

Withdrawal/Redaction Sheet

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DOCUMENT NO. AND TYPE	SUBJECT/TITLE	DATE	RESTRICTION
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001. email	Wallace Sampson to Steve Groft re town hall meeting (partial) (1 page)	09/06/2000	b(6)
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COLLECTION:

Federal Records

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

OA/Box Number: 43233

FOLDER TITLE:

Town Hall, San Francisco, September 8, 2000 [1]

2011-0568-S

kc841

RESTRICTION CODES

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

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

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.

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]

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

- ↑ Budget
- marginally done
- Frontier Science
- Peer Review
- Some Practice on their own team

Education/Physician

2. BEVERLY RUBIK, PHD BIOPHYSICS (10 min)

Institute for Frontier Science
Oakland, CA

- Transforming Medicine
- Brooklyn Magnet - Energy - Medical Device
- Electro/magnetic - Stimulate or Accelerate (Natural Healing)
- Lagging behind - Australia, Japan, Germany
- Energy Device - Biofield 10% (EAV)
- Laser Light Therapy - DM/Postulace
- SPID 1% of Budget 2%
- Obsolescent
- Foreign Medical Product
- Facilitate Policies for Research

3. CATHERINE DOWER, JD (10)

UCSF Center for Health Professions
San Francisco, CA

- Emergent Professions - unwilling to accept the
- Optimal Therapeutic Options
- Qualifications / How can they be evaluated / Training
- Licensing + Credentialing / Evidence + Outcomes
- Report to be submitted to Commission / Payment
- Regulation / Research (Education / Research / Regulation)
- Naturalistic Doctors

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.¶

Develop Data - CAM

20% in 1992 - 10% in 1994 →

Chiropractic - Homeopathy - Acupuncture - NIH Study - Acupuncture - Acupuncture

14

* Chinese Long Q. waste - Jeff Man Q. Don't talk

RFA - Fisher
New Regulations FOA / Medical Device
RFP / RFA / Subtle Emerges
Flexibility + Prioritization of Fund

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

Posterior Negative Impacts

*Incentive Model - HPSA →
Insurance Plan -
P. to Physician -*

*? Published
Results*

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

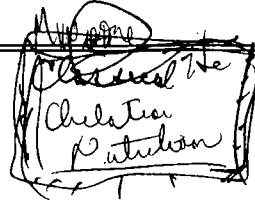
8. ADAM BURKE, PHD, MPH, LAC
San Francisco State University/IHHS
San Francisco, CA

*Lack of Research talent -
Build Community
Character Level of Grad & Undergrad*

Deficient C

9. DANA ULLMAN, MPH (10) *County - Replicate Studies*
 Homeopathic Education Services
 Berkeley, CA
Write Papers on Homeopathy / Benefits / Disadvantages of 2.3 PC Study
Managed Care Initiative *title of research project*
10. CRAIG LITTLE, DC (10) *4 areas* *Accreditation / Licensing*
 American Chiropractic Association
 Arlington, VA *Support of NCCAAM / Info*
Licensing
Federal Student Loan Program -
11. MILLIE TSENG, BSN *Public Health Nurse*
 Santa Clara County Employee Wellness *Program*
 San Jose, CA
Classes -
Research issues - Traditional Medicine Researcher
"don't compartmentalize Body in Research"
Cross training - med schools / western Research / Traditional
Root
12. LIXIN HUANG *38 states* *20,000 of students*
 American College of Traditional Chinese Medicine *Herbal Med, Tai Chi*
 San Francisco, CA *6000 students - 60 School* *Chikung*
US Dept of Education

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]

HEAL Homeopathy - Middle part of USP
Kalanamam (Museum Procedure Code) (13-24)

** Empower C&IA Regulations / Inspector General*
Minnesota → Come to DE

14. KENNETH SANCER (10)
Qigong Institute
Menlo Park, CA
Amplifier Heat Studies

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 epistemologies 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!]

Chronicity of Illness
Integrative Medicine Clinics
Common Recommendations

16. MICHAEL MAYER, PHD *Psychologist - a. c. c. c.*
The Bodymind Healing Center *CA Institute of Integrative Medicine*
Berkeley, CA *Credentialed from the Q. Hong / David separate from*
Limoncypine - 2 DPC T. c. c. c. c. *Acupuncture*

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

*Advisory Cmte - of non-represented -
professionals*

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

Alinaika
http://www.treatmentchoices.com
www.treatmentchoices.com
X

Cellular Immunity

Asthma - Immune System Problem
need Protection

IMP

Infant Child - CAM Encyclopedia - Lib. TDR
Insurance not covering fully

What can be Insurance

Who is the research for
Nevada is the state for ~~Balance~~ Occupational

Call

Separate Category for Herbal Products / Restory

Supplements
Supplements

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

2:30
5
(Tai Chi, Chi Gong, Herbal Medicine)
"Integrate all Practices"

