UNDER SECRETARY OF DEFENSE
4000 DEFENSE PENTAGON
WASHINGTON, DC 20301-4000

PERSONNEL AND
READINESS

JAN 8 2014

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

Dear Mr. Chairman:

This is the final response to Senate Report 112-196, page 231, accompanying H.R. 5856, the Department of Defense Appropriations Bill, 2013, which requests the Secretary of Defense to submit a report explaining the criteria used to evaluate the effectiveness of integrative medicine programs, the result of those evaluations, and the number of Service members receiving integrative medical treatment by Service and location of medical care. The enclosed report further outlines the Department's plans for future expansion of the evaluation and implementation of integrative medicine for broader military application.

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

Sincerely,

Jessica L. Wright
Acting

Enclosure:
As stated

cc:
The Honorable James M. Inhofe
Ranking Member

DR005351-13

UNDER SECRETARY OF DEFENSE
4000 DEFENSE PENTAGON
WASHINGTON, DC 20301-4000

PERSONNEL AND
READINESS

JAN 8 2014

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

Dear Mr. Chairman:

This is the final response to Senate Report 112-196, page 231, accompanying H.R. 5856,the Department of Defense Appropriations Bill, 2013), which requests the Secretary of Defense to submit a report explaining the criteria used to evaluate the effectiveness of integrative medicine programs, the result of those evaluations, and the number of Service members receiving integrative medical treatment by Service and location of medical care. The enclosed report further outlines the Department's plans for future expansion of the evaluation and implementation of integrative medicine for broader military application.

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Sincerely,

Jessica L. Wright
Acting

Enclosure:
As stated

cc:
The Honorable Adam Smith
Ranking Member

UNDER SECRETARY OF DEFENSE
4000 DEFENSE PENTAGON
WASHINGTON, DC 20301-4000

PERSONNEL AND
READINESS

JAN 8 2014

The Honorable Richard J. Durbin
Chairman
Subcommittee on Defense
Committee on Appropriations
United States Senate
Washington, DC 20510

Dear Mr. Chairman:

This is the final response to Senate Report 112-196 page 231, accompanying H.R. 5856, the Department of Defense Appropriations Bill, 2013, which requests the Secretary of Defense to submit a report explaining the criteria used to evaluate the effectiveness of integrative medicine programs, the result of those evaluations, and the number of Service members receiving integrative medical treatment by Service and location of medical care. The enclosed report further outlines the Department's plans for future expansion of the evaluation and implementation of integrative medicine for broader military application.

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Sincerely,

Jessica L. Wright
Acting

Enclosure:
As stated

cc:
The Honorable Thad Cochran
Vice Chairman

UNDER SECRETARY OF DEFENSE
4000 DEFENSE PENTAGON
WASHINGTON, DC 20301-4000

PERSONNEL AND
READINESS

JAN 8 2014

The Honorable Rodney Frelinghuysen
Chairman
Subcommittee on Defense
Committee on Appropriations
U.S. House of Representatives
Washington, DC 20515

Dear Chairman:

This is the final response to Senate Report 112-196, page 231, accompanying H.R. 5856, the Department of Defense Appropriations Bill, 2013, which requests the Secretary of Defense to submit a report explaining the criteria used to evaluate the effectiveness of integrative medicine programs, the result of those evaluations, and the number of Service members receiving integrative medical treatment by Service and location of medical care. The enclosed report further outlines the Department's plans for future expansion of the evaluation and implementation of integrative medicine for broader military application.

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Sincerely,

Jessica L. Wright
Acting

Enclosure:
As stated

cc:
The Honorable Peter J. Visclosky
Ranking Member

Integrative Medicine in the Military Health System Report to Congress

2013-2014

The estimated cost of report for the
Department of Defense is approximately
$10,000 in Fiscal Years 2013 and 2014.
This includes $2,800 in expenses and
$7,550 in DoD labor.
Generated on 2013 Oct 18
RefID 9-E449F42

EXECUTIVE SUMMARY

INTRODUCTION: The report responds to Senate Report 112-196, page 231, accompanying H.R. 5856, the Department of Defense Appropriations Bill, 2013, page 231, which requests the Secretary of Defense to submit a report explaining the criteria used to evaluate the effectiveness of integrative medicine programs, the result of those evaluations, and the number of Service members receiving integrative medical treatment by Service and location of medical care within the Military Health System (MHS). The report also includes plans for future expansion of these programs.

