriated Prisoners of War"
	NHCL.2009.0003, "Personality Assessment and Group Treatment of
	Active Duty Combat Veterans Diagnosed with a Chest Stress
	Injury."
	NHCP. 2010.0177, "Adaptive Disclosure: A Combat Specific
	PTSD Treatment"
	NMCSD.2008.0011, "Resilience Factors and Impact on
	Development of Mental Health Problems After Combat Exposure"
	NMCSD.2009.0029, "A Head-to-Head Comparison of Virtual
	Reality Treatment for Post-Traumatic Stress Disorder"
	NMCSD.2010.0050, "Military Detention Operational Prevention for
	Stress"
	NMCSD.2010.0060, "Stress Inoculation Training for Deployed
	Military Personnel"
	NMCSD.2010.0074, "Treating Insomnia and Nightmares after
	Trauma: Impact of Symptoms & Quality of Life"
	NMCSD.2010.0127, "A Retrospective Study of the Psychological
	Health Pathway Program's Clinical Database"

	NMCSD.2011.0025, "High-frequency Repetitive Trans-cranial
	Magnetic Stimulation of the Right Dorsolateral Prefrontal Cortex in
	Post-Traumatic Stress Disorder"
	NMCSD.2011.0080, "Implementation of High Fidelity Simulation
	to Enhance Critical Thinking Skills
	NOMI.2010.0002, "Hyperbaric Oxygen Therapy (HBO2T) for Post-
	Concussive Symptoms (PCS) after mild Traumatic Brain Injury
	(MTBI): A Randomized, Double-Blinded, Sham-Controlled
	Variable Dose, Prospective Trial"
	NMCSD.2003.0143, "Characterizing and Treating Dizziness
	Associated with Traumatic Brain Injury"
	NHCL.2011.0009, "A Pilot Phase II Study of Hyperbaric Oxygen
	for Persistent Post-Concussive Symptoms after Mild Traumatic
	Brain Injury (HOPPS)"
	NHCP. 2011.0053, "A Pilot Phase II Study of Hyperbaric Oxygen
	for Persistent Post-concussive Symptoms after Mild Traumatic
	Brain Injury (HOPPS)"
	NMCP.2009.0060, "Exploring Relationships between the
	Automated Neuropsychological Assessment Metrics (ANAM)4 TBI
	and Established Neuropsychological Measures"
	NHCL.2007.0067, "Traumatic Brain Injury"
	NMCSD.2008.0128, "Treatment of Post-concussion Symptoms – A
	Three Center Pilot Study"
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## Air Force Programs

Modality	Location of Research Program (MTF)	
Meditation	Integrative Restoration (iRest®) on Sleep, Perceived Stress and	
	Resilience in Military Medical Healthcare Providers: A Pilot Study	
	BAMC and Samuelli Institute	
Dietary & Nutritional	Military-wide Survey of Dietary and Nutritional Supplements Use	
Supplements	by Military Personnel, Samuelli Institute	
Integrative Clinic	Outcome Evaluation of Integrative Health Clinic Patients with	
	Chronic Non-Malignant Pain and Stress: Salt Lake City, VAMC	

#### **REPORT TO CONGRESS**

Complementary and Alternative Medicine within the Military Health System

# 2. Specific Treatments and Therapies being Utilized or Researched for the Treatment of Post-Traumatic Stress Disorder and/or Traumatic Brain Injury

#### **DHCC (Specific for PTSD)**

- a. WRNMMC/DHCC (Specialized Care Program): cognitive-behavioral telemedicine approaches are being studied for the treatment of PTSD at WRNMMC and will be evaluated in 2012 at MACH, GA, and Irwin Army Community Hospital (IACH), Fort Riley, KS.
- b. The Specialized Care Program located at WRNMMC utilizes yoga nidra (also known as iREST) and acupuncture as adjunctive therapies in a three-week intensive outpatient treatment program.
- c. DESTRESS-PC (CBT for PTSD delivered via secure website).

