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

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WHCCAM Meeting #1, July 13-14, 2000 [2]

2011-0568-S
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RESTRICTION CODES

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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]
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b(1) National security classified information [(b)(1) of the FOIA]
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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]

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Well Mind Association of Greater Washington

Well Body Well Mind Well Being

NEWSLETTER NO. 233 SEPTEMBER 1999

FREE...OPEN TO THE PUBLIC

SUNDAY, OCTOBER 24th, 2:30 PM

INTEGRATING PSYCHIATRY WITH NUTRITIONAL MEDICINE

presented by

DR. HYLA CASS, M.D.

Author of St. John's Wort, Nature's Blues Buster; Kava: Nature's Answer to Stress, Anxiety and Insomnia; and All About Herbs

Warner Memorial Presbyterian Church, 10123 Connecticut Avenue, Kensington, MD. (495 to Connecticut Avenue towards Kensington. The church is 1.3 miles on the right.) For information, call (301)774-6617 (please do not call the church).

Our audiences include people who suffer from chemical sensitivities. Please do not wear aromatic substances like perfume, shaving lotion, hair spray, etc. Thank you.

INTRODUCING DR. CASS

Dr. Cass is an Assistant Clinical Professor of Psychiatry at the University of California School of Medicine (UCLA), and has integrated nutritional medicine into her clinical psychiatry practice.

She is a noted public speaker, consultant, and educator on psychiatry, nutritional medicine, women's health (including natural hormone therapy), stress reduction, and natural treatments for anxiety disorders, addictions, and depression.

Her discussion will include how to feel good using safe, natural alternatives to prescription medications. She will present practical, research-based guidelines on the uses, actions, and various combinations of herbs and nutrients, for specific conditions and results.

REVIEW OF ST. JOHN'S WORT, NATURE'S BLUES BUSTER

Both the mind and the body affect mental health. The purpose of this book is to enable individuals to take charge of their emotional health, by being fully informed about possible causal factors, and the preventive and treatment options available. The underlying premise is a wholistic view of mental health, and how it differs from conventional medical practices.

An imbalance in body and brain chemistry can cause many mental and physical conditions. The reluctance of the conventional medical profession to look at deeper metabolic causes of illness in general, and mental illness in particular, results in many undiagnosed and misdiagnosed illnesses. Searching for the underlying cause of a disorder, rather than just treating the symptom, is a distinguishing feature of wholistic medicine.

Physical illnesses masquerading as mental illness include cretinism, a mineral deficiency that causes severe retardation, which can be prevented with iodized salt. Pellagra, now understood to be a niacin deficiency, used to fill mental institutions with severely demented patients. Trauma to the body can affect mental health, when chemical changes occur in the brain in response to the trauma, which can include emotional and physical abuse.

Medical illness causes depression more often than many conventional doctors suspect. Possible causes can include diabetes, medications such as

THE WHITE HOUSE

Office of the Press Secretary

For Immediate Release **July 13, 2000**

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

President Clinton today announced his intent to appoint 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.

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 Institutes 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 Institutes 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-

comerce 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., 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 Urolog,y* Associate Editor of *Alternative Therapies in Health and Medicine,* on the editorial boards of other highly respected journals, and 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 Haelth 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.

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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 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. She has written numerous articles on African American Women's health. Ms. Scott was educated in nursing at the Waterbury Hospital School of Nursing.

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.

-30-30-30-

Courtesy Associates 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

10:05 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!

DATE:

TO: The Secretary
Through: DS_____
COS_____
ES_____

FROM: Executive Director
White House Commission on Complementary
and Alternative Medicine Policy

SUBJECT: Swearing-in Ceremony for the White House Commission
On Complementary and Alternative Medicine Policy

DATE/TIME: July 13, 2000, 11:00 a.m. - 12:00 noon

PLACE: Vice President's Ceremonial Office,
Old Executive Office Building, Room 238

PARTICIPANTS:

Outside the Department:

- Members of the White House Commission on Complementary and Alternative Medicine Policy
- The Commissioners' family members
- Ms. Sue Greenberg, Deputy Associate Director of Presidential Personnel, the White House

Inside the Department:

- The Deputy Secretary
- The Chief of Staff
- Stephen C. Groft, Pharm. D., Executive Director, White House Commission on Complementary and Alternative Medicine Policy
- Steven Ottenstein, White House Liaison
- Kevin Burke, Deputy Assistant Secretary for Legislation
- Dr. Ruth Kirschstein, Director, NIH

Members of Congress and their Staff:

- Senator Tom Harkin
  - Peter Reinecke,
  - Sabrina Corlette, Professional Staff Member
  - Sally Phillips, Robert Wood Johnson Health Policy Fellow
- Senator Barbara Mikulski

BACKGROUND

In recognition of the growth in the use of Complementary and Alternative Medicine practices in the United States and of the need to establish administrative and legislative initiatives, President Clinton signed Executive Order 13147 on March 7, 2000. The goal of the Executive Order is to assure that public policy maximizes the benefits to Americans of Complementary and Alternative Medicine. DHHS has the lead for coordinating implementation of the Executive Order, and the Office of the White House Commission on Complementary and Alternative Medicine Policy has been established within OS.

The Executive Order mandates the establishment of a White House Commission . The 15 members of the Commission are appointed by the President. This group reflects the diverse range of geographies, ethnicities, and issues representing CAM interventions. The Commission will advise the President through the Secretary of DHHS on the mandates of the Executive Order.

The President announced his attention to appoint the members of the Commission on July 13, 2000 (Draft White House Press release enclosed under Tab A). The Commission Members will be sworn in on July 13, 2000. The Commissioners will also hold their first set of meetings on July 13 and July 14 to set the direction of the initiative. An agenda for the two days of planning meetings is enclosed under Tab B.

YOUR PARTICIPATION:

You will swear in the members of the Commission. Steven Ottenstein will assist you with the ceremony. There will be no press, however, your photographer will be available.

Before the ceremony, you will informally meet the Commission members. Stephen Groft, Executive Director of the Commission, will introduce them to you. A brief bio-sketch for each Commissioner is enclosed under Tab A. Dr. James Gordon will chair the Commission. Five other Commission members have not been cleared to participate in this session.

Following the introductions, you will deliver opening remarks. You may wish to congratulate the Commission members, offer your support for their work ahead and reiterate the Department's commitment to CAM issues. Talking points for you are enclosed under Tab C.

After your remarks, ask Chris Jennings from the White House and Senator Tom Harkin to make a few remarks. Senator Harkin has spearheaded this activity in Congress since the establishment in 1991 of the Office of Alternative Medicine and the recent expansion to the National Center for Complementary and Alternative Medicine at NIH.

Steven Ottenstein will assist you with the swearing-in. After the ceremony, the Commissioners will wish to have their photographs taken with you. The newly-appointed Commissioners will have lunch at the Humphrey Building and then convene their first meeting at 2:00 p.m. in Room 800.

If you have any questions, I can be reached at 301-435-6199.

Stephen C. Groft, Pharm. D.

Attachments:
Tab A - Draft White House Press release Announcing the Appointment of the Commissioners
Tab B - Agenda for the Commission Meetings
Tab C - Talking Points

THE WHITE HOUSE

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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.

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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
Draft Agenda

I. Introductions - Dr. James Gordon, Chair

II. Welcome

III. Ethics Review for Federal Advisory Committee Members

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

V. Discussion of Issues and Concerns of the Commission Members

(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.

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

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

(A.) Informational Needs and Methods to Obtain Information

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

(C.) Other Activities of the Commission and Staff

1.) Interactive Website

2.) Public Meetings/Hearing

3.) Development of Position Papers

VIII. Future Meeting Dates and Locations

IX. 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, 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

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
11:30 a.m. - 11:35 a.m.	Remarks	Senator Tom Harkin

Part III

11:35 a.m. -11:45 a.m. Swearing-In of Commissioners

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.

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DOCUMENT NO. AND TYPE	SUBJECT/TITLE	DATE	RESTRICTION
001. list	WHCCAMP Members and Staff Entry (partial) (1 page)	07/13/2000	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 [2]

2011-0568-S
kc829

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]
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b(9) Release would disclose geological or geophysical information concerning wells [(b)(9) of the FOIA]

[001]

WHCAMP MEMBERS AND STAFF ENTRY LIST FOR 07/13/00

NAME	SS#	DOB	
Bernier, George M.	(b)(6)		member
Bernier, Mary Jane			spouse/ Bernier
Bernier, George III			son/Bernier
Chang, Michele M.			Exec Sect
DeVries, George			member
DeVries, Jan			spouse/DeVries
Ehrlich, Amy			spouse/Fins
Fair, William			member
Fair, William, III			son/Fair
Fins, Herman			father/Fins
Fins, Joseph			member
Gordon, Jim			Chair
Groft, Stephen			Exec Dir
Jonas, Wayne			member
Kerr, Charlotte			member
Lombard, Matthew			guest/Gordon
Lord, Susan			guest/Gordon
Ottenstein, Steven			HHS
Ornish, Dean			member
Paz, Conchita			member
Rolin, Buford			member
Scott, Julia			member
Smith, Sean			photographer
Stone, Robin			HHS

(b)(6)

(b)(6)

72 Stephen Strand or
6- 3553 32 V Ida Beaven
19 Senator Mikulski

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?

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?

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 issue
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 areas of interest with respect to the 4 topics identified; use conference calls

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

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

Recommendations

policy
legislative action
not implementation

WHITE HOUSE COMMISSION ON COMPLEMENTARY AND ALTERNATIVE MEDICINE POLICY

NAME:_____

CONTACT INFORMATION: Phone Number:_____
Fax Number: _____
E-Mail: _____

Please rank order your interest in serving on special work groups* to review and synthesize information on the following four topic areas:

☐ (A) Coordinated research to increase knowledge about complementary and alternative medicine practices and products.

☐ (B) 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.

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

☐ (D) The education and training of health care practitioners in complementary and alternative medicine.

Your comments:

RETURN THIS FORM TO MICHELE CHANG BY THE CLOSE OF THE MEETING ON FRIDAY, JULY 14. THANK YOU!

* Work groups will be convened via teleconferencing

Also, sometimes stock (or other security) that is valued under the maximum amount allowable at the beginning of an assignment increases in value during the period you are working on the assignment. This might happen, for example, when you are monitoring a contract with a company in which you own less than $5,000 worth of stock. As soon as you realize that the value of the stock is more than $5,000, you must stop working on the assignment until you divest the amount of stock over $5,000 or receive an individual waiver that would allow you to continue to participate. And remember, a "sector" mutual fund is considered a "security" for purposes of this exemption.