FINDINGS: The review found that 120 Military Treatment Facilities (MTFs), 99 in the continental United States (CONUS) and 21outside the continental United States (OCONUS), offer a total of 275 complementary and alternative medicine (CAM) programs. Active duty (AD) military members used 213,515 CAM patient visits in calendar year (CY) 2012 with the most visits for chiropractic care (73%) and acupuncture therapy (11%). In addition, the United States Army (USA) Medical Research and Materiel Command (MRMC) funds CAM related research to identify safe and effective therapies to treat MHS patients.

EVALUATION: Various assessment tools are being utilized by many of the sites offering CAM therapies. Patient assessment/feedback, qualitative assessment by the provider, pre- and post-appointment questionnaires, patient satisfaction questionnaires, and measurement of physical improvement are being used to evaluate the CAM therapies offered to AD military members. Patients reported improvement in symptoms, reduction in anxiety, improved sleep and decline in psychological symptoms across the CAM modalities in use.

CONCLUSION: There is wide-spread use of CAM therapies across the MHS. Providers and patients were interested in using CAM therapies even though many are not evidence-based. Some providers have added CAM therapies as an adjunct to conventional therapies for a holistic approach to patient management.

RECOMMENDATIONS: Part 199 of Title 32, the Code of Federal Regulations (CFR) provides criteria to use to determine whether a therapy is safe and effective. The MHS will evaluate CAM programs for safety and effectiveness, as well as cost-effectiveness. As resources allow, the Department will consider widespread implementation in the MHS of cost-effective CAM programs meeting TRICARE guidelines for safety and effectiveness.

INTRODUCTION:

Senate Report 112-196, Title VI, page 231, to accompany the Consolidated and Further Contingency Appropriations Act, for Fiscal Year 2013 signed into law on March 26, 2013, requested the Secretary of Defense to submit a report to the congressional defense committees NLT 180 days after enactment of the act. The report should provide "an explanation of the criteria used to evaluate the effectiveness of integrative medicine programs, the results of those evaluations, and the number of servicemembers receiving integrative medical treatment—by service and location of medical care. The report should further outline the Department's plans for future expansion of the evaluation and implementation of integrative medicine for broader military application." The report addresses the interests of the Senate Appropriations Committee (SAC).

BACKGROUND:

Healthcare in the United States (US) is mostly accessed and delivered under a conventional or Western medicine model. The National Institutes of Health (NIH) defines conventional medicine as "a system in which medical doctors and other healthcare professionals (such as nurses, pharmacists, and therapists) treat symptoms and diseases using drugs, radiation, or surgery." Treatments in conventional medicine are often the result of rigorous research and evaluation and must prove to be safe and efficacious before being adopted as acceptable treatment or "standard of care." Still, these proven methods do not always resolve the patient's medical issue.

The attitudes or practices of conventional medicine coupled with unresolved medical issues have led to demands by patients for changes in medicine. Integrative medicine is a response to these patient demands. The National Center for Complementary and Alternative Medicine (NCCAM) at the NIH, defined integrative medicine as "the combining of treatments from conventional medicine and CAM for which there is some high-quality evidence of safety and effectiveness." In addition, NCCAM refers to alternative medicine as the use of a non-mainstream approach in place of conventional medicine. Complementary medicine generally refers to using a non-mainstream approach together with conventional medicine. In 2002, NCCAM defined CAM as "a group of diverse medical and health care systems, practices, and products that are not presently considered to be part of conventional medicine."

The 2000 White House Commission on Complementary and Alternative Medicine Policy report documented the growing use of CAM, revealing that most people used CAM in conjunction with, rather than as a replacement for, conventional medical therapy. The report also noted that patients sought conventional medical treatment first before turning to CAM practitioners, and that many patients combined care from a variety of approaches (White House Commission on Complementary and Alternative Medicine Policy, 2001).