#### **DVBIC (Specific for PTSD)**

- a. Alpha-stimulation at Carl R. Darnall Army Medical Center (CRDAMC) Behavioral Health Clinic, Fort Hood, TX,
- Meditation, fishing/boating/skiing trips, qigong/tai chi, various martial arts classes, horticulture therapy, therapeutic pets (e.g., dogs) at DVBIC, Charlottesville, VA
- c. Multi-sensory room, horseback riding, yoga, tai chi, and massage at DVBIC Johnstown, PA

#### **DVBIC (Specific for TBI)**

- a. Alpha-stimulation at CRDAMC, TBI Clinic, Fort Hood, TX;
- b. Meditation, qigong/tai chi, drumming classes, live arts acting classes, various martial arts classes, vision therapy, visual Arts (painting, poetry readings, etc.), horticulture therapy, therapeutic pets (e.g., dogs) at DVBIC Charlottesville, VA
- c. Biofeedback, multi-sensory room, horseback riding, yoga, tai chi, and massage at DVBIC Johnstown, PA

Modality	Location of Services
Acupuncture	Oregon Health & Science University Project
	• WRNMMC, Bethesda, MD, Acupuncture for treatment of PTSD
	TAMC; WBAMC, Restoration and Resilience Center
	• Eisenhower Army Medical Center (EAMC) (Acupressure/tapping);
	MACH, Fort Benning, GA; CRDAMC; WAMC, Fort Bragg, NC;
	National Intrepid Center of Excellence (NICoE); FHCC, 3 <sup>rd</sup> Regiment
	Marine Corps Base Hawaii (MCBH) Kaneohe (Navy Psychiatrist);
	NHCH; NMCSD, WRNMMC
	• FHCC, 3 <sup>rd</sup> Regiment MCBH Kanoehe; NHCH; NMCSD; WRNMMC;
	• NICOE, Center for the Intrepid, Joint Base Elmendorf-Richardson
	TAMC; WBAMC, Restoration and Resilience Center

	• EAMC (Acupressure/tapping); MACH, Fort Benning, GA; CRDAMC; NICoE; FHCC; NHCH; NMCSD, WRNMMC
Biofeedback	<ul> <li>WRNMMC, Bethesda, MD, Integrative Cardiac Health Project</li> <li>CRDAMC, Fort Hood, Resort Program Evaluation</li> <li>WBAMC, San Antonio: Deep Breathing</li> <li>Dorn VAMC Columbia, SC: Biofeedback in PTSD</li> <li>Malcolm Grow Medical Center (MGMC); WRNMMC; TAMC; EAMC; Raymond Bliss Army Health Clinic, Fort Huachuca, AZ; General Leonard Wood Army Community Hospital (GLWACH), Fort Leonard Wood, MO; WBAMC Restoration and Resilience Center; Moncrief Army Community Hospital (MACH), Fort Jackson, SC; Reynolds Army Community Hospital (RACH), Fort Sill, OK; MACH, Fort Benning, GA; Fox Army Health Center (FACH), Redstone Arsenal, AL; CRDAMC; BAMC; Winn Army Community Hospital (WACH), Fort Stewart, GA; Blanchfield Army Community Hospital (BACH), Fort Campbell, KY; Dunham Army Health Clinic, Carlisle Barracks, PA; Kimbrough Ambulatory Care Center (KACC), Fort Meade, MD; WAMC</li> </ul>
Chiropractic	<ul> <li>WRNMMC, Bethesda, MD, Integrative Cardiac Health Project</li> <li>CRDAMC, Fort Hood, TX, Resort program evaluation</li> <li>NICOE, Joint Base Elmendorf-Richardson</li> <li>NHCL, NHCP, NHJAX, NHC Cherry Point, NHCNE, WRNMMC, NHCL, NHCQ, NH Bremerton, NHL, NH Okinawa, NMCP, NMCSD, FHCC, NH Pensacola, NHTP, NHCNE, NHCH, NH Beaufort</li> </ul>
Hypnosis	<ul> <li>The Center for Mind-Body Medicine (Meditation Project)</li> <li>University of Michigan (Meditation)</li> <li>VA Medical Center Miami, FL, (Meditation Project)</li> <li>WRNMMC, Bethesda, MD, Integrative Cardiac Health Project</li> <li>CRDAMC, Fort Hood, TX, Resort program evaluation</li> <li>NH Pensacola, NHL, USS Hornet Health Clinic, NMCSD/Sexual Assault Recovery Program (SARP)</li> </ul>
Meditation	<ul> <li>DAMC Fort Hood TX Resort program evaluation</li> <li>WRNMMC, Bethesda, MD, Integrative Cardiac Health Project</li> <li>University of Michigan: Mediation for combat PTSD</li> <li>Miami VA: Meditation for PTSD</li> <li>NHL; USS Hornet Health Clinic; NHOH/SARP</li> <li>EAMC; DACH; FACH; BAMC; WACH; BACH; Durham Army Health Clinic, Carlisle Barracks</li> </ul>
Other	<ul> <li>Westat, Inc. (Service dogs Project)</li> <li>Duke University Medical Center (Virtual Reality and Phones Project)</li> <li>Brigham and Women's Hospital (Yoga Project)</li> <li>NMCSD (Virtual Reality Project)</li> <li>CRDAMC, Fort Hood, TX, Resort program evaluation</li> </ul>

