WHC-CAMP
NIH-103
1100-G-9

01 -- WHCCAM Planning Meeting Minutes *13-14 Jul 2000*
02 -- WHCCAM Planning Meeting Transcript *13 Jul 2000*
03 -- WHCCAM Planning Meeting Transcript Volume II *14 Jul 2000*
04 -- WHCCAM Town Hall Meeting Transcript, San Francisco *8 Sept 2000*
05 -- WHCCAM Meeting Minutes: Meeting on the Corrdination of CAM Research *5-6 Oct 2000*
06 -- WHCCAM Meeting Transcript, Volume I: Meeting on the Corrdination of CAM Research (8:30 am) *5 Oct 2000*
07 -- WHCCAM Meeting Transcript, Volume II: Meeting on the Corrdination of CAM Research (8:40 am) *6 Oct 2000*
08 -- WHCCAM Town Hall Meeting Transcript, Seattle Town Hall *30-31 Oct 2000*
09 -- WHCCAM Meeting Transcript, Volume I: Meeting on the Access and Delivery of CAM Services (8:25 am) *4 Dec 2000*
10 -- WHCCAM Meeting Transcript, Volume II: Meeting on the Access and Delivery of CAM Services (8 am) *5 Dec 2000*
11 -- WHCCAM Town Hall Meeting Transcript, New York *23 Jan 2001*
12 -- WHCCAM Meeting Transcript, Volume I: Meeting on Training, Education Credentialing and Licensing of CAM Practice (8:15am) *22 Feb 2001*
13 -- WHCCAM Meeting Transcript, Volume II: Meeting on Training, Education Credentialing and Licensing of CAM Practice *23 Feb 2001*

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.