In 2002, in response to the increased use of CAM services, 16 NIH institutes, centers, and offices, and the Agency for Healthcare Research and Quality commissioned the Institute of

Medicine (IOM) to describe the use of CAM therapies by the American public. The 2005 IOM report on CAM noted that patients sought CAM therapies because:

- Conventional medicine does not work well for the complaint
- Lack of trust in and disenchantment with health care system
- Dissatisfaction with previous treatment outcomes
- Looking for more patient-centered approach
- CAM enables the patient to play a more active and participative role in care
- CAM enables the patient to manage and conserve the use of valued conventional medications
- Prevent future illness or to maintain health and vitality

The final IOM recommendations noted that new and current therapies (both alternative and conventional) that have not been studied must be studied for effectiveness. In addition, model guidelines of care delivery involving CAM therapies need to be developed. The IOM suggests the ultimate goal should be to provide comprehensive care that:

- is based on best available scientific evidence on benefits and harm
- recognizes the importance of compassion and caring
- encourages patients to share in decision making regarding therapeutic options
- promotes choices in care that can include CAM therapies when appropriate

Integrative medicine is a care delivery system providing comprehensive care as stated in the IOM report. This emerging field seeks to build a bridge between conventional and alternative medical systems and to find therapeutic and cost effective ways to combine them so as to have "the best of both worlds" while still maintaining the integrity of each system. The MHS is offering selected CAM therapies with the conventional medical system.

DATA COLLECTION FOR CAM PROGRAMS:

A request for information was sent by the Office of the Chief Medical Officer, TMA to each of the Military Departments. The Military Departments were asked to provide information about the type of CAM programs currently provided at their MTFs, their location, AD patient visits for CY 2012, the evaluation criteria in use, if applicable, and any results available.

FINDINGS:

Twenty-nine percent (120) of 421 MTFs reported offering a total of 275 CAM programs. Ninety-nine of these MTFs were located in CONUS in thirty-seven States, and twenty-one were in OCONUS locations. The types of CAM programs available at the 120 MTFs are acupuncture, biofeedback, breath-based practices, chiropractic care, clinical nutrition therapy, cognitive behavioral therapy, massage, meditation, naturopathic medicine, spiritual prayer based practices, and yoga. The most commonly offered CAM programs are acupuncture and clinical nutrition therapy followed by chiropractic care. Sixty-nine US Air Force (USAF) MTFs offered acupuncture, chiropractic, and/or clinical nutrition programs. Twenty-five US Navy (USN) MTFs offered acupuncture and/or chiropractic programs. Fourteen (58%) offered both therapies. The US Army (USA) MTFs offered the greatest variety of CAM programs with chiropractic programs having the highest utilization. The MTFs in the Joint Task Force National Capital Region Medical Command (JTF-CapMed) offered 3 CAM programs: two acupuncture and one chiropractic. A listing of CAM programs by Service and location is in Appendix A.

AD patient utilization data for CY 2012 were available for 207 clinics offering CAM programs. AD patients utilized 213,515 CAM patient visits in 2012. A summary of the findings are in the following table:

Summary of CAM Data for the MHS

Military Department	# MTFs with CAM	Located in CONUS	Located OCONUS	CAM Programs	Programs Reporting Patient Visits	Patient Visits
USA	25	20	5	111	47	84,445
USN	24	18	6	39	39	29,771
USAF	69	59	10	122	119	96,546
JTF - CapMed	2	2		3	2	2,753
Totals	**120**	**99**	**21**	**275**	**207**	**213,515**

The most commonly utilized CAM programs are chiropractic care and acupuncture followed by clinical nutrition therapy. Seventy-three percent of the 213,515 patient visits made by AD patients were for chiropractic care. The remaining 27% of visits were distributed among ten types of CAM programs. The following table lists the CAM programs with the percentage of utilization:

Distribution of Patient visits Among the CAM Programs

CAM Program	Number of Patient Visits	Percentage of Total
Chiropractic	156,000	73
Acupuncture	23,861	11
Clinical Nutrition Therapy	12,593	6
Meditation	5,648	3
Yoga	4,836	2
Massage	3,965	2
Cognitive Behavioral Therapy	4,416	2
Biofeedback	1,236	1
Breath-based Practices	792	0.4
Naturopathic Medicine	84	0.04
Spiritual Prayer Based Practices	84	0.04
Totals	**213,515**	**100**

Some of the sites offering CAM programs are not rigorously evaluating care and, therefore, not all programs reported evaluation results. For sites reporting evaluation results, the following criteria are being used: Defense Veterans Pain Scale, patient assessment/feedback, provider qualitative evaluation, pre- and post-appointment questionnaires to assess physical and psychological benefits, and measurement of physical improvements such as increased range of motion. Patients reported a reduction in anxiety levels and improved sleep with meditation. Breath based practices reportedly helped patients to remain sober and reduced overall stress levels. Patients using massage therapy noted 75% improvement of symptoms. Overall, positive outcomes were reported by 50-90% of patients using massage therapy. Patients practicing yoga reported declines in psychological symptoms and improvement in overall health.