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

5
Acupuncture Practitioner NAVA

1st Nat'l Meeting of Acupuncture in Austin, TX

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

40 School 1725 Educator

Certification & Licensure

Minimum Standard of
Competency

1000 - Didactic
500 - Practical
225 - written exam
for Referral

30. RICHARD PAVEK
Shen Therapy Institute
Sausalito, CA

Freedom of Choice ⇒

Certification Smaller Therapies Area/Know

Physics of Biofield → *NA*

*Accumulation of Emergent
Professionals - Standard*

10

31. NICOLA HENRIQUES (5)
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) *Minnesota*
American Specialty Health, Inc.
Washington, DC

37. DEANE HILLSMAN, MD (10)
Union of American Physicians & 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.]

*1st Case
Credentialed*

*EAMT responses
CA 2100*

- *will send in more recommendations*
39. EVELYN LEE, EDD, LSCW (10) *accessibility*
Richmond Area Multi-services *Rt (rural Population) want services*
San Francisco, CA *funding/reimbursement* *Can't afford payment service*
Liability is a concern
— *Community Based Research*
— *Innovative programs Funding*

40.  JENNIFER BOLEN, BA
JURIMED *Ozone Therapy (CFS)*
Novato, CA
— *FOA / Black and Blue Pills models*

41. RICHARD HANSEN, DMD
Advanced Health Research Institute
Fullerton, CA *UCLA - College of Dentistry*

[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.]

Advanced Research Health
- Each practice is looked at the "it" of all treatments
Why CAM practitioners have had to go underground.
- Unbiased Research
Information
Unbiased Practitioners

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.]

Info Dissemination - Benefits of Public Presentation
vs Private Presentation



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

Focus Group - How Competent are Western Medicine
- Licensing for herbalist Professionals
How do we treat herbal? Are drugs or
traditional FDA Herbal Products - Complete

44. JAMES UNDERDOWN, BA *Definition of CAM -*
Center for Inquiry - West Need for Scientific Evidence - Qualitative
Los Angeles, CA *methods*
[Speaking for Wallace Sampson] *Evidence Based Medicine*
[See C] *Power of Placebo Effect*

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

Info Center

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

Legislation - Coverage for Nat Meds
Licensure Council on Public Health
Insurance setting rules

47. HOWARD MOFFET, MPH

American College of Traditional Chinese Medicine
San Francisco, CA

Role of CAM in Public Health
Schools of Public Health - other than (3d)
Social Aspects of Disease - Support Systems
Association of events

48. PERFECTO MUNOZ, MA, PHD

Health Plan of San Joaquin
Stockton, CA

49. LEN SAPUTO, MD

Health Medicine Forum
Walnut Creek, CA

Unified Approach to (3d)
Find grass roots models
Integration - Preventive - Holistic - Person Centered
15% of Western Based Medicine are evidence based

50. BURTON GOLDBERG

Alternative Medicine.com

Alternative Medicine //
Dentistry field //

51. KAREN EHRLICH, CPM, LM *Practitioner*
CA Association of Midwives - *Medical Board of CA*
Santa Cruz, CA 

Birthing'

Robert Leppo - Venture Capitalist
- 7 Person Freedom of Choice
- 1 Current Health Care
Revolution comes - Intentional Communities

5:00 p.m. - 6:00 p.m. ❖ OPEN SESSION ❖ - *1 Speaker Signed Up*

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.d
oc

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 therapists 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

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. Similar 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 VODOO 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

Withdrawal/Redaction Marker

Clinton Library

DOCUMENT NO. AND TYPE	SUBJECT/TITLE	DATE	RESTRICTION
001. email	Wallace Sampson to Steve Groft re town hall meeting (partial) (1 page)	09/06/2000	b(6)

COLLECTION:

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

OA/Box Number: 43233

FOLDER TITLE:

Town Hall, San Francisco, September 8, 2000 [1]

2011-0568-S

kc841

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]

1001

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 highly 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 assembly 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 opposition 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.

From Concerned Citizens

August 23, 1998

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We, as an informed group, object to having more funding spent to further study these procedures that are being hyped by the popular press. Furthermore, we object to these disproven "alternative" treatments being paid for by insurance companies and HMOs. Paying practitioners of unproven treatments under the banner of alternative medicine is very unethical and deceiving. The public trust is placed in HMOs to manage proven and effective treatments. That is what we the public is paying HMO's to provide.

We the undersigned emphatically request that the funding by government agencies, insurance, and HMOs to be stopped for these unethical and unscientific medical practices.