Example 1: An employee of the General Services Administration owns stock in XYZ Corp. valued at $3,000. Her husband also owns $1,000 worth of stock in XYZ Corp. As part of her official duties, the employee is assigned to evaluate bids for maintenance services at her agency. When the bids are opened, she discovers that XYZ Corp. is one of the companies that has submitted a bid. The employee does not need to disqualify herself from evaluating the bids because the combined value of her stock and her husband's stock is no more than $5,000.

Example 2: An employee of the Bureau of Export Administration is assigned to draft a regulation concerning exportation of portable computers. The regulation will affect all domestic companies that sell portable computers abroad. She owns $17,000 worth of stock in CompAmerica and $20,000 worth of stock in Laptops, Inc. Even though both of these companies will be affected by the regulation, she may continue with her assignment because the value of the stock she owns in any one affected company is no more than $25,000 and value of her stock in all affected companies is no more than $50,000.

Exemptions for other interests or relationships that may create a conflict of interest

There are several more exemptions in addition to the three previously discussed. Many of these exemptions relate to financial interests that don't cause a conflict of interest for most employees. Therefore, the remaining exemptions mentioned below may apply only to certain employees or only in special situations. Some of the summaries of these exemptions may not provide the detail you may need in order to determine whether the exemption applies. Based on the brief summaries below, if you believe you are in a situation in which an exemption is available, contact your ethics official for further advice.

■ **Sector mutual funds:** An employee may work on assignments or projects affecting holdings in his sector mutual fund as long as the affected holdings are not in the fund's area of concentration. For example, an employee who owns shares in the Alpha Utility Fund may work on an agency procurement for the acquisition of computers from IBM even though IBM stock is one of the holdings of the Alpha Utility Fund. IBM is not in the fund's area of concentration, the utilities sector.

■ **Federal Government securities:** An employee may work on assignments or projects affecting short-term Federal Government securities or U.S. Savings bonds. Short-term Federal Government securities are U.S. Treasury bills that mature in one year or less.

■ **Securities held by tax-exempt organizations:** An employee may work on assignments or projects affecting certain securities held for investment by a tax-exempt organization in which the employee holds an unpaid position. The exemption applies in cases where the employee's assignment affects the organization's investments (as opposed to the organization itself), and where the employee is not making investment decisions for the organization.

■ **General partners:** An employee may work on assignments or projects affecting companies or other entities in which his general partner owns stocks, bonds or other securities. This exemption may be used when the value of the securities is no more than $200,000. Also, in cases where an employee is a *limited* partner in a large partnership, he may participate in projects and assignments affecting any interest of his *general* partner.

■ **Hiring decisions:** An employee may participate in a hiring decision involving a job applicant currently employed by a corporation that issues publicly traded securities when the employee owns securities issued by the corporation or participates in a pension plan sponsored by the corporation.

■ **Employees on leave from institutions of higher education:** An employee on leave of absence from an institution of higher education may work on broad or general assignments or projects that affect the university from which he is on leave. The project or assignment must be one that affects the university as part of a group of entities that will be affected.

■ **Multi-campus institutions of higher education:** An employee may work on assignments or projects affecting one campus of a State multi-campus university if the employee is employed at a separate campus of the university and his position at the separate campus does not involve multi-campus responsibilities.

■ **Financial interests arising from Federal Government employment or from Social Security or veterans' benefits:** An employee may work on assignments or projects where his interest in the assignment or project arises from his Federal Government salary, or his Social Security or veterans' benefits. He may not, however, make decisions that will specially affect his own salary or benefits, or make decisions or even recommendations that specially affect the salary or benefits of his spouse, minor child, or general partner.

■ **Commercial discount and incentive programs:** An employee may work on a project or assignment affecting the sponsor of a discount or other similar benefit program (like a Frequent Flyer club sponsored by an airline) even if he is participating in the program. The program must be open to the public. If the program requires any other interest in the sponsor, such as the ownership of stock, the employee cannot use the exemption.

■ **Mutual insurance companies:** An employee may hold a policy with a mutual insurance company and work on a project or assignment affecting that company as long as the matter does not affect the company's ability to pay claims under the policy or pay the cash value of the policy.

■ **Employment interests of special Government employees serving on advisory committees:** A special Government employee serving on an advisory committee may work on broad or general assignments or projects that affect his non-Federal employer or prospective employer. The assignment or project must not have a special effect on the employee or the employer except as part of a class.

■ **Medical products:** A special Government employee serving on an advisory committee may work on committee matters involving medical products that he or the medical facility with which he is affiliated uses or prescribes for patients.

■ **Nonvoting members of standing technical advisory committees established by the Food and Drug Administration (FDA):** A special Government employee serving as a nonvoting representative on an FDA advisory committee may participate in a committee matter that affects the class he represents.

■ **Employees of Tennessee Valley Authority (TVA):** A TVA employee may work on assignments affecting the cost of electric power sold by the TVA even if he uses the electric power.

■ **Directors of Federal Reserve Banks:** An employee serving as a Director of a Federal Reserve Bank or branch may establish rates charged for advances and discounts. He may participate in broad policy matters, such as regulations or legislation, which are intended to apply uniformly to banks within the bank district. He may approve extensions of credit, advances or discounts to depository institutions which are not in a hazardous financial condition. And if the institution is in a hazardous financial condition, the director may approve the extension when he has certain types of disqualifying financial interests in an entity other than the depository institution or its parent holding company or its subsidiary.

CONFLICTS OF INTEREST AND GOVERNMENT EMPLOYMENT

U.S. Office of Government Ethics
March 1997

What is a Conflict of Interest?

As an executive branch employee, you have the opportunity to use your talent and expertise to do work that benefits the public. Sometimes, though, your Government work may benefit you or your family personally, or may affect individuals or organizations that you have some connection with outside your Government job. In these circumstances, the public could be concerned that you will be motivated by considerations other than your desire to do what is best for the public as a whole.

Because the success of our Government system depends upon maintaining the confidence of the public, your department or agency might decide that you shouldn't be involved in a certain assignment because the public would be likely to question your objectivity. For example — depending on the circumstances — an agency might "disqualify" you from an assignment that will affect a member of your household or that involves a person with whom you do business outside the Government.

Of course, the public is likely to consider some circumstances more troublesome than others. Recognizing this, Congress passed a criminal conflict of interest law, 18 U.S.C. § 208, which prohibits you from working on an assignment in some situations — even if you know you can be objective and even if your supervisor wants you to work on it. Specifically, this law says that you may not work on an assignment that you know will affect your own financial interests or the financial interests of your spouse or your minor child. The prohibition also applies if you know the assignment will affect the financial interests of your general partner, or of an organization that you serve as an officer, director, employee, general partner, or trustee. And it even applies when you know the matter will affect the financial interests of someone with whom you have an arrangement for employment, or with whom you are negotiating for employment.

When you are unable to work on an assignment because of this conflict of interest law, an agency can often reassign the matter to another employee. However, if that is not possible or if your inability to work on that particular assignment means you really won't be doing the job the Government hired you to do, then your agency can require you to get rid of the interest that is causing the conflict.

Exemptions from the Conflict of Interest Law Allow You to Continue to Work on Your Official Assignments

In some cases, however, the law recognizes that your personal interest in an assignment may be so indirect or small that the interest should not prevent you from being involved in the assignment. In other words, certain interests you hold or relationships you have with other people or organizations may technically create a conflict of interest, but are too small or insignificant to trouble the public about whether you can be objective in carrying out your Government job. The Office of Government Ethics (OGE) may "exempt" these types of interests from the conflict of interest law. OGE has published a description of these exemptions in Title 5 of the Code of Federal Regulations, at part 2640. Most of the exemptions apply to employees of any department and agency. However, if your agency prohibits you from having a particular type of financial interest in the first place, the exemptions do not allow you to work on an assignment that affects that prohibited financial interest.

Using This Pamphlet

This pamphlet describes all of the exemptions that are published in the OGE regulation. The pamphlet covers three of the more widely-used exemptions — those for interests in mutual funds, employee benefit plans, and securities. It also contains a short summary of the remaining exemptions, some of which apply only to particular employees or in special situations. If you find that you have a conflict of interest that would ordinarily mean you can't work on one of your assignments, but you are sure that one of the exemptions described in this pamphlet applies, you may simply go ahead and work on the assignment. But remember, if you need help in deciding whether your situation presents a conflict or whether you can use any of the exemptions, you should consult with an ethics official at your agency. Sometimes, when an exemption does not apply, you might be able to obtain an individual waiver that will allow you to work on your assignment.

Exemptions from the Conflict of Interest Law

1 Diversified mutual funds

You may participate in assignments or projects affecting the holdings of a diversified mutual fund.

Does this exemption apply to you?

In order to determine whether you may use this exemption, you will need to know whether your interest is in a "diversified" mutual fund.

A fund is "diversified" if it does not have a policy of concentrating its investments in an industry, business, country (other than the U.S.) or State. You can often tell if a fund concentrates its investments by the name of the fund. For example, if the fund name contains the word "telecommunications" or "Canada" or "energy," it's a good indication that the fund is concentrated in those areas and therefore not diversified. Funds that concentrate their investments in this way are sometimes called "sector" funds. You can check the fund's prospectus or call a broker or the manager of the fund if you are in doubt.

Also, keep in mind that a "mutual fund" is not an informal collection of stocks or bonds such as those held in a family trust.

Note: This exemption is not limited by the value of your interest in the fund or number of shares you hold. As long as your interest is in a diversified mutual fund, this exemption applies.

Example: You have purchased shares worth $10,000 in a mutual fund whose portfolio contains, among other things, stock in a computer company. The prospectus you received when you purchased your shares does not state that the fund has a policy of concentrating its investments in a particular industry, business, State or country. You may participate in an assignment even if it will affect the computer company.

2 Employee benefit plans

You may participate in assignments or projects affecting the holdings of the Federal Government Thrift Savings Plan, a State or local Government pension plan, or other diversified employee benefit plan.

Does this exemption apply to you?

Many of you are probably already participants in the Thrift Savings Plan for Federal employees. Your interest in the holdings of this plan, as well as in the holdings of State or local Government pension plans, are considered too indirect or inconsequential to concern the public that the integrity of your Government services will be affected.

The exemption also applies to interests in other types of employee benefit plans, usually **pension plans** from former employers. In the case of these other plans:

- the plan manager should have a written policy of diversifying assets (if you are not sure you can call the plan manager);
- the investments of the plan must be administered by an independent trustee (you may not be participating in the selection of the investments);
- the plan must not be a profit-sharing or stock bonus plan (other than a 401(k) plan).

Note: If the trustee doesn't have a formal document stating that the plan assets will be diversified, he can simply provide that information in a letter to you.