In addition, the USA MRMC funds thirty CAM related research projects to identify safe and effective therapies to treat MHS patients. Six are at military sites, 8 are at Veterans Affairs (VA) sites and 16 are at civilian sites. Funding of an additional four proposals is pending. The currently funded programs are in Appendix B.

DISCUSSION:

Part 199 of Title 32, CFR, governs TRICARE benefits and restricts services to those medically necessary drugs, devices, treatments, or procedures for which safety and efficacy have been proven to be comparable or superior to conventional therapies. Established criteria state that unproven drugs, devices, treatments, or procedures may not be covered:

1) Unless reliable evidence shows that any medical treatment or procedure has undergone well-controlled clinical studies that show maximum tolerated dose, toxicity, safety, or efficacy compared with standard treatment or diagnosis.

2) If the available reliable evidence is considered inadequate by experts who recommend further studies or clinical trials are needed.

The criteria for making a determination of proven safe and effective to nationally accepted medical standards are evidence that comes from:

1) Well controlled studies of clinically meaningful endpoints published in referred medical literature;

2) Published formal technology assessments;

3) Published reports of national professional medical associations;

4) Published reports of national expert opinion organizations.

In relation to CAM therapies, Title 32 CFR section 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.

(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 CAM therapies are excluded in Title 32 CFR section 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."

Even though chiropractic therapy is restricted in Title 32 CFR 199.4 (g) (38), chiropractic care was initiated in Fiscal Year (FY) 2003 at 22 MTFs under section 702 of the Floyd D. Spence National Defense Authorization Act for FY 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 AD Service members only.

Even with these rules and restrictions, the findings indicate that innovators in the MHS have initiated some CAM programs even though there is insufficient evidence to establish these therapies as TRICARE benefits. Some programs indicated they are meeting needs of patients in accordance with the tenets of integrative medicine and the trend supported by NCCAM and the IOM reports. Even though the results reported were limited, the data suggests that patients were satisfied with the results and indicated a positive impact on their health status. In addition, as noted previously, the MHS is funding CAM research to determine the safety and effectiveness of such therapies.

CONCLUSIONS:

There is wide-spread use of CAM therapies across DoD in both CONUS and OCONUS MTFs. Providers in many MTFs have added CAM therapies as an adjunct to conventional therapies for a more holistic approach to patient treatment and management. The most frequently offered CAM programs are acupuncture, clinical nutrition therapy and chiropractic care. However, many CAM therapies are being offered without having established formal evaluation criteria for safety and effectiveness. As noted by the IOM, both conventional and CAM therapies need to be studied and subjected to the same scientific rigor. The MHS recognizes the need for the Military Departments to provide oversight and monitor the delivery of CAM programs to ensure rigorous evaluation criteria are utilized; document successful models of care; and publicize the results across the MHS.

RECOMMENDATIONS:

As noted, the Department must follow TRICARE guidelines to determine health benefits that may be offered to beneficiaries. The TRICARE guidelines require that therapies offered as part of the benefit must be medically necessary, safe and effective. At this time, there are insufficient internal evaluation and reported results to determine whether the CAM programs being provided in the MTFs meet these criteria. Therefore, the MHS will evaluate CAM therapies for safety and effectiveness prior to any further expansion of CAM programs. Meanwhile, the MHS will continue to review the literature, the findings and recommendations of external organizations such as the IOM and NCCAM, and internal results of CAM program assessments to identify those CAM programs that may enhance conventional therapies. Identified programs proven safe and effective will be considered for widespread implementation in the MHS as resources allow.