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John D. Taylor	John D. Taylor	Baltimore	MD
JOSH REESE	Josh Reese	Salem	OR
Lon Turnbull	Lon Turnbull	Turnbull	TX
Steve Campbell	Steve Campbell	Fair Oaks	CA
John Pyles	John Pyles	Seattle	WA
David Chapman	David Chapman	Portland	OR
Kevin Kilty	Kevin Kilty	LaCenter	WA
Maria Throckmorton	Maria Throckmorton	Berkeley	CA
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Dr. Johannes Ruschinski	Dr. J. Ruschinski	Eugene	OR
Jon O. Jacobson Ph.D.	Jon O. Jacobson	Seattle, WA	WA
Dean Lovett	Dean Lovett	Encinitas	CA
WILMA RUSSELL	Wilma Russell	Castro Valley	CA
~~STEEN GOLDBERG~~	~~Steen Goldberg~~		
STEEN GOLDBERG	Steen Goldberg	Danville	CA
PATRICK INNISS	Patrick Inniss	Seattle	WA
OLGA BOURLIN	Olga Bourlin	SEATTLE	WA
Ebbe Naro	Ebbe Naro	Pasadena	OKLAHOMA
Loren Beyerstein	Loren Beyerstein	Port Moody	British Columbia
Barry Kurr	Barry Kurr	Amherst	NY

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White House Commission on Complementary and Alternative Medicine Policy

Town Hall Meeting
September 8, 2000 8:30 a.m. – 6:00 p.m.
Holiday Inn Golden Gateway, Emerald Ballroom, San Francisco, CA

AGENDA

7:30 a.m. – 8:30 a.m.	Registration
8:30 a.m.	Introductions <i>Dr. Stephen Groft, Executive Director</i>
	Welcoming Remarks <i>Dr. James Gordon, Commission Chair</i> <i>Harriet Ishimoto, Office of Congresswoman Nancy Pelosi</i> <i>Catherine Dodd, Director, USDHHS Region IX</i> <i>Steven Ottenstein, USDHHS White House Liaison</i> <i>Commissioners:</i> <i>Dr. Effie Poy Yew Chow</i> <i>Dr. Wayne Jonas</i> <i>Dr. Dean Ornish</i>
9:00 a.m.	Morning Session (pre-registered speakers)
12:00 p.m.	Open Session (on-site registrants*)
12:45 p.m.	Lunch Break and Afternoon Registration
1:45 p.m.	Afternoon Session (pre-registered speakers)
5:00 p.m.	Open Session (on-site registrants*)
6:00 p.m.	Closing Remarks <i>Dr. James Gordon, Commission Chair</i>

**Participants may register for a 5-minute slot prior to the scheduled Open Sessions. Speakers will be accepted in the order received, time permitting and at the discretion of the Chair.*

1. 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?

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

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

2. 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?

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

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

3. 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?

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

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

(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?

4. 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?

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

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

WHITE HOUSE COMMISSION ON COMPLEMENTARY
AND ALTERNATIVE MEDICINE POLICY

TOWN HALL MEETINGS

San Francisco September 8, 2000

Assistance - Region IX DHHS Administrator Catherine Dodds
Marilyn Schlitz Institute of Noetic Sciences, Sausalito, CA

Develop Press Release for newspapers, television, PSA "Save the Date"

Target Audience through mailing lists, DHHS, NCCAM, Coordinating committee members,
Dean Ornish, Effie Chow, George DeVries, AAPI Initiative, Region IX Minority and Women's
Health Mailing List

Key State legislators and staff, licensing and credentialing officials, state insurance
commissioners

CAM/Integrative/Medical/other health care providers' schools

Website announcement, registration available and Internet registration

Key speakers identified by Commission members

Seattle, WA *October 30*

Late October is Preferred Date

Assistance - Region X DHHS Administrator

Local and State Personnel - Laurie Bielinski, John Weeks, Joe Pizzorno, et al.

Professional
AMSA
AAMA
Senators, Rep

State Primary Care

Medical / Nutritional

Education / Forensic / Student Services

Hawaii - Earl Bunker
Community Health Center

Senator Inouye

Shampine, Health
Center

William Brown

- ① Cecile Williams - *Jim Gordon*
Glial Memorial Church
- ② David Smith
Haight - Ashbury Clinic
- ③ Jerry Brown
- ④ Ken Pelletier
- ⑤ Silicon Valley / *Health*
- ⑥ Carolyn Marks
0 Am County
Beard Car. Summit

White House Commission on Complementary and Alternative Medicine Policy

August 21, 2000

The Honorable Nancy Pelosi
U.S. Representative for California's 8th District
450 Golden Gate Avenue, 14th Floor
San Francisco, CA 94102

Dear Representative Pelosi:

We are pleased to announce that the first Town Hall Meeting of the White House Commission on Complementary and Alternative Medicine Policy will be held in San Francisco on September 8th, 2000. We would like to invite you to join Department of Health and Human Services' Regional Health Director, Catherine Dodd, in presenting brief welcoming remarks to help set the proper tone for this important community forum. We also are inviting Mayor Willie Brown to join the welcoming panel. Commissioner Effie Poy Yew Chow, and Commissioner Dean Ornish, prominent members of the San Francisco Bay area, will be joined by Commissioner Wayne Jonas, former director of the National Institutes of Health's Office on Alternative Medicine, and Commissioner James Gordon, Chair of the Commission.

