

Withdrawal/Redaction Sheet

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DOCUMENT NO. AND TYPE	SUBJECT/TITLE	DATE	RESTRICTION
001. list	WHCCAMP Committee Roster (partial) (1 page)	07/12/2000	b(6)

COLLECTION:

Federal Records
White House Commission on Complementary and Alternative Medicine Policy [WHCCAMP]

OA/Box Number: 43233

FOLDER TITLE:

WHCCAM Meeting #1, July 13-14, 2000 [1]

2011-0568-S

kc828

RESTRICTION CODES

Presidential Records Act - [44 U.S.C. 2204(a)]

- P1 National Security Classified Information [(a)(1) of the PRA]
- P2 Relating to the appointment to Federal office [(a)(2) of the PRA]
- P3 Release would violate a Federal statute [(a)(3) of the PRA]
- P4 Release would disclose trade secrets or confidential commercial or financial information [(a)(4) of the PRA]
- P5 Release would disclose confidential advice between the President and his advisors, or between such advisors [(a)(5) of the PRA]
- P6 Release would constitute a clearly unwarranted invasion of personal privacy [(a)(6) of the PRA]

C. Closed in accordance with restrictions contained in donor's deed of gift.

PRM. Personal record misfile defined in accordance with 44 U.S.C. 2201(3).

RR. Document will be reviewed upon request.

Freedom of Information Act - [5 U.S.C. 552(b)]

- b(1) National security classified information [(b)(1) of the FOIA]
- b(2) Release would disclose internal personnel rules and practices of an agency [(b)(2) of the FOIA]
- b(3) Release would violate a Federal statute [(b)(3) of the FOIA]
- b(4) Release would disclose trade secrets or confidential or financial information [(b)(4) of the FOIA]
- b(6) Release would constitute a clearly unwarranted invasion of personal privacy [(b)(6) of the FOIA]
- b(7) Release would disclose information compiled for law enforcement purposes [(b)(7) of the FOIA]
- b(8) Release would disclose information concerning the regulation of financial institutions [(b)(8) of the FOIA]
- b(9) Release would disclose geological or geophysical information concerning wells [(b)(9) of the FOIA]

TAB C

Secretary Shalala's Agenda - July 13, 2000

Swearing-In Ceremony - The Vice President's Ceremonial Room, Old Executive Office Building, Room 238 The White House Commission on Complementary and Alternative Medicine Policy

Part I

11:00 a.m. - 11:15 a.m. Reception and Meeting with Commission Members

Before the meeting, you will informally meet the Commission members. Stephen Groft, Executive Director of the Commission, will introduce them to you. Dr. James Gordon will chair the Commission. Five other Commission members will not be sworn in today. Chris Jennings from the White House Office of ----- and Sue Greenberg Deputy Associate Director of Presidential Personnel

Part II

11:15 a.m. - 11:25 a.m. Opening Remarks

- Commission Members, Congratulations. It's a great honor for me to be here today. I thank you for meeting the need to improve the health and well-being for all and the work you do every day, making life better for all Americans.
- Before I talk about the journey in front of us, I want to take a moment to look back at the series of events that led to today's activities. The Complementary and Alternative Medicine initiative was established at NIH in 1991 to investigate, evaluate, and validate CAM interventions and provide health care providers and the consumers reliable

information to make informed decisions about appropriate use. We all know that many of these interventions have been available to native populations for hundreds of years.

- Utilization of CAM interventions continues to increase here in the United States. In 1998 an estimated 42 per cent of the population of the United States utilized these services. Nearly \$27 billion were expended with approximately \$12 billion in non-reimbursable expenses in the search to improve health and wellness. This expanded use and the need for more research and training opportunities and better evaluations led to the establishment of the National Center for Complementary and Alternative Medicine at the NIH. We are extremely pleased with the development of this Center and their activities, under the direction provided by Dr. Stephen Straus.
- As the utilization of CAM interventions continues to increase, the need becomes more essential for administrative policies and legislative initiatives to address the integration of CAM services into the medical care system, provide for adequate reimbursement for CAM services, appropriate licensing, training and education of all providers of CAM interventions, and methods to provide readily accessible and easy to read information describing the benefits and shortcomings of these interventions to health care providers and the general public.
- The task of the Commission is to provide recommendations to me that can be transmitted to the President for appropriate administrative and legislative initiatives to improve the health care and wellness of all segments of the United States population.
- By signing the Executive Order this year, the President lifted the issues related to Complementary and Alternative Medicine to the highest levels of government. As the head of the Department responsible for these activities, I intend to keep them there. The needs of all citizens must be a core mission of every Federal department and agency. I don't consider this simply an administrative obligation. This is a moral obligation to the public - and good government being responsive to the

needs of its citizenry.

- Today is a great moment in history. We have an opportunity through the partnership provide by the Commission structure to fulfill the purpose and spirt of the Executive Order.
- I want to recognize and give an opportunity for two other individuals who were instrumental in facilitating the Executive Order and the appointment of the Commission members to speak to you.

11:25 a.m. - 11:30 a.m.	Remarks	Chris Jennings
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11:30 a.m. - 11:35 a.m.	Remarks	Senator Tom Harkin
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Part III

11:35 a.m. -11:45 a.m.	Swearing-In of Commissioners
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Steven Ottenstein will assist the Secretary with the swearing-in.

At the conclusion of the ceremony, the Commissioners will want to have individual pictures taken with you. At noon, the Commissioners will travel to the Humphrey Building for lunch and preparation for the afternoon session of their first meeting scheduled to begin at 2:00 p.m.

[Billing Code: 4140-01]

DEPARTMENT OF HEALTH AND HUMAN SERVICES
White House Commission on Complementary and Alternative Medicine Policy

Notice of Meeting

Pursuant to Section 10(d) of the Federal Advisory Committee Act, as amended (5 U.S.C. Appendix 2), notice is given of the first meeting of the White House Commission on Complementary and Alternative Medicine Policy. The purpose of the meeting is to convene the Commission and to begin receiving public testimony from individuals and organizations interested in the subject of federal policy regarding complementary and alternative medicine. Comments received at the meeting will be used by the Commission to identify and frame the issues and develop the agenda for subsequent meetings. Comments should focus on the following issues:

- (1) The education and training of health care practitioners in complementary and alternative medicine;
- (2) Coordinated research to increase knowledge about complementary and alternative medicine practices and products;
- (3) The provision to health care professionals of reliable and useful information about complementary and alternative medicine that can be made readily accessible and understandable to the general public; and
- (4) Guidance for appropriate access to and delivery of complementary and alternative medicine.

Some Commission members may participate by telephone conference. The meeting is open to the public and opportunities for statements by the public will be provided on July 14, from 11:30 a.m.-12:30 p.m.

Name of Committee: White House Commission on Complementary and Alternative Medicine Policy

Date: July 13-14, 2000

Time: July 13 - 2:00 p.m. - 5:30 p.m.
July 14 - 8:30 a.m. - 5:00 p.m.

Place: Hubert H. Humphrey Building
Room 800
200 Independence Avenue, S.W.
Washington, DC 20201

Contact Person: Stephen Groft, Pharm. D.
Executive Director
6701 Rockledge Drive
Room 1010
Bethesda, MD 20817-1813
Phone: (301) 435-6199
Fax: (301) 480-1691

Because of the need to obtain the views of the members as soon as possible and because of the early deadline for the report(s) required of the Commission, this notice is being provided at the earliest possible time.

Supplementary Information: The President established the White House Commission on Complementary and Alternative Medicine Policy on March 7, 2000 by Executive Order 13147. The mission of the White House Commission on Complementary and Alternative Medicine Policy is to provide a report, through the Secretary of the Department of Health and Human Services, on legislative and administrative recommendations for assuring that public policy maximizes the benefits of complementary and alternative medicine to Americans.

Public Participation

The meeting is open to the public with attendance limited by the availability of space on a first come, first serve basis. Members of the public who wish to present oral statements should contact Dr. Stephen C. Groft by telephone, fax, or mail as shown above as soon as possible, but at least 4 days before the meeting. A one-page summary of the presentation should accompany any request. The chairperson will reserve time for presentations by persons requesting to speak and asks that oral statements be limited to five minutes. The order of persons wanting to make a statement will be assigned in the order in which requests are received.

Individuals unable to make oral presentations can mail their written comments to the staff office of the Commission at least 4 business days prior to the meeting for distribution to the Commission and inclusion in the public record.

Any person attending the meeting who has not requested an opportunity to speak in advance of the meeting will be allowed to make a brief oral presentation at the conclusion of the meeting, if time permits, at the chairperson's discretion.

Due to time constraints, only one representative from each organization will be allowed to present oral testimony.

Persons needing special assistance, such as sign language interpretation or other special accommodations, should contact the Commission staff at the address or telephone number listed below as soon as possible.

Dated: _____

LaVerne Y. Stringfield
Director, Office of Federal Advisory Committee Policy

Groft, Steve (OD)

To: Stringfield, LaVerne Y. (OD)
Subject: RE: Tomorrow

Thank you for your help. I think we are set for now. I'll talk with you later. Steve

-----Original Message-----

From: Stringfield, LaVerne Y. (OD)
Sent: Monday, July 10, 2000 10:53 AM
To: 'Steven Ottenstein'; Groft, Steve (OD)
Cc: Plummer, Mary (NICHD)
Subject: Tomorrow

Mary Plummer (CMO for the WH CAMP) and I will be at an all day training retreat with NIH's Committee Management Officers tomorrow (7/11). In case you need to reach either of us concerning the WH CAMP or other committee business, my pager number is (301) 647-4362 and the main number to the training facility is (301) 961-2840.

LaVerne Stringfield
Director,
Office of Federal Advisory Committee Policy
Bldg. 31, Room 3B59
(301) 496-2123; Fax (301) 402-1567
E mail: LS34v@nih.gov

White House Commission on Complementary and Alternative Medicine Policy

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[001] -

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7/12/00

EXECUTIVE ORDER 13147

WHITE HOUSE COMMISSION ON COMPLEMENTARY
AND ALTERNATIVE MEDICINE POLICY

By the authority vested in me as President by the Constitution and the laws of the United States of America, including the Federal Advisory Committee Act, as amended (5 U.S.C. App.), and in order to establish the White House Commission on Complementary and Alternative Medicine Policy, it is hereby ordered as follows:

Section 1. Establishment. There is established in the Department of Health and Human Services (Department) the White House Commission on Complementary and Alternative Medicine Policy (Commission). The Commission shall be composed of not more than 15 members appointed by the President from knowledgeable representatives in health care practice and complementary and alternative medicine. The President shall designate a Chair from among the members of the Commission. The Secretary of Health and Human Services (Secretary) shall appoint an Executive Director for the Commission.

Sec. 2. Functions. The Commission shall provide a report, through the Secretary, to the President on legislative and administrative recommendations for assuring that public policy maximizes the benefits to Americans of complementary and alternative medicine. The recommendations shall address the following:

- (a) the education and training of health care practitioners in complementary and alternative medicine;
- (b) coordinated research to increase knowledge about complementary and alternative medicine practices and products;
- (c) the provision to health care professionals of reliable and useful information about complementary and alternative medicine that can be made readily accessible and understandable to the general public; and
- (d) guidance for appropriate access to and delivery of complementary and alternative medicine.

Sec. 3. Administration. (a) To the extent permitted by law, the heads of executive departments and agencies shall provide the Commission, upon request, with such information and

assistance as it may require for the purpose of carrying out its functions.

(b) Each member of the Commission shall receive compensation at a rate equal to the daily equivalent of the annual rate specified for Level IV of the Executive Schedule (5 U.S.C. 5315) for each day during which the member is engaged in the performance of the duties of the Commission. While away from their homes or regular places of business in the performance of the duties of the Commission, members shall be allowed travel expenses, including per diem in lieu of subsistence, as authorized by law for persons serving intermittently in Government service (5 U.S.C. 5701-5707).

(c) The Department shall provide the Commission with funding and with administrative services, facilities, staff, and other support services necessary for the performance of the Commission's functions.

(d) In accordance with guidelines issued by the Administrator of General Services, the Secretary shall perform the functions of the President under the Federal Advisory Committee Act, as amended (5 U.S.C. App.), with respect to the Commission, except that of reporting to the Congress.

(e) The Commission shall terminate 2 years from the date of this order unless extended by the President prior to such date.

WILLIAM J. CLINTON

THE WHITE HOUSE,
March 7, 2000.

#

*Steve O. Klenner - Secretary &
(Ron Gordon)*

DEPARTMENT OF HEALTH AND HUMAN SERVICES

July 13 - 14, 2000 (Date to be Determined)

Hubert H. Humphrey Building, Room 800

200 Independence Avenue, S.W..

Washington, DC 20201

The White House Commission on Complementary and Alternative Medicine Policy

Planning Meeting

Draft Agenda

I. Introductions - Dr. James Gordon, Chair

Personal / Professional Interest / CV

II. Welcome - Ms. Donna Shalala, Secretary, DHHS and Senator Thomas Harkin

*Stable of
Presentation*

III. Charge to the Commission - Dr. Stephen Groft, Executive Director

Review of the Agenda and other

IV. Discussion of Issues and Concerns of the Commission Members - Dr. James

Scope and Spirit of the Commission - as S.G.
Gordon (4 hours)

3 subcommittee

2 pages

(A) The education and training of health care practitioners in complementary and alternative medicine; *+ the public*

H R S N

M H Do Education

(B) Coordinated research to increase knowledge about complementary and alternative medicine practices and products;

Philanthropy and the public

NCCAM / Center

(C) The provision to health care professionals of reliable and useful information about complementary and alternative medicine that can be made readily accessible and understandable to the general public; and

Education of children

Health

(D) Guidance for appropriate access to and delivery of complementary and alternative medicine.