APPENDIX A
MHS CAM Programs by Service and Location

Program	Location of Services (MTF)
Chiropractic	**JTFCM:** Walter Reed National Military Med Center, Bethesda, MD **Army:** Lyster AHC, Ft Rucker AL R W Bliss AHC, Ft Huachuca, AZ Evans ACH, Ft Carson, CO Eisenhower AMC, Ft Gordon, GA Martin ACH, Ft Benning, GA Winn ACH, Ft Stewart, GA Munson AHC, Ft Leavenworth, KS Tripler AMC, Honolulu, HI Landstuhl AMC, Germany Ireland ACH, Ft. Knox, KY Bayne-Jones ACH, Ft Polk, LA Kimbrough Ambulatory Care Center, FT Meade, MD Keller ACH, West Point, NY Womack AMC, Ft Bragg, NC Reynolds ACH, Ft Sill, OK Moncrief ACH, Ft Jackson, GA William Beaumont AMC, Ft Bliss, TX San Antonio Military Med Center, Ft Sam Houston, TX Darnall AMC, Ft Hood, TX Madigan AMC, Joint Base Lewis McChord, WA Guthrie AHC, Ft Drum, NY AHC Vilseck, Germany **Navy:** NH Camp Pendleton, CA NH Lemoore, CA NMC San Diego, CA NH Twenty Nine Palms, CA NH Pensacola, FL NH Jacksonville, FL FHCC-Formerly NHC Great Lakes, Chicago, IL NH Camp Lejeune, NC NHC Cherry Point, NC NHC New England, Newport, RI NH Beaufort, SC NMC Portsmouth, VA NH Bremerton, WA NHC Hawaii, HI

Chiropractic	NHC Quantico, VA NH Okinawa, Japan **Air Force:** 42ND Medical Group, Montgomery, AL 673rd Medical Group, Anchorage, AK 56th Medical Group, Phoenix, AZ 355th Medical Group, Tucson, AZ 60th Medical Group, Fairfield, CA 10th Medical Group, Colorado Springs, CO 96th Medical Group, Valparaiso, FL 6th Medical Group, Tampa, FL 375th Medical Group, Scott AFB, IL 2nd Medical Group, Barksdale, LA 779th Medical Group, Andrews AFB, MD 81st Medical Group, Biloxi, MS 55th Medical Group, Omaha, NE 377th Medical Group, Albuquerque, NM 88th Medical Group, Dayton, OH 72nd Medical Group, Oklahoma City, OK 59th Medical Wing, San Antonio, TX 633rd Medical Group, Hampton, VA 87th Medical Group, McGuire AFB, NJ 1st Special Operations Medical Group, Hurlburt Field, FL
Acupuncture	**JTFCM:** Walter Reed National Military Med Center, Bethesda, MD Fort Belvoir Community Hospital, VA **Army**: Evans ACH, Ft Carson, CO Eisenhower AMC, Ft Gordon, GA Winn ACH, Ft Stewart, GA Tripler AMC, Honolulu, HI Landstuhl AMC, Germany Ireland ACH, Ft. Knox, KY Kimbrough Ambulatory Care Center, FT Meade, MD Keller ACH, West Point, NY Womack AMC, Ft Bragg, NC Reynolds ACH, Ft Sill, OK Moncrief ACH, Ft Jackson, GA William Beaumont AMC, Ft Bliss, TX San Antonio Military Med Center, Ft Sam Houston, TX Madigan AMC, Joint Base Lewis McChord, WA BG Crawford F. Sams USAHC-Camp Zama, Japan

Acupuncture	**Navy**: NH Camp Pendleton, CA NH Lemoore, CA NMC San Diego, CA NH Twenty Nine Palms, CA NH Pensacola FL NH Jacksonville FL FHCC-Formerly NHC Great Lakes, Chicago, IL NHC Patuxent River, MD NH Camp Lejeune, NC NHC New England, Newport, RI NH Beaufort, SC NHC Corpus Christi, TX NMC Portsmouth, VA NH Bremerton, WA NHC Hawaii, HI NHC Annapolis, MD NHC Quantico, VA NH Naples, Italy NH Rota, Spain NH Guam, Guam NH Okinawa, Japan NH Yokosuka, Japan NH Sigonella, Italy **Air Force:** 673rd Medical Group, Anchorage, AK 19th Medical Group, Little Rock, AR 60th Medical Group, Fairfield, CA 10th Medical Group, Colorado Springs, CO 436th Medical Group, Dover, DL 96th Medical Group, Valparaiso, FL 6th Medical Group, Tampa, FL 366th Medical Group, Mountain Home, ID 375th Medical Group, Scott AFB, IL 22nd Medical Group, Wichita, KS 779th Medical Group, Andrews AFB, MD 81st Medical Group, Biloxi, MS 14th Medical Group, Columbus, MS 509th Medical Group, Whiteman AFB, MS 55th Medical Group, Omaha, NE 99 Medical Group, Mike O'callaghan Federal Hospital, Las Vegas, NV 377th Medical Group, Albuquerque, NM 49th Medical Group, Alamogordo, NM 27th Special Operations Medical Group, Clovis, NM