Example: An attorney leaves a law firm to take a position with the Department of Justice. As a result of his employment with the firm, the employee has interests in a 401(k) plan. The plan invests in stocks and bonds chosen by an independent financial management firm. As long as the financial management firm that selects the plan's investments has a written policy of diversifying the plan's assets, the employee may participate in assignments affecting the holdings of the plan.

3 Securities

With certain limitations described below, you may participate in projects and assignments affecting companies or other entities in which you own stocks, bonds or other securities. The exemption applies only if the "securities" are listed on a stock exchange or through NASDAQ, or are issued by a registered investment company, or are long-term Government bonds or municipal bonds.

Does this exemption apply to you?

If the company that issued the stock or bond you own is directly involved in, or affected by, a matter to which you have been assigned, then you may go ahead and participate in the matter if you have no more than **$5,000** in holdings in the company. In practical terms, this exemption would apply when you've been assigned to work on a grant, contract, application for approval or benefits, case in litigation, claim against the Government, or other type of similar matter that involves the company as a "party."

If the Government matter to which you've been assigned doesn't involve "parties," but is a broader or more general type of matter (like drafting a regulation) focused on the interests of a distinct class of persons, you may go ahead and work on your assignment if you own no more than **$25,000** worth of securities in a company that is part of the class affected by the matter. If you have holdings in more than one company affected by the matter, you can work on your assignment if the combined value of those holdings is no more than **$50,000**.

Note: To decide whether this exemption may be used, you must add together your holdings and those of your spouse and minor children, in calculating the value of the securities.

FINAL

(sent to OS
12:00)

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b(9) Release would disclose geological or geophysical information concerning wells [(b)(9) of the FOIA]

[002]

WHITE HOUSE ENTRY LIST FOR 07/13/00

HHS PRINCIPALS AND SENIOR STAFF

1 Donna Shalala, Secretary, HHS
2 Kevin Thurm, Deputy Assistant Secretary
3 Mary Beth Donahue, Chief of Staff
4 Rich Tarplin, Assistant Secretary for Legislation

WHCCAMP MEMBERS, GUESTS, AND STAFF :

	NAME	SS#	DOB	
5	Bernier, George M.	(b)(6)		member
6	Bernier, Mary Jane			spouse/ Bernier
7	Bernier, George III			son/Bernier
8	Chang, Michele M.			Exec Sect
9	DeVries, George			member
10	DeVries, Jan			spouse/DeVries
11	Ehrlich, Amy			spouse/Fins
12	Evans, Joel			guest/Gordon
13	Fair, William			member
14	Fair, William, III			son/Fair
15	Fins, Herman			father/Fins
16	Fins, Joseph			member
17	Gordon, Jim			Chair
18	Groft, Stephen			Exec Dir
19	Jonas, Wayne			member
20	Kerr, Charlotte			member
21	Lombard, Matthew			guest/Gordon
22	Lord, Susan			guest/Gordon
23	Ornish, Dean			member
24	Paz, Conchita			member
25	Pollen, Geraldine			staff
26	Rolin, Buford			member
27	Scott, Julia			member

[002]

HHS STAFF:

	NAME	SS#	DOB	
	Beaven, Vida	(b)(6)		NIH
28	Ottenstein, Steven			OS
29	Smith, Sean			photographer
30	Straus, Stephen			NIH
31	Stone, Robin			OS

SENATORS AND STAFF:

32	Senator Tom Harkin			
33	Senator Barbara Mikulski			
34	Corlette, Sabrina	(b)(6)		staff/Harkin
35	Kuy, Srey Ram			staff/Harkin
36	Parekh, Monica			staff/Harkin
37	Phillips, Sally			staff/Harkin
38	Reinecke, Peter			

WHITE HOUSE STAFF:

39 Adler, Devora
40 Greenberg, Sue
41 Haley, Maria
42 Jennings, Chris
43 Nash, Bob
44 Reed, Bruce
45 Verveer, Melanne

****
*** TX REPORT ***
****

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A FAX FROM

The White House Commission on Complementary and Alternative Medicine Policy

DATE: July 12, 2000

TO: Robin Stone

FROM: Michele M. Chang, MPH

Executive Secretary, WHCCAMP
(tel): 301-435-6232 ; (fax): 301-480-1691

Pages, including this one: 3

Message:

Attached is the final White House Entry List. Peter Reinecke will accompany Senator Harkin so he did not provide us with SS# and DOB information.

Call if you have questions.

THANKS!

awkward

After your remarks, ~~ask~~ Bruce Reed, Assistant to the President and Director, Domestic Policy Council, will present the remarks from the White House and Senator Tom Harkin to make a few remarks. Senator Harkin has spearheaded this activity in Congress since the establishment in 1991 of the Office of Alternative Medicine and the recent expansion of the National Center for Complementary and Alternative Medicine at NIH.

You will swear in the members of the Commission. Steven Ottenstein will assist you with the ceremony. The swearing-in will be done as a group with the Chair, Dr. James Gordon holding the Bible. There will be no press, however, your photographer will be available.

After the swearing-in ceremony, you are scheduled to have your photograph taken with the Commissioners ~~the Commissioners will wish to have their photographs taken with you~~. The newly-appointed Commissioners will have lunch at the Humphrey Building and then convene their first meeting at 2:00 p.m. in Room 800.

Stephen C. Groft, Pharm. D.

Attachments:
Tab A - Draft White House Press release Announcing the Appointment of the Commissioners
Tab B - Agenda for the Commission Meetings
Tab C - Talking Points

Suggested

THE WHITE HOUSE

Office of the Press Secretary

For Immediate Release July 13, 2000

STATEMENT BY THE PRESIDENT

Today, I am pleased to announce the appointment of the Chair and the first 10 members of the White House Commission on Alternative Medicine. This commission, created by an executive order on March 8, 2000, is charged with developing a set of legislative and administrative recommendations to maximize the benefits of complementary and alternative medicine for the general public.

Each year, tens of millions of Americans receive alternative therapies. The great potential and possible perils associated with the use of complementary and alternative medicine have been well documented. There is no doubt that these therapies should be held to the same standard of scientific rigor as more traditional health care interventions.

If we are going to hold complementary and alternative therapies to an appropriate standard of accountability, we need to invest in research so health care professionals and consumers can make informed judgements about the appropriate use of these services. In that vein, we have worked with Senator Harkin and a bipartisan coalition of members of Congress to establish the NIH Center for Complementary and Alternative Medicine to invest resources in scientific analysis to make such information available.

But we need to do more. We need to be able to use information about alternative therapies to set the national agenda for the education and training of health care practitioners in this field and provide recommendations for advisable coverage policies for alternative therapies.

I particularly want to applaud the leadership of Senator Tom Harkin, Senator Barbara Mikulski, Senator Arlen Spector, Senator Harry Reid, and Congressman Peter DeFazio in advocating for and finding funding for this Commission. There is no question in my mind that we would not be making this announcement without their tireless efforts. I also want to thank Secretary Shalala for her commitment to explore all avenues of scientific discovery to help ensure that Americans have access to the most accountable and responsive health care system possible.

As we enter into the 21st century, we need to get better information to ensure American families have access to the best and most cost-effective health care. I know I join the Congress, the policy makers, and the American public in saying how much we look forward to the results of the Commission's work.

###

WHITE HOUSE COMMISSION ON COMPLEMENTARY AND ALTERNATIVE MEDICINE POLICY

NAME:_____

CONTACT INFORMATION: Phone Number:_____

Fax Number: _____

E-Mail: _____

Please rank order your interest in serving on special work groups* to review and synthesize information on the following four topic areas:

☐ (A) Coordinated research to increase knowledge about complementary and alternative medicine practices and products.

☐ (B) 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.

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

☐ (D) The education and training of health care practitioners in complementary and alternative medicine.

Your comments:

RETURN THIS FORM TO MICHELE CHANG BY THE CLOSE OF THE MEETING ON FRIDAY, JULY 14. THANK YOU!

* Work groups will be convened via teleconferencing

THE WHITE HOUSE
Office of the Press Secretary

For Immediate Release March 8, 2000

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 1V 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.

# # #

[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

BARBARA A. MIKULSKI
MARYLAND

SUITE 709
HART SENATE OFFICE BUILDING
WASHINGTON, DC 20510

(202) 224-4654
TDD: (202) 224-5223

United States Senate

WASHINGTON, DC 20510-2003

July 13, 2000

White House Commission on Complementary and
Alternative Medicine Policy
Old Executive Office Building
The White House
Washington, DC 20501

Dear Members:

Congratulations on being appointed to the White House Commission on Complementary and Alternative Medicine Policy. As members of this commission, you will play a vital role in advising the President and Congress on how we can best make public policy meet the day-to-day needs of Americans who use complementary and alternative medicine. You are being charged with an enormous responsibility. The recommendations you make will affect the well-being and health of countless Americans.

We know that millions of Americans already make use of complementary and alternative medicine. That's why Congress established the Office of Alternative Medicine within the National Institutes of Health in 1992 and elevated the Office to the National Center for Complementary and Alternative Medicine in 1998. Now, as millions more continue to explore alternative health care, we must live up to our responsibility to make sure that we put sound public policy in place which addresses all issues related to the practice of complementary and alternative medicine.

Advances in complementary and alternative medicine bring new challenges and opportunities for policy makers. It opens new doors and creates new options for patients. Your dedication and commitment will help ensure that Americans can walk through those doors armed with sound information and can make the most of these new opportunities as they seek a higher quality of life.

I send best wishes to the members of the Commission as you take up this new charge and I look forward to working with you.

Sincerely,

Barbara A. Mikulski
United States Senator

SUITE 253
WORLD TRADE CENTER
BALTIMORE, MD 21202-3041
(410) 962-4510

SUITE 202
60 WEST STREET
ANNAPOLIS, MD 21401-1933
(410) 263-1805

SUITE 406
6404 IVY LANE
GREENBELT, MD 20770
(301) 345-5517

94 WEST WASHINGTON STREET
HAGERSTOWN, MD 21740-4804
(301) 797-2826

SUITE 1, BLDG. B
1201 PEMBERTON DRIVE
SALISBURY, MD 21801
(410) 546-7711

World Wide Web Home Page:
http://mikulski.senate.gov/

EMail Address:
senator@mikulski.senate.gov

U.S. Senator
TOM HARKIN OF IOWA

http://www.senate.gov/~harkin/ (202) 224-3254

FOR IMMEDIATE RELEASE
July 13, 2000

Contact: Jennifer Frost/ Shannon Tesdahl

Statement of U.S. Senator Tom Harkin (D-IA) at the CAM Commissioner Swearing-in

The White House Commission on Complementary and Alternative Medicine Policy will provide legislative and administrative recommendations to the President and Congress to assure that public policy maximizes the benefits to Americans of appropriate use of complementary and alternative medicine (CAM).