*Integration of
CAM medicine*

Public Comment - Period 1:00 - 2:00

Identification of the Needs of the Commission (2 hours)

SCG

(A.) Informational Needs and Methods to Obtain Information

Subcommittee, Consultants, Liaison Representative

Develop

(B.) Specific Agenda Items, Agencies, and Speakers Required

Federal - Private Sector Initiatives

*NCCAM
Strategy
Chambers
Report*

(C.) Other Activities of the Commission and Staff

1.) Interactive Website

Transcript

Summary of Presentation

No Response

2.) Public Meetings/Hearing

SF, Cai, Puller, Smith

3.) Development of Position Papers

*Fed. Orientation
Klenner*

(4)

VI. Future Meeting Dates and Locations

VII. Time Frame for Completion of Report

The Goal of the Commission is to provide a report, through the Secretary of the Department of Health and Human Services, on legislative and administrative recommendations for assuring that public policy maximizes the benefits of complementary and alternative medicine to Americans.

Stephen C. Graft, Pharm. D.

Executive Director, White House Commission on Complementary and Alternative
Medicine Policy

301-435-6041 Office

301-424-1273 Home

DEPARTMENT OF HEALTH AND HUMAN SERVICES

Notice of a Meeting of the White House Commission on Complementary and Alternative Medicine Policy

SUMMARY: Pursuant to Section 10(d) of the Federal Advisory Committee Act, as amended (5 U.S.C. Appendix 2), notice is given of the first meeting of the White House Commission on Complementary and Alternative Medicine Policy. The purpose of the meeting is to convene the Commission and to begin receiving public testimony from individuals and organizations interested in the subject of federal policy regarding complementary and alternative medicine. Comments received at the meeting will be used by the Commission to identify and frame the issues and develop the agenda for subsequent meetings. Comments should focus on the following issues:

- (1) The education and training of health care practitioners in complementary and alternative medicine;
- (2) Coordinated research to increase knowledge about complementary and alternative medicine practices and products;
- (3) The provision to health care professionals of reliable and useful information about complementary and alternative medicine that can be made readily accessible and understandable to the general public; and
- (4) Guidance for appropriate access to and delivery of complementary and alternative medicine.

Some Commission members may participate by telephone conference. The meeting is open to the public and opportunities for statements by the public will be provided on July 14, from 11:30 a.m.-12:30 p.m.

Meeting Date/Time	Meeting Location
July 13-14, 2000 2:00 p.m.- 5:30 p.m. July 14, 2000 8:30 a.m. -5:00 p.m.	Hubert H. Humphrey Building, Room 800 200 Independence Avenue, S.W. Washington, DC 20201

SUPPLEMENTARY INFORMATION: The President established the White House Commission on Complementary and Alternative Medicine Policy on March 7, 2000 by Executive Order 13147. The mission of the White House Commission on Complementary and Alternative Medicine Policy is to provide a report, through the Secretary of the Department of Health and Human Services, on legislative and

administrative recommendations for assuring that public policy maximizes the benefits of complementary and alternative medicine to Americans .

Public Participation

The meeting is open to the public with attendance limited by the availability of space on a first come, first serve basis. Members of the public who wish to present oral statements should contact Dr. Stephen C. Groft by telephone, fax, or mail as shown below as soon as possible, but at least 4 days before the meeting. A one-page summary of the presentation should accompany any request. The chairperson will reserve time for presentations by persons requesting to speak and asks that oral statements be limited to five minutes. The order of persons wanting to make a statement will be assigned in the order in which requests are received.

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Any person attending the meeting who has not requested an opportunity to speak in advance of the meeting will be allowed to make a brief oral presentation at the conclusion of the meeting, if time permits, at the chairperson's discretion.

Due to time constraints, only one representative from each organization will be allowed to present oral testimony.

Persons needing special assistance, such as sign language interpretation or other special accommodations, should contact the Commission staff at the address or telephone number listed below as soon as possible.

FOR FURTHER INFORMATION CONTACT: Stephen Groft, Pharm. D., Executive Director, 6701 Rockledge Drive, Room 1010, Bethesda, MD 20817-1813, telephone number at 301-435-6199 or fax number at 301-480-1691.

Dated: June 28, 2000

Appropriate Signature of DHHS

(Stephen C. Groft, Pharm. D.
Executive Director, White House Commission on Complementary and Alternative
Medicine Policy)
[FR Doc. 00-.... Filed 7-00-00;):0:00 am]
BILLING CODE-.-.

DEPARTMENT OF HEALTH AND HUMAN SERVICES

July 13, 2000 2:00 P.M. - 5:30 P.M.

July 14, 2000 8:30 A.M. - 5:00 P.M.

Hubert H. Humphrey Building, Room 800

200 Independence Avenue, S.W..

Washington, DC 20201

The White House Commission on Complementary and Alternative Medicine Policy

Planning Meeting

Agenda

- I. Introductions - Dr. James Gordon, Chair
- II. Welcoming Remarks - Peter Reinecke, Legislative Director, Senator Tom Harkin's Office
- III. Ethics Review for Federal Advisory Committee Members - Karen Santoro, Ethics Counsel, National Institutes of Health
- IV. Review of the Agenda and Charge to the Commission - Dr. Stephen Groft, Executive Director
- V. Discussion of Vision, Issues and Concerns of the Commission Members
 - (A) Coordinated research to increase knowledge about complementary and alternative medicine practices and products;
 - (B) Guidance for appropriate access to and delivery of complementary and alternative medicine;
 - (C) The provision to health care professionals of reliable and useful information about complementary and alternative medicine that can be made readily accessible and understandable to the general public; and
 - (D) The education and training of health care practitioners in complementary and alternative medicine.

Discussion Will Include Commission Needs and Methods to Obtain Information,
Specific Agenda Items and Activities of the Commission Required to Meet the
Commission's Mandate

VI. Public Comment Period (1:00 - 2:00 p.m. July 14, 2000)

VII. Other Activities of the Commission and Staff

- 1.) Interactive Website
- 2.) Public Meetings/Hearings
- 3.) Development of Position Papers

VIII. Future Meeting Dates and Locations

IX. Time Frame for Completion of Report

Thoughts on the Commission for Complementary and Alternative Medicine Policy

Wayne B. Jonas

Since I am unable to be at most of the first meeting of the Commission I have provided the following thoughts for the group to consider.

To achieve its goal of formulating effective policy recommendations for the integration of complementary and alternative medicine (CAM) into the health care systems the Commission will need address several issues.

1. Public training and input: CAM is a public phenomenon and so input and understanding of public motivations for CAM use are essential. In addition, methods of training public members and incorporating public concerns into ongoing decisions about information dissemination, education and training, coordination of research, and access to CAM are needed.
2. Definitions: A definition and description of CAM should be formulated. The current definition of CAM as those practices that are excluded from conventional medicine is inadequate. The definition should clarify the contributions CAM offers our health care system and the criteria that are important for prioritizing development of particular practices and approaches to integration. An emphasis on health promotion and health support (that create wellness) as a primary orientation to treatment of chronic disease are key. In addition providing a holistic approach to medical care that values subjective and low-impact approaches should be a focus.
3. Information: Providing reliable and useful information about CAM requires identifying the primary uses for which different types of information are produced. Different audiences value different types of information and use it in different ways. Clarification of the primary types of information needed and how to development and provide the public with these types of information should be addressed.
4. Research strategies: Once the types of information desired are clarified a coordinated research strategy can be developed to obtain that information. Thus Commission task (b), coordinated research, follows Commission task (c), identification of information needs. Not only is a clear process for prioritizing the many possibilities in CAM research needed, also mechanisms to assure public input (as recommended by a recent IOM report) into this process must be established. Ways to support basic science research (into areas of public interest in CAM) and to stimulate private investment into knowledge and technology transfer of CAM discoveries are

especially important.

5. Education and training includes: 1) the minimum knowledge, skills and attitudes needed by conventional health care professionals for the proper management of CAM areas, 2) standards for assuring quality expertise and professionalism of CAM specialists. In addition, issues such as 3) training in evidence and ethics-based skills, 4) culturally-sensitive health care delivery, 5) patient education and 6) adequate self-care are integral parts of all health care provider education and training. The Commission may also want to comment on public training (in schools and public health efforts) concerning these issues.
6. Access and payment: Decisions about access and payment for CAM products and services involves a combination of values and evidence. Methods of assuring the quality of products (supplements, drugs and devices) and practitioners (trained, licensed or certified and peer-monitored) are needed and should be standard across disciplines. The evidence and values criteria for deciding on reimbursement must be consistently applied. Methods for managing personal bias and judgement flaws should be part of this process. Access for special populations (women, children, minorities, the elderly, the poor, veterans and the military, etc.) must be considered and special efforts taken to assure these populations have access to effective CAM therapies and are protected from dangerous ones.

The Commission's report should build in recommendations to help government agencies effectively implement its recommendations. We don't want the report to just gather dust as can easily happen on recommendations to the government. Some options may include:

1. Develop a special Office for the Integration of CAM that would work with all federal agencies to coordinate implementation of the Commission's recommendations and keep track of new developments.
2. Develop full time liaisons with strategic agencies and congressional offices to help coordinate the commission's recommendations into a coherent health care policy.
3. I think that six special sub-committee's (or more) made up of Commission members and outside consultants and experts should be created to write the core background documents and draft recommendations. These subcommittees should each address one of the topics above and perhaps others.
4. States where considerable efforts at CAM integration are already underway (such as Maryland, Washington, California and Minnesota, etc.) should be consulted for their experience and input. See the summary of activities in Washington State as an example.

7/17/00

Wayne Jones

Specifics of Interventions

* Nat'l Board of Medical Examiners
Mary Finlin / Medical Education
Jordan Cohen AAMC

Core Areas

Some of Interpretation

~ ACCPM = Academic DITMS / WH ^{Center} Evidence Review ^{Garber}
Health Services Research - AHRQ - in
several Review - Cochrane Collection - BMS
(Clinical Evidence - BMS) - systematic Review
{ Doug Karmarow } Methodology
{ Mary Cunningham }

* HRSA - Special Population - Marilyn Gaston

Joe Karmarow
M.D. Ob-Gyn - Part Time

* Part Time

organize this for us -
Part of meeting

* HCFA

*

BHP Carl Fox

B. Cars

champion Residency Program.

RWJ Clinical

Review

CDC - #, Staff

Renal Health

under-served Population

VA Members + Practitioner Series of Use

(VA)

HCFA

* FDA / Frederickson Hoffman

2

Supplements needs extensive work - Australia, Germany

ODS / Herbal + Dietary Supplements - Handle these

Bob Temple - Special Unit - set up Janet Woodcock

Congress

Natl Adversarial Panel
Office at HHS

Wayne Jones

background
info

Industry - a lot is their role
Paul Coster / Supplement

* Flow Stream -

Orientation of the Privatization < ^{Technical} _{Environment}

White House - Patent Issue - Patent Protection

Definition of "Complementary & Alt" medicine

- Guideline / for all research of
 - / priorities (Guidance) → How to
 - | IOM activity → ~~*~~ ^{now} _{research integration} ~~environment~~ _{research} & not
- "Need Public Input" - all Federal Agencies

FOA/
AHRQ - VA - DOD
HHS

Jim's Time / Available

Shalala to be Staff Members

Don't know much about

Allen ^{Werner} U.F.L. Dean

- * John Weeks - Integration - a sick HMO,
"Summit Meeting" Mayor Plour - he was
want J.W. to present it
- * Ken Belcher - Stanford Health Plan/work
Kaiser Plan
Develop Recommendations

Information

Education + Training — Credentialing + Licensure
State Run

→ Standards

→ Wayne's Document

① Candace Campbell + Bostyn

+ ② Deek Lyon

Deek Lyon - Pagosa

King County

③ Bostyn

Natl Plan for Integrative Medicine
Work w/ - Hospitals -

Integration

— King County

— Boards of Emergency Professions

* Joe Pizzorno — ↑ utilization of other practitioners
— Health Plan

* Bill Roper / Al Fishman
Research Policy + Integration

Information dissemination
 Public w
 providers
 Health Policy
 Research

What do they need

Health Services
 Research
 controlled
 data
 Observational
 data

Cochrane Collection Evidence Based Studies

* U.S. Preventative Task Force - Translating
 the Public
 What's? Govt Role - Stanford University
 Bill Harkness
 Visco
 San R. L. L. L.