Acupuncture	88th Medical Group, Dayton, OH 72nd Medical Group, Oklahoma City, OK 20th Medical Group, Sumter, SC 7th Medical Group, Abilene, TX 82nd Medical Group, Wichita Falls, TX 59th Medical Wing, San Antonio, TX 75th Medical Group, Ogden, UT 633rd Medical Group, Hampton, VA 90th Medical Group, Cheyenne, WY 354th Medical Group, Eielson AFB, AK 21st Medical Group, Colorado Springs, CO 15th Medical Group, Honolulu, HI 66th Medical Group, Boston, MA 628th Medical Group, Charleston, SC 17th Medical Group, San Angelo, TX 359th Medical Group, Universal City, TX 48th Medical Group, Lakenheath, UK 8th Medical Group, Kunsan, Korea 422 Air Base Squadron Medical Flight, Croughton, UK 36th Medical Group, Tamuning, Guam 18th Medical Group, Chatan, Japan 86th Medical Group, Kaiserslauten, Germany 31st Medical Group, Aviano, Italy 1st Special Operations Medical Group, Hurlburt Field, FL
Clinical Nutrition Therapy	**Army:** Eisenhower AMC, Ft Gordon GA Winn ACH, Ft Stewart GA Kimbrough Ambulatory Care Center, FT Meade, MD Keller ACH, West Point NY San Antonio Military Med Center, Ft Sam Houston, TX Madigan AMC, Joint Base Lewis McChord, WA BG Crawford F. Sams USAHC-CAMP ZAMA, Japan Vicenza Medical Services CNTR, Italy AHC Vilseck, Germany **Air Force:** 673rd Medical Group, Anchorage, AK 56th Medical Group, Phoenix, AZ 355th Medical Group, Tucson, AZ 19th Medical Group, Little Rock, AR 60th Medical Group, Fairfield, CA 9th Medical Group, Marysville, CA 30th Medical Group, Lompoc, CA 95th Medical Group, Rosamond, CA 10th Medical Group, Colorado Springs, CO

Clinical Nutrition Therapy	436th Medical Group, Dover, DL 96th Medical Group, Valparaiso, FL 325th Medical Group, Panama City, FL 6th Medical Group, Tampa, FL 45th Medical Group, Patrick AFB, FL 23rd Medical Group, Moody AFB, GA 375th Medical Group, Scott AFB, IL 22nd Medical Group, Wichita, KS 2nd Medical Group, Barksdale, LA 779th Medical Group, Andrews AFB, MD 81st Medical Group, Biloxi, MS 14th Medical Group, Columbus, MS 509th Medical Group, Whiteman AFB, MS 341st Medical Group, Great Falls, MT 55th Medical Group, Omaha, NE 99 Medical Group, Mike O'callaghan Federal Hospital, Las Vegas, NV 377th Medical Group, Albuquerque, NM 49th Medical Group, Alamogordo, NM 4th Medical Group, Goldsboro, NC 319th Medical Group, Grand Forks, ND 5th Medical Group, Minot, ND 88th Medical Group, Dayton, OH 72nd Medical Group, Oklahoma City, OK 97th Medical Group, Altus, OK 20th Medical Group, Sumter, SC 28th Medical Group, Rapid City, SD 7th Medical Group, Abilene, TX 82nd Medical Group, Wichita Falls, TX 47th Medical Group, Del Rio, TX 59th Medical Wing, San Antonio, TX 75th Medical Group, Ogden, UT 633rd Medical Group, Hampton, VA 92nd Medical Group, Spokane, WA 354th Medical Group, Eielson AFB, AK 21st Medical Group, Colorado Springs, CO 15th Medical Group, Honolulu, HI 66th Medical Group, Boston, MA 87th Medical Group, McGuire AFB, NJ 71st Medical Group, Enid, OK 628th Medical Group, Charleston, SC 17th Medical Group, San Angelo, TX 359th Medical Group, Universal City, TX 62nd Medical Squadron, Tacoma, WA 579TH Medical Group, Bolling AFB, DC 48th Medical Group, Lakenheath, UK