PTSD Center for Mind Body Washington: Mind body skills groups for PTSD Virginia National Guard: Resilience
NMCSD as part of the Wounded Warrior Battalion/Warrior Transition
GA & Guthrie Army Health Clinic, Fort Drum, NY; Eye Movement Desensitization and Reprogramming (EMDR) – MACH, GA, Guthrie Health Clinic and Dewitt Health Care Network;

# 3. Treatment services or therapies under complementary alternative therapies covered by TRICARE are derived from the Code of Federal Regulations, Title 32, Section 199.

Title 32, Code of Federal Regulations, Section 199.4 (32 CFR 199.4(e)) states:

"(17) Biofeedback Therapy. Biofeedback therapy is a technique by which a person is taught to exercise control over a physiologic process occurring within the body. By using modern biomedical instruments the patient learns how a specific physiologic system within his body operates and how to modify the performance of this particular system.

"(i) Benefits provided. CHAMPUS benefits are payable for services and supplies in connection with electrothermal, electromyograph and electrodermal biofeedback therapy when there is documentation that the patient has undergone an appropriate medical evaluation, that their present condition is not responding to or no longer responds to other forms of conventional treatment, and only when provided as treatment for the following conditions: "(A) Adjunctive treatment for Raynaud's Syndrome

"(A) Adjunctive treatment for Raynaud's Syndrome.

"(B) Adjunctive treatment for muscle re-education of specific muscle groups or for treating pathological muscle abnormalities of spasticity, or incapacitating muscle spasm or weakness. "(ii) Limitations. Payable benefits include initial intake evaluation. Treatment following the initial intake evaluation is limited to a maximum of 20 inpatient and outpatient biofeedback treatments per calendar year.

"(iii) Exclusions. Benefits are excluded for biofeedback therapy for the treatment of ordinary muscle tension states or for psychosomatic conditions. Benefits are also excluded for the rental or purchase of biofeedback equipment.

"(iv) Provider Requirements. A provider of biofeedback therapy must be a CHAMPUS authorized provider. (Refer to Sec. 199.6, 'Authorized Providers'). If biofeedback treatment is provided by other than a physician, the patient must be referred by a physician."

The following therapies are excluded: 32 CFR 199.4 (g):

"**Exclusions and limitations.** In addition to any definitions, requirements, conditions, or limitations enumerated and described in other sections of this part, the following specifically are excluded from the Basic Program: ...

"(38) Chiropractors and naturopaths. Services of chiropractors and naturopaths whether or not such services would be eligible for benefits if rendered by an authorized provider.

"(40) Acupuncture. Acupuncture, whether used as a therapeutic agent or as an anesthetic."