Harkin, long-time champion of improved research and freedom to choose alternative therapies, worked through the LHHS Appropriations subcommittee to establish the then Office of Alternative Medicine at the National Institutes of Health (NIH) in 1991 to investigate and validate alternative therapies. In 1998, Harkin sponsored successful legislation to elevate the Office to the new National Center for Complementary and Alternative Medicine at NIH to improve research and consumer information in this growing area.

"Thanks, Bruce, for that kind introduction. I'd also like to recognize Secretary Shalala and our President and First Lady for their great work on behalf of Complementary and Alternative Medicine. No other administration has taken such a comprehensive look at the potential of CAM or worked so hard to improve the quality of health care available to all Americans.

"And thanks to the commissioners and to each of you for your commitment to quality health care. It's been said that in times of great change, there are two kinds of leaders: Those who usher out the old and are called pallbearers, and those who usher in the new and are called torchbearers. This is truly a room full of torch-bearers, and I'm proud to be with you today.

"We are here today because of consumers. Over 40 million Americans regularly use some form of alternative treatment or therapy. In 1997, Americans made 629 million visits to CAM providers: that's more than the number of visits they made to primary care physicians. And studies show that Americans spend approximately $27 billion for alternative therapies, mostly out of pocket.

"Now, ten years ago, when I first started working on this issue, things were very different. Studies showed that a lot of people were using CAM remedies, but no one was talking about it. It was often publicly dismissed as quackery, and the medical community frowned upon it.

-MORE-

"I knew that I wanted to bring CAM out into the open. I wanted to provide for research and examination. That's why I used my position as Chair of the Subcommittee that funds health research to allot $2 million dollars to start the first ever Office of Alternative Medicine at NIH.

"We've come a long way since then. Today, 60% of physicians have referred patients to CAM practitioners. Today, 64% of U.S. medical schools offer courses in CAM. And today 80% of medical students and 70% of family physicians want training in CAM therapies.

"The $2 million Office of Alternative medicine is now the $100 million National Center for Complementary and Alternative Medicine. Of course, that's still less than one half of 1% of the total NIH budget. But it's a good start.

"More and more medical pioneers like Dr. Jim Gordon are integrating alternative medicine with mainstream practices. More and more medical schools like the University of Iowa are teaching alternative medicine right along with conventional medicine.

"This is just what Americans are looking for. They want less invasive, less expensive, less impersonal medical treatment. They want remedies that are safe, holistic, and affordable. They want to be involved in their own health care. They want medical practitioners to listen to them and to think of them as a whole person, not just an entity with an illness. Most of all, they want medicine that works, whether it's old or new, run-of-the-mill or out-in-left-field, traditional or alternative.

"And we've got an obligation to help. We're making a good progress on one side of the equation. Over the past decade, NCCAM has funded ground-breaking studies on therapies ranging from acupuncture to Ginkgo biloba to Melatonin to St. John's Wort to treat illnesses ranging from Osteoarthritis to Alzheimer's to sleep disorders to depression.

"But research is only half the battle. Scientific breakthroughs can't get far when they have to fight their way through a jungle of outdated public policy. It's time the government caught up with the people.

"That is why I provided funding to create this Commission. We need your expertise and recommendations on how to change administrative procedures and legislation. We need your advice on how to best integrate CAM practices into mainstream medicine and training. On whether students being trained in CAM practices should be eligible for the same loans and grants we give to conventional medical students. On whether current licensing and accreditation standards for CAM fields are appropriate. On what incentives we can create to increase private sector support for research on natural products, many of which aren't patentable. And on whether CAM therapies should be covered or subsidized by the government and private plans.

"And let me be clear, this Commission does not answer to NIH or anyone else. This is a White House Commission formed to answer to the American people.

"And my intent is to make this process as open as possible. You've got to talk to Americans. Solicit their ideas, listen to their complaints and take their advice so that we can best meet their needs. Again, I thank this administration for its work to advance CAM research and public policy, and I look forward to working with the Commission in the coming months."

-30-

DATE: July 11, 2000

TO: The Secretary
Through: DS_____
COS_____
ES_____

FROM: Executive Director
White House Commission on Complementary
and Alternative Medicine Policy

SUBJECT: Swearing-in Ceremony for the White House Commission
On Complementary and Alternative Medicine Policy–BRIEFING

DATE/TIME: July 13, 2000
11:00 a.m. - 12:00 noon

PLACE: Vice President's Ceremonial Office
Eisenhower Executive Office Building

PARTICIPANTS:

Outside the Department:

Members of the White House Commission on Complementary and Alternative Medicine Policy
The Commissioners' Family Members
Bruce Reed, Assistant to the President and Director, Domestic Policy Council
Bob Nash, Assistant to the President and Director, Office of Presidential Personnel
Maria Haley, Deputy Assistant to the President and Deputy Director, Office of Presidential Personnel
Ms. Sue Greenberg, Deputy Associate Director Presidential Personnel
Melanne Verveer, Chief of Staff to the First Lady

Members of Congress and their Staff:

Senator Tom Harkin
Peter Reinecke, Legislative Director
Sabrina Corlette, Professional Staff Member
Senator Barbara Mikulski

Inside the Department:

Kevin Thurm
Mary Beth Donahue
Rich Tarplin
Steven Ottenstein
Robin Stone
Stephen Groft, Executive Director, White House Commission on Complementary and Alternative Medicine Policy

BACKGROUND:

In recognition of the growth in the use of Complementary and Alternative Medicine practices in the United States and of the need to establish administrative and legislative initiatives, President Clinton signed Executive Order 13147 on March 7, 2000. The goal of the Executive Order is to assure that public policy maximizes the benefits to Americans of Complementary and Alternative Medicine (CAM). The Department has the lead for coordinating implementation of the Executive Order, and the Office of the White House Commission on Complementary and Alternative Medicine Policy has been established within OS.

The Executive Order mandates the establishment of a White House Commission . The 15 members of the Commission are appointed by the President. This group reflects the diverse range of geographies, ethnicities, and issues representing CAM interventions. The Commission will advise the President through the Secretary of HHS on the mandates of the Executive Order. The Executive Order is expected to be amended to increase the Commission to 20 members

The President will announce the appointments to the Commission on July 13, 2000 (Draft White House Press Release enclosed under Tab A). The Commission Members will be sworn in on July 13, 2000. The Commissioners will also hold their first meeting on July 13 and July 14 to set the direction of the initiative. An agenda for the two days of planning meetings is enclosed under Tab B.

YOUR PARTICIPATION:

Before the ceremony, you will informally meet the Commission members. I will introduce them to you. A brief bio-sketch for each Commissioner is enclosed under Tab A. Dr. James Gordon will chair the Commission. The appointments of four other Commission members are pending and they will not participate in the swearing-in ceremony.

Following the introductions, you will deliver opening remarks. You may wish to congratulate the Commission members, offer your support for their work ahead and reiterate the Department's commitment to CAM issues. Talking points for you are enclosed under Tab C.

After your remarks, ask Bruce Reed, Assistant to the President and Director, Domestic Policy Council to present the remarks from the White House and Senator Tom Harkin to make a few remarks. Senator Harkin has spearheaded this activity in Congress since the establishment in 1991 of the Office of Alternative Medicine and the recent expansion of the National Center for Complementary and Alternative Medicine at NIH.

You will swear in the members of the Commission. Steven Ottenstein will assist you with the ceremony. The swearing-in will be done as a group with the Chair, Dr. James Gordon holding the Bible. There will be no press, however, your photographer will be available.

After the swearing-in ceremony, the Commissioners will wish to have their photographs taken with you. The newly-appointed Commissioners will have lunch at the Humphrey Building and then convene their first meeting at 2:00 p.m. in Room 800.

Stephen C. Groft, Pharm. D.

Attachments:
Tab A - Draft White House Press release Announcing the Appointment of the Commissioners
Tab B - Agenda for the Commission Meetings
Tab C - Talking Points

TAB A

DRAFT **DRAFT**

THE WHITE HOUSE

Office of the Press Secretary

For Immediate Release **July 13, 2000**

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

President Clinton today announced his intent to appoint 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, 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.

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 Institutes 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 Institutes 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-comerce 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. 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 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 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. She has written numerous articles on African American Women's health. Ms. Scott was educated in nursing at the Waterbury Hospital School of Nursing.

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.

-30-30-30-

TAB B

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

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

I. Introductions - Dr. James Gordon, Chair

II. Welcome

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 Issues and Concerns of the Commission Members

(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.

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

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

(A.) Informational Needs and Methods to Obtain Information

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

(C.) Other Activities of the Commission and Staff

1.) Interactive Website

2.) Public Meetings/Hearingsl

3.) Development of Position Papers

VIII. Future Meeting Dates and Locations

IX. 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, 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

TAB C

Secretary Shalala's Agenda - July 13, 2000

Swearing-In Ceremony - The Vice President's Ceremonial Room, Eisenhower Executive Office Building ,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. Dr. Stephen Groft, Executive Director of the Commission, will introduce them to you. Dr. James Gordon will chair the Commission. Four other Commission members will not be sworn in today. Bruce Reed Assistant to the President and Director, Domestic Policy Council will present a message from the President. The efforts of several others involved in the establishment of the Commission should be acknowledged. These include Senator Tom Harkin and Senator Barbara Mikulski; Bob Nash, Maria Haley, and Melanne Verveer from the White House and the HHS Senior Staff.

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 provided 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	Bruce Reed
11:30 a.m. - 11:35 a.m.	Remarks	Senator Tom Harkin

Part III

11:35 a.m. - 11:45 a.m. Swearing-In of Commissioners

Steven Ottenstein will assist the Secretary with the swearing-in. Dr. Jim Gordon, Chair of the Commission, will hold the Bible for the group swearing -in ceremony.

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.