Com
 M.D. Consult. com
 Web M.D. com

Science

Office of Science in the Public Interest - Look at
 areas that Public interested & by science
 (Chi, Distance Healing,
 Frontier Medicine)

put P.H.
 should be

What about science of ocean
 that culture accept, but culture doesn't
 look at - Religion, Days Distance Healing
 Distance P & Energy healing
 - Physicists - Society of Scientific Exploration
 (Princeton, Stanford, Cold Fusion, Homeopathy)

Progr. Energy Healing, Homeopathy -

Closing Public / Scientific Gap in /

* Rita Caldwell (NSF) - and NSF to address
Grosser

Commission talking about

* Rita Caldwell - What is NSF

→ Personal data

* The somelway NSF has entered

→ How can you develop

DOE

Public

Phys

Hospital

Research Community

Basic Scientific Research

Catching Up

Coming Out

Groft, Steve (OD)

From: Bowie, Starr (OD)
Sent: Wednesday, July 12, 2000 1:14 PM
To: Kingsbury, Doris (NCCAM)
Cc: Chang, Michele (OD); Clatterbuck, Pamela (OD); Demory, Mary (OD); Ferguson, John Hollister (OD); Groft, Steve (OD); Hyatt-Knorr, Henrietta (OD)
Subject: FW: Change address

Doris, it was suggested by Michele Change, the executive secretary for the CAM commission, that you might know what the MSC for the commission office is. Michele does not have it, and Pam, our AO at ORD, needs it to make the on-line directory changes. Would you please use "reply to all" on this, since I want everyone in ORD (listed in the cc's for this msg.) to have the full info on Dr. Groft's new position. Thank you very much. Starr

-----Original Message-----

From: Bowie, Starr (OD)
Sent: Wednesday, July 12, 2000 12:26 PM
To: Clatterbuck, Pamela (OD)
Cc: Groft, Steve (OD); Hyatt-Knorr, Henrietta (OD); Kingsbury, Doris (NCCAM)
Subject: Change address

1707

Pam, Steve Groft needs to have his information changed in the on-line GAL listings **ASAP**. Since you did the on-line changes for the ORD move in January, I am assuming you handle these changes. If not, let me know and I'll do it.

The new information for Steve is:

Executive Director
White House Commission on Complementary and Alternative Medicine Policy
6701 Rockledge Drive (R-II), Ste. 1010
Bethesda, MD 20892-7107

Phone: 301-435-7592
Fax: 301-480-1691

His e-mail remains the same: <sg18b@nih.gov>

The only change for Henrietta Hyatt-Knorr would be in her title to that of Acting Director (under Properties).

Since few people look in "Properties" for titles, the change for Henrietta is not absolutely essential, but the one on Steve is, since we are still getting a lot of calls internally for him in regard to Commission work, and I suspect people are looking him up in GAL.

I am submitting the paperwork to have the changes made in the next issue of the hard copy NIH directories.

Doris Kingsbury is the NCCAM liaison for setting up the new commission office, I believe, so I am cc'ing her on this. If someone on Steve's end is handling these things, please let me know, Steve, or forward this to him/her, so that we will all be on the same page.

Thank you all very much. Starr, 2-4336

White House Commission on Complementary and Alternative Medicine Policy

Work Groups

WORK GROUP 1. Coordinated research to increase knowledge about complementary and alternative medicine practices and products.

I	II	III	IV
<i>Chappell (own)</i> <i>Bernier</i> Bill Fair Buford Rolin Dean Ornish <i>Wayne Jones</i> <i>Seamus Standish</i> <i>Bernier</i>	Joe Fins Effie Chow Tom Chappell	Julia Scott George DeVries George Bernier	Conchita Paz

WORK GROUP 2. The provision to health care professionals of reliable and useful information about complementary and alternative medicine that can be made readily accessible and understandable to the general public.

I	II	III
George Bernier Julia Scott George DeVries Conchita Paz	Buford Rolin Bill Fair	Dean Ornish Joe Fins Effie Chow Tom Chappell

WORK GROUP 3. Guidance for appropriate access to and delivery of complementary and alternative medicine.

I	II	III	IV
Julia Scott George DeVries Conchita Paz	Dean Ornish Bill Fair	Joe Fins Effie Chow Tom Chappell	Tom Chappell Buford Rolin George Bernier

WORK GROUP 4. The education and training of health care practitioners in complementary and alternative medicine.

I	II	III	IV
George Bernier Effie Chow Tom Chappell Joe Fins	Buford Rolin	Conchita Paz Dean Ornish	Julia Scott George DeVries Bill Fair

White House Commission on Complementary and Alternative Medicine Policy

Meeting Schedule

DATE	SITE	TYPE	CONTACT
September 8, 2000 <i>2 Oct</i>	San Francisco, CA	Town Hall (1)	Effie Chow Dean Ornish George DeVries
October 5-6, 2000	Washington, D.C.	WHC (2)	<i>2 Oct</i>
November 2000 (28-30)	<i>Oct 30-31 Indianapolis</i> Dallas, TX	Town Hall (2)	<i>Nov</i>
December 2000 (4-8; 11-15)	Washington, DC	WHC (3)	
January 2001 (24-26)	Philadelphia, PA	Town Hall (3)	
February 2001 (Open)	Washington, D.C.	WHC (4)	
March 2001 (Open)	North or South Carolina	Town Hall (4)	
April 2001 (9-13; 23-27)		Town Hall (5)	<u>Buford Rolin</u>
May 2001	Washington, D.C.	WHC (5)	
June 2001			
July 2001	Washington, D.C.	WHC: interim report due (6)	
August 2001			
September 2001			
November 2001			
December 2001	Washington, D.C.	WHC: FULL REPORT DUE (7)	
January 2002			
February 2002			
March 2002	Washington, D.C.	WHC: CLOSING EVENT (8)	

FOCUS AREAS FOR THE COMMISSION

Education and Training:

1. Should those being trained in CAM practices, such as acupuncture and homeopathy, be eligible for the full range of federal education assistance (loans, grants....)?
2. How should CAM components be standardized within the curricula for medical public health schools?
3. What can be done to encourage continuing education of CAM among practicing physicians and other conventional health care providers?

Research:

1. How can support for increased research by the private sector be encouraged for self-care remedies such as vitamin and herbal products that are not easily patented?
2. How can coordination among federal agencies be encouraged to address the diversity of research needs in CAM?
3. What can be done to stimulate innovative research of CAM practices by the private and public sector, both in the field and in the lab?
4. What can be done to expand the current research environment so that frontier claims and practices that lie outside conventional scientific conceptions are adequately and appropriately addressed?

Delivery of Integrated Health Care:

1. How should public health programs assess whether alternative therapies or products that demonstrate effectiveness are covered or subsidized by government health programs?
2. What should and can be done to further the integration of effective CAM therapies into mainstream medical practices?

Oversight:

1. Are additional steps needed to ensure that consumers have appropriate access to promising CAM therapies and products?
2. How should we determine what is effective or safe for self-care or for use under the direction of a health care provider?

3. Should a federally-sponsored entity be established to coordinate CAM-related activities and discussions among federal agencies?

Public Information:

1. How can useful, reliable and updated information about CAM products and practices be made more accessible to the public and to health professionals?

COMMISSION MEMBERSHIP

The White House will identify and appoint 10-12 knowledgeable and prominent representatives with expertise in health care practice and/or CAM from the public and private sectors in the following measure:

- 2-3 CAM practitioners
- 2-3 conventional medical practitioners
- 2-3 researchers of CAM or conventional sciences
- 2 health policy analysts
- 2-3 consumers/patient representatives

The Chair should be a respected health care professional with broad-based health care and public policy experience, who reflects an openness to innovative alternative practice and an ability to balance a wide diversity of views.

Additionally, a number of ex officio representatives will be identified from federal agencies to provide technical assistance and expertise.

An executive staff will be established to organize and support the Commission, and will include detailees from federal agencies.

TIME LINE and FUNDING

The Commission would be named and begin its work by April 15, 1999. It would conclude its work and provide its recommendations to the President and Congress by May 1, 2000. It would be funded by the \$1,000,000 provided through the National Center for Complementary and Alternative Medicine in the Fiscal Year 1999 Labor, HHS Appropriations Act.

Use by Americans is skyrocketing, but a number of important public policy implications have not been explored. Among them:

- 1) Should alternative therapies like acupuncture be covered by government health programs?
- 2) Should those being trained in fields such as acupuncture and homeopathy be eligible for the full range of federal education assistance (loans, grants....). If so, what accreditation standards should be applied to schools?
- 3) What can the federal government do to encourage increased training about CAM practices among current and future traditional doctors and researchers?
- 4) What can the federal government do to encourage more good research by the private sector on natural remedies such as vitamin and herbal products that aren't patentable?
- 5) What other steps can the federal government and others take to provide better information to consumers about CAM practices?
- 6) Should the federal government have a unit to coordinate CAM-related activities and discussions among the federal agencies involved — from CDC to NIH to HRSA to FDA to DOD and the VA?
- 7) Are changes necessary at FDA to appropriately review CAM therapies?
- 8) Should questions about CAM use be added to regular government health surveys?

2/13/60

Thank you to the Commission Members for the many changes in their schedule to get here. It reflects their interest and commitment to the Commission.

Review of the Agenda

+ Background Information

- ① 4 Items from Ex Order
- ② Advice from the Commissioner on how to proceed from here
- ③ Open the discussion to the public at the discretion of the Chair. We need you to enlighten us as to your understanding of the issues.
- ④ Have a formal Public Comment Period tomorrow PM

Unique opportunity to affect Policy, Legislation & eventually Regulation

Self Select Form

Peter Reinicke

Govt to catch up the people!

- Public Policy
- Public Input - Plan to lead Public Input
- Questions ① Training / Eligible for Federal Loans, Grad Scholar
- ② C & Practice
- ③ Medicare Support of
- ④ Graduate Education

not involved in NIA/NCCAM-Research Awards

~~Public Investment en C.A.M. en Guineen~~

D. Incentive — maybe similar to Rep. Dem.
relief of integration / Health care - Inclusion of Fed.
med into Fed. Health care Program

7/13/00

(295-2461)

- Efficacy of Products
- Access to - Alt + Cong Med.
- Bewildering Array of Choice Br

Legungsfest

Safety + Efficiency

↑ credibility of Health Caregivers

Education of

→ ↑ Coverage

How I need - Reimbursement

England (OK) - House of Commons - Stephen Strain

DoD/VA/Coordination is inappropriately
coordinated

Ethics - Office of Govt Ethics - No COI -

— American Mutual Funds

- Exemption re General Matters that involve Policy for Health Care Education

Dr. V. A. / Congress / Healthcare //

Sept 8- ~~10~~ SF

A handwritten signature in cursive script, appearing to read 'A. J. J.', is written on a piece of lined paper. The signature is written in dark ink and is positioned in the lower right quadrant of the page. The paper has horizontal blue lines and a vertical red margin line on the left side. The signature is written over the blue lines.

2
3

FDA Requirement for Approval
HCPA - H₀ - Research Requirements before

Research - Incentivize Research for Private Sector

- Efficacy / Safety - Is Compound Drug A or B
Does it work or does it not work
Steve Strauss

- Tax Credit

- DSEA / Drug

- Exclusivity

- Single Drug vs Multiple Drugs

- Regulatory Systems - a narrow
History Supplements / Herbs / Botanicals
Evolution of "Health Care"

"Re-examination of Regulatory Norms"

- Blend of Herbal Products (Multiple Products)

- What we know about Botanicals

- Status / Scope of the Problem ^{Head Speaker}

* Standardization + Purification - Scope of Problem

- active constituents

- Isolating Compound from a herb may not exist

What area has been done?

Outcome Research - Organ, Acupoint

Assessment / Efficacy

- Antiquity of Methodology

- Challenge / Behavioral Medicine / Comp / ^{Medicine} ~~Herbs~~

Isolated Independent and Dependent Variables - a reality

a myth in research

- Challenge of getting Medicine, 3rd Party Products

- actual challenge

- We don't have to know mechanism not necessary
to know that it works

HCPA

- Acute trials

- Move beyond Social Science / Sociology that thinks
- Access to Problem
- Training of Practitioners to judge these studies

§ Straw Where are we now with respect to methodology
 + paradigm
 Conceptual Frameworks - Physicists / Philosophers
 Membership Practice, Education, Health Corporates

Different methodologies more appropriate
 to some interventions

- "Wellness is the goal of Medicine" - New
 Vision or definition of what we need
- "Wellness vs. Illness" Continuum
- Training program in Pharmacoprosy

Define - "Healthy System" - Complementary or ^{medicine} ~~illness~~
 are we talking about traditional medicine
 Model -

- Is this a life system - social system
- Int'l Healthcare Systems / Non Def / Crisis
- Herbals in scope; Studies in Other Countries
- Philosophy of healing
 Nutrition

Dean Arnold
 Healing is the most difficult
 Common ground (CAM - model for healing
 System Integration)

70C CAM Center Directors - Experience
(26-G) streamlining

(3)

Holistic Approach

wellness / ~~Protocols~~ - Indian Community

'Mind - Body - Spirit'

CAMex Adolescent

- Ministry of Medicine - Public Health 'Inland
of Community - maintain what is good'

* Degree of Involvement ~~Other~~ WITH

* Criteria for funding

QoL measurements / tai chi /

allow practice to be practiced as early as possible

IRB - not a real problem

- withdrawal of canceller

- HCF / Admin (Chief Med Officer / Review
to Approvals

Varma / Critical of Process

Resistance to Research / Present

CDC - "field Studies"

Book writer - DCI / NCI

"Adverse Outcome of All Therapies"

what Objective - no forum for advice

CAM data homogeneous

Beneficial / Useful / Harmful

- medical journals / U-hol are they asy as criteria for selection of article
- Acknowledge - Study - has

~~FDA/CDC~~ - Expanded Outcome of Collective Adverse Outcomes

- Forces that would prevent ↑ knowledge who would not want this info to public - threat for openly marketed product - Major pharmaceutical Company

Poster Changes
(A) (6)

7/14/00

more credibility to Testimony of people
Qualitative Research

(B)

Coverage

Access to services

Access to CAM

Insurance

Shafiqul Haque

Reimbursement - issue of Credentiaing
Remove Fraud + Abuse

Certification + Standardization Licensing
types of diff. other of standardizable
Orphan Certify Pro

Obstacles (what have been found useful)

- 1st determinant of Access is Reimbursement

Product (Food, Drug or Supplement) D & HEA Category

Otc Drug - ~~Do Domain~~ at FDA or FTC - Consumer

Force throughout Field - Need a Regulatory + Donor

for standards & domain of time - FDA, FTC
 address the emerging field -

- ③ - Marketing Product
- ④ - Retailer
- ⑤ - Webster

Consumer Basics

What Information do you need to take the products safely?