In addition to the above regulations, chiropractic care was initiated in Fiscal Year 2003 at 22 MTFs under section 702 of the National Defense Authorization Act for Fiscal Year 2001. Congressional action allowed additional MTFs to provide chiropractic care in 2004 and 2007. Subject to the availability of resources, chiropractic care is provided by contract providers for Active Duty Service Members only. No supplemental health care funds are used to provide this care.

As noted in the introduction, a hierarchy of evidence of therapeutic safety and effectiveness is required prior to a treatment modality being considered for coverage as a TRICARE benefit. In order to ensure that our beneficiaries receive services that meet the standard of care, that is, appropriate medical care, the Code of Federal Regulations (32 CFR 199.4(g)(15)) requires that there be reliable evidence, as that term is defined in 32 CFR 199.2(b), showing that any medical treatment or procedure has been the subject of well-controlled studies of clinically meaningful endpoints that demonstrate safety and efficacy compared with the standard means of treatment or diagnoses. The term clinically meaningful endpoints means objectively measurable outcomes of clinical interventions or other medical procedures, expressed in terms of survival, severity of illness or condition, extent of adverse side effects, diagnostic capability, or other effect on bodily functions directly associated with such results.

The definition of reliable evidence provides the hierarchy of reliable evidence used to determine whether a drug, device, medical treatment or procedure has moved from the status of unproven to the position of nationally accepted medical practice as follows:

- 1. Well-controlled studies of clinically meaningful endpoints, published in refereed medical literature.
- 2. Published formal technology assessments
- 3. Published reports of national professional medical associations
- 4. Published national medical policy organizational positions
- 5. Published reports of national expert opinion organizations.

Specifically not included in the meaning of reliable evidence are reports, articles, or statements by providers or groups of providers containing only abstracts, anecdotal evidence, or personal professional opinions. Also, not included in the meaning of reliable evidence is the fact that a provider or number of providers have elected to adopt a drug, device or medical treatment or procedures as their personal treatment or procedure of choice or standard of practice.

# 4. Military treatment facilities where treatment with complementary alternative therapies are being utilized and the reason for utilization:

Persistent symptoms vary from patient to patient, and therefore individual treatment plans also vary to meet the patient needs.

Modality	Location of Services (MTF)	Therapeutic Purpose
Acupuncture	Barksdale, Lackland, Offutt, Hill, Scott, Nellis, Deployed MTFs, Andrews, McGuire, Wright- Patterson, Randolph, Malcolm Grow USAF Medical Center NH Pensacola, NHJAX, NHCL, NH Beaufort, NH Naples, NH Sigonella, FHCC, NHCNE, NMCP, NMCSD, NHCH, NHL, USS Hornet Health Clinic, NHCP, NH Okinawa, NHCQ, WRNMMC	Pain management, chronic pain, headache, migraine, back pain, neck pain, anxiety, depression, insomnia, wide variety of conditions; auricular pain
Biofeedback	Barksdale, Offutt, Scott, Nellis, Deployed MTFs; NHCL, NHCNE, NMCP, NH Bremerton/Family Med, NMCSD, WRNMMC	PTSD, anxiety, incontinence, affective disorders, post- concussive syndrome, autonomic regulation of the stress response
Chiropractic	Barksdale, Lackland, Offutt; NHCL, NHCP, NHJAX, NHC Cherry Point, NHCNE, WRNMMC, NHCH, NHC Quantico, NH Beaufort, NH Bremerton, NHL, NH Okinawa, NMCP, NMCSD, FHCC, NH Pensacola, NHTP	Pain management, headache, back pain & other musculoskeletal problems, manual therapy, modality and exercise application to restore function and reduce pain.
Hypnosis	NH Pensacola, NHL, Hornet Health Clinic NMCSD/SARP	Anxiety, progressive relaxation training
Meditation	NICOE, Center for the Intrepid; WRNMMC NHL	Variety of conditions; adjunct for pain
Other	NHTP: Irlen Therapy	Headaches

#### Summary

This report demonstrates that the Military Health System actively researches the efficacy of CAM and uses CAM to complement other evidence-based approaches to treatment for the wounded warrior population, as well as other beneficiary groups. The Department benefits from the funds provided by Congress to further the scientific evidence of these approaches to apply to those who have been in harm's way and their family members.