	35th Medical Group, Misawa City, Japan 470 Medical Flight, Geilenkiechen, Germany 52nd Medical Group, Spangdahlem, Germany 86th Medical Group, Kaiserslauten, Germany 1st Special Operations Medical Group, Hurlburt Field, FL
Meditation	**Army:** Eisenhower AMC, Ft Gordon GA Winn ACH, Ft Stewart GA Tripler AMC, Honolulu HI Landstuhl AMC, Germany Kimbrough Ambulatory Care Center, FT Meade, MD Moncrief ACH, Ft Jackson, GA William Beaumont AMC, Ft Bliss, TX San Antonio Military Med Center, Ft Sam Houston, TX Madigan AMC, Joint Base Lewis McChord, WA Guthrie AHC, Ft Drum, NY BG Crawford F. Sams AHC, Camp Zama, Japan Vicenza Medical Services Center, Italy Brian Allgood ACH, Korea AHC Vilseck, Germany
Yoga	**Army:** Lyster AHC, Ft Rucker, AL Eisenhower AMC, Ft Gordon, GA Tripler AMC, Honolulu, HI Landstuhl AMC, Germany Ireland ACH, Ft. Knox, KY Kimbrough Ambulatory Care Center, FT Meade, MD Moncrief ACH, Ft Jackson, GA William Beaumont AMC, Ft Bliss, TX Darnall AMC, Ft Hood, TX Madigan AMC, Joint Base Lewis McChord, WA Brian Allgood ACH, Korea
Massage	**Army:** Lyster AHC, Ft Rucker AL Eisenhower AMC, Ft Gordon GA Tripler AMC, Honolulu HI Landstuhl AMC, Germany Keller ACH, West Point NY William Beaumont AMC, Ft Bliss, TX Madigan AMC, Joint Base Lewis McChord, WA BG Crawford F. Sams AHC, Camp Zama, Japan Brian Allgood ACH, Korea

Cognitive Behavioral Therapy	**Army** Winn ACH, Ft Stewart, GA Kimbrough Ambulatory Care Center, FT Meade, MD Reynolds ACH, Ft Sill, OK Guthrie AHC, Ft Drum, NY BG Crawford F. Sams AHC, Camp Zama, Japan
Biofeedback	**Army:** Lyster AHC, Ft Rucker AL Eisenhower AMC, Ft Gordon GA Winn ACH, Ft Stewart GA Tripler AMC, Honolulu, HI Landstuhl AMC, Germany Kimbrough Ambulatory Care Center, FT Meade, MD Reynolds ACH, Ft Sill OK Moncrief ACH, Ft Jackson, GA San Antonio Military Med Center, Ft Sam Houston, TX Darnall AMC, Ft Hood, TX Madigan AMC, Joint Base Lewis McChord, WA BG Crawford F. Sams AHC, Camp Zama, Japan AHC Vilseck, Germany
Breath Based Practices	**Army:** Eisenhower AMC, Ft Gordon GA Winn ACH, Ft Stewart GA Tripler AMC, Honolulu HI Kimbrough Ambulatory Care Center, FT Meade, MD San Antonio Military Med Center, Ft Sam Houston, TX Guthrie AHC, Ft Drum, NY Vicenza Medical Services Center, Italy Brian Allgood ACH, Korea AHC Vilseck, Germany
Naturopathic Medicine	**Army:** Tripler AMC, Honolulu, HI
Spiritual Prayer Based Practices	**Army:** Kimbrough Ambulatory Care Center, FT Meade, MD San Antonio Military Med Center, Ft Sam Houston, TX BG Crawford F. Sams AHC, Camp Zama, Japan

Acronyms Used in Appendix A

ACH	Army Community Hospital
AHC	Army Health Clinic
AMC	Army Medical Center
FHCC	Federal Health Care Center
NH	Naval Hospital
NHC	Naval Health Clinic
NMC	Naval Medical Center