In 1997, approximately 42 percent of U.S. healthcare consumers spent \$27 billion on complementary and alternative medicine (CAM) therapies. Many CAM practices have the potential to prevent and treat disease, to improve understanding of how healing works, and to be integrated into the routine practice of medicine. Most importantly, CAM practices reflect many underlying cultural beliefs that form the infrastructure of our diverse communities.

In recognition of these important and complex issues, the President signed Executive Order 13147 on March 7, 2000, establishing the Commission and charging it to develop policy recommendations to help guide the nation's use of CAM practices and interventions. This mandate outlined four broad topic areas for consideration by the Commission: (1) coordinated research to increase knowledge about CAM practices and products; (2) the provision to health care professionals of reliable and useful information about CAM that can be made readily accessible and understandable to the general public; (3) guidance for appropriate access to and delivery of CAM; and (4) the education and training of health care practitioners in CAM. A report issuing recommendations on these issues will be submitted to the President and Congress

White House Commission on Complementary and Alternative Medicine Policy

Page Two

The Honorable Nancy Pelois

by March 2002.

The participation of our local communities in this important process is critical. To assure a broad and diverse discussion of those issues, the Commission will be holding a series of Town Hall Meetings throughout the country over the next several months. Our Kick-Off meeting in San Francisco will be followed by a Town Hall Meeting on October 30-31st in Seattle, Washington. The public is invited to present their comments and suggestions at these open forums.

We are expecting more than 500 participants from the San Francisco Bay Area to attend our meeting. Your presence at our opening session will help to set the proper welcome for the White House Commission to the City, as well as to the many members of your diverse surrounding communities. If your schedule does not permit you to join the welcoming panel, we would be happy to accommodate a short visit by you, or your representative, at any point in the day's 8:30 a.m.- 6:00 p.m. schedule.

We hope you will join us at this important public event. We will contact you this week to discuss arrangements, should you be available to attend. Please feel free to contact Dr. Stephen Groft, Executive Director of the Commission, or Michele Chang, Executive Secretary for the Commission, at 301-435-7592. For your reference, we also have enclosed background materials regarding the White House Commission on Complementary and Alternative Medicine Policy.

Sincerely,

Jim S. Gordon, M.D.
Chair

Stephen C. Groft
Executive Director

Enclosures



WHITE HOUSE INITIATIVE ON
ASIAN AMERICANS AND PACIFIC ISLANDERS

ASIAN AMERICAN AND PACIFIC ISLANDER FACTS

Latest U.S. Census Bureau data show:

- 10.4 million Asian Americans and Pacific Islanders (AAPIs) live in the United States and U.S.-associated Pacific Island jurisdictions, comprising approximately 4 percent of the total U.S. population.
- AAPIs are the fastest growing racial/ethnic group in the United States, and are expected to reach 10 percent of the population by the year 2050.
- Two-thirds of AAPIs are immigrants.
- 40 percent of AAPIs do not speak English fluently.

Asian Americans and Pacific Islanders are often viewed as a model minority with few health or social problems; however, emerging data on AAPIs show significant disparities and barriers to accessing health care and social services.

- The poverty rate of 14 percent for AAPI families is higher than that of the general U.S. population's poverty rate of 10 percent. Within the AAPI population, 47 percent of Cambodian Americans and 66 percent of Hmong Americans are impoverished. (Census, 1990)
- AAPIs lack health insurance at a higher rate than the total U.S. population with an estimated 2 million uninsured AAPIs. (Census, 1998)
- AAPIs have the highest incidence rate of tuberculosis, at 41.6 per 100,000 versus 2.8 per 100,000 for White, non-Hispanics. (National Health Interview Survey, 1996)
- Infant mortality rates in the U.S.-associated Pacific Island jurisdictions often exceed the U.S. rate by more than twice as much. (Institute of Medicine, 1998)
- Less than 6 percent of Tongans, Cambodians, Laotians and Hmong have completed college; the high school graduation rate for Hmong is 31 percent. (Census, 1995)
- The poverty rate for American veterans is approximately 6 percent; whereas, 27 percent of Southeast-Asian American veterans live in poverty. (Census, 1990)
- Among Native Hawaiians, the age-adjusted death rate is 901 per 100,000, as opposed to 524 per 100,000 for the total U.S. population. (Centers for Disease Control and Prevention, 1992)

[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 Town Hall meeting of the White House Commission on Complementary and Alternative Medicine Policy. Additional Town Hall meetings are anticipated at future dates and other locations. The purpose of the meeting is to convene the Commission for a public hearing 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) Coordinated research to increase knowledge about complementary and alternative medicine practices and products;
- (2) The education and training of health care practitioners in complementary and alternative medicine;
- (3) The provision to health care professionals of reliable and useful information about complementary and alternative medicine that can be made readily accessible and understandable to the general public; and
- (4) Guidance for appropriate access to and delivery of complementary and alternative medicine.

Questions for consideration include, but are not limited to those presented below. For each question please consider including in your response the concerns, possible obstacles, existing programs, and suggested solutions to guide the Commission in their deliberations.