#### ACRONYMS

ANAM BACH BAMC CBT CFR CRDAMC DARPA DDEAMC	Automated Neuropsychological Assessment Metrics Blanchfield Army Community Hospital, Fort Campbell, KY Brooke Army Medical Center, Fort Sam Houston, TX Cognitive Behavioral Therapy Code of Federal Regulations Carl R. Darnall Army Medical Center, Fort Hood, TX Defense Advanced Research Projects Agency, Arlington, VA Dwight D. Eisenhower Army Medical Center, Fort Gordon, GA
DHCC DVBIC	<ul> <li>Deployment Health Clinical Center, Walter Reed Army Medical Center</li> <li>Defense and Veterans Brain Injury Center, Headquarters are in Rockville, MD, with Military Hospitals at Camp Lejeune, NC; Camp Pendleton, CA; Fort</li> <li>Bragg, NC; Fort Carson, CO; Fort Hood, TX; Naval Medical Center San Diego;</li> <li>Military Medical Center San Antonio, TX; Walter Reed National Military</li> <li>Medical Center. Veterans Administration Hospitals: Boston, MA; Minneapolis, MN; Palo Alto, CA; Richmond, VA; and Tampa, FL. Civilian partners at</li> <li>DVBIC Charlottesville Rehabilitation Program, Charlottesville, VA; DVBIC-Johnstown Traumatic Brain Injury Program, Johnstown, PA; International:</li> <li>Langstuhl Regional Medical Center, Germany</li> </ul>
EACH	Evans Army Community Hospital, Fort Carson, CO
EAMC	Eisenhower Army Medical Center, Fort Gordon, GA
EMDR	Eye Movement Desensitization and Reprocessing (EMDR)
FACH	Fox Army Health Center, Redstone Arsenal, AL
GLWACH	General Leonard Wood Army Community Hospital, Fort Leonard Wood, MO
IACH	Irwin Army Community Hospital, Fort Riley, KS
JPC-5	Joint Program Committee – 5 Operational Medicine
JPC-6	Joint Program Committee – 6 Combat Casualty Care
KACC	Kimbrough Ambulatory Care Clinic, Fort Meade, MD
MACH	Martin Army Community Hospital, Fort Benning, GA
MACH	Moncrief Army Community Hospital, Fort Jackson, SC
MCBH	Marine Corps Base Hawaii, Kanoehe
MGMC	Malcolm Grow Medical Center, Andrews Air Force Base, MD
NICoE	National Intrepid Center of Excellence, Bethesda, MD
NIH	National Institutes of Health, Bethesda, MD
NMCP	Naval Medical Center Portsmouth, VA
NMCSD	Naval Medical Center San Diego, CA
PTSD	Post-traumatic Stress Disorder
RACH	Reynolds Army Community Hospital, Fort Sill, OK
SARP	Sexual Assault Recovery Program
TAMC	Tripler Army Medical Center, Honolulu, HI

	U.S. Army Telemedicine and Advanced Technology Research Center, Fort
TATRC	Detrick, MD
TBI	Traumatic Brain Injury
VAMC	Veterans Administration Medical Center
WACH	Winn Army Community Hospital, Fort Stewart, GA
WAMC	Womack Army Medical Center, Fort Bragg, NC
WHMC	Wilford Hall Medical Center, Lackland Air Force Base, TX
WBAMC	William Beaumont Army Medical Center, Fort Bliss, TX
WRAMC	Walter Reed Army Medical Center, Washington, DC
WRNMMC	Walter Reed National Military Medical Center, Bethesda, MD
WTU	Warrior Transition Unit
WWB	Wounded Warrior Battalion