APPENDIX B

CAM Research Funded Through USA MRMC

Military Sites	
Evaluating Family Empowerment Initiatives	William Beaumont AMC (WBAMC)
Initial Randomized Controlled Trial of Acceptance and Commitment Therapy (ACT) for Distress and Empowerment in Operation Enduring Freedom/Operation Iraqi Freedom Veterans: Empowerment or Impairment?	Walter Reed National Military Medical Center (WRNMMC)
A Pilot Safety and Feasibility Study of High Dose Left Prefrontal Transcranial Magnetic Stimulation (TMS) to Rapidly Stabilize Suicidal Patients with Post Traumatic Stress Disorder (PTSD)	WRNMMC Medical University of South Carolina
Utilizing Integrative Restoration to Enhance the Resilience of Military Couples	Brooke AMC
Acupuncture for the Treatment of Trauma-Induced Spectrum Disorder: A Three-Armed Randomized Pilot Study	WRNMMC
Relaxation Response Training for PTSD Prevention in Soldiers	WBAMC
VA Sites	
Adjunctive Heart Rate Variability Biofeedback (HRVB) Combat-Related PTSD: Using HRVB to Improve Attention and Immediate Memory in Veterans	WJB Dorn Veterans Affairs Medical Center (VAMC)
A Randomized Controlled Study of Mind-Body Skills Groups for Treatment of War-Zone Stress in Military and Veteran Populations	G.G. (Sonn) Montgomery VAMC
Initial Randomized Controlled Trial of ACT for Distress and Empowerment in Operation Enduring Freedom/Operation Iraqi Freedom (OEF/OIF) Veterans	Durham VAMC Togus VAMC Cincinnati VAMC
Mindfulness and Self-Compassion Meditation for Combat Post-Traumatic Stress Disorder: Randomized Controlled Trial (RCT) and Mechanistic Study	Ann Arbor Michigan VAMC
Identification of and at-risk Interventions for Predeployment Psychophysiologic Predictors of Postdeployment Mental Health Outcomes	Southeast Louisiana Veterans Health Care System (VHCS) The Virtual Reality Medical Center Central Arkansas VHCS

Research Project	
VA Sites (continued)	
	Michael E. DeBakey VAMC
A Randomized Controlled Trial of Meditation Compared to Exposure Therapy and Education Control on PTSD in Veterans	San Diego VAMC
Military to Civilian: RCT of an Intervention to Promote Post-Deployment Reintegration	Minneapolis VAMC The University of Texas at Austin
Enhancing Post-Deployment Trainings: Preventing PTSD by Coping with Intrusive Thoughts	Boston VA Research Institute
Civilian Sites	
Effects of Bright Light Therapy on Sleep, Cognition, Brain Function, and Neurochemistry Following Mild Traumatic Brain Injury	McLean Hospital
Emotion Regulation Training for Treating Warfighters with Combat-Related PTSD Using Real-Time Functional Magnetic Resonance Imaging (fMRI) and Electroencephalography (EEG)-Assisted Neurofeedback	Laureate Institute for Brain Research, Inc.
Post-Traumatic Headache and Psychological Health: Mindfulness Training for Mild Traumatic Brain Injury (mTBI)	University of North Carolina Chapel Hill
Exposure therapy with and without Simultaneous TMS for PTSD	Medical University of South Carolina
Novel Treatment of Emotional Dysfunction in PTSD	University of Texas at Dallas
Prospective EEG/fMRI Evaluation of Neuro-feedback for Military Stress Regulation	Tel-Aviv Sourasky Medical Center
Using CAM to Promote Stress Resilience in those with Co-Occurring mTBI and PTSD	University of Colorado, Department of Environmental Health and Safety
Investigating the Train-the-Trainer Delivery of Mindfulness Based Training	University of Miami
Neurobehavioral Effects of Battlemind vs. Mindfulness Based Military Training	University of Pennsylvania
Neurobehavioral Effects of Resilience Training Over the Deployment Cycle	University of Miami
Optimizing Delivery of Mindfulness Based Military Training in Army Infantry Units	University of Pennsylvania
Titrating Optimal Delivery of Mindfulness Based Military Training Interventions	University of Miami University of Pennsylvania
Fear Extinction and Prevention with TMS	Massachusetts General Hospital
Evaluating Novel Sleep-Focused Mind-Body Rehabilitative Program for Veterans with mTBI and other	University of Utah
A Randomized, Controlled Trial of Meditation Compared to Exposure Therapy and Education	Maharishi University of Management

Control on PTSD in Veterans	
Civilian Sites (continued)	
Using Motivational Enhancement Among OIF/OEF Veterans Returning to the Community	Detroit-Wayne County Community Mental Health Agency Wayne State University Southwest Counseling Solutions