Geo Symposium
 C. & V. - Licensure - Min level of proficiency
 Individual State Licensure Board
 - Certification of L.A., or Attended
 Direct Supervision, MD & Addict training in Acupuncture
Ohio

⑥ massage therapist / Alex County School
 (Barbara Miltch - Seattle J.D., L.A.)
 - State level

George
 L. V. M.D.
 State
 Credentials
 (W.D.)
 Lari Blum
 Belinsky

Search literature for the information
 - HCFA / L.A. (Wash) - Lynne Shumate
Hospitals - Giving Access - Examples

Herb Research Fund - Boulder, CO - Nancy Burr
Bendley Burr

Some CAM practices are not 'Credentiable'
 "Squeezing into a medical model"
 NCQA, AA Health Association,
 the NR 3306

Process of Credentialing - Downside: loss of
 Creativity
 as CAM Practices increase
 ↑ Expectations → ↑ Disappointment → ↑ Lawsuits

②

Malpractice - New Model - Conflict Resolution

- Think of a Wellness ~~status~~ ^{status} outside of the Bay
- Litigation ^{options} - for not presenting full range of treatment options

① Good Research, Good Credentials, ② Good Licensing, ③ Good Assurance

John W. Under - Dartmouth

⑤ Reimbursement

State of the Art

— World Crew of —

Priority Selling $\left\{ \begin{array}{l} \text{1st tier} \\ \text{2nd tier} \\ \text{3rd tier} \end{array} \right\}$ which service that should be integrated state

Medical System is caught up in the economic

Informed Consent -

- Physicians should always be able to offer some interventions.

Growing Awareness that a lot of \$ going into -
- war - small Nelson

① Information Dissemination
Seen critical
Education Materials
Current Methodology

Joseph Fins
Quality of some of
informal
literacy
sources

Heterogeneity of practice
What is out there?

Collaboration of Pt Support Group

Web MD / Internet Health Provider

{ Small Hospice Association }
Medical
Micromedex
PDR

Bruce Banner / Integrative Medicine
Nat'l Board of Med Examiners

" " " Nursing Examiners
Surgeon General - What the Approach May be
SCAHO / CPD Involvement

CME
{ Steve McPhee } - Palliative Care in Major Text Book
{ Studies } - Look in Medical Text
Norman Farnsworth { Vol II Chicago }
Info at Drug Store } Leader of { whole food
Health Food Store } and only
chain

nancy Bue / Health Food Communities /
Pharmacies / Drug Interactions & Herbs / (NACOS)
(PDR)

micromedex - Alcohol / Food / Drug / Herb / Drug /
Interaction

Jeffrey White / Dr Klausner

* Nutrition / Integrative Medicine
Medicine Foundation - RWJ Fund Involvement
in issues

(Pub Select Issues) * Women's Health Network

* African American,

* Hispanic

content - Market Research Firm
or how she is doing - Focus Group
discussion

(CDC) (Saday) - AM (Nutrition)

Make Info Accessible / Lay magazines / Women's magazines

Nutrition Program in School System - Dept of Education
American Health Fund - Anita Winkler (Jed)

Specialty Societies - Am. College of Cardiology

Herb Research Fund Boulder Poff

Natl Nutritional Trade Assoc - Alex

Assoc of CDs — Alex

Food Marketing Institute D

Onco / D of I - CA & Rosalind Sargent

Retailer - Wholes Food Products Co (Phys)

Wild Oats - Boulder - Nichols John Mackey

Hillman

Software / CAM information - Health Note

① Educational training of H.C. practitioners in CAM
American Medicine - Changing slowly in change could
standard curricula

Run in parallel & overlap

Education of faculty about research of CAM will
result in education of students

Curriculum in med school is formed - capable to
develop CAM specialties

Ch Phys about whatever out there - perhaps
a consultation & a Nutritional, Massage
Therapist, etc

— Don't need another specialist

Don't compartmentalize as in Alternative Medicine

Find ways to ↑ awareness of field & be able
to evaluate evidence of efficacy

Integrate all aspects of medicine will be
to the benefit of all patients

J-Farm — Knowledge of CAM Range -

Problem Based Learning - NAME - Leroy

World
View

"Healing Partnership"

(12)

Fellowship Training - for Advanced Family
GME

for Faculty Development

all Physicians need to ^{Physicians need to} ~~to~~ now self-aware & self-care!

Teaching

Relaxation, Yoga, EFT, Self-awareness

Both are Healers - Self Replenishment, End of Life Issues

Wellness Outlets delivering interventions?

CAM is a living Essence

Wendy IKS (Wellness Jap)

Other practitioners in Health

(How do we bring this information into schools)

Med, Nursing, Pharmacy

Pastoral Care People / Spiritual Support

College of Chaplains

NCQA CA

manure info - Out of Room

New England School Curriculum

LD, TCM, Chiropractic

Spending more time on people ^{will} have \$ for Rx & providers
Unsatisfying experience for Physicians & both
sides

Outcome Analysis / Cost Benefit / Analysis

Add to
Vision
Statement

Society's Perceived Needs -



K23/K22 Award for Trainer Mid Career

Richard Mahan - Curriculum Change / RFA currently available

Keypoint area / Stop Shopping

Emulation of all institutions / sense of teamwork / Exposure to Best Thinking

American Indian Physician Association

Allen Trachtenberg / Joe Benzgoun

Sandra Mc Clellan

* Cigarettes - Bad Diet - Alcohol - Stress -
Env. - Choice of Lifestyles

Outcomes Research / Pre-Post Surgery
Journey - A Good List of Useful

Lunch Program of Stress Mgt /

5% Prevention - 95% of Treatment

≡ Tony Martiney - Translating Health Care Systems =
a legislative concept -

① Invite Solent /

Governor's Health Care Advisory

Unit M. of Congress / Import of Society

American Friend of Choice

- ① Structure - Not Product Recalls
- ② Trade, Benefits
- ③ Fed/State (Interfere) Integrate

Adherence to GMP/ Enforcement action/ Dealer
Supplements /

What does FDA need to be able to take enforcement
action? Equal Enforcement field

Jay Whittle // JP Govt relations

Chumpkins 3rd largest hospital group
It denied access to this care

(Mick Log) Change Healthcare Healing - Worldwide
model - "Will care" issue not a "Healthcare"
issue; Hospice End of Life Care
Reports from Carey Burton

Letter to MOC/ Prof/ Citizens Assoc.

Rev. Barbara Mayesman "All's Well All's True"
Hr of OAM - from Wayne Jones - Creator
Nor-Disease Center

Rec
* Eastern Language Translation - Allis Health
in other parts of world
Training -

Maurice Schweitzer - Mutually Assured Destruction
 1973 - Malpractice Commission (Hew)
 Alternative to Litigation - no rule that precludes
 arbitration gran over

Clinical Research - Cl. Medicine (With Director)
 Need more Cl. Research //

multi-factorial
Methodology tr $\rightarrow$
 People Empowered by Information $\rightarrow$

The White House Commission on Complementary and Alternative Medicine Policy

Planning Meeting Agenda

DEPARTMENT OF HEALTH AND HUMAN SERVICES

July 13, 2000 2:00 P.M. - 5:30 P.M.	Hubert H. Humphrey Building, Room 800
July 14, 2000 8:30 A.M. - 5:00 P.M.	200 Independence Avenue, S.W.
	Washington, DC 20201

- I. Introductions
 Dr. James Gordon, Chair
- II. Welcoming Remarks
 Peter Reinecke
 Legislative Director for Senator Tom Harkin
- III. Ethics Review for Federal Advisory Committee Members
 Karen Santoro
 Ethics Counsel, National Institutes of Health
- IV. Review of the Agenda and Charge to the Commission
 Dr. Stephen Groft, Executive Director
- V. Discussion of Vision, Issues and Concerns of the Commission Members
 - (A) Coordinated research to increase knowledge about complementary and alternative medicine practices and products.
 - (B) Guidance for appropriate access to and delivery of complementary and alternative medicine.
 - (C) The provision to health care professionals of reliable and useful information about complementary and alternative medicine that can be made readily accessible and understandable to the general public.
 - (D) The education and training of health care practitioners in complementary and alternative medicine.

(Discussion Will Include Commission Needs and Methods to Obtain Information, Specific Agenda Items and Activities of the Commission Required to Meet the Commission's Mandate)

VI. Public Comment Period **(1:00 - 2:00 p.m. July 14, 2000)**

VII. Other Activities of the Commission and Staff

1.) Interactive Website

2.) Public Meetings/Hearings

3.) Development of Position Papers

VIII. Future Meeting Dates and Locations

IX. Time Frame for Completion of Report

DEPARTMENT OF HEALTH AND HUMAN SERVICES

July 13, 2000 2:00 P.M. - 5:30 P.M. n

July 14, 2000 8:30 A.M. - 5:00 P.M.

Hubert H. Humphrey Building, Room 800

200 Independence Avenue, S.W..

Washington, DC 20201

*Denise -
Contact us at the
staff -*

Request for information

*Careful to what they
say*

The White House Commission on Complementary and Alternative Medicine Policy
Planning Meeting
Draft Agenda

I. Introductions - Dr. James Gordon, Chair

II. Welcome - *Peta Keneigh*

III. Ethics Review for Federal Advisory Committee Members - Karen Santoro, Ethics Counsel, National Institutes of Health

*Contact Executive of Denise to not
Public comments!*

IV. Review of the Agenda and Charge to the Commission - Dr. Stephen Groft, Executive Director *Bush*

Vision of the Commission and

V. Discussion of Issues and Concerns of the Commission Members

*Self-select area
+ Consultants*

X/4
(4) (A) The education and training of health care practitioners in complementary and alternative medicine; *1 hr permit one each day*

(1) (B) Coordinated research to increase knowledge about complementary and alternative medicine practices and products; *8:30-12:00*

(3) (C) The provision to health care professionals of reliable and useful information about complementary and alternative medicine that can be made readily accessible and understandable to the general public; and

(2) (D) Guidance for appropriate access to and delivery of complementary and alternative medicine.

VI. Public Comment Period (1:00 - 2:00 p.m. July 14, 2000)

VII. Identification of the Needs of the Commission (2 hours)

*Discussion
Group*
(A.) Informational Needs and Methods to Obtain Information *Positive Paper*

(B.) Specific Agenda Items, Agencies, and Speakers Required

(C.) Other Activities of the Commission and Staff

1.) Interactive Website

2.) Public Meetings/Hearings

3.) ~~Development of Position Papers~~

*new E Mail Address
website under
construction
can contact here*

VIII. Future Meeting Dates and Locations

1 meeting

IX. Time Frame for Completion of Report

March 2002

*Interim Report
July 01
new member*

W

The Goal of the Commission is to provide a report, through the Secretary of the Department of Health and Human Services, to the President on legislative and administrative recommendations for assuring that public policy maximizes the benefits of complementary and alternative medicine to Americans.

Stephen C. Groft, Pharm. D.

Executive Director, White House Commission on Complementary and Alternative Medicine Policy

Telephone: 301-435-7592 Office

Fax: 301-480-1691

E-mail: sg18b@nih.gov

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Complementary & Alternative Medicine at the NIH



Spring 2000

Volume VII, Number 2

National Center for Complementary & Alternative Medicine Clearinghouse

What's Inside...

A Message from the Director

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NCCAM Funding Leads
to Nation's First Center for
Pediatric CAM Research

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Shaping the Future of CAM Research: NCCAM's First Town Meeting

"The field of complementary and alternative medicine (CAM) is at an important threshold. The American public wants information about current developments in CAM within a university or hospital setting, not in a marginalized or fringe arena. To help academia and the government address this provocative area, we now must discuss these therapies in an open and informative setting."

David M. Eisenberg, M.D., Director of the Center for Alternative Medicine Research and Education (CAMRE), Beth Israel Deaconess Medical Center, and Assistant Professor of Medicine, Harvard

Medical School, both in Boston, Massachusetts, made these remarks at the first town meeting on CAM research.

Stephen E. Straus, M.D., the first permanent director of the National Center for Complementary and Alternative Medicine (NCCAM), National Institutes of Health (NIH), sponsored this town meeting with the CAMRE in Boston on March 15, 2000. The meeting brought medical experts together to discuss current developments in CAM research at the local, regional, and national levels, as well as at the NIH.

Continued on page 8



David M. Eisenberg, M.D.



Stephen E. Straus, M.D.

Thoughts on the Commission for Complementary and Alternative Medicine Policy

Wayne B. Jonas

Since I am unable to be at most of the first meeting of the Commission I have provided the following thoughts for the group to consider.

To achieve its goal of formulating effective policy recommendations for the integration of complementary and alternative medicine (CAM) into the health care systems the Commission will need address several issues.