✓ I. Coordinated Research and Development of Complementary and Alternative Medicine Interventions

- (A) What can be done to expand the current research environment so that practices that lie outside conventional science are adequately and appropriately addressed?
- ✓ (B) What types of incentives are needed to stimulate the research of CAM interventions by the public and private sectors?
- (C) How can we more effectively integrate the CAM and conventional research communities to stimulate and coordinate research?

✓ II. 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?
- (B) How can access to safe and effective CAM practices and interventions be improved?
- (C) What types of CAM practices and interventions should be reimbursable through

federal programs or other health care coverage systems?

III. Training, Education, Certification, Licensure, and Accountability

- (A) How can uniform standards of education, training, licensure or certification be applied to all CAM practitioners?
- (B) What training and education is required of all health care providers to assure access to safe and effective CAM practices and interventions?
- (C) What sources of funds exist for the education and training of CAM practitioners?
- (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?

IV. Information Delivery

- (A) How can useful, reliable, and updated information about CAM practices and interventions be made more accessible to you?
- (B) As a consumer, what kinds of information about CAM practices and interventions are most needed and important to you?
- (C) As a health care provider, what kinds of information about CAM practices and interventions are most needed and important to you?
- (D) How would you like to receive such information?

The meeting is open to the public and opportunities for statements by the public will be provided

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

Date: September 8, 2000

Time: 8:30 a.m. - 6:00 p.m.

Place: Holiday Inn Golden Gateway Hotel
1500 Van Ness Avenue
San Francisco, CA

Contact Persons: Stephen C. Groft, Pharm. D., Executive Director or
Michele Chang, MPH, Executive Secretary
6701 Rockledge Drive
Room 1010, MSC- 7707
Bethesda, MD 20817-7707
Phone: (301) 435-7592
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 Town Hall 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 either Dr. ~~Stephen C. Groft~~ or Ms. ~~Michele Chang~~, Executive Secretary of the Commission by telephone, fax, or mail as shown above as soon as possible, but at least seven days before the meeting, and fax or mail a one-page summary of the presentation at the time of the request. Requests should include the name, address, telephone number, and business or professional affiliation of the interested party. The chairperson will limit oral statements by persons requesting to speak to five minutes. Oral statements will be assigned in the order in which requests are received.

C-300-
The allocation of time for remarks may be adjusted to accommodate the level of expressed interest
Individuals unable to make oral presentations can mail their written comments to the staff office of the Commission at least seven 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

Agenda for Conference Call
12:00-1:00 PDT/3:00-4:00 EST
August 03, 2000

Topic: September 8 Town Hall Meeting in San Francisco

I. Possible Focus Questions to publicize:

1. *What are the best ways to integrate unconventional or alternative health methods and those that are considered more conventional?*
2. *What uniform standards (of education, training and certification) should be required of all health care professionals, conventional or otherwise?*
3. *What are the best ways to make information about unconventional health methods available to the public and to health care professionals?*
4. *What kinds of information are most needed about unconventional health methods?*
5. *What are the best ways to make integrated health care available to the public?*

II. Possible meeting sites

III. Format

IV. Whom do you want us to invite?

V. What do you need from us?

VI. Local assistance and staff support available

~~Mancatt~~
~~Hilton~~
~~Hyatt Embarcadero~~
Agenda for Conference Call
12:00-1:00 PDT/3:00-4:00 EST
August 03, 2000

3-4

Topic: September 8 Town Hall Meeting in San Francisco

I. Possible Focus Questions to publicize:

1. What are the best ways to integrate unconventional or alternative health methods ^{going to access to CAM} ~~with~~ and those that are considered more conventional?
2. What uniform standards (of education, training and certification) should be required of all health care professionals, conventional or otherwise?
3. What are the best ways to make information about unconventional health methods available to the public and to health care professionals?
4. What kinds of information are most needed about unconventional health methods? ^{Access} How is it delivered?
5. What are the best ways to make integrated health care available to the public?

II. Possible meeting sites

III. Format

IV. Whom do you want us to invite?

V. What do you need from us?

VI. Local assistance and staff support available

What are the Barriers to the safe and effective use of CAM therapy

How can we facilitate the integration
Boren

Jim Gordon
Wayne Jones
Agnes

David Madson
Bortyn

30-1

Sheila
State

Alternative Doctors Com

John Weeks
Karen Matsuo
Region 1

Alrick Lyon
John Castella
Circu

Councilman Jim Metz
Pamela Spide
Ken Folger

Heering Cmte
A. Med 2010

King County

October 23rd

2 days

Shirley
Westin

8:30 - 5:00
8:30 - 3:00

11-7
9-3

More Experience

Reimbursement
scope of work
Proctor Shedd

20

11-14

Witherall of Bount
Old HS Learning Center

Shoreline

500

Shoreline District
0 free space

San Murray District

175th Shoreline

14.