Withdrawal/Redaction Marker
Clinton Library

DOCUMENT NO. AND TYPE	SUBJECT/TITLE	DATE	RESTRICTION
003. list	WHCCAMP Members and Staff Entry (partial) (1 page)	07/13/2000	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 [2]

2011-0568-S
kc829

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]

[003]

WHCAMP MEMBERS AND STAFF ENTRY LIST FOR 07/13/00

NAME	SS#	DOB	
Bernier, George M.	(b)(6)		member
Bernier, Mary Jane			spouse/ Bernier
Bernier, George III			son/Bernier
Chang, Michele M.			Exec Sect
DeVries, George			member
DeVries, Jan			spouse/DeVries
Ehrlich, Amy			spouse/Fins
Fair, William			member
Fair, William, III			son/Fair
Fins, Herman			father/Fins
Fins, Joseph			member
Gordon, Jim			Chair
Groft, Stephen			Exec Dir
Jonas, Wayne			member
Kerr, Charlotte			member
Lombard, Matthew			guest/Gordon
Lord, Susan			guest/Gordon
Ornish, Dean			member
Paz, Conchita			member
Rolin, Buford			member
Scott, Julia			member
Smith, Sean			photographer

DATE: July 11, 2000

TO: The Secretary
Through: DS_____
COS_____
ES_____

FROM: Executive Director
White House Commission on Complementary
and Alternative Medicine Policy

SUBJECT: Swearing-in Ceremony for the White House Commission
On Complementary and Alternative Medicine Policy–BRIEFING

DATE/TIME: July 13, 2000
11:00 a.m. - 12:00 noon

PLACE: Vice President's Ceremonial Office
Eisenhower Executive Office Building

PARTICIPANTS:

Outside the Department:

11 Members of the White House Commission on Complementary and Alternative Medicine Policy and their Family Members
Bruce Reed, Assistant to the President and Director, Domestic Policy Council
Bob Nash, Assistant to the President and Director, Office of Presidential Personnel
Maria Haley, Deputy Assistant to the President and Deputy Director, Office of Presidential Personnel
Sue Greenberg, Deputy Associate Director Presidential Personnel
Melanne Verveer, Chief of Staff to the First Lady

Members of Congress and their Staff:

Senator Tom Harkin
Peter Reinecke, Legislative Director
Sabrina Corlette, Professional Staff Member

Inside the Department:

Kevin Thurm
Rich Tarplin
Mary Beth Donahue
Steven Ottenstein
Vida Beaven
Stephen Groft

BACKGROUND:

In recognition of the growth in the use of Complementary and Alternative Medicine practices in the United States and of the need to establish administrative and legislative initiatives, President Clinton signed Executive Order 13147 on March 7. The goal of the Executive Order is to assure that public policy maximizes the benefits to Americans of Complementary and Alternative Medicine (CAM). The Department has the lead for coordinating implementation of the Executive Order, and the Office of the White House Commission on Complementary and Alternative Medicine Policy has been established within OS.

The Executive Order mandates the establishment of a White House Commission. The 15 members of the Commission are appointed by the President. This group reflects the diverse range of geographies, ethnicities, and issues representing CAM interventions. The Commission will advise the President through the Secretary of HHS on the mandates of the Executive Order. The Executive Order is expected to be amended to increase the Commission to 20 members

The President will announce the appointments to the Commission on July 13. A copy of the Draft White House Press Release is enclosed under Tab A. The Commission Members will be sworn in on July 13. The Commissioners will also hold their first meeting on July 13 and July 14 to set the direction of the initiative. A draft agenda for the two days of planning meetings is enclosed under Tab B.

YOUR PARTICIPATION:

Before the ceremony, you will informally meet the Commission members. I will introduce them to you. A brief bio-sketch for each Commissioner is enclosed under Tab A. Dr. James Gordon will chair the Commission. The appointments of four other Commission members are pending and they will not participate in the swearing-in ceremony.

Following the introductions, you will deliver opening remarks. You may wish to congratulate the Commission members, offer your support for their work ahead and reiterate the Department's commitment to CAM issues. Suggested talking points prepared by ASPA are enclosed under Tab C.

After your remarks, Bruce Reed will read a statement from the President, and introduce Senator Tom Harkin to make a few remarks. Senator Harkin has spearheaded this activity in Congress since the establishment in 1991 of the Office of Alternative Medicine and the recent expansion of the National Center for Complementary and Alternative Medicine at NIH.

You will swear in the members of the Commission. Steven Ottenstein will assist you with the ceremony. The swearing-in will be done as a group with the Chair, Dr. James Gordon holding the Bible. There will be no press, however, your photographer will be available.

After the swearing-in ceremony, you are scheduled to have your photograph taken with the Commissioners. The newly-appointed Commissioners will have lunch at the Humphrey Building and then convene their first meeting at 2:00 p.m. in Room 800.

Stephen C. Groft, Pharm. D.

Attachments:
Tab A - Draft White House Press release Announcing the Appointment of the Commissioners
Tab B - Agenda for the Commission Meetings
Tab C - Suggested Talking Points

DATE: July 11, 2000

TO: The Secretary
Through: DS_____
COS_____
ES_____

FROM: Executive Director
White House Commission on Complementary
and Alternative Medicine Policy

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PARTICIPANTS:

Outside the Department:

Members of the White House Commission on Complementary and Alternative Medicine Policy and the
The ~~Commissioners'~~ Family Members
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Bob Nash, Assistant to the President and Director, Office of Presidential Personnel
Maria Haley, Deputy Assistant to the President and Deputy Director, Office of Presidential Personnel
Ms. Sue Greenberg, Deputy Associate Director Presidential Personnel
Melanne Verveer, Chief of Staff to the First Lady

Members of Congress and their Staff:

Senator Tom Harkin
Peter Reinecke, Legislative Director
Sabrina Corlette, Professional Staff Member
Senator Barbara Mikulski

Inside the Department:

Kevin Thurm
Mary Beth Donahue
Rich Tarplin
Steven Ottenstein
~~Robin Stone~~
Stephen Groft, ~~Executive Director, White House Commission on Complementary and Alternative Medicine Policy~~

BACKGROUND:

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WHITE HOUSE COMMISSION ON COMPLEMENTARY AND ALTERNATIVE MEDICINE POLICY

NAME: Charles Ulerr Jr

CONTACT INFORMATION: Phone Number: 410-997-3770 X 614

Fax Number: ? see Bio

E-Mail: ?

Please rank order your interest in serving on special work groups* to review and synthesize information on the following four topic areas:

4 ☐ (A) Coordinated research to increase knowledge about complementary and alternative medicine practices and products.

☐ (B) 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.

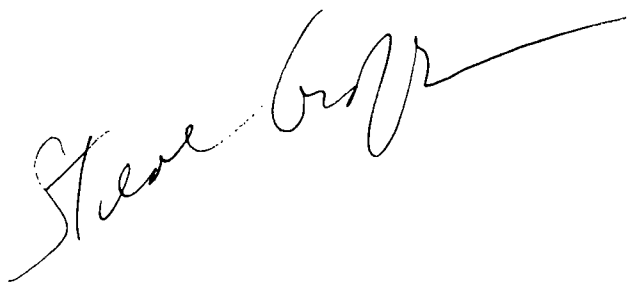
☐ (C) Guidance for appropriate access to and delivery of complementary and alternative medicine.

(1) ☐ (D) The education and training of health care practitioners in complementary and alternative medicine.

Your comments: Sorry, not Chair
P.S. I suggest Tom Chapman as chair ☺

RETURN THIS FORM TO MICHELE CHANG BY THE CLOSE OF THE MEETING ON FRIDAY, JULY 14. THANK YOU!

* Work groups will be convened via teleconferencing



Some classic pt's regards future meeting

— Sept 15 & 16 — does constitute 25th Anniversary

— Please have meetings — like Thurs, Fri — or Mon Tues

easier with a classic practice

NO more than 2 days / at time

Cordially

Charlotte

Steve Cage

The White House Commission on Complementary and Alternative Medicine Policy
Planning Meeting
Department of Health and Human Services
July 13 and 14, 2000

Attendees

Members

James S. Gordon, M.D., The Center for Mind-Body Medicine, *chair*
George M. Bernier, Jr., University of Texas Medical Branch
Thomas Chappell, Tom's of Maine
Effie Chow
George T. DeVries, III, American Specialty Health Plans
William R. Fair, M.D., Sloan-Kettering Cancer Center
Joseph J. Fins, M.D., F.A.C.P., Weill Medical College of Cornell University, New York Presbyterian Hospital
Charlotte R. Kerr, R.S.M., Traditional Acupuncture Institute, Inc.
Dean Ornish, M.D., University of California, San Francisco
Conchita M. Paz, M.D.
Buford L. Rolin, Poarch Band of Creek Indians
Julia Scott, National Black Women's Health Project

Staff
Stephen C. Groft, Pharm.D.
Michele M. Chang, M.P.H.
Geraldine Pollen

Others
Peter Reinecke, Legislative Director for Senator Tom Harkin
Karen Santoro, National Institutes of Health

Introduction

Dr. Gordon welcomed the commission members and asked them each to introduce themselves briefly. He noted that commission member Dr. Wayne Jonas was unable to attend this first meeting but did send written comments, which were distributed to those in attendance.

Welcoming Remarks

Mr. Reinecke explained to the commission that Senator Harkin has been very active in promoting complementary and alternative medicine (CAM), especially in the area of research. Senator Harkin hopes the commission will advance federal policy to match the interest the American public has in this field. This is not a partisan issue; there is a broad interest in what this commission accomplishes that spans the political spectrum. It is also important for the

commission to have public input. Senator Harkin would like commission to consider medical education in CAM, what can be done with Medicare, and how to promote greater public investment in CAM research. Many CAM treatments are not patentable, so the private sector is not very interested in researching this area. There are also access issues; Senator Harkin would like the commission to examine the criteria the federal government should use to ensure the inclusion of CAM in federally supported programs. In terms of oversight, there is also the issue of appropriate federal input. Mr. Reinecke noted that Senator Harkin does not believe the commission should be involved in the NIH research agenda. Instead, he would like them to focus on larger issues. Mr. Reinecke closed by noting that Senator Harkin and others in Congress want to make sure the commission members have the resources they need to accomplish their mission.

Ethics Review for Federal Advisory Committee Members

Ms. Santoro presented an overview of ethics for government employees, with specific application to commission members. She showed a 20-minute video that focused on advisory committee members. The video explained the government rules and regulations that might affect commission members, who have the status of "special government employees." Ms. Santoro encouraged anyone with questions to contact Dr. Groft. In addition to the material explained in the video, Ms. Santoro noted two new developments in this area. First, it has been determined that diversified mutual funds do not present a conflict of interest. The key is that these funds are not concentrated in a particular sector. In addition, a special exception permits commission members to work on general matters affecting their primary nonfederal employer. The commission management officer can provide further guidance if necessary. Dr. Groft noted that commission members were informed about potential conflicts of interest. Any necessary waivers were in place, so there was no cause for concern.

Discussion of Vision, Issues, and Concerns of the Commission Members

Dr. Gordon explained that he wants public comment. A one-hour period was scheduled for this purpose on the second day of the commission meeting, and he hoped to have more time set aside in the future. This first meeting was meant primarily for organization and planning. Commission member comments would be distilled and used as a basis for planning subsequent meetings. In addition, a series of town meetings across the United States would give commissioners an opportunity to listen to and ask questions of the public. Dr. Gordon stated his intention to attend these meetings and invited the other commission members to appear when they can. He would like to see comments taken from the public on a continuing basis, including via a soon-to-open web site. He noted that this commission addresses a popular movement of people and professionals looking for better health care. Their task is to understand the perspectives of all those who have something to contribute.