1. Public training and input: CAM is a public phenomenon and so input and understanding of public motivations for CAM use are essential. In addition, methods of training public members and incorporating public concerns into ongoing decisions about information dissemination, education and training, coordination of research, and access to CAM are needed.
2. Definitions: A definition and description of CAM should be formulated. The current definition of CAM as those practices that are excluded from conventional medicine is inadequate. The definition should clarify the contributions CAM offers our health care system and the criteria that are important for prioritizing development of particular practices and approaches to integration. An emphasis on health promotion and health support (that create wellness) as a primary orientation to treatment of chronic disease are key. In addition providing a holistic approach to medical care that values subjective and low-impact approaches should be a focus.
3. Information: Providing reliable and useful information about CAM requires identifying the primary uses for which different types of information are produced. Different audiences value different types of information and use it in different ways. Clarification of the primary types of information needed and how to development and provide the public with these types of information should be addressed.
4. Research strategies: Once the types of information desired are clarified a coordinated research strategy can be developed to obtain that information. Thus Commission task (b), coordinated research, follows Commission task (c), identification of information needs. Not only is a clear process for prioritizing the many possibilities in CAM research needed, also mechanisms to assure public input (as recommended by a recent IOM report) into this process must be established. Ways to support basic science research (into areas of public interest in CAM) and to stimulate private investment into knowledge and technology transfer of CAM discoveries are

especially important.

5. Education and training includes: 1) the minimum knowledge, skills and attitudes needed by conventional health care professionals for the proper management of CAM areas, 2) standards for assuring quality expertise and professionalism of CAM specialists. In addition, issues such as 3) training in evidence and ethics-based skills, 4) culturally-sensitive health care delivery, 5) patient education and 6) adequate self-care are integral parts of all health care provider education and training. The Commission may also want to comment on public training (in schools and public health efforts) concerning these issues.
6. Access and payment: Decisions about access and payment for CAM products and services involves a combination of values and evidence. Methods of assuring the quality of products (supplements, drugs and devices) and practitioners (trained, licensed or certified and peer-monitored) are needed and should be standard across disciplines. The evidence and values criteria for deciding on reimbursement must be consistently applied. Methods for managing personal bias and judgement flaws should be part of this process. Access for special populations (women, children, minorities, the elderly, the poor, veterans and the military, etc.) must be considered and special efforts taken to assure these populations have access to effective CAM therapies and are protected from dangerous ones.

The Commission's report should build in recommendations to help government agencies effectively implement its recommendations. We don't want the report to just gather dust as can easily happen on recommendations to the government. Some options may include:

1. Develop a special Office for the Integration of CAM that would work with all federal agencies to coordinate implementation of the Commission's recommendations and keep track of new developments.
2. Develop full time liaisons with strategic agencies and congressional offices to help coordinate the commission's recommendations into a coherent health care policy.
3. I think that six special sub-committee's (or more) made up of Commission members and outside consultants and experts should be created to write the core background documents and draft recommendations. These subcommittees should each address one of the topics above and perhaps others.
4. States where considerable efforts at CAM integration are already underway (such as Maryland, Washington, California and Minnesota, etc.) should be consulted for their experience and input. See the summary of activities in Washington State as an example.

ergonomic mouse pad and Logitech ergonomic track ball

4-5 power strips (check on how many are needed. I have one now)

book ends (8 sets)

4th shelf for book case in Gerry's office

2 bulletin boards + thumb tacks

top spiral note pads

phone message yellow pads

Congressional, Federal, State Yellow Books

(Lamps)

name plates for plaques outside of doors

small office recycling boxes

Shelves for book cases in Michele's office and Steve's office

picture hangers

desk blotter

computer document stand (see Michele's)

spray cleaner and paper towels

hangings
^ file dividers

FDA regulatory up
ability to cool

where, how many, dates, ^{logistics} process/~~logistics~~, publicity, commiss -
attending, state & local attendance

Paz - scan all journals nursing, psychology. etc

Staff to
sub groups

town
mtgs -
19e mtgs
20
p. 14 m. 8.

① identify other agencies: DoD, NCAAM, FDA, HCF A, CDC, other parts of NIH, other agencies, pwr. sector -

what they need to know

FTC, HHS
EPA?

Internat'l - speaker here??

had journals (editors)

groups that certify, standardize, ~~license~~ ^{accredit} insurance companies, 4mos + fees per ser.

Barbara Mitchell Trade License Issues

networks CAM providers in 50 states
managers of food, drugs, supplements.

Chronic
practitioners
of physics

①
[Complete list of licensing organ for CAM
+ lic. sur. Best for
Phyp, nurses, & other HCP

Hopitels - 1+ common hosp accres.

Attorneys - malpractice
Other models

Children, schools, parents, Internet - sensors, etc.

need to know state of the art
how credible, reliable, how disseminated

Need working group agenda to invite speakers

get names

names of presenters from commissioners

ways to communicate

clearinghouse, consensus statement

Surgeon General - Satcher
AAMC

collat with other advocacy gr. e.g. pt. care

undernet health providers

relevant Prof + vol. groups

Nat Hospice Org

CME

Constraints markets, health f/d stores, drug stores

Med, Pharm schools

Metronome Foundation & Highmark

Women's Health Network

Journals, lay magazines, radio, mass media
Gordon - / get from comics rec. for and need to /
reach

Nutritionists -

Am Health Foundation

Am College of Cardiology

use met + dieticians now as agencies - expand that

NCQA model - practice providers work together

Open up CAM to West & well as West to CAM

Outcomes research cost v benefit

Interactive Website -

e-mail address - contact or
become part of Listservs

Staff synthesis

Shalala - come to mtg
Consensus report
July interview

Oct 5-6 - next mtg -

Sept 8 - town mtg 57



2000 L Street, N.W., Washington, D.C. 20036 • (202) 331-2000 • Fax (202) 331-0111

July 12, 2000

Dear White House Commission Participant,

Welcome!! We are pleased you are here for the Meeting of the White House Commission on Complementary and Alternative Medicine Policy.

A minibus has been arranged to transport you and your guest, if applicable, to the events and the meetings each day. Please note the schedule below.

The minibus will have a sign reading: **"WHITE HOUSE COMMISSION MEETING"**

Thursday, July 13, 2000

10:15 a.m. Pick up at The Governor's House Hotel – 1615 Rhode Island Ave, NW
10:45 a.m. Arrive at the Old Executive Office Building – Pennsylvania Ave entrance

12:00 p.m. Pick up from the Old Executive Office Building
(Guests may continue on to the meeting, or may take a cab back to the Hotel or to other sites in DC.)

12:30 p.m. Arrive at Hubert Humphrey Building – 200 Independence Ave, SW

5:30 p.m. Pick-up at Hubert Humphrey Building
6:00 p.m. Arrive at The Governor's House Hotel

6:30 p.m. Group dinner in the hotel restaurant

Friday, July 14, 2000

7:45 a.m. Pick up at The Governor's House Hotel – 1615 Rhode Island Ave, NW
8:15 a.m. Arrive at Hubert Humphrey Building – 200 Independence Ave, SW

4:30 p.m. Meeting adjourns – Cabs will be arranged for transport to airports.

Reimbursement: We will give you an expense report to complete after the meeting so that you can be reimbursed for expenses such as meals and ground transportation.

If you have any questions while you are here, Cecile Phillips of Courtesy Associates will be onsite at the meeting, as well as, coordinating transportation to and from the events.

We hope you have an enjoyable time here in Washington!

Draft 7/12

White House Commission on Complementary and Alternative medicine Policy

Pre-planning meeting, July 11, 2000

Jim Gordon

Steve Groft

Michelle Chang

Gerry Pollen

Full Meetings

July 13 Planning Meeting (1st full meeting)

- focus on ideas, issues, concerns, questions, needs, areas to cover
- present meeting procedures, scheduling, future agenda, vision for the commission
- allow 1 hour for each topic
- public session (after lunch), explain up front and again just before the session that those wishing to speak will have 5 minutes, (dialogue will be allowed another 5 minutes), capture questions/issues
- send raw material to others for comment (one week turn-around)
- have members identify 1-2 areas of interest or prioritize interest in the 4 topics identified;
- use conference calls (may form subcommittees)

4 Full Meetings Each Covering One Area (see July 13 agenda for sequence)

- 4 topics in sequence (come back to research in light of what is learned from large and smaller meetings)
- Background information—package for next meeting, most likely October 5-6; use NCCAM Web site; ListServ (Anita Green)
- presentations, papers, discussion, what's missing
- input from other Federal government and private sector groups, ad hoc expertise, NCCAM Interagency Coordinating Committee
- public time during every meeting; public input will be received for the life of the commission, set closing date

Probably 2 Additional Full Meetings

- one at the end of the process to address loose ends, refinement

Smaller Meetings

- around the country
- open to all 4 topics
- Gordon, Groft, local commission members

Interested Persons

people who are interested in being involved can send a letter and CV and explain how they can contribute

Development of Report

sharing of drafts on a need-to-know basis
focus on the gathering of information, not on the document
work in progress

Recommendations

policy
legislative action
not implementation

Final Report

July 2001 – interim report
December 2001 – final report
March 7, 2002 – presentation by the President

July 11, 2000

Note to Dr. Kirschstein:

We have scheduled the first meeting of the White House Commission on Complementary and Alternative Medicine Policy for July 13-14 at the Humphrey Building. At 11:00 the Commission members will participate in a swearing-in ceremony at the Old Executive Office Building. Attached is an invitation to attend the ceremony. Linda indicated you had a scheduling conflict with another meeting at the Rayburn building that day and probably would be unable to attend.

The first meeting will be a planning meeting as we attempt to establish the agenda for the Commission. My new phone number is 301-435-6199 at Rockledge II, Rm 1-010 .

Steve Groft

July 11, 2000

Note to Dr. Kirschstein:

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Steve Groft

3. Should a federally-sponsored entity be established to coordinate CAM-related activities and discussions among federal agencies?

Public Information:

1. How can useful, reliable and updated information about CAM products and practices be made more accessible to the public and to health professionals?

COMMISSION MEMBERSHIP

The White House will identify and appoint 10-12 knowledgeable and prominent representatives with expertise in health care practice and/or CAM from the public and private sectors in the following measure:

- 2-3 CAM practitioners
- 2-3 conventional medical practitioners
- 2-3 researchers of CAM or conventional sciences
- 2 health policy analysts
- 2-3 consumers/patient representatives

The Chair should be a respected health care professional with broad-based health care and public policy experience, who reflects an openness to innovative alternative practice and an ability to balance a wide diversity of views.

Additionally, a number of ex officio representatives will be identified from federal agencies to provide technical assistance and expertise.

An executive staff will be established to organize and support the Commission, and will include detailees from federal agencies.

TIME LINE and FUNDING

The Commission would be named and begin its work by April 15, 1999. It would conclude its work and provide its recommendations to the President and Congress by May 1, 2000. It would be funded by the \$1,000,000 provided through the National Center for Complementary and Alternative Medicine in the Fiscal Year 1999 Labor, HHS Appropriations Act.

Looking for Procedural Steps
Scope of Work

Heri Poller

Draft (Preliminary) Report - Release - Public Comment
Revised Document
Background Information

DEPARTMENT OF HEALTH AND HUMAN SERVICES

July 13, 2000 2:00 P.M. - 5:30 P.M.

Hubert H. Humphrey Building, Room 800

July 14, 2000 8:30 A.M. - 5:00 P.M.

200 Independence Avenue, S.W.

Washington, DC 20201

The White House Commission on Complementary and Alternative Medicine Policy

Planning Meeting

Agenda

- I. Introductions - Dr. James Gordon, Chair - *Personal + Professional Interests*
Staff - Michelle Chang, Heri Poller
- II. Welcoming Remarks - Peter Reinecke, Legislative Director, Senator Tom Harkin's Office
- III. Ethics Review for Federal Advisory Committee Members - Karen Santoro, Ethics Counsel, National Institutes of Health
- IV. Review of the Agenda and Charge to the Commission - Dr. Stephen Groft, Executive Director
- V. Discussion of Vision, Issues and Concerns of the Commission Members
Commissioners discuss these 4 issues. Audience Open to Public Comment when complete
 - (A) Coordinated research to increase knowledge about complementary and alternative medicine practices and products; *NCCAM / DOH / VA what is going on? NCCAM has initiated a # of programs Private Philanthropy*
 - (B) Guidance for appropriate access to and delivery of complementary and alternative medicine; *- Integration of CAM - Medical Practice - Reimbursement - Safety + Effectiveness data for intervention may be needed*
 - (C) The provision to health care professionals of reliable and useful information about complementary and alternative medicine that can be made readily accessible and understandable to the general public; and *providing information to the public*
 - (D) The education and training of health care practitioners in complementary and alternative medicine.
 - *Licensure, (Education formal training requirements, Certification)*
 - *Curriculum*
 - *Continuing Education*
 - *Scholarship / Loans for Education + Training*

*Participate in
e.g. focus group
surveys*

we will use

Other Federal Agencies and Private Sector ^{organizations}
to help in our activities including ^{activities} ~~at~~ ^{ACF and} ~~other~~

^{Subcommittee}
Consultants

Discussion Will Include Commission Needs and Methods to Obtain Information,
Specific Agenda Items and Activities of the Commission Required to Meet the
Commission's Mandate

VI. Public Comment Period (1:00 - 2:00 p.m. July 14, 2000) ^{max of 5 minutes}
^{depend on # of Requests}

VII. Other Activities of the Commission and Staff

1. Summary of Presentations
2. No response from Commission
will be read
3. Minutes

- 1.) Interactive Website ^(Internet Broadcast) - Source of Information to Public -
Feedback on Issues
- 2.) Public Meetings/Hearings - all meetings open
^{Focus Group meetings} ^{town hall meetings} ^{series of questions}
- 3.) Development of Position Papers - Commission to determine if
special paper

VIII. Future Meeting Dates and Locations 1 meeting ^{ISSUE} - 10 w/DC 10 other outside of DC
6.25-6 7-8 total

IX. Time Frame for Completion of Report - 1 year from today we want a
near complete report to take
action on contents Public Comment
* - Preliminary Report - 1 Co

Insert ~~to~~ Change to the Commission - to provide a report to the President
through the Secy on legislative + administrative
recommendations to assure that public policy
maximizes the benefits of complementary + alternative
medicine to Americans

A quite different goal than when that a related program
was initiated to begin to investigate, evaluate and
validate complementary + alternative ^{medical} interventions
at that time we were simply trying to identify
the numerous interventions

THE WHITE HOUSE

Office of the Press Secretary

For Immediate Release

July 13, 2000

PRESIDENT CLINTON NAMES THIRTEEN MEMBERS TO THE WHITE HOUSE COMMISSION ON COMPLEMENTARY AND ALTERNATIVE MEDICINE POLICY

President Clinton today announced the appointment of the following members of the White House Commission on Complementary and Alternative Medicine Policy: Chair: James S. Gordon, M.D.; George M. Bernier, Jr., M.D.; George Thomas DeVries, III; William R. Fair M.D.; Joseph J. Fins, M.D.; Wayne B. Jonas, M.D.; Charlotte Rose Kerr, R.S.M.; Dean Ornish, M.D.; Conchita M. Paz, M.D.; Buford L. Rolin; and Julia Scott. President Clinton today also announced his intent to appoint Thomas M. Chappell and Dr. Effie Poy Yew Chow as members of the White House Commission on Complementary and Alternative Medicine Policy.