Make the selection

Conference call at 1:00
John Metz
James Buchinski
John Wacker

Chiropractor May

Behalf of Colby
Commissioner Sean

Senate hopeful

206-464-6263

Selections - Not set yet
Subcommittee

One doesn't clear, consider

Pignone

Planning Meetings

Sept

Public Mity Working

feet

O. Job

Deborah Sean

WHITE HOUSE COMMISSION ON COMPLEMENTARY
AND ALTERNATIVE MEDICINE POLICY

TOWN HALL MEETINGS

San Francisco September 8, 2000

Assistance - Region IX DHHS Administrator Catherine Dodds
Marilyn Schlitz Institute of Noetic Sciences, Sausalito, CA

Develop Press Release for newspapers, television, PSA "Save the Date"

Target Audience through mailing lists, DHHS, NCCAM, Coordinating committee members,
Dean Ornish, Effie Chow, George DeVries, AAPI Initiative, Region IX Minority and Women's
Health Mailing List

Key State legislators and staff, licensing and credentialing officials, state insurance
commissioners

CAM/Integrative/Medical/other health care providers' schools

Website announcement, registration available and Internet registration

Key speakers identified by Commission members

Seattle, WA

Late October is Preferred Date

Assistance - Region X DHHS Administrator
Local and State Personnel - Laurie Bielinski, John Weeks, Joe Pizzorno, et al.

WHITE HOUSE COMMISSION ON COMPLEMENTARY
AND ALTERNATIVE MEDICINE POLICY

TOWN HALL MEETINGS

San Francisco September 8, 2000

Assistance - Region IX DHHS Administrator Catherine Dodds
Marilyn Schlitz Institute of Noetic Sciences, Sausalito, CA

Develop Press Release for newspapers, television, PSA "Save the Date"

Target Audience through mailing lists, DHHS, NCCAM, Coordinating committee members,
Dean Ornish, Effie Chow, George DeVries, AAPI Initiative, Region IX Minority and Women's
Health Mailing List

Key State legislators and staff, licensing and credentialing officials, state insurance
commissioners

CAM/Integrative/Medical/other health care providers' schools

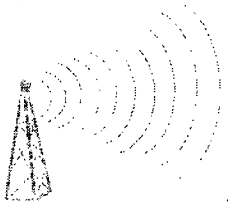
Website announcement, registration available and Internet registration

Key speakers identified by Commission members

Seattle, WA

Late October is Preferred Date

Assistance - Region X DHHS Administrator
Local and State Personnel - Laurie Bielinski, John Weeks, Joe Pizzorno, et al.



NCCAM HEADLINE NEWS

Bi-weekly on-line news briefs for NCCAM staff

Volume 1:14, July 11, 2000

Editor: Anita Greene

Assistant Editor: Mentwab Wuhib

Highlights

- Survey Lead by Dr. Mary Ann Richardson in *Journal of Clinical Oncology*, Page 2.
- Hypericum Perforatum Study – 336 Now Enrolled, Page 3.
- Status of NIH FY 2001 Mark Up, Page 4.
- Favorite Sushi Recipes, Page 5

Director's News

Strategic Plan - The comment period closed on June 25. We received approximately 250 responses. While there were, as expected, some hostile comments from members of both the CAM and conventional communities, generally the responses were positive. The many helpful comments contributed will be reflected in the final document, which will be ready for release at the August 28 - 29 Council meeting.

The House of Lords - On July 11, I will testify in London before the Subcommittee on Complementary and Alternative Medicine of the Select Committee on Science and Technology of the House of Lords. Integrated Medicine is "dear to the heart" of the Prince of Wales, and this Committee is currently conducting an inquiry into CAM practices in the U.K. They wish, therefore, to learn about CAM use in the U.S. The meeting, at which I will speak, is one of a long series of public meetings the committee has held this year.

Vacation Time - As many of you head off for well-earned vacations, I want to wish you safe journeys and days filled with fun.

Web Search Made Easier – For advanced strategies to make searching the Web more efficient, Sheryl Brining has suggested <http://www.internet-prospecter.org/bionet.html>

Legislation, Science Policy & External Communications News

MEDIA NEWS...

Japanese Media Interview - Drs. Mary Ann Richardson and James Pluda, Senior Clinical Investigator of NCI's Investigational Drug Branch, took part in an interview on June 30 with

Ryuji Nagata, a medical science journalist from Japan. Yoshihara Saita, Director of Lane Labs in the Far East (manufacturer of shark cartilage) accompanied the reporter and was present during the interview, which was moderated by a translator. The topic of discussion was shark cartilage and the joint research activities of NCCAM and NCI to determine the efficacy of this modality for various cancers.