The commission charter stated that comments should focus on four issues. Dr. Gordon asked the commission to discuss each of these issues separately.

1) Research

The first issue was that of research: "Coordinated research to increase knowledge about complementary and alternative medicine practices and products." Dr. Gordon opened discussion by asking where commission members saw the most productive focus.

Mr. DeVries noted that there is legislation to encourage the private sector to move forward with research on the safety and efficacy of herbal products, and this applies not just to NIH research but also to outside research. Dr. Ornish stated that he believes research is key to integrating CAM into the mainstream of medicine. He expressed interest in the research agenda, but added that this falls under the purview of the National Center on Complementary and Alternative Medicine (NCCAM). Dr. Gordon explained that the commission would define the broadest research agenda for CAM. He has spoken with Dr. Stephen Straus, Director of NCCAM, and has asked him to come to the next commission meeting to present NCCAM's research agenda, plans, and issues. While the commission should not micromanage NCCAM, it is important to have a dialogue about the NCCAM agenda and help define the Center's domain.

Returning to the issue of private sector research, Dr. Gordon asked for comments. Mr. DeVries stated his belief that there are various ways to approach this area. He suggested that they look at orphan drug legislation as a model for giving the major manufacturers of botanicals incentives to conduct research. Dr. Gordon agreed, explaining that the orphan drug act provides the manufacturer with seven-year market exclusivity, tax credits, and other benefits. Mr. Chappell told how in his experience with botanical product research, the system is not set up to increase knowledge as much as it is set up to fit products into regulatory channels. Nor does the present system address blends of products. At present, therefore, marketing depends on what he viewed as a narrow, structured regulatory system that does not match the way consumers think. He sees the fact that consumers seek information more logically than the system allows as one reason for the popular movement toward CAM. He suggested that to increase knowledge, they must connect their quest to the regulatory norms, in order to build flexibility into the area in which the research will fall. This is particularly applicable to blends of herbs. He said that the Food and Drug Administration (FDA) regulates based on an assumption of single substances. In CAM, however, blends are important, which he said necessitates a reexamination of the regulatory domain.

Dr. Paz expressed concern that they not go over territory that has already been addressed. She was specifically concerned that research not be repeated. Dr. Fair agreed that they should start with what was already known, and that the scope of this would be helpful to the commission. He added that there is a problem with the standardization and purity of botanicals, and he would like to hear about the scope of that issue. He agreed with Mr. Chappell that mixtures of herbs are not accepted by regulators, but mixtures are standard in some CAM practices such as Chinese medicine. In contrast, allopathic, or traditional, medicine only uses substances in combination if each single agent has been proven alone. Mr. Chappell stated that standardization and identification of a single active ingredient is a shallow and illusory way of gauging the efficacy of a product. It might not always be possible to identify the active constituents. Research could be developed to make that case.

Ms. Chow added that in multi-disciplinary areas of CAM, isolating a compound from an herb might not work at all. She agreed that they need a sense of what is already known in order to

move forward. She also expressed concern about protocols for CAM research. With Chinese medicine, for example, she wondered if it is even possible to measure what it is that works. Furthermore, going beyond the research issues associated with botanicals, there would be even greater concerns in researching spiritual practices. Dr. Ornish said that CAM research faces special challenges, because while they should not give up the rigors of scientific research, those methods are not always appropriate, as others pointed out. In some situations, double blinds would be difficult if not impossible. Randomizing would pose special challenges, as well, since dropouts could affect the double blind by affecting the make-up of the control group. He was concerned that the focus on an active ingredient is sometimes ill-founded. In addition, the challenges of getting reimbursers to adopt new approaches are great. Dr. Ornish said that in his experience, they have an extremely risk-averse mind set. He expressed concern that CAM therapies must have some degree of insurance coverage in order to be widely used.

Dr. Fins stated that they must move beyond science into the experiences of patients and families, using sociology and psychology and anthropology. He was concerned with access issues, and wondered which practitioners are being seen and what the expectations are of the patients and their families. He expressed doubt that the research establishment is adequately trained to adopt these ideas. Therefore, it might be necessary to train them to accept and use CAM. Sr. Kerr wanted an update from NCCAM on the current methodology and research paradigm. She noted that NIH personnel are constantly asking the question "where are we now?" She believes that research must inform practice and education. Dr. Bernier said that his impression was that they were to help determine what can and cannot be studied. He has been impressed with the studies he has seen in the medical literature, and thought the commission must deal with whether or not they see limits on what can be studied. If areas are out of bounds for research, they should identify those areas up front. Dr. Gordon suggested that they may need new methodologies for addressing different CAM activities.

Mr. Chappell noted that there is an underlying assumption about the difference between illness and wellness. However, the self-care movement thinks of wellness as a goal. He noted that increasingly, consumers want more responsibility for their health. To increase consumer knowledge, that knowledge must also exist at FDA, which he felt did not have the right people to assess these debates at present. Ms. Chow agreed. She stated that they must define CAM as part of the health care system, which should be a life system with healthy people. She would like to see them study "super healthy" people to see what is required to bring consumer to a higher level, then bring in people for "tune-ups." Mr. DeVries asked if they were willing to look at international experience. Other countries have more information and experience in some of these areas. Dr. Gordon agreed that they could look at what has been done elsewhere, though he cautioned that their reach should not become so broad as to be pointless. He would like specific suggestions.

Sr. Kerr noted that in looking at the four areas of their mandate, she felt they were charged with addressing western medicine, with insufficient emphasis on philosophy, healing, ecology, and nutrition. Dr. Ornish added that his experience indicates that the greatest healings are the most difficult to measure. He sees interest in CAM as bringing together a wide range of people with common goals, beyond the usual polarization found in government. This could be a model for other issues, and he would like that perspective in the final report. Ms. Chow noted that

education is an issue in research. Mr. Chappell stated that consumers know they can find alternatives, and that the commission must learn what questions the consumers have. Mr. Rulin added that in a holistic approach, they must address nutrition and wellness, which are the issues for the general public. A holistic approach will encompass spiritual aspects.

Dr. Fins observed that CAM is in its adolescence. He believes they will encounter skepticism and concern about how to maximize the utility of CAM. In addition, certain proposals will fall outside the range of what NCCAM emphasizes. Dr. Gordon agreed, and said they should ask other agencies and funding organizations about their criteria for research. Dr. Fins added that outside of NIH, this could be an "orphan" topic. Dr. Fair differentiated between disease and illness -- disease is something specific, while illness is the body in response to disease. Therefore, in addressing illness, they must examine the totality of effects. Quality of life measurements are important. There will be cases, for example, where a tumor does not shrink but the individual feels better and has more energy.

Ms. Chow emphasized that they should ensure that CAM practices can be carried out naturally instead of squeezing them into a convenient mode for research purposes. Therefore, they should evaluate outcomes in that framework. Dr. Groft expressed concern about clearance by institutional review boards (IRBs) to have studies approved. He wondered about the eligibility requirements for reimbursement. Dr. Ornish said that he feels boards of this type resist anything in contrast to the conventional therapies, but often on the understandable grounds of concern about the implications of withholding conventional treatments. On the other hand, he would like to hear from the Health Care Finance Agency (HCFA) and various critics of CAM in order to understand their concerns. He suggested that being challenged might help the commission members clarify their thinking. Others agreed that it would be good to hear from critics early on.

Ms. Chang recommended that they also bring in some nonfunded CAM researchers to address the commission. Some practitioners are reluctant to share their activities. Dr. Gordon elaborated on this point. Some promising work is presented poorly because the researchers lack experience and fear they will be punished for treating without authorization. Dr. Paz added that sometimes adverse outcomes do occur in CAM, which makes these researchers less likely to divulge the details of their activities.

Sr. Kerr expressed concern that the commission not recreate NIH activities. In that light, she wanted more direction. Dr. Gordon said that certain questions are not being addressed, and there is no forum for those questions. While NCCAM is sponsoring certain studies, that is a very specific research activity and not so much a broad look at the field of CAM. Dr. Fins added that they had been discussing CAM as homogenous, but some CAM therapies are controversial and vary in their efficacy. He would like to know what information finds its way into the medical research journals, and how. These publications legitimize research, so the commission must learn how to attain that level of credibility. The commission must also acknowledge both good and bad aspects of CAM. The Centers for Disease Control (CDC) has weekly reports on bad outcomes, and perhaps CAM should become part of that. Ms. Chang agreed, noting that both the CDC and FDA are struggling with the issue of how to address adverse outcomes.

Mr. Chappell brought up the issue of who controls the new knowledge coming from CAM

research. He asked if it would be in the public domain, and who would be the forces against this knowledge. There is a private property issue concerning what is patentable. If the research results are not patentable, he pointed out, those who base their illness-related business on their knowledge being private property might perceive a threat in an openly marketed product. Therefore, he would like to identify the forces that would prefer that this research not become available.

At 5:15 p.m., the meeting adjourned for the day.

The meeting resumed at 8:40 a.m. on July 14. Dr. Gordon reminded the commission that they had three more areas to discuss, in addition to logistics and the public comment period. Ms. Chow asked if they could solicit testimony instead of relying so much on research at first. Dr. Gordon assured her that they would consider both qualitative and quantitative research. He then introduced the next area of discussion.

2) Access and Delivery

The commission was charged with considering "Guidance for appropriate access to and delivery of complementary and alternative medicine." Mr. DeVries asked if this topic included insurance coverage, supervision of physicians, and the like. Dr. Gordon said that his interpretation was the answer to the question "what can we expect when we go to the doctor?" He asked the commission to think about what they needed to know to make policy recommendations to Congress to ensure that every patient's care includes CAM. This would include coverage issues related to Medicare and insurance, as well as staffing patterns and so forth. Dr. Ornish said that the entities charged with overseeing reimbursement would be concerned with fraud and abuse, which opened the issue of how to reassure them. Currently, he explained, these organizations deal with a level of certification that is not common in CAM, where standardization is not the norm. It is a legitimate concern that vulnerable people might go to unqualified persons calling themselves CAM practitioners. Therefore, it would be helpful to talk to other groups that offer standardization. Some CAM groups are attempting that already, and some insurance providers cover certain CAM therapies. The commission might talk to them to find out what obstacles they have found and, conversely, what has been useful. These will be major issues for those charged with reimbursement.