Dr. James S. Gordon, of Washington, DC, who will serve as Chair of the Commission, is currently the Director of the Center for Mind-Body Medicine. Previously, he chaired the Program Advisory Council at the Office of Alternative Medicine of the National Institute of Health. In addition to maintaining a private practice in Psychiatry and Medicine, Dr. Gordon has been a Clinical Professor at the Georgetown University School of Medicine in the Departments of Psychiatry and Family Medicine since 1980. He is a member of the National Institute of Health's Cancer Advisory Panel and was the Director of a Special Study of Alternative Services for the President's Commission on Mental Health. He has written extensively on the subjects of psychiatry and alternative and holistic care, and serves on the Editorial Boards of *Alternative and Complementary Therapies* and *Alternative Therapies in Health and Medicine*. He received his A.B. from Harvard College and his M.D. from Harvard Medical School.

Dr. George M. Bernier, Jr., of Galveston, TX, is a hematologist/oncologist and is currently the Vice President for Education at the University of Texas Medical Branch. Previously, he was Vice President for Academic Affairs, Dean of Medicine, and a Professor of Medicine at the University of Texas. Dr. Bernier has held academic appointments at the University of Pittsburgh, Dartmouth-Hitchcock Medical Center in Hanover, New Hampshire, and at Case Western Reserve University in Cleveland, Ohio. He has published numerous articles and abstracts, and several books. He received a B.A. degree from Boston College and a M.D. degree from Harvard University.

Mr. George Thomas DeVries, III, of Rancho Santa Fe, CA, is Chairman, President, CEO and co-founder of American Specialty Health and its subsidiaries, American Specialty Health Plans, American Specialty Health Networks, and American Specialty Health & Wellness. In his position, he manages complementary and alternative health care benefits, networks and services for over 60 health plans covering over 25 million Americans. American Specialty Health Plans is a licensed specialty health plan covering over 3.7 million Californians for chiropractic and

acupuncture. American Specialty Health Networks is a national health services organization serving over 21 million Americans and offering a provider network of over 19,000 chiropractors, acupuncturists, massage therapists, dieticians, naturopaths, and fitness clubs. American Specialty Health & Wellness is an alternative healthcare consumer products company offering e-commerce and mail order. Mr. DeVries has published a number of articles and has lectured on alternative health care in managed care and third-party reimbursement. He received a B.A. from the University of California at San Diego.

Dr. William R. Fair, M.D., of Long Boat Key, FL, was, until recently, the Florence and Theodore Baumritter/Enid Ancell Chair of Urology, and was Chief of the Urology Service at Memorial Sloan-Kettering Cancer Center in New York City. Currently, he is Emeritus Professor of Urology at the Joan and Sanford I. Weill Medical College of Cornell University and Member Emeritus at Memorial Sloan-Kettering. Dr. Fair serves on the Cancer Advisory Panel for the National Center for Complementary and Alternative Medicine. He is the Editor-in-Chief of *Molecular Urology* and the Associate Editor of *Alternative Therapies in Health and Medicine*, and on the editorial boards of other highly respected journals. He has published extensively in the areas of urology and oncology. He chairs the Committee on Complementary and Alternative Medicine of the American Urologic Association, and is Chairman of the Clinical Advisory Board of Health LLC. Dr. Fair received his B.S. from the Philadelphia College of Pharmacy and Science and his M.D. from Jefferson Medical College.

Dr. Joseph J. Fins, of New York, NY, is an internist and Director of Medical Ethics at New York Weill Cornell Medical Center of New York - Presbyterian Hospital, Associate Professor of Medicine and Medicine in Psychiatry at the Joan and Sanford I. Weill Medical College of Cornell University, Associate Professor in the Program in Clinical Epidemiology and Health Services Research at Weill Cornell Graduate School of Medical Sciences, and Associate for Medicine at The Hastings Center. He lectures extensively and has written widely in the field of Medical Ethics. Dr. Fins received his B.A. from Wesleyan University and his M.D. from Cornell University Medical College.

Sister Charlotte Rose Kerr, R.S.M., of Baltimore, MD, is a Registered Nurse, a Practitioner of Traditional Acupuncture and, since 1977 a Senior Faculty Member at the Traditional Acupuncture Institute. Previously, she was an Assistant Professor of Nursing at the University of Maryland School of Nursing. Sister Kerr has been a member of the Advisory Council of the National Institutes of Health (NIH) Alternative Medicine Program. She has spent several summers in Europe, studying such subjects as Theology and Healing. In her work, Sister Kerr emphasizes the integration of Western traditional medicine and complementary healing methods. Sister Kerr received her B.S.N. from the University of Maryland School of Nursing. She received her Master's Degree in Public Health from the University of North Carolina and another Master's Degree in acupuncture from the College of Traditional Chinese Medicine, U.K.

Dr. Wayne B. Jonas, of Alexandria, VA, is currently a member of the Department of Family Medicine of the Uniformed Services University of the Health Sciences F. Edward Hebert School of Medicine. Previously, Dr. Jonas served as the Director of the Office of Alternative Medicine for the National Center for Complementary and Alternative Medicine at the National Institutes of Health. Prior to that, he served as the Director of the World Health Organization

Collaborating Center for Traditional Medicine. He has authored and co-authored numerous publications on alternative and homeopathic treatment and care. Some of his current research includes projects in environmental toxicology, neurotoxicology, stroke, and biofield healing. Dr. Jonas received a B.A. from Davidson College and a M.D. from Bowman Gray School of Medicine.

Dr. Dean Ornish, of Sausalito, CA, is the founder, president, and director of the non-profit Preventive Medicine Research Institute. He is Clinical Professor of Medicine at the University of California, San Francisco, and a founder of the Osher Center for Integrative Medicine there. He was the first to prove that heart disease is reversible by changing diet and lifestyle. He has published many books and academic papers and has received numerous awards in recognition of his work. Dr. Ornish received a B.A. from the University of Texas and completed his medical training at the Baylor College of Medicine in Houston, Harvard Medical School, and the Massachusetts General hospital. He was a clinical fellow in medicine at the Harvard Medical School. Dr. Ornish was recognized by Life magazine as "one of the 50 most influential members of his generation."

Dr. Conchita M. Paz, of Las Cruces, NM, has maintained a private practice, in which she specializes in family medicine, for ten years. Currently, she serves as a part-time faculty member at the University of New Mexico School of Medicine and at the Southern New Mexico Family Practice Residency Program. She was Chairperson of the Family Practice Department and serves on a number of committees at Memorial Medical Center. Dr. Paz received her B.S. and M.D. degrees from the University of New Mexico.

Mr. Buford L. Rolin, of Atmore, AL, has been the Health Administrator for the Poarch Band of Creek Indians since 1984. He is a member of the State of Alabama Public Health Advisory Board and a member of the Board of Directors of the Creek Indian Heritage Memorial Association. Mr. Rolin is currently the Chairman of the Creek Indian Arts Council. He is the former Chairman of the National Indian Health Board, and he still serves as a member of the Executive Committee and as a Member-At-Large. He has received several awards from the National Indian Health Board, and he has also received a Lifetime Achievement Award from the Poarch Band of Creek Indians. Mr. Rolin attended the Health Services Administrators Development Program at the School of Community and Allied Health of the University of Alabama and Pensacola Junior College.

Ms. Julia Scott, of Washington, DC, is President of the National Black Women's Health Project (NBWHP), a national membership organization that focuses on wellness, self-help, and health advocacy. Previously, she was Director of the Public Policy and Education Office of NBWHP. Ms. Scott was Special Assistant to the President and Coordinator of the Adolescent Pregnancy Child Watch at the Children's Defense Fund. She has directed and administered to several foundations and community health agencies and has written numerous articles on African American Women's health. Ms. Scott was educated in nursing at the Waterbury Hospital School of Nursing.

Mr. Thomas Chappell, of Kennebunk, ME, is the co-founder and CEO of Tom's of Maine, which he co-founded with his wife Kate in 1970. It is a company that produces

innovative, natural personal products and natural wellness products in a caring and creative work environment. Mr. Chappell is founder and CEO of the Saltwater Institute, a learning institute of leaders seeking to integrate their values into their personal and professional lives. He is active in many philanthropic organizations, among them an Advisory Council member for the Center for Study of Values in Public Life at Harvard Divinity School, Harvard Divinity School Dean's Council, and a Board Member of the Nature Conservancy of Maine. He has written two books, *The Soul of a Business* and *Managing Upside Down*. Mr. Chappell received his B.A. from Trinity College and his Master's in Theology from the Harvard Divinity School.

Dr. Effie Poy Yew Chow, of San Francisco, CA, is the founder of the East West Academy of Healing Arts in 1973 and, more recently, The Qigong Institute, the American Qigong Association, and the World Qigong Federation. She is the recipient of over twenty awards including "The Humanitarian of the Year 1999" and the "Visionary of the Decade 2000" awards. She has been the only Qigong Grandmaster and acupuncturist involved in the development of national health policies within DHHS. She was also involved in the first Ad Hoc Advisory Panel of the Office of Alternative Medicine at NIH. She has made over two hundred and fifty media appearances and interviews in the area of complementary and alternative medicine. Dr. Chow received her training in Traditional Chinese Medicine and Qigong in China, Hong Kong, Taiwan, Canada, and the United States. She is a registered public health and psychiatric nurse and has received a Master's degree and a Ph.D.

The White House Commission on Complementary and Alternative Medicine shall provide a report, through the Secretary of Health and Human Services, to the President on legislative and administrative recommendations for assuring that public policy maximizes the benefits to Americans of complementary and alternative medicine.

A Modest Proposal: Creation of a Position and/or Office Within the Office of The Secretary for Health and Human Services, perhaps within the Office of Public Health and Science

From the Alternative and Complementary Health Practices Special Primary Interest Group (ACHP-SPIG) of the American Public Health Association (APHA)

Current Problems that Creation of this position would alleviate:

- 1) The public has many great expectations for the NIH Office of Alternative Medicine (OAM, now the National Center for Complementary and Alternative Medicine or NCCAM), but many of these are well outside the boundaries of NIH functions or mission. The incumbent for this position would analyze public demands and expectations, using surveys and other scientific methods as needed, and make recommendations to the Secretary as to which of these expectations, needs and demands can and should be addressed by the department. The incumbent would recommend the best component(s) of the department to address those needs that the Secretary decides should be addressed and would negotiate with those components on tasks, timetables and resources. This position would have oversight responsibility over all funds designated by congress for alternative therapies and would perhaps even have the authority to dictate shifts of those funds between agencies to ensure that DHHS activities in this area are cost-effective and appropriately balanced.
- 2) Other departments have rising needs for expert consultation from DHHS in the area of alternative and complementary health practices (ACHPs). For instance, many military hospitals are asking their Offices of the Surgeons General (OSGs) for guidance on physician privileges in acupuncture and other ACHPs and those OSGs often call on the OAM for assistance in providing guidance. These are education and certification issues that do not really come under the NIH mission and such requests from DOD and other departments would best be handled (or at least referred) through the HHS Secretary's Office, rather than the current situation, in which the OSGs contact the NIH OAM directly, rather than going through any kind of departmental process that might refer them to a more appropriate component working with ACHP issues. As these other issues arise that require HHS input to other departments, the Office of the Secretary would become the coordinating body across the government for ACHP, just as it already is for most other important health issues.
- 3) Initiatives, task forces and programs dealing with ACHPs are sprouting up from one end of DHHS to the other. While some have looked to the NIH- OAM for guidance and coordination, that office has (properly) declined to play any more active a role than to facilitate communication and keep other HHS components abreast of new scientific developments. There are several potential problems here that could be prevented by a central ACHP coordinating function within the Office of the Secretary. These include preventing different parts of the Department from adopting inconsistent public positions or policies and mediating potential conflicts between different DHHS components which might arise from inconsistent internal positions.