Los Angeles Times Reviews CAM Web Sites - The *Los Angeles Times* recently reviewed three Web sites that provide information on CAM. NCCAM's site was included in this review: <http://www.latimes.com/news/health/20000703/t000062657.html>

Journal of Clinical Oncology Published Survey Lead by Dr. Mary Ann Richardson - A survey on cancer patients' use of CAM therapies was published in the June 27th edition of the *Journal of Clinical Oncology*. The research for this survey was lead by Dr. Mary Ann Richardson under the auspices of an NIH center grant while she was principal investigator at the University of Texas-Houston. Read three (3) articles about this newsworthy study here:

1. http://abcnews.go.com/sections/living/DailyNews/alternative_medicine000629.html
2. <http://www.discoveryhealth.com/enews?c=288065>
3. <http://www.healthcentral.com/news/newsfulltext.cfm?ID=37063&src=n16>

CAM NEWS...

Study Examines Red Wine Antioxidant – *Associated Press*. Researchers believe they have unlocked the mystery of how an antioxidant found in grapes and red wine fights cancer: <http://www.discoveryhealth.com/enews?c=288203>

Natural HealthLine - The July 4 edition of *Natural HealthLine*, a monthly on-line newsletter featuring articles on CAM legislative, regulatory, research, and other newsworthy topics can be accessed at <http://naturalhealthline.com>.

Alternative Medicine Goes Mainstream: Residents Now Train in Complementary Therapies – *Health Scout*. Family practice doctors in training are now being given a complementary medicine option as part of a new program being offered at Lutheran General Hospital in Park Ridge, Illinois: <http://www.healthscout.com/cgi-bin/WebObjects/Af.woa?ap=1&id=97546>

Laughter is Good Medicine for Arthritis – *Discovery Health*. Becky Callicoatte loves Lucy – and with good reason. Callicoatte accidentally discovered several years ago that a good laugh immediately eased the enduring pain of her rheumatoid arthritis: <http://www.discoveryhealth.com/enews?c=288410>

Is Some Alternative Therapy Research Going Unpublished? – *Reuters Health*. According to UK researchers, medical journals commonly read by physicians that include research papers on alternative therapies do not routinely publish papers that yield negative findings:

FW: Is some
alternative therap. .

Extramural Research & Grant Review News

Botanical Products Development on NCCAM Web site - RFA AT-00-003, Botanical Products Development: SBIR and STTR, was published in the NIH Guide June 22, 2000. It can be found on the NCCAM Web site at <http://nccam.nih.gov/nccam/fi/concepts/rfa/at-00-003.html>

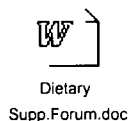
Hypericum Perforatum Study Reached its 336 Target Enrollment - On June 26, 2000 at 4:01:08 p.m. EST the Clinical Trial of a Standardized Extract of Hypericum perforatum in Major Depressive Disorder reached its 336 target enrollment. As Dr. Stephen Straus stated in a staff meeting on June 27, "A major milestone for us; maybe not the same as the entire genome, but a good milestone."

MEETING SUMMARIES

Homeopathic Research Network, Fifth Scientific Symposium - On June 23, Dr. Neal West and Dr. Sheryl Brining attended the first day of a two-day meeting entitled Homeopathic Research Network, Fifth Scientific Symposium in Washington D.C. Dr. Wayne Jonas, M.D., Uniformed Services University of the Health Sciences, opened the meeting with a talk on how homeopathic methods can be studied using the gold standard of randomized, controlled trials (RCTs). Following this, Dr. Marianne Heger, M.D., from Germany emphasized just the opposite - that RCTs cannot be used to study homeopathy and described outcomes research in which patients selected their own treatment option, either an allopathic or homeopathic approach. Dr. Alan Trachtenberg from Substance Abuse and Mental Health Statistics (but not representing them) introduced NCCAM's Frontier Medicine RFA. A number of presentations followed from homeopaths on the research and theory of homeopathy.

For extensive handouts, including lists of homeopaths, schools, and techniques, see Dr. Sheryl Brining, extension 6-7498 or Dr. Neal West, extension 2-5867.

Dietary Supplements Forum - Marguerite Evans attended the Dietary Supplements Forum, June 28-30, 2000, sponsored by the American Association of Pharmaceutical Scientists (AAPS), <http://www.aaps.org>, whose headquarters is in Arlington, Virginia. The focus of the conference was on botanical products standardization and the majority of attendees appeared to be primarily industry representatives. Paul Coates, Ph.D., Director of the NIH Office of Dietary Supplements, provided the keynote address. Other presentations included an FDA address of regulatory issues, and a University of Mississippi presentation on authentication and characterization of botanicals. For further information click on the icon below:



Administrative: Office Operations/Human Resources & Budget News

Status of the NIH FY 2001 – The Senate mark up to the budget as of July 5, 2000 is a 15% increase:

Base = FY 2000 Comparable	\$17,813 m	
FY 2001 President's Budget	18,813 m	
FY 2001 House Mark	18,813 m	
FY 2001 Senate Mark	20,513 m	+ 15%

After more than a week of debate, the Senate passed its version of the FY 2001 Labor/HHS appropriations bill on June, 30 2000 on a vote of 52 - 43. The House passed its version of the bill on June 14, 2000 on a vote of 217- 214. The conference has not yet been scheduled. The Administration has threatened to veto both versions of the bill for reasons not related to the NIH.

Office of Human Resources Management – Calendar of Events

July 20 Kaiser Permanente Service Day, 10:00 a.m. – 1:00 p.m., Building 31, Room 9A51.

July 25 Blue Cross/Blue Shield Service Day, 9:00 a.m. – 3:00 p.m., Building 45, Natcher Conference Room G.

These service days are intended for FEHB enrollees of the respective plans who have questions or problems with their enrollment or claims. These are one-on-one meetings with a plan representative and are on a first-come, first-served basis.

Health News to Note...



“Digestible” Carbohydrates May Boost Colorectal Cancer Risk – *Reuters Health*. Previous studies have not agreed on whether eating lots of carbohydrates is a risk for colon cancer. Canadian researchers have found that people consuming the highest amounts of digestible carbohydrates had a higher risk for developing colorectal cancer in comparison with those eating the lowest amounts: <http://www.discoveryhealth.com/enews?c=287660>

Japan's HIV Infection Hits Record High in 1999 – *Associated Press*. According to Health and Welfare Ministry figure, a record of 530 people tested HIV-positive in Japan last year and another 300 developed full-blown AIDS symptoms: <http://www.discoveryhealth.com/news?c=287743>

Federal Agency to Fund AIDS Vaccine – *Associated Press*. Four new partnerships were recently announced by NIAID to provide funding to groups attempting to bring an AIDS vaccine to market: <http://www.discoveryhealth.com/news?c=287741>

Some Couples Rush to Infertility Treatment Too Soon – *Reuters Health*. Hectic lifestyles and media coverage of infertility may be driving some couples to infertility treatment too soon,

according to a Dutch gynecologist's presentation at the European Society of Human Reproduction and Embryology Conference last week:
<http://discoveryhealth.com/enews?c=287661>

Specialists Steer Prostate Cancer Patients to Own Therapies – *Reuters Health*. Physicians who work with prostate cancer patients are more likely to recommend the therapy that they themselves can provide - radiologists recommend radiation, and surgeons recommend surgery, a new study has found: <http://discoveryhealth.com/enews?c=287891>

Negative Attitude Worsens Stomach, Liver Ailments – *Reuters Health*. For women with gastrointestinal disorders ranging from chronic stomach to liver disease, emotional well-being may play an important role in whether their physical symptoms worsen or improve, research suggests: <http://discoveryhealth.com/enews?c=287290>

Breast Cancer Haunts African American Women – *Cox News Service*. An NCI-sponsored study showed that black women are 12 percent less likely than white women to get breast cancer, but 29 percent more likely to die from the disease: <http://discoveryhealth.com/enews?c=286651>

Calendar of Meetings & Events

July 25



The next NCCAM Journal Club will be at noon in the NCCAM conference room. Marguerite Evans will present an article on spirituality.

Recipe of the Week



Sushi Galore! - For low calorie and low cholesterol healthful recipes, try these varieties of sushi, including California rolls, spicy tuna roll and salmon nigiri: <http://www.geocities.com/Tokyo/Shrine/4820/sushirecipe.html#California>

All health related articles included in *NCCAM Headline News* are for information purposes only. Information contained in these articles is not intended as an endorsement or promotion of these health practices by NCCAM.

NCCAM Headline News is a product of the Office of Legislation, Science Policy, Communications, and Public Liaison. We hope that the news covered in this issue is of interest to NCCAM staff. Future publication is dependent upon the continuous support of NCCAM staff by way of submitting news and interesting topics on an on-going basis. Archived issues can be accessed on the NCCAM Intranet: <http://nccam.nih.gov/nccam-intranet/news-events/>

NCCAM Headline News is intended for **in-house use only**. Please do not distribute this publication to persons or groups that are not NCCAM staff. Failure to adhere to this restriction may force us to terminate this service. Your cooperation is appreciated.

In Over Our Head
Bob Keegan,
Capacity

Marilyn Schütz

707-781-3075

J.M. Chilton Pierce

The Continuum
Human Infants
Touching, Licking
Holding,

Subtle Distant Healing Outer

V.C. Lou F

Commonwealth Mtg

Michael Lerner

Diversity Training

White House Commission on Complementary and Alternative Medicine Policy

TOWN HALL COMMISSIONER SIGN-UP

DATE	SITE	TYPE	TOPIC
September 8, 2000	San Francisco, CA	Town Hall (1)	(2) Chow* (3) Ornish* (4) Jonas
October 30-31, 2000	Seattle, WA	Town Hall (2)	(2) Jonas (5) (3) (6) (4) (7) (8)
November 3, 2000	Minneapolis, MN	Town Hall (3)	
January 26, 2001	New York, N.Y.	Town Hall (4)	(2) Fair* (3) Jonas (4)
February 23, 2001	Atlanta, GA	Town Hall (5)	(2) (Fair) (3) Jonas (4)
March 12, 2001	Albuquerque, N.M	Town Hall (6)	(