Mr. Chappell noted that products at present must fit the guidelines of a food, drug, or supplement, and there are very particular vocabularies that must be used with these products. FDA has no real domain for CAM, which is at present an aberration in the FDA system. Therefore, manufacturers are limited in what they can say when they market their products. What they need is a domain that houses the standards and claims of CAM. The commission should hear from FDA and the Federal Trade Commission (FTC), and get their thoughts on this emerging field. They should also solicit comments from manufacturers and retailers. Many new herbal products lead consumers to wonder about the purpose of the product, since the manufacturers are not allowed to make statements regarding purpose. This puts the consumer in the position of doing research on each product of interest. Therefore, there is a need for a body to oversee CAM product issues.

Mr. DeVries said they needed to recommend that individual states enact minimum licensure requirements for CAM providers. Credentialing is a problem and can be very complex. State requirements currently vary greatly, and access diminishes with more restrictive licensure requirements. Some cities and counties also license. Dr. Ornish repeated his concern that a limiting factor will be reimbursement. He perceives a consistent fear of covering alternative approaches on the part of reimbursers. He believes they feel they are opening Pandora's box with CAM. But to mainstream CAM, reimbursement is essential. Dr. Paz agreed, stating that opening hospitals to some of these alternative practitioners, such as chiropractors, is a related issue.

Ms. Chow pointed out that CAM is a very broad concern, and some practitioners fear credentialing, especially in the mind and spiritual areas. She suggested they examine all different aspects of CAM and determine what is critical to licensing rather than talking about CAM as a whole. She added that regulation can lead to regulating the effect rather than the practice. She was wary of squeezing CAM into the medical model. Mr. DeVries noted that credentialing thus far has addressed acupuncture and massage. The commission might look at reimbursement practices in California and Washington. Currently, products must be considered medically necessary for coverage. A bill in Congress focuses more on wellness, correcting this problem; the legislation is oriented to giving employers tax breaks. Dr. Ornish said that there is a window of opportunity now with credentialing organizations. He noted that while many CAM practitioners fear they might lose their creativity under mainstreaming, that issue could be addressed.

Dr. Fins brought up the issue of malpractice, which is currently a deviation from common standards. Mainstreaming of CAM could raise both expectations and insurance costs. Dr. Gordon dislikes the way malpractice is addressed in this country. He suggested that they investigate other countries that set up a fund and a system for reprimand. Dr. Fins agreed that they had an opportunity to create a new model that is less adversarial than the present one. He wondered if they might model best practices on a smaller scale for the whole health care industry.

Ms. Scott observed that many feel the medical system has failed them. CAM offers an opportunity to change the prevailing mind set from an illness perspective to a wellness perspective; malpractice is the former. Dr. Ornish added that there is a growing trend to litigate for failure to provide a full range of treatment options; this trend may work in favor of CAM. As CAM approaches become more mainstream, physicians will have to include CAM as part of informed consent. Mr. Chappell said that it was becoming clear that defining their world view must precede anything else the commission does. Dr. Gordon speculated that they had a need to learn about state of the art. Since the commission can bring in experts, they should consider what areas are of interest. Dr. Groft added that the staff could handle that.

Dr. Fins suggested that they could not expect the reimbursers to pay for everything, so they should set priorities for coverage, which is already done in Oregon, with diagnosis and treatment pairs. At town meetings, they found that the public wanted mental health services, which therefore rose on the priority list. Ms. Chow suggested that since the commission will be looked at as an example, they should try to create new system of health care, even while keeping the

terminology of the current system. Dr. Gordon agreed that they should examine model programs, which often possess a vitality that can be inspiring. Ms. Chow cautioned against getting caught up in the economics of the current system. Dr. Gordon agreed, noting that they must strive to preserve the spirit of the work, not just the practices.

Dr. Fair reminded the commission that in terms of informed consent, CAM options are generally not mentioned. Physicians tend to focus on what they know, saying it is the only thing they can do, but this is not true. Insurance companies will pay for bone marrow transplants that have not been proven to provide a benefit, but not for group support, which has been proven effective. Therefore, he said, it is not just economics driving current practice. Physicians are trained to do something, and they set out to do that. Ms. Chow said that it is physician education at issue, not their aim and spirit. Physicians can only do what they know. Dr. Ornish added that reimbursers often have the preconceived notion that CAM is ineffectual, which turns into catch-22 of no money for reimbursement. He believes that despite other considerations, they will need to hold CAM therapies to some kind of standard.

3) Provision of Information

The third topic for commission discussion was "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." As examples of the government role in providing information, Dr. Gordon mentioned the NCCAM database, various NCI papers, and statements from the surgeon general's office, along with sponsorship of conferences. The commission can recommend legislation, and they can also recommend that other organizations provide education and information. He suggested they consider what information needs to be available and where that information should reside. Dr. Groft thought this might be a good question for the town meetings. Dr. Paz cautioned that sometimes town meetings attract the knowledgeable rather than those who need the information, so they should assume more basic information that what the town meetings will indicate.

Dr. Gordon noted that children do not know how their bodies work. It is essential to teach them about the body and mind. If they know their own capacity to understand themselves, they will cede less control to the doctor as only person who understands the body. Dr. Fair agreed, but added that the school smoking prevention programs do not work well. Dr. Gordon suggested that those programs are misdirected; instead of telling children not to smoke, they should tell children to pay attention to the experience of smoking. Children respond to their own experience. Dr. Fins would like a study to see how the public learns about CAM and to show the availability of this information for the entire U.S. population. Mr. Chappell approved of the focus on children. The illness model puts the physician as the authority, whereas the wellness model places the person in charge. The commission has an opportunity to give children the notion of health as their area of expertise. Addiction recovery experts can testify as to how the authority is the individual, not the physician. Ms. Chow preferred a focus on all ages, with different approaches for different groups. They should ask about this at the town meetings. She felt that the information that exists should be made available. Many people do not even know that NCCAM exists. Dr. Gordon noted that some CAM issues will fall outside NCCAM's purview.

Dr. Fins suggested they investigate collaboration with disease advocacy groups, who often know of the whole range of therapies, whether they be CAM or allopathic. Dr. Ornish added that some of the information is on the Internet, so perhaps the commission should speak to Internet health providers. Dr. Fins observed that right now, health care assumes the patient will approach each venue for care. In discussing access to information for health professionals, Dr. Ornish cautioned against requiring them to take off time from work; they will acquire the information that is convenient for them. Mr. DeVries mentioned on-line continuing medical education products.

After further discussion of possible speakers, Dr. Gordon noted that they had been discussing sources who were already interested in CAM. He asked how, with the huge amount of new information coming in daily, they might ensure that all conventional health professionals learn about and access the information. Ms. Chow wondered if they might work with licensing boards. Mr. Chappell asked if government assumes any responsibility for education. He would like to have a body responsible for the dissemination of content in an easy and appealing way. Health professionals could learn about CAM on weekends and on the Internet. Dr. Groft suggested they consider working with the surgeon general. Dr. Fins recommended they work with the joint commission that accredits hospitals to build CAM into the regulatory expectations of hospitals.

Ms. Chow recommended that the hiring of medical staff might incorporate exposure to CAM as a requirement. Mr. Chappell added that pharmacy schools do weekend training; Dr. Gordon agreed and noted that consumer information is often disseminated in drug stores and health food stores. Mr. Chappell reminded the commission that retailers and marketers are constrained as to what they can say about CAM due to regulatory issues. The law prohibits information at point of purchase, therefore consumers must be self-educated. He would like to talk to industry leaders. He also explained that at drug stores, there is a new focus on the interactions between drugs and herbal and mineral supplements. The stores are therefore educating their pharmacists.

Ms. Chow stated that people must have access to CAM literature in order to have a basis for seeking care. Information should also be available to practitioners. Dr. Gordon felt a sense of urgency to make this information available to people, as this is not a secondary issue. When NCCAM was still the Office of Alternative Medicine (AOM), 70 percent of the calls to the office concerned cancer. The government should make information available fast, and make this access a higher priority. Dr. Ornish explained that some companies, such as Medtronics, have funded innovative programs of integrative medicine.

Ms. Scott expressed concern that while they were concerned about information for health care professionals, they still need to provide it to the public in an understandable way. She was also concerned that the town meetings will preach to converted and lack diversity. The public health message is usually one of gloom and doom that people do not want to hear. Therefore, they must find new ways to communicate their message. Mr. Chappell agreed, stating that town meetings are appropriate for political issues, but he would like to see more intention concerning the CAM meetings. He suggested they consult a market research firm for advice on reaching and communicating with various audiences. Ms. Scott suggested they examine how people currently

receive information. Some diseases get a lot of attention; it might be worthwhile to talk to disease groups to determine how that came about, and consider whether it came via magazines or radio. Mr. Chappell and Dr. Fair both recommended examining nutrition programs in the schools, to see if they might run a parallel initiative for CAM. Ms. Chang noted that the CDC is involved in some of these nutrition programs and has also taken on CAM as an area.

4) Training

The fourth area for consideration by the commission was "the education and training of health care practitioners in complementary and alternative medicine." Dr. Gordon saw this as covering both conventional medical training and CAM training, as well as the issue of overlap between the two. Dr. Bernier said that American medicine has been slow to adapt to the growing interest in CAM. While some changes have occurred, more ought to. The medical schools are now addressing topics such as end-of-life issues and a few CAM principles. At many medical schools, these are electives, but they are slowly becoming part of the standard curriculum and are even required courses at a few schools. He stated his belief that the optimal outcome is to run CAM and allopathic medicine in parallel with a lot of overlap. Research will help integrate CAM modalities into the medical school curriculum.

Dr. Fair said that it would be difficult and possibly undesirable to educate physicians as CAM practitioners. The goal instead should be to educate them on what is available and how it can benefit them and their patients. Physicians must be open to using CAM practitioners, with training on when and how to consult with these healers. He is wary of this evolving into another medical specialty. Instead, physicians should orchestrate the modalities of care. Dr. Ornish agreed. He would like physicians to engage in a process of learning and thinking about new ideas rather than compartmentalizing the way they do now. He favors increasing the awareness level to understand the various fields within CAM. He views it as almost patronizing to teach a quick course on CAM. Instead, he would like to see integrated care.

Dr. Fins believes the medical schools should focus on delineating the general competencies of what CAM specialties should bring to the healing process. The commission should encourage medical schools to integrate this information into their curriculums, and foster linkages where there is a natural overlap. Yet there may be a role for higher level fellowships, for those physicians who want to study more. These could be the leaders of the next generation. He would also like to see funds available to medical schools to educate their faculty and expand their reach in this area.

Dr. Gordon agreed that they should not try to make western physicians specialists in CAM modalities. But in order to shift the current practice of medicine, most physicians must be more self-aware. Therefore, the medical schools should teach students in small groups and employ a variety of approaches the students can incorporate into own lives as well as give to their patients, such as relaxation techniques. He believes they will relate to their patients in a different way as a result.