4) While the NIH has the NCCAM, the Center for Substance Abuse Treatment (CSAT) has its Office of Pharmacologic and Alternative Therapies (OPAT), the Indian Health Service has its Director's Initiative in Traditional Medicine, and both FDA and HRSA also have programs with staff who have expertise and are working with various aspects of ACHPs. Currently, various DHHS staff are invited to give talks and publications about their own programs and activities, but there is no one in a position to give an overview of the whole department's whole spectrum of activities. Consequently, members of the public who are vocal constituents for ACHP do not appreciate how much the whole Department is already doing. Sometimes this is expressed as frustration with or blame for the NIH. Sometimes this is framed as a more general and serious complaint that despite one third of Americans subjecting themselves to unorthodox therapies each year, DHHS is ignoring the major public health issues, concerns and even opportunities raised by the high prevalence of these health practices and interests.

Resources Required:

Two FTEs, one a GS-15 or above health professional (preferably an MD or DO) with expertise in ACHPs, and a clerical support position. If the work-load demands it, a third FTE might eventually be required for a public health advisor or analyst at the GS 10-13 level, and a Medical Officer at GS 14/15, especially if the primary position had not been filled by a physician. A first year budget of \$500,000 would allow for all needed activities to establish a presence and conduct the needed assessments both within the Department and utilizing outside experts and consultants as needed. This budget amount should be drawn from the NIH OAM appropriation, as a departmental evaluation (1% money) activity. This might not even require legislative action, although the sponsors of the original OAM legislation would probably be extremely supportive of this new position and function within the Office of the Secretary.

For further discussion of this ACHP-SPIG proposal, Duchy Trachtenberg, LCSW-C, may be contacted at 301-984-5831 or by email at duchy@erols.com.

A Modest Proposal: Creation of a Position and/or Office Within the Office of The Secretary for Health and Human Services, perhaps within the Office of Public Health and Science

From the Alternative and Complementary Health Practices Special Primary Interest Group (ACHP-SPIG) of the American Public Health Association (APHA)

Current Problems that Creation of this position would alleviate:

1) The public has many great expectations for the NIH Office of Alternative Medicine (OAM, now the National Center for Complementary and Alternative Medicine or NCCAM), but many of these are well outside the boundaries of NIH functions or mission. The incumbent for this position would analyze public demands and expectations, using surveys and other scientific methods as needed, and make recommendations to the Secretary as to which of these expectations, needs and demands can and should be addressed by the department. The incumbent would recommend the best component(s) of the department to address those needs that the Secretary decides should be addressed and would negotiate with those components on tasks, timetables and resources. This position would have oversight responsibility over all funds designated by congress for alternative therapies and would perhaps even have the authority to dictate shifts of those funds between agencies to ensure that DHHS activities in this area are cost-effective and appropriately balanced.

2) Other departments have rising needs for expert consultation from DHHS in the area of alternative and complementary health practices (ACHPs). For instance, many military hospitals are asking their Offices of the Surgeons General (OSGs) for guidance on physician privileges in acupuncture and other ACHPs and those OSGs often call on the OAM for assistance in providing guidance. These are education and certification issues that do not really come under the NIH mission and such requests from DOD and other departments would best be handled (or at least referred) through the HHS Secretary's Office, rather than the current situation, in which the OSGs contact the NIH OAM directly, rather than going through any kind of departmental process that might refer them to a more appropriate component working with ACHP issues. As these other issues arise that require HHS input to other departments, the Office of the Secretary would become the coordinating body across the government for ACHP, just as it already is for most other important health issues.

3) Initiatives, task forces and programs dealing with ACHPs are sprouting up from one end of DHHS to the other. While some have looked to the NIH- OAM for guidance and coordination, that office has (properly) declined to play any more active a role than to facilitate communication and keep other HHS components abreast of new scientific developments. There are several potential problems here that could be prevented by a central ACHP coordinating function within the Office of the Secretary. These include preventing different parts of the Department from adopting inconsistent public positions or policies and mediating potential conflicts between different DHHS components which might arise from inconsistent internal positions.

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**7/14/00 Statement to White House Commission on Alternative Medicine
Duchy Brecht-Trachtenberg, LCSW-C**

The outcomes from public health initiatives depend on many of the same independent variables that affect standard clinical practice, including compliance and interactions. In recent years, however these factors have changed remarkably. The public's increasing use of alternative and complementary therapies has introduced new issues that affect most clinical events.

ACHP is, in effect, a definition of exclusion referring to those treatments having alternative origins, outside of the conventional medical system. It can include everything from trained, licensed and regulated naturopathic physicians to patient self-treatment, dietary supplements and mail-order providers on the internet. The potential for significant differences in quality and safety of care are obvious. One of the greatest challenges facing public health managers attempting to harness the potential benefits available from ACHP therapies is separating the scientific corn from the husk. The number of scientific studies has increased exponentially, but at the same time, the level of "junk science" seems to be increasing even more quickly.

Our ability to take advantage of the benefits and avoid the risks of ACHP therapies in public health depends, in my opinion, on consideration of the following principles:

1. *ACHP therapies are here to stay.* Ignoring them only forces us to make decisions without all the information.
2. *ACHP therapies present both benefits and risks, not unlike conventional therapies.* While natural therapies have many well-documented uses and tend to be less toxic and more accessible, they also generate significant morbidity and mortality when used incorrectly. The same considerations including compliance, drug-nutrient interactions, pharmacodynamics and assurance of proper administration apply here as well.
3. *ACHP is not a simple subset of conventional medicine.* Legitimate providers often require unique training to the level of conventional medical physicians in order to safely and effectively apply these therapies. It may be a mistake to assume that the conventional medical model can inherently evaluate or apply ACHP principles.

4. *The effective combination of conventional and ACHP approaches has the potential to improve public health outcomes and reduce costs.* The addition of ACHP strategies can affect many current public health initiatives in many ways, including improved compliance, outcomes and costs.
5. *Participation of all types of licensed health professionals who include ACHP's in their practices should be involved in any public deliberations.* In particular, Chiropractors, Naturopathic Doctors (ND's) and licensed acupuncturists (LAc's) should all be included in the deliberations of this commission, not just MD's. If any of the states has recognized another type of health professional with licensure or certification, then that type of professional should be represented here.
6. *Coordination of Federal Initiatives needs to begin, so all outcomes can be measured and efforts are maximized rather than duplicated. Please refer to the APHA ACHP Proposal.*

Initiatives, task forces and programs dealing with ACHP's are sprouting up from one end of DHHS to the other and many other Departments, including Veterans' Affairs and DOD have also conducted ACHP activities. There is a need for a single focal point within the government to coordinate ACHP activities, including, but not limited to, research. The NIH should be allowed to focus solely on research, and other ACHP issues should be coordinated at the Department level.

In conclusion, I suggest that the best public health outcomes will result from a credible and meaningful collaboration of common-sense public health wisdom and competent therapies. This collaboration, to be effective, must include well-trained and knowledgeable providers and managers from both areas. It must also include careful consideration of all independent variables including patient self-treatment, subject reliance on "untrained" providers and the potential for these actions to undermine public health objectives. Simply put, ² our culture has changed and the American Public Health Association's Special Primary Interest Group (SPIG) on ACHP has started the process of accounting for the new benefits and risks that come with the popularity of ACHP therapies. Our group has several hundred members currently, including ND's and LAc's, and we continue to bring additional types of health professionals into APHA, often for their first contact with organized public health. We recognize an affinity between holistic practitioners and public health, which by its nature has always taken a holistic approach.

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**President Clinton Names Thirteen
Members to The White House Commission
on Complementary and Alternative
Medicine Policy**

THE WHITE HOUSE

Office of the Press Secretary

For Immediate Release

July

**PRESIDENT CLINTON NAMES THIRTEEN MEMBERS TO THE WHITE HOUSE COMMISSION
ON COMPLEMENTARY AND ALTERNATIVE MEDICINE POLICY**

President Clinton today announced the appointment of the following members of the White House Commission on Complementary and Alternative Medicine Policy: Chair: James S. Gordon, M.D.; George M. Bernier, M.D.; George Thomas DeVries, III; William R. Fair M.D.; Joseph J. M.D.; Wayne B. Jonas, M.D.; Charlotte Rose Kerr, R.S.M.; Dean Orni Conchita M. Paz, M.D.; Buford L. Rolin; and Julia Scott. President Clinton today also announced his intent to appoint Thomas M. Chapp Dr. Effie Poy Yew Chow as members of the White House Commission on Complementary and Alternative Medicine Policy.

Dr. James S. Gordon, of Washington, DC, who will serve as Chair of the Commission, is currently the Director of the Center for Mind-Body Previously, he chaired the Program Advisory Council at the Office of Alternative Medicine of the National Institute of Health. In addition to maintaining a private practice in Psychiatry and Medicine, Dr. Gordon has been a Clinical Professor at the Georgetown University School of Medicine in the Departments of Psychiatry and Family Medicine since 1980. He is a member of the National Institute of Health's Cancer Advisory Panel and the Director of a Special Study of Alternative Services for the Program on the Commission on Mental Health. He has written extensively on the subjects of psychiatry and alternative and holistic care, and serves on the Editorial Boards of Alternative and Complementary Therapies and Alternative in Health and Medicine. He received his A.B. from Harvard College and his M.D. from Harvard Medical School.

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Dr. Joseph J. Fins, of New York, NY, is an internist and Director of Medical Ethics at New York Weill Cornell Medical Center of New York Presbyterian Hospital, Associate Professor of Medicine and Medicine and Psychiatry at the Joan and Sanford I. Weill Medical College of Cornell University, Associate Professor in the Program in Clinical Epidemiology, Health Services Research at Weill Cornell Graduate School of Medical Sciences, and Associate for Medicine at The Hastings Center. He has published extensively and has written widely in the field of Medical Ethics. Dr. Fins received his B.A. from Wesleyan University and his M.D. from New York University Medical College.

Sister Charlotte Rose Kerr, R.S.M., of Baltimore, MD, is a Registered Nurse, a Practitioner of Traditional Acupuncture and, since 1977, a Faculty Member at the Traditional Acupuncture Institute. Previously, she was an Assistant Professor of Nursing at the University of Maryland of Nursing. Sister Kerr has been a member of the Advisory Council of the National Institutes of Health (NIH) Alternative Medicine Program. She has spent several summers in Europe, studying such subjects as Traditional Chinese Medicine, Theology, and Healing. In her work, Sister Kerr emphasizes the integration of traditional medicine and complementary healing methods. Sister Kerr received her B.S.N. from the University of Maryland School of Nursing and received her Master's Degree in Public Health from the University of North Carolina and another Master's Degree in acupuncture from the College of Traditional Chinese Medicine, U.K.

Dr. Wayne B. Jonas, of Alexandria, VA, is currently a member of the Department of Family Medicine of the Uniformed Services University of the Health Sciences F. Edward Hebert School of Medicine. Previously, he served as the Director of the Office of Alternative Medicine for the National Center for Complementary and Alternative Medicine at the National Institutes of Health. Prior to that, he served as the Director of the World Health Organization Collaborating Center for Traditional Medicine. He has authored and co-authored numerous publications on alternative and homeopathic treatment and care. Some of his current research includes projects in environmental toxicology, neurotoxicology, stroke, and

healing. Dr. Jonas received a B.A. from Davidson College and a M. Bowman Gray School of Medicine.

Dr. Dean Ornish, of Sausalito, CA, is the founder, president, director of the non-profit Preventive Medicine Research Institute. Clinical Professor of Medicine at the University of California, San Francisco, and a founder of the Osher Center for Integrative Medicine there. He was the first to prove that heart disease is reversible changing diet and lifestyle. He has published many books and academic papers and has received numerous awards in recognition of his work. Ornish received a B.A. from the University of Texas and completed medical training at the Baylor College of Medicine in Houston, Harvard Medical School, and the Massachusetts General Hospital. He was a fellow in medicine at the Harvard Medical School. Dr. Ornish was recognized by Life magazine as one of the 50 most influential men of his generation.

Dr. Conchita M. Paz, of Las Cruces, NM, has maintained a private practice, in which she specializes in family medicine, for ten years. Currently, she serves as a part-time faculty member at the University of New Mexico School of Medicine and at the Southern New Mexico Family Practice Residency Program. She was Chairperson of the Family Practice Department and serves on a number of committees at Memorial Medical Center. Dr. Paz received her B.S. and M.D. degrees from the University of Mexico.

Mr. Buford L. Rolin, of Atmore, AL, has been the Health Administrator for the Poarch Band of Creek Indians since 1984. He is a member of the State of Alabama Public Health Advisory Board and a member of the Directors of the Creek Indian Heritage Memorial Association. Mr. Rolin is currently the Chairman of the Creek Indian Arts Council. He is the Chairman of the National Indian Health Board, and he still serves as a member of the Executive Committee and as a Member-At-Large. He has received several awards from the National Indian Health Board, and also received a Lifetime Achievement Award from the Poarch Band of Creek Indians. Mr. Rolin attended the Health Services Administrators Development Program at the School of Community and Allied Health of the University of Alabama and Pensacola Junior College.

