Withdrawal/Redaction Sheet
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DOCUMENT NO. AND TYPE	SUBJECT/TITLE	DATE	RESTRICTION
001. email	Wallace Sampson to Steve Groft, no subject (partial) (1 page)	09/06/2000	b(6)

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

OA/Box Number: 43238

FOLDER TITLE:
San Francisco Speaker Roster, September 8, 2000

2011-0568-S
kc880

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]

NIH-107
White House Commission CAM Policy
1100-G-8

01 -- San Francisco Speaker Roster *8 Sept 2000*
02 -- WHCCAM Briefing Book *5-6 Oct 2000*
03 -- WHCCAM Meeting Testimony *5-6 Oct 2000*
04 -- WHCCAM Commissioner Briefing Book, Seattle Town Hall *30-31 Oct 2000*
06 -- WHCCAM Briefing Book (part 1) *4-5 Dec 2000*
07 -- WHCCAM Briefing Book (part 2) *4-5 Dec 2000*
08 -- WHCCAM Briefing Book (part 3) *4-5 Dec 2000*
09 -- WHCCAM Meeting, Testimony *4-5 Dec 2000*
10 -- WHCCAM Meeting Summary *4-5 Dec 2000*
11 -- WHCCAM Testimony Given, Lighthouse International Center *23 Jan 2001*
12 -- WHCAAM Town Hall, Testimony *23 Jan 2001*
13 -- WHCCAM Commissioner Briefing Book *22-23 Feb 2001*
14 -- WHCCAM Briefing Book, Discussion Group I *22-23 Feb 2001*

Box and Folder List
Accession 443-04-4107

Folder No.	Folder Title	Date
Box 1 of 6		
01	San Francisco Speaker Roster	8 Sept 2000
02	WHCCAMP Briefing Book	5-6 Oct 2000
03	WHCCAMP Meeting Testimony	5-6 Oct 2000
04	WHCCAMP Commissioner Briefing Book, Seattle Town Hall	30-31 Oct 2000
06	WHCCAMP Briefing Book (part 1)	4-5 Dec 2000
07	WHCCAMP Briefing Book (part 2)	4-5 Dec 2000
08	WHCCAMP Briefing Book (part 3)	4-5 Dec 2000
09	WHCCAMP Meeting, Testimony	4-5 Dec 2000
10	WHCCAMP Meeting Summary	4-5 Dec 2000
11	WHCCAMP Testimony Given, Lighthouse International Center	23 Jan 2001
12	WHCCAMP Town Hall, Testimony	23 Jan 2001
13	WHCCAMP Commissioner Briefing Book	22-23 Feb 2001
14	WHCCAMP Briefing Book, Discussion Group I	22-23 Feb 2001

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Box 2 of 6		
01	WHCCAMP Briefing Book, Discussion Group II	22-23 Feb 2001
02	WHCCAMP Briefing Book, Discussion Group III	22-23 Feb 2001
03	WHCCAMP Briefing Book, Discussion Group IV (Part 1)	22-23 Feb 2001
04	WHCCAMP Briefing Book, Discussion Group IV (Part 2)	22-23 Feb 2001
04	WHCCAMP Seattle testimony	30-31 Oct 2000
05	WHCCAMP Briefing Book, Public Comment	22-23 Feb 2001
06	WHCCAMP Meeting Testimony	22-23 Feb 2001
07	WHCCAMP Town Hall Meeting, Minneapolis, Commissioner Briefing Book	16 Mar 2001
08	WHCCAMP Town Hall Meeting, Minneapolis, Testimony (1)	16 Mar 2001
09	WHCCAMP Town Hall Meeting, Minneapolis, Testimony (2)	16 Mar 2001
10	WHCCAMP Commissioner Notebook, Washington D.C., Day 1	26-27 Mar 2001
11	WHCCAMP Commissioner Notebook, Washington D.C., Day 2	26-27 Mar 2001
12	WHCCAMP Meeting Testimony	26 Mar 2001

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01	WHCCAMP Commissioner Briefing Book (Day 1)	14 May 2001
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04	WHCCAMP Commission Briefing Book (1)	14-16 May 2001
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06	WHCCAMP Commission Briefing Book (3)	14-16 May 2001
07	Solicited Comments	2001
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02	Agenda 7/13-14/2000	
03	WHCCAMP Meeting #1 7/13-14/2000	
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05	Issue: Research Coordination	5-6 Oct 2000
06	WHCCAMP Meeting #3 12/4-5/2000	
07	Issue: Access to and Delivery of CAM	c. 2000
08	WHCCAMP Meeting #4 2/20-21/2001 Education/Training [empty]	
09	Issue: Education and Training	c. 2001
10	February 21-22, 2001 WHCCAMP Meeting	
11	February 22-23, 2001 Mtg. - Hubert Humphrey Building	
12	Mar 16 - MN Mtg	2001
13	Mar 26-27 HH Mtg, Corinne Wellness	
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15	WHCCAMP Dec 6-7, 2001	
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01	Access and Delivery P 21-22 Feb	2002
02	Seattle Testimony and Talking Points	30-31 Oct 2002
03	1992 Break-out Session Transcript	1992
04	Articles WHCCAMP	2001
05	Report Definition CAM	2001
06	Council for Responsible Nutrition	2001
07	F[ederation of] S[tate] M[edical] B[oards]	2001
08	Integrated Health Care Forum 10/31-11/3/01	
09	Information Wellness Issue	Mar 2001
10	Issue: Information Development and Dissemination, Wellness	Mar 2001
11	Issue: Reimbursement	2001
12	Research II Issue	May 2001
13	WHCCAMP Meeting October 4-6, 2001	
14	Issues	Aug 2001
15	Coordination of Research "A", G. Pollen	Sept-Oct 2001
16	Information Development and Dissemination "B", C Axelrod	Aug-Oct 2001
17	Access and Deliver "C", M. Chang	Aug 2001 - Jan 2002
18	Coverage and Reimbursement "D", M. Miller	Aug 2001
19	Educating and Training "E", J. Kaczmarczyk	Aug - Oct 2001
20	CAM Centralizing and Coordinating Efforts "F", J. Kaczmarczyk	Sept-Nov 2001
21	Wellness "G", C. Axelrod	Aug - Sept 2001
22	Definition and Principles "H", J. Swyers	2001
23	Oklahoma	2001
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Folder No.	Folder Title	Date
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01	Interim Report 7/27/01 (revisions)	
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03	WHCCAMP Recommendations	2001
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07	Report References	2000-2001
08	Mary Ann Liebert	2001
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11	Acknowledgements	c. 2002
12	Transmittal Letter	2002

Roster and Order of Speakers

NOTICE TO COMMISSIONERS

All speakers are permitted 5 minutes, unless otherwise indicated that (10 min) has been permitted.

Bracketed [ ] text indicates additional written comment submitted with registration information.

You should feel free to direct BRIEF FOLLOW-UP questions to individual presenters, or to the entire panel after all the panelists have finished their presentation.

51 speakers have pre-registered and are scheduled to speak from 9:00 –6:00.

ORDER OF SPEAKERS

1. MARILYN SCHLITZ, PHD (10 min)
   Institute for Noetic Sciences & CA Pacific Medical Center
   San Francisco, CA

2. BEVERLY RUBIK, PHD BIOPHYSICS (10 min)
   Institute for Frontier Science
   Oakland, CA

3. CATHERINE DOWER, JD (10)
   UCSF Center for Health Professions
   San Francisco, CA

4. MAY LOO, MD (10)
   Stanford Medical Center
   San Jose, CA

[I will discuss all four topics with respect to CAM treatment for pediatric patients.]

5. DEBORAH KESTEN, MPH
CA Pacific Medical Center
San Francisco, CA

[Speaking for her husband, Larry Scherwitz–see A]]

6. CORINNE GIANTONIO, PHD (10)
Kaiser Permanente
Gold River, CA

7. SAVELY SAVVA
Monterey Institute for the Study of Alternative Healing
Carmel, CA

8. ADAM BURKE, PHD, MPH, LAC
San Francisco State University/IHHS
San Francisco, CA

9. DANA ULLMAN, MPH (10)
Homeopathic Education Services
Berkeley, CA

10. CRAIG LITTLE, DC (10)
American Chiropractic Association
Arlington, VA

11. MILLIE TSENG, BSN
Santa Clara County Employee Wellness
San Jose, CA

12. LIXIN HUANG
American College of Traditional Chinese Medicine
San Francisco, CA

13. BRUCE SHELTON, MD, MDH, DIHOM (10)
AZ Board of Homeopathic Medical Examiners
Phoenix, AZ

[I am an active practitioner on the front lines of patient care license by my state with a separate license to do so. It will be extremely hard to address the totality of what needs to be said in five minutes but I will offer an outline for further participation afterwards.]

[see B]

14. KENNETH SANCIER (10)
Qigong Institute
Menlo Park, CA

15. PEG JORDAN, RN, PHD (candidate) (10)
Integrative Health Circles
Oakland, CA

[As a health journalist, registered nurse and medical anthropologist, I have covered the field of integrative medicine for many news outlets. But recently, as a doctoral student, I am studying how practitioners from various healing systems(naturopathy, homeopathy, allopathy, Chinese medicine, etc) can actually work in harmony on a particular case, benefitting someone with chronic disease. I believe my ethnography on the challenges of blending medical world views and epistomologies will be a valuable contribution for the Commission and the public. People want to know: What do I do first? See an herbalist or go to my doctor? Navigating these confusing corridors of multiple health options is a pressing concern. As a medical anthropologist, I have witnessed sufficient case studies that attempt "integration" of CAM therapies into mainstream, and I would like to report my findings. Thanks for coming to town!]

16. MICHAEL MAYER, PHD
The Bodymind Healing Center
Berkeley, CA

17. LYNN MURPHY
Feingold Association of the US
San Jose, CA

[Before research can validate any CAM practices, we must question any and all baselines. Decades of biased information has replaced good science. I'll show you an example which drove science to dictate today's standard of care for children with ADHD (one out of 20) and set up a barrier to uncovering the truth about food dyes.]

18. KAREN SCOTT
Progress in Medicine
San Jose, CA

19. STEPHEN BENT, MD
OSHER Center for Integrative Medicine, University of CA
San Francisco, CA

20. BRADLEY JACOBS, MD, MPH
UCSF OSHER Center for Integrative Medicine, University of CA
San Francisco, CA

21. SITA ANANTH, MPH
Health Forum/American Hospital Association
San Francisco, CA

[I would like to talk about Health Forum/AHA's initiatives regarding CAM and our role in assisting hospitals to think about how best to integrate these services.]

22. JAN DEDERICK, BA, DC, CSI
East Bay Shen Center
El Cerrito, CA

[Your four categories are very good, but what is logically anterior to addressing them is the problem of the monopolistic current paradigm of "western" medicine. The Catch 22 of research monies being controlled either by the Pharmaceutical Companies or the AMA, therefore no "acceptable" research being done, therefore credibility being challenged for lack of bona fide research. The field needs to be opened, in fact, not just in theory.]

23. BRIAN FENNEN, LAC, OBT, QME
Council of Acupuncturists & Oriental Medicine
Calistoga, CA

24. CAROL CERESA, MHSL, RD
California Dietetic Association
San Rafael, CA

25. ANNE KOLKER, MS (Nutritional Science)
SFVA
San Francisco, CA

26. ANDREA GAREN, BS (Dietetics)
California Dietetic Association
San Rafael, CA

12:00 p.m. – 12:45 p.m. ❖ OPEN SESSION ❖

12:45 p.m. – 1:45 p.m. ❖ LUNCH BREAK ❖

1:45 p.m. ❖ AFTERNOON SESSION ❖

27. VENY ZAMORA (10)
Administration on Aging
San Francisco, CA

28. CYNTHIA COPPLE, BS, CMP (10)
Lotus Holistic Health
Capitola, CA

29. ALEX FENG, PHD, OMD, LAC (10)
UCC AOM
Berkeley, CA

30. RICHARD PAVEK
Shen Therapy Institute
Sausalito, CA

31. NICOLA HENRIQUES
Institute of Classical Homeopathy
St Helena, CA

32. ADRIAN LOWE, GRANDMASTER
Lamas Qigong Association
Worksop Nottinghamshire, UK

33. GEORGE WEDEMEYER
National Council of Field Labor
San Francisco, CA

34. MICHAEL TRAUB, ND (10)
American Association of Naturopathic Physicians
Kailua Kona, HI

35. JAY AZAROW, MD (10)
Stanford University School of Medicine
Stanford, CA

36. ANTONIO MARTINEZ, JD (10)
American Specialty Health, Inc.
Washington, DC

37. DEANE HILLSMAN, MD (10)
Union of American Phyicians & Dentists
Sacramento, CA

[I wish to address the problem of medical innovation, and how it has been impaired by the recent Medical Board of California decision in the matter of Dr Robert Sinaiko. This is of importance to both mainstream and alternative medicine practices. The UAPD is neutral on the subject of alternative medicine, though we do have a few members who practice same to some degree.]

38. SALLY LAMONT, ND, L.Ac. (10)
CA Association of Naturopathic Physicians
San Rafael, CA

[As an Executive Director of the CANP I want to comment on legislation CAMP is introducing to license naturopathic doctors to practice in CA, thus granting access and accountability for this important CAM profession. WE are working closely with Bastyr University and others to share the model for education, training, testing and research developed by the naturopathic profession, which pioneered CAM practice decades ago.]

39. EVELYN LEE, EDD, LSCW (10)
Richmond Area Multi-services
San Francisco, CA

40. JENNIFER BOLEN, BA
JURIMED
Novato, CA

41. RICHARD HANSEN, DMD
Advanced Health Research Institute
Fullerton, CA

[Candace Campbell of the American Preventive Medical Association has requested that I give a short presentation of CAM as it applies to Dental Medicine and Prevention.]

42. RICKI POLLYCOBE, MD
CA Pacific Medical Center
San Francisco, CA

[I practice integrative medicine (OBGYN) and also participate in ongoing CAM breast cancer research at CPMC in collaboration with UCSF.]

43. ROY UPTON (10)
American Herbal Pharmacopoeia
Santa Cruz, CA

44. JAMES UNDERDOWN, BA
Center for Inquiry - West
Los Angeles, CA

[Speaking for Wallace Sampson]

[See C]

45. MARC HALPERN, DC
California College of Ayurveda
Grass Valley, CA

46. CARLA WILSON, L.Ac.
Quan Yin Healing Arts Center
San Francisco, CA

47. HOWARD MOFFET, MPH
American College of Traditional Chinese Medicine
San Francisco, CA

48. PERFECTO MUNOZ, MA, PHD
Health Plan of San Joaquin
Stockton, CA

49. LEN SAPUTO, MD
Health Medicine Forum
Walnut Creek, CA

50. BURTON GOLDBERG
Alternative Medicine.com

51. KAREN EHRLICH, CPM, LM
CA Association of Midwives
Santa Cruz, CA

5:00 p.m. – 6:00 p.m. ❖ OPEN SESSION ❖

6:00 p.m. ❖ CLOSING ❖

A: Submission from Larry Scherwitz

Groft, Steve (NCCAM)

From: larryws [larryws@pacbell.net]
Sent: Monday, August 28, 2000 12:48 AM
To: Groft, Steve (NCCAM)
Cc: Elisabeth Targ M. D.
Subject: Town Meeting Responses from San Francisco

townmeeting.ans.doc

Dear Stephen Groft:

Thank you for inviting me to your town meeting on September 8th in San Francisco and for your telephone call. Unfortunately, I will be away on September 8th, camping on the Continental Divide in Southwest Colorado, attempting to gain some perspective on life and fulfillment in the present.

However, I really want to foster your commission's work and help in anyway I can. The answers to your questions in the attached file are from the perspective of a CAM researcher doing full time research in a major medical center. I have kept this perspective throughout to attempt to give a clear and simple voice. I have two broad objectives with this research. The first is to evaluate the efficacy of CAM therapies including ongoing randomized clinical trials of acupuncture for acute stroke patients and Jin Shin Jyutsu for breast cancer patients undergoing chemotherapy. The second objective is to do health services research for the various CAM therapies sponsored by our department, including massage and guided imagery for hospital inpatients as well as evaluating the our CAM clinic. The second objective provides the best experience for answering your questions as you will see.

You may regard my comments as a first draft if you like. This means I would be willing to elaborate or clarify the content if you find that useful (after September 11th).

May your town meeting be a stimulating success in achieving your professional objectives and making wonderful contacts with Bay Area CAM practitioners and researchers.

Sincerely,

Larry Scherwitz, Ph.D.
Research Director
Institute of Health and Healing
California Pacific Medical Center
2300 California, Suite 204
San Francisco, CA 94115
(415) 923-6515
larrys@cooper.cpmc.org

Responses to The White House Commission on Complementary and Alternative Medicine Town meeting in San Francisco, September 8, 2000.

By Larry Scherwitz, Ph.D.
Research Director
Institute of Health and Healing
California Pacific Medical Center
San Francisco, CA 94115

Overview. I see training CAM practitioners and researching the efficacy of CAM therapies as going hand in hand in each of the four areas of interest you would like town meeting participants to address. Training CAM practitioners in a medical setting addresses issues of safety, quality control, and access while providing a research venue to determine efficacy.

I. Coordinated Research and Development to Increase Knowledge of Complementary and Alternative Medicine Practices and Interventions

(A) What can be done to expand the current research environment so that practices and interventions that lie outside conventional science are adequately and appropriately addressed?

Clearly define the initiatives and generously fund CAM training and research programs. If the funds are there the investigators will come forward with proposals and programs of research. The NCCAM has the infrastructure that could disseminate program announcements, review committees that could shape the research proposals, and mechanisms for dissemination of the findings.

(B) What types of incentives are needed to stimulate the research of CAM practices and interventions by the public and private sectors?

More funding for training, certifying, licensing, and evaluating CAM practitioners and CAM therapies. I would suggest funding a model multidisciplinary program for selecting, training, and evaluating CAM practitioners. This model program could result in manuals or workbooks that could be used for other CAM modalities in other settings.

(C) How can we more effectively integrate the CAM and conventional research communities to stimulate and coordinate research?

One approach is by bringing CAM practitioners into conventional medicine settings. This brings CAM therapies to those most in need; those who are really sick, who are already seeking therapy, and may be willing to try a CAM therapy they have never tried before under relatively safe conditions. Most of the patients in our hospital have never or very rarely received a massage, and despite this rate their satisfaction with massage as extremely high.

Working directly with inpatients and outpatients at the medical center, CAM interns and residents get to learn how the conventional medical system works and how to accommodate what they do with these therapies. They get very good practice administering to the needs of very sick and suffering patients, as well as administering to their own needs and those of their fellow interns and residents.

II. Guidance for Access to, Delivery of, and Reimbursement for Complementary and Alternative Medicine Practices and Interventions

(A) Do you have ready access to CAM practices and interventions?

Yes, we have lots of potential access to CAM therapies, but access is limited by funding. The major barrier to access is cost reimbursement. Currently, our CAM clinic is accepting only fee for service patients, because it could never pay for itself from third party insurance reimbursement even if insurance companies and Medicare covered CAM therapies. There are other barriers of course including the uncertainty of whether a therapy is safe and effective as well as the ignorance of patients and conventional medicine practitioners about the benefits of CAM therapies.

(B) How can access to safe and effective CAM practices and interventions be improved?

By combining high quality training of CAM practitioners with research on the safety and efficacy of their therapies. There is much written about the potential safety of herbs and supplements and their interactions with conventional medications. While this is important there are a host of other safety issues that should be addressed for each CAM therapy. For example, given that many CAM therapies such as massage and guided imagery involve intimate contact with patients the social boundary issues are important to address. In addition, given that many CAM approaches involve complex changes in diet and lifestyle provider-patient communication is critical to patients' understanding and adherence to the regimen. CAM approaches also offer a great opportunity to enhance the healing potential of placebo responses.

(C) What types of CAM practices and interventions should be reimbursable through federal programs or other health care coverage systems?

We should reimburse CAM therapies that are safe, effective, popular, cost effective, and widely available. This may sound like a glib answer, but these five aspects could be the objectives addressed by training and research programs.

III. Training, Education, Certification, Licensure, and Accountability of Health Care Practitioners in Complementary and Alternative Medicine

(A) How can uniform standards of education, training, licensure and certification be applied to all CAM practitioners?

Be promoting centers of excellence where multiple CAM modalities are taught and evaluated in a medical setting. Currently our Institute of Health and Healing at California Pacific Medical Center is preparing a grant proposal to the Fetzer Foundation to fund a program of CAM therapy training and evaluation. The proposal specifies the criteria for selection, training, evaluation, and certification of interns and residents in massage, guided imagery, and pastoral care. The selection of interns and residents, curriculum, and evaluation of the therapists and their therapies all have common elements. The program will provide residency or internship training, meaning that applicants must already have a massage or guided imagery certificate to be eligible for the program. The curriculum for each approach involves:

1) Direct or videotaped observation of the intern or resident providing care to a patient. The modality teacher provides feedback on the interns social and technical skills in regular weekly group meetings.
2) Verbatim case histories to develop awareness of the setting, patients' needs, the patients and therapies feelings and responses to the therapy are to be reported according to detailed structured guidelines. These histories are then discussed at weekly meetings and feedback using very structured criteria for evaluation.
3) Each program stresses that practitioners develop or maintain a regular contemplative practice that renews their spirit and energies. This could be yoga and meditation, Tai Chi, Chi Qong, prayer, scripture reading, reflective time in nature, or practice in expressive arts such as dance or poetry. The practices of these therapies are discussed in-group meetings designed to help therapists cope with the profound effects of the patients illness, grief, fear, anger, depression, and pain on the therapists' health and well being.
4) Each program has lectures and readings dealing with the history, theory, forms, techniques, skills, and research support for each modality.

We plan to formally evaluate each modality using validated and well-designed instruments where available, and also to capitalize on most of the rating procedures already in clinical use in the current form of these programs in our hospital. Thus, we will train therapists to make evaluations of direct observations and verbatim case histories, we will evaluate the patients' satisfaction with the therapist and the therapy, and we will use end-of-program evaluations from the interns and residents. These data will be used to certify the interns and residents, to improve the program, and to correlate process measures (ratings of the interns performance) with outcomes (patients' perceptions of benefits).

(B) What training and education should be required of all health care providers to assure access to safe and effective CAM practices and interventions?

See the above for an answer to this question.

(D) What sources of funds exist for the education and training of CAM practitioners?

Sources of funds are scarce. There are a limited number of foundations that provide funding. This is an area that needs further funding and coordination of the programs funded. Hospitals are cash poor these days and very few will have the funding to develop CAM training and research programs. External funding will be needed.

(D) Are performance standards or practice guidelines needed to ensure the public will have access to the full range of safe and effective CAM practices and interventions?

Definitely performance standards could help us to select, train, and evaluate CAM practitioners for practice in conventional medical settings. Practice standards would also help us to do research on the safety and efficacy of CAM therapies by keeping consistent the treatment regimens.

IV. Delivery of Reliable and Useful Information on Complementary and Alternative Medicine to Health Care Professionals and the Public

(A) How can useful, reliable, and updated information about CAM practices and interventions be made more accessible? How would you like to receive such information?

To me useful information on CAM is plentiful and relatively easy for those skilled with a computer; its reliability is still being developed. I think that the Internet should be a major method of dissemination such as the NIH website. The government could also publish or fund the publication of books that would help training and evaluation of CAM therapies. As safe and effective CAM therapies are identified they should be disseminated to wider audiences, through the print media, magazines, journals, television. Given the interest in CAM our print and electronic media seems to do an adequate job at disseminating information. What would be helpful at the cutting edge is if the government could sponsor conferences to exchange and publicize new research on training and evaluating CAM therapies.

(B) As a consumer, what kinds of information about CAM practices and interventions are most needed and important to you?

Whether the therapy works, how long it takes to work, much hassle it is to undertake and maintain, is there a risk or side effect, how much does it cost, where can I get it, who is good at giving it?

(C) As a health care researcher, what kinds of information about CAM practices and interventions are most needed and important to you?

To know:

1) Whether the therapy will ease pain, fear and other forms of human suffering,
2) Show its benefits in some medically relevant way that can be measured sensitively and accurately,
3) Can be funded,
4) What research had been done on the therapy and its quality,
5) Whether the therapy is contradictive with conventional treatment and what obstacles it would face in a conventional medical setting,
6) The number of patients with the problem the therapy could help,
7) what the endpoint for evaluating efficacy should be, and
8) whether patients are likely to undertake and maintain the therapy to a rigorous level.

B: Submission from Bruce Shelton

301-480-1691

STATE OF ARIZONA
Department Of State

PROCLAMATION

WHEREAS, the State of Arizona has a legally empowered Board of Homeopathic Medical Examiners; and

WHEREAS, it is the responsibility of the Board to regulate MDs and DOs who practice Integrative Medicine in the Great State of Arizona; and

WHEREAS, agencies such as CLIA, The Office of Inspector General, and The White House itself are requesting public input on the subjects related to this vital and important field of Medicine; and

WHEREAS, the President of The United States has established the White House Commission on Complementary and Alternative Medicine to evaluate this subject; and

WHEREAS, the Board is sending representatives to participate in the Commission's work;

NOW THEREFORE, I, Secretary of State Betsey Bayless, proclaim that the State of Arizona supports the work of the Commission and encourages cooperation with the members of The Arizona Board of Homeopathic Medical Examiners.

IN WITNESS WHEREOF, I have hereunto set my hand and affixed the Great Seal of the State of Arizona. Done at the Capitol in Phoenix on the 1st day of September, 2000.

Betsey Bayless

Betsey Bayless
Secretary of State

VALLEY INTEGRATIVE PHYSICIANS PLLC

VIP

HOMEOPATHIC INTEGRATIVE MEDICINE

Preventive Healthcare, ONE PATIENT AT A TIME

BRUCE H SHELTON MD MD(h) DiHOM
Medical Physician
Homeopathic Physician

CAROL M REED BS DC
Brimhall Chiropractic
Chiropractic Physician

14231 North 7th Street
Phoenix Arizona 85022
602-993-1200 fax 602-9423787
e-mail shelton@idsweb.com

Good Morning
Mr. Chairman and members of the commission. My name is Doctor Bruce Shelton. It is an honor to appear before you.
I am a Board Certified MD Homeopathic Family Physician licensed in Arizona as both a Medical Physician and a Homeopathic Medical Physician.

I am the President of The Arizona Board of Homeopathic Medical Examiners and bring you official greetings on behalf of the State of Arizona.

I have brought to you today a Proclamation from the Secretary of State of Arizona showing our states commitment to Integrative Medicine as one of only three states having a separate Board of Homeopathic Medical Examiners open to graduate MDs and DOs that qualify in the fields of Classical Homeopathy, Acupuncture, Orthomolecular Medicine, Chelation Therapy, Neuromuscular Integration, Nutrition AND Pharmaceutical Medicine

I am a graduate of New York Medical College, and the British Institute of Homeopathy.

In January I will become the National Medical Director of Heel Inc. of Albuquerque New Mexico and Baden Baden Germany. HEEL is one of the largest manufacturers of Combination Homeopathic Remedies and my comments made today are also made on their behalf.
I call to your attention that Homeopathic Medicines were and are legally part of the United States Pharmacopoeia and has been EVER SINCE IT WAS ESTABLISHED IN 1938. This is the same law that established the FDA.

Homeopathics of course have been on the scene since 1797 when this school of medicine was established by Dr. Samuel Hahneman MD A MEDICAL DOCTOR as he developed both the words Homeopathy AND Allopathy to differentiate himself from his non believing peers. Homeopathics being a "similar pathos or suffering" and Allopathics being an "opposite pathos or suffering. Similars being a permanent cure and opposites only temporary for as long as the patient is on the remedy.

To quote the Bible-give a man a fish and you feed him for a day, teach him how to fish and you feed him for the rest of his life.

EVEN though Homeopathy is legal in this country as the remedies themselves, it has been unfairly discriminated against by third party insurers, hospitals, governments and the Drug companies who realize that lesser priced homeopathics represent COMPETITION for higher cost pharmaceuticals. Not only does Homeopathy and Integrative Medicine work in a kinder more gentler manner and more completely but it saves money in large amounts.

What should be done to bring this to the fore and move our work forward?

1. Seeing that its legal already, mandate that discriminating against it is improper. Allow third party payers to pay for its legal use.
   Create the several hundred missing procedure codes to add to the already existing tens of thousand of codes that will allow for its coverage.

Allow HCFA and Medicare to tell properly licensed physicians to deliver services to patients that want and need them.

2. Seeing that its legal as it is in Arizona and several other states, allow Hospitals to use Integrative Medicine after full disclosure and full consent between doctor and patient. Make sure that patients know of its legal existence and give them the freedom of choice that they deserve.

3. Seeing that everyone is literally crying for reduction in the high cost of healthcare, commission the studies and data collection through large patient populations based upon outcome studies and the tenets of quantum physics to give our political and business leaders the data we all need to make informed decisions.

4. Allow states such as Arizona who have a Board of Qualified Medical Examiners to judge procedures such as Darkfield Blood Evaluation, Bio-Terrain Analysis and other valuable Complementary Lab tests to go forward by empowering CLIA with new regulations that they need that will allow this type of work to proceed under proper regulations

5. TAKE THE STIGMA OF VOODOO MEDICINE out of this important subject by allowing science to proceed unhampered. The Scientific Method itself demands that observations be proved or disproved methodically. The anecdotal observations involving literally tens if not hundreds of millions of patients have been around for hundreds of years. The current method of verification is anti-competitively structured to keep the truth from the light. Most of us in this room already knows that it works. All that we are missing is the correct political and legal courage to bring it about even if that means an addition to the Sherman Act.

We applaud the work of this commission and pledge the support of those we represent to move our important work forward as quickly and efficiently as possible. The Health of our Society depends upon our success.

C: Submission from Wallace Sampson

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001. email	Wallace Sampson to Steve Groft, no subject (partial) (1 page)	09/06/2000	b(6)

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[001]

Groft, Steve (NCCAM)

From: Wisampson@cs.com
Sent: Wednesday, September 06, 2000 1:29 AM
To: Groft, Steve (NCCAM)
Subject: (no subject)

Dr Groft:

Thank you for acknowledging my request for information on presenting information at the Town hall meeting in San Francisco. I could not on such short notice meet the time limits set for submitting requests. My schedule was :

August 9-14 Niagara, Ont. Canada for seminar on "alternative/complementary medicine," part of the seven-city tour of lectures for family practitioners I give each year in Canada.

August 16-20 University of Oregon lecture/workshop I gave on "alternative medicine" and the postmodern and medical anthropology movements.

(b)(6)

Nevertheless, I was able to ask another to speak in my place - James Underdown, of the Center for Inquiry, West, Marina del Rey, Calif.

I will try to attend, at least for part of the meeting - especially the afternoon, and would meet with you personally after the meeting should you have time.

However, a five minute spot in a town hall meeting is not the forum for expression of the serious problems that the Commission faces because of its mission and the four general areas for comment.

The meeting will take comments on only four issues: Increasing research, providing information to professions and public, access and reimbursement issues, training and accountability issues.

This format assumes that the public will accept unscientific and unreliable explanations for medical events, and will want or tolerate incorporation of unproved, disproved, and implausible methods into a medical care system of unparalleled success - the modern scientifically-based system. that system is used not just in the US, but throughout the developed world.

The problems behind those presumptions are so deep to the philosophy of modern thought and democratic government, that a "Town hall" format from the public and from advocates and proponents hardly seems to be appropriate. The discussions being limited to the four issues overrides issues of validity, effectiveness, ethics, and prevention from illusion and delusion, as well as protection from abuse.

The Commission has no provision for discussing research already done that disconfirms most methods under consideration.

In other words, a rational discussion is not possible, and rational recommendation ensuing from the Town Hall is hughly unlikely.

Despite my short notice and tight schedule, If I were fully able to recruit other people to testify, I would have found reasonable discussion impossible under the ground rules. Therefore I state the following.

I protest the ground rules of the Town Meeting as exclusionary of rational discourse.

I protest the short (less than one month) notice as prejudicial to obtaining representational public and professional commentary.

I protest the lack of public notice and lack of notification of known expert and opposing organizations as prejudicial.

Public Town meetings are not the proper forum for the asembly of information on which the Commission can reasonably act. A meeting with experts in analysis of pseudo-science is essential as a first step in correcting the erroneous path set so far for the Commission.

I request that the Commission convene a special meeting of at least two days, inviting at least fifteen known non-advocate and oppossition experts from a variety of public-interest and educational organizations - members to be selected by three persons including me and two others of my choice.

The invitees will inform the Commission of the errors, misinterpretations, and misrepresentations that have led to formation of the Commission and these meetings. The assumptions and presumptions behind the four-issue ground rules will be outlined, and knowledge that already exists disconfirming the methods in question will be displayed and discussed. Background testimony will also include known psychological reasons for erroneous thinking as well as analyses of specific fields.

Invitees will be paid transportation, lodging, and incidental expenses for the meeting from the Commission budget.

Issues raised by the invitees be made public record and be published and made freely available to the public and professions.

I request this written testimony be included in the public record.

Sincerely,

Wallace Sampson MD

Below are two brief description of two talks given by dr Sampson at Old Dominion University, Norfolk, Virginia, February 2,000. You may include them in the record if you wish.

Thursday evening general talk on February 3
Alternative Medicine: Factors and forces behind an ideologically correct social delusion
Why does an interest in aberrant medical practices arise in the latter 20th century - a time of unprecedented technological progress? Answers must be speculative, but there seems to be a conjunction of a number of both perennial and contemporary causes and "risk factors." The contemporary ones include some heretofore hidden or unsuspected academic and societal and conceptual shifts. These include the rise of cultural relativism, cross-cultural thinking, and the counter-culture movement. The most recent development is the obscurantism of postmodernism, that assumes no objective reality, devalues the concept of validity, and that elevates all interpretations to equal status. All contribute to a shift from rational problem-solving for the common good to a philosophical solipsism and narcissistic view of health. Advocates of various and disparate medical ideologies have also gradually distorted language and bombarded the public with unsupported statements presented as fact, effecting attitudinal changes in academic and governmental institutions and the press. Last is an unsuspectedly large amount of financial backing from ideologically devoted granting organizations that have ... distorted major medical institutions to an unprecedented degree.

Friday afternoon scientific talk on February 4
Errors, misinterpretations, and academic legends: "Alternativism" and the science literature
"Alternative medicine" advocates plead their cases through a series of incompatible statements. On one hand they claim that centuries of empirical

experience have proved the effectiveness of the major "alternative" approaches (homeopathy, traditional Chinese medicine, chiropractic, Ayurvedic, herbalism, etc.) On the other hand, they plead for more research to prove their claims, blaming the scientific and medical "Establishments" for not supplying the funds and personnel. Yet others further contradict by claiming that many "alternatives" (homeopathy, acupuncture, chiropractic,) are unprovable through established scientific methods (clinical trials) because they are tailored to the individual. In fact, most "alternative" claims have been disproved to a reasonable degree. Claims of proof are erroneous for a variety of reasons, including simple error, misinterpretation, and misrepresentation - examples of which will be presented and discussed.