Dr. Fins advised they make a distinction between delineating competencies and over-dichotomizing. Both physicians and CAM practitioners are healers. Mr. Chappell pointed out

that they had been discussing how to serve the medical professional, but consumers will demand health care centers, or wellness centers. They need to decide if the goal is alternative medicine schools or broader student training. Dr. Gordon observed that patients are currently operating without much guidance, yet they want to know what to do and where to go. Mr. Chappell suggested that centers would be with and without walls, both physically in the community and on the Internet. Ms. Chow said that they were discussing CAM as if it is another modality when it is a way of life. It is not possible to preach CAM without practicing it. She would like to see practitioners taught to be what they are going to practice. She added that sometimes in helping people die well, it becomes clear that they have not lived well; practitioners should be examples and models to patients. Practitioner education should cover this aspect in addition to the information aspect. Dr. Gordon thought the commission agreed on this point, and suggested that they want to look at programs that are exemplars.

Dr. Fair said that health care practitioners should treat CAM practitioners as partners, and there is no better way to teach this other than getting the people involved with each other. He would therefore bring CAM practitioners into the medical schools. Dr. Fins would like to hear what hospital chaplains have to say, for they have an interesting history, with training and accreditation. Mr. DeVries said that in some arrangements, his organization reports back to the referring physician, which is a very positive communication process. This is a real life model of forcing CAM practitioners and physicians to talk to each other.

Dr. Gordon said that certain competencies in CAM should be part of medical education. He also believes that every physician should learn to work with his or her hands, for laying on hands is very much a part of medicine, even though it is not popular in the west. He asked what CAM practitioners should know about conventional medicine. Screening is an issue; CAM practitioners should be aware of their own strengths and limitations. Dr. Ornish would like to see an integration of the best of western and nontraditional approaches. The problem exists in both directions when it comes to understanding what the best option is. Western medicine does some things extremely well, and that should be kept in mind.

Dr. Fair asserted that short doctor visits are with us for the foreseeable future, so physicians need to be able to refer. Dr. Gordon said that most doctor visits are too short, and that is not acceptable. Physicians might not be able to do massage themselves and they may not want to, but they still need to talk with their patients long enough to make intelligent referrals. Dr. Fair explained that he did not envision one person delivering all care, but rather a "captain of the ship" with a shorter period of time, and specialists with more time. Dr. Ornish added that the healthcare industry has cut time in order to cut costs, which is frustrating to both patients and doctors, and which is also part of what motivates people to seek alternative practitioners. He believes that physicians spending more time with their patients actually saves more money over time. Dr. Gordon agreed that a stronger connection with people will help them learn to take care of themselves. It is frustrating for physicians to be rushed.

Ms. Chow also wanted the commission to maintain the vision of CAM as part of a team, not just an alternative to western medicine. The misuse of the medical system is the problem, not the system itself. CAM should not be "added on" by the physician, nor should the doctor always be the "master of ship." CAM practitioners can fill that role as well. The patient should

communicate with all involved practitioners about what they are doing, and there needs to be an alternative to the current mode of "shopping around." But she would like to get away from the notion of CAM as the last resort. Mr. Rolin observed that the Indian Health Service uses the model she proposed – some Navajo hospitals are set up for one-stop, inclusive health care. Dr. Gordon noted that they will address the education of all health professionals, while looking at the spirit of the various practices. Healers will not be practicing all modalities, so there must be knowledge and teamwork.

Other Activities of the Commission and Staff

Interactive Web Site

Dr. Groft explained that the staff was working on an interactive web site. This site will allow them to pose the same questions both on internet and at town meetings. One thing they will not do is respond to all inquiries, because this would entail too much work for the staff they have. They will, however, post agendas and issues, solicit comments, and bring comments back to the commission. They will also synthesize answers to queries in order to keep interested parties informed. His experience with web sites is that they evolve. There will be a beta site first, with an information page about the commission. Comments will make it into the report in one form or another.

Meeting Dates

The next meeting will be October 5 and 6.

Public Comment

The public comment period began at 1 p.m., after the lunch break. Dr. Gordon explained that each speaker would have five minutes, followed by questions from commission members.

Ms. Duchy Brecht-Trachtenberg of the American Public Health Association, Alternative and Complementary Health Practices Group (ACHP), was the first speaker. The public's increasing use of ACHP has affected public health in general. ACHP by definition includes all treatments with alternative origins, outside of the conventional medical system. There are potentially significant differences in quality and safety of care. Public health managers face a great challenge in attempting to harness the potential benefits from ACHP therapies. Both legitimate scientific studies and "junk science" are increasing exponentially. The key to taking advantage of the benefits and avoiding the risks of ACHP is consideration of the following principles. 1. ACHP therapies are here to stay. 2. ACHP therapies present both benefits and risks, not unlike conventional therapies. 3. ACHP is not a simple subset of conventional medicine, which cannot inherently evaluate or apply all ACHP principles. 4. The effective combination of conventional and ACHP approaches has the potential to improve public health outcomes and reduce costs. 5. Participation of all types of licensed health professionals who include ACHPs in their practices should be involved in any public deliberations. 6. Coordination of Federal Initiatives needs to begin, so all outcomes can be measured and efforts are maximized rather than duplicated. There needs to be a single focal point within the government to coordinate ACHP activities. NIH

should be allowed to focus solely on research, with other issues coordinated at the Department level.

The second speaker was Dr. Sandra McClanahan of the Integral Health Center. She said that this commission is a major leap for the culture. Our culture does not have a health care system; we have an illness system. We need to make a fundamental change. She prefers working in an environment in which the patient visits specialists in all modalities, after which they set priorities. A visit to a hospital shows why people get sick -- lifestyle, diet, lack of exercise, and so on. There is not enough focus on cause and too much focus on the intervention. But the test tube model has gone about as far as it can. The environment makes the largest contribution to illness and health. Society's perceived needs must be addressed. This is difficult when the public has so much to sift through – it is hard enough for physicians to keep up. Most people have sailed off in the direction of CAM, and she would like to see a book list. The best alternatives are massage, body work, and other therapies. She would like to see the commission practice some of these at the meetings, with stretch breaks, for example. This kind of thing could be introduced into our schools and provided for workers. In addition, we should have warning labels on food, like there are on cigarettes. This commission has a chance to help people sort out what does and does not work. Dr. Fair agreed that CAM can help in prevention. Dr. McClanahan suggested an update on the Chantilly report, or an effort to take it one step further, incorporating what we now know.

Mr. Tony Martinez spoke next. He is an attorney advocating CAM and the integration of CAM into the health care system, and he worked to create this commission. The commission has an extraordinary opportunity. They can use this opportunity to transform the health care system and pull in CAM as a full participant in the health care system. He would like to see them include a legislative concept and a policy concept draft that government leaders could translate into regulations, legislation, and the like. He hopes they will invite and solicit testimony from CAM deliverers. He would also advocate that they invite those from the agencies who would be affected by this report. He asked the commission members to remember that CAM is an issue in each state, and they should request the attendance of state officials at the town meetings. CAM is also a federal issue, so they should have the appropriate staff detailed to the commission. The bureaucracy can get in the way of treatment. They should also speak to businesses. He is all for good enforcement but they need to start looking at natural products in a more reasoned way. Dr. Gordon asked what they should expect from manufacturers. He also wanted to know how they can ensure that people get the health care they need, and what Martinez recommended in terms of asking the right questions. Mr. Martinez suggested they look how to encourage manufacturers to produce hard-to-patent products. They should also consider how to make the tax code create incentives rather than disincentives. He would also have them think about how to interface with federal and state governments in order to encourage states to proceed according to federal wishes. Mr. Chappell asked for Martinez' ideas on efficacy. Mr. Martinez noted that federal regulations address manufacturing practices, and there must be enforcement action. The FDA has needs the commission could address. Once the FDA takes enforcement action, the industry falls in line.

Mr. Jay Witter of the American Chiropractic Association (ACA) stated that as more consumers seek CAM treatments, the American health care system must provide better access to these

treatments. Chiropractic medicine is popular and widely available, and chiropractors have strived to be part of an integrated system of health care. The ACA therefore looks forward to working with the commission.

The next speaker was Beth Clay, who is currently on the staff of the U.S. House of Representatives and who worked at NIH for a number of years. She has heard much Congressional testimony regarding the issues concerning CAM. She believes this commission can change health care and healing worldwide. The report from this commission will be a model that other organizations can use. She was happy to hear the discussion of lifestyle issues and the emphasis on wellness. Respect for different cultures and systems of life is critical in honoring peoples' choices. In her work as a hospice volunteer, she has observed that success stems from the fact that they have a team with the patient in charge. It thus becomes a community of health care. The commission has many friends on Capitol Hill who will provide help as needed here. Both the House and Senate are eager to legislate solutions. She suggested that they send a letter to each member of Congress and ask for input. They could do the same with all the professional medical associations, both those in traditional areas and those servicing CAM practitioners.

Barbara Mayerman, a health care practitioner associated with the All's Well Alliance told how she, too, is thrilled to see this commission. She feels it is very necessary, and made an analogy to a tugboat trying to turn a huge ship. The focus thus far has been on NIH research, and they are now looking at policy to change the way people think. She recommended they start by investigating what has already been done. At one point, OAM had a mandala that covered every aspect of CAM, and it might be instructive for the commission to see something like that. OAM also voted to create a non-disease-specific center, but that has not happened to date. There are thousands of pages of data that need to be interpreted, much of which could be very useful. OAM learned that elsewhere, CAM was health care, and it was not "alternative." She would like to help the commission in any way possible.

Maury Silverman was the final speaker; he has been involved in CAM for years. He spoke about malpractice, which he called "warlike." Arbitration might be more logical way to handle these situations. They could divide malpractice situations into gross errors and simple things that could have been done better. CAM is important in that it adds more options for health care practitioners. He would also like to see the next NIH director have a clinical background. There is also a need for more methodologies that will address CAM issues. Eastern medicine is based on the knowledge that something works, not how something works.

Public Meetings

Dr. Groft reminded the commission that the next meeting of the entire group will be October 5 and 6. They will hold town meetings in the interim. They may acquire some marketing advice as to where to have them. The hope is to move beyond the coasts and the large cities to also visit smaller places. In addition, the staff may develop a few position papers for the next meeting. Ms. Chang raised the possibility of an online chat, and Dr. Gordon said they will probably have some conference calls. There will be further discussions about who to involve in the town meetings and what to discuss — Dr. Gordon would like the topics to be brought up by the audience so that they will know what is important to people.

Regarding the press, commissioners should feel free to speak from their own points of view, but Dr. Gordon speaks for the commission as a whole.

The meeting adjourned at 2:15 p.m.