Ms. Julia Scott, of Washington, DC, is President of the National Women's Health Project (NBWHP), a national membership organization that focuses on wellness, self-help, and health advocacy. Previously, Ms. Scott was Director of the Public Policy and Education Office of NBWHP. Ms. Scott is a Special Assistant to the President and Coordinator of the Adolescent Pregnancy Child Watch at the Children's Defense Fund. She has directed and administered to several foundations and community health agencies. She has written numerous articles on African American Women's health. Ms. Scott was educated in nursing at the Waterbury Hospital School of Nursing.

Mr. Thomas Chappell, of Kennebunk, ME, is the co-founder and President of Tom's of Maine, which he co-founded with his wife Kate in 1970. It is a company that produces innovative, natural personal products and natural wellness products in a caring and creative work environment. Mr. Chappell is founder and CEO of the Saltwater Institute, a learning institution for leaders seeking to integrate their values into their personal and professional lives. He is active in many philanthropic organizations. He is an Advisory Council member for the Center for Study of Values in Public Life at Harvard Divinity School, Harvard Divinity School Development Council, and a Board Member of the Nature Conservancy of Maine. He has written two books, *The Soul of a Business* and *Managing Upside Down*. Mr. Chappell received his B.A. from Trinity College and his Master's in Theology from the Harvard Divinity School.

Dr. Effie Poy Yew Chow, of San Francisco, CA, is the founder of the East West Academy of Healing Arts in 1973 and, more recently, The

Institute, the American Qigong Association, and the World Qigong Federation. She is the recipient of over twenty awards including Humanitarian of the Year 1999? and the ?Visionary of the Decade 20 awards. She has been the only Qigong Grandmaster and acupuncturist involved in the development of national health policies within DHH was also involved in the first Ad Hoc Advisory Panel of the Office Alternative Medicine at NIH. She has made over two hundred and fifty appearances and interviews in the area of complementary and alternative medicine. Dr. Chow received her training in Traditional Chinese Medicine and Qigong in China, Hong Kong, Taiwan, Canada, and the United States. She is a registered public health and psychiatric nurse and has received a Master's degree and a Ph.D.

The White House Commission on Complementary and Alternative Medicine shall provide a report, through the Secretary of Health and Human Services, to the President on legislative and administrative recommendations assuring that public policy maximizes the benefits to Americans of complementary and alternative medicine.

30-30-30

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Networks, and American Specialty Health & Wellness. In his position, he manages complementary and alternative health care benefits, network services for over 60 health plans covering over 25 million Americans. American Specialty Health Plans is a licensed specialty health plan covering over 3.7 million Californians for chiropractic and acupuncture. American Specialty Health Networks is a national health services organization serving over 21 million Americans and offering a proven network of over 19,000 chiropractors, acupuncturists, massage therapists, dietitians, naturopaths, and fitness clubs. American Specialty Health & Wellness is an alternative healthcare consumer products company of e-commerce and mail order. Mr. DeVries has published a number of articles and has lectured on alternative health care in managed care and third-party reimbursement. He received a B.A. from the University of California, San Diego.

Dr. William R. Fair, M.D., of Long Boat Key, FL, was, until recently, the Florence and Theodore Baumritter/Enid Ancell Chair of Urology, Chief of the Urology Service at Memorial Sloan-Kettering Cancer Center, New York City. Currently, he is Emeritus Professor of Urology at Weill Medical College of Cornell University and Emeritus at Memorial Sloan-Kettering. Dr. Fair serves on the Cancer Advisory Panel for the National Center for Complementary and Alternative Medicine. He is the Editor-in-Chief of Molecular Urology and the Editor of Alternative Therapies in Health and Medicine, and on the editorial boards of other highly respected journals. He has published extensively in the areas of urology and oncology. He chairs the Council on Complementary and Alternative Medicine of the American Urologic Association, and is Chairman of the Clinical Advisory Board of Health Research. Dr. Fair received his B.S. from the Philadelphia College of Pharmacy and Science and his M.D. from Jefferson Medical College.

Dr. Joseph J. Fins, of New York, NY, is an internist and Director of Medical Ethics at New York Weill Cornell Medical Center of New York Presbyterian Hospital, Associate Professor of Medicine and Medicine and Psychiatry at the Joan and Sanford I. Weill Medical College of Cornell University, Associate Professor in the Program in Clinical Epidemiology, Health Services Research at Weill Cornell Graduate School of Medical Sciences, and Associate for Medicine at The Hastings Center. He has published extensively and has written widely in the field of Medical Ethics. Dr. Fins received his B.A. from Wesleyan University and his M.D. from Weill Cornell Medical College.

Sister Charlotte Rose Kerr, R.S.M., of Baltimore, MD, is a Registered Nurse, a Practitioner of Traditional Acupuncture and, since 1977, a Faculty Member at the Traditional Acupuncture Institute. Previously, she was an Assistant Professor of Nursing at the University of Maryland School of Nursing. Sister Kerr has been a member of the Advisory Council of the National Institutes of Health (NIH) Alternative Medicine Program. She has spent several summers in Europe, studying such subjects as Traditional Chinese Medicine, Theology, and Healing. In her work, Sister Kerr emphasizes the integration of traditional medicine and complementary healing methods. Sister Kerr received her B.S.N. from the University of Maryland School of Nursing, received her Master's Degree in Public Health from the University of North Carolina, and another Master's Degree in acupuncture from the College of Traditional Chinese Medicine, U.K.

Dr. Wayne B. Jonas, of Alexandria, VA, is currently a member of the Department of Family Medicine of the Uniformed Services University of the Health Sciences F. Edward Hebert School of Medicine. Previously, he served as the Director of the Office of Alternative Medicine for the National Center for Complementary and Alternative Medicine at the National Institutes of Health. Prior to that, he served as the Director of the World Health Organization Collaborating Center for Traditional Medicine. He has authored and co-authored numerous publications on alternative medicine, homeopathic treatment and care. Some of his current research includes projects in environmental toxicology, neurotoxicology, stroke, and

healing. Dr. Jonas received a B.A. from Davidson College and a M. Bowman Gray School of Medicine.

Dr. Dean Ornish, of Sausalito, CA, is the founder, president, director of the non-profit Preventive Medicine Research Institute. Clinical Professor of Medicine at the University of California, San Francisco, and a founder of the Osher Center for Integrative Medicine there. He was the first to prove that heart disease is reversible changing diet and lifestyle. He has published many books and academic papers and has received numerous awards in recognition of his work. Ornish received a B.A. from the University of Texas and completed medical training at the Baylor College of Medicine in Houston, Harvard Medical School, and the Massachusetts General Hospital. He was a fellow in medicine at the Harvard Medical School. Dr. Ornish was recognized by Life magazine as one of the 50 most influential men of his generation.

Dr. Conchita M. Paz, of Las Cruces, NM, has maintained a private practice, in which she specializes in family medicine, for ten years. Currently, she serves as a part-time faculty member at the University of New Mexico School of Medicine and at the Southern New Mexico Family Practice Residency Program. She was Chairperson of the Family Practice Department and serves on a number of committees at Memorial Medical Center. Dr. Paz received her B.S. and M.D. degrees from the University of Mexico.

Mr. Buford L. Rolin, of Atmore, AL, has been the Health Administrator for the Poarch Band of Creek Indians since 1984. He is a member of the State of Alabama Public Health Advisory Board and a member of the Directors of the Creek Indian Heritage Memorial Association. Mr. Rolin is currently the Chairman of the Creek Indian Arts Council. He is the Chairman of the National Indian Health Board, and he still serves as a member of the Executive Committee and as a Member-At-Large. He has received several awards from the National Indian Health Board, and also received a Lifetime Achievement Award from the Poarch Band of Creek Indians. Mr. Rolin attended the Health Services Administrators Development Program at the School of Community and Allied Health of the University of Alabama and Pensacola Junior College.

Ms. Julia Scott, of Washington, DC, is President of the National Black Women's Health Project (NBWHP), a national membership organization that focuses on wellness, self-help, and health advocacy. Previously, Director of the Public Policy and Education Office of NBWHP. Ms. Scott is a Special Assistant to the President and Coordinator of the Adolescent Pregnancy Child Watch at the Children's Defense Fund. She has directed and administered to several foundations and community health agencies. She has written numerous articles on African American Women's health. Ms. Scott was educated in nursing at the Waterbury Hospital School of Nursing.

Mr. Thomas Chappell, of Kennebunk, ME, is the co-founder and President of Tom's of Maine, which he co-founded with his wife Kate in 1970. The company produces innovative, natural personal products and natural wellness products in a caring and creative work environment. Mr. Chappell is founder and CEO of the Saltwater Institute, a learning institution for leaders seeking to integrate their values into their personal and professional lives. He is active in many philanthropic organizations. He is an Advisory Council member for the Center for Study of Values in Public Life at Harvard Divinity School, Harvard Divinity School Development Council, and a Board Member of the Nature Conservancy of Maine. He has written two books, *The Soul of a Business* and *Managing Upside Down*. Mr. Chappell received his B.A. from Trinity College and his Master's in Theology from the Harvard Divinity School.

Dr. Effie Poy Yew Chow, of San Francisco, CA, is the founder of the East West Academy of Healing Arts in 1973 and, more recently, The

Institute, the American Qigong Association, and the World Qigong Federation. She is the recipient of over twenty awards including Humanitarian of the Year 1999 and the Visionary of the Decade 20 awards. She has been the only Qigong Grandmaster and acupuncturist involved in the development of national health policies within DHHS. She was also involved in the first Ad Hoc Advisory Panel of the Office of Alternative Medicine at NIH. She has made over two hundred and fifty appearances and interviews in the area of complementary and alternative medicine. Dr. Chow received her training in Traditional Chinese Medicine and Qigong in China, Hong Kong, Taiwan, Canada, and the United States. She is a registered public health and psychiatric nurse and has received a Master's degree and a Ph.D.

The White House Commission on Complementary and Alternative Medicine shall provide a report, through the Secretary of Health and Human Services, to the President on legislative and administrative recommendations assuring that public policy maximizes the benefits to Americans of complementary and alternative medicine.

30-30-30

The White House Commission on Complementary and Alternative Medicine Policy

Planning Meeting Agenda

DEPARTMENT OF HEALTH AND HUMAN SERVICES

July 13, 2000 2:00 P.M. - 5:30 P.M.
July 14, 2000 8:30 A.M. - 5:00 P.M.

Hubert H. Humphrey Building, Room 800
200 Independence Avenue, S.W.
Washington, DC 20201

1. **Introductions**
 Dr. James Gordon, Chair
2. **Welcoming Remarks**
 Peter Reinecke
 Legislative Director for Senator Tom Harkin
3. **Ethics Review for Federal Advisory Committee Members**
 Karen Santoro
 Ethics Counsel, National Institutes of Health
4. **Review of the Agenda and Charge to the Commission**
 Dr. Stephen Groft, Executive Director
5. **Discussion of Vision, Issues and Concerns of the Commission Members**
 - (1) Coordinated research to increase knowledge about complementary and alternative medicine practices and products.
 - (2) Guidance for appropriate access to and delivery of complementary and alternative medicine.
 - (3) The provision to health care professionals of reliable and useful information about complementary and alternative medicine that can be made readily accessible and understandable to the general public.
 - (4) The education and training of health care practitioners in complementary and alternative medicine.

(Discussion Will Include Commission Needs and Methods to Obtain Information, Specific Agenda Items and Activities of the Commission Required to Meet the Commission's Mandate)

6. **Public Comment Period (1:00 - 2:00 p.m. July 14, 2000)**
7. **Other Activities of the Commission and Staff**
 - 1.) Interactive Website
 - 2.) Public Meetings/Hearings
 - 3.) Development of Position Papers
8. **Future Meeting Dates and Locations**
9. **Time Frame for Completion of Report**

Complementary and Alternative Medicine: Challenge and Change

Edited by
**Merrijoy Kelner and Beverly Wellman
Bernice Pescosolido and Mike Saks**

In the last decade, there has been a profound change in the way that health and illness are viewed. The nature and practice of modern health care has been widely questioned. People are turning in increasing numbers to Complementary and Alternative forms of Medicine (CAM).

Complementary and Alternative Medicine: Challenge and Change identifies the current state of knowledge about the use of CAM. It brings together leading scholars from North America and Europe to examine *who is using CAM, why they are choosing it, and how exactly it is being sought out.*

While many people are enthusiastically adopting CAM, others are skeptical. Physicians are divided and governments are trying to determine which forms should be integrated into national health care systems.

This book will stimulate and challenge all those concerned with medicine and public health. It will contribute to the debate taking place in the medical profession, the social sciences, and the public media.

"A fine and thoughtful assessment of the way that complementary and alternative medical therapies are transforming our view of medicine, health and healing." James S. Gordon, Director, Center for Mind-Body Medicine, Washington, D.C.

"An in-depth description and analysis of the field of complementary and alternative medicine and its troubled relationship with orthodox medicine. An illuminating and comprehensive overview." Patrick C. Pietroni, Dean, Postgraduate General Practice, University of London.

"It is important for orthodox medicine to understand this entire field. All medical students need to be aware of complementary and alternative medicine and how it fits into health care. This book makes it clear that good medicine goes beyond merely treating disease." Haile T. Debas, Dean, School of Medicine, University of California, San Francisco.

Reading, UK: **Harwood Academic Press**
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Paper 90-5823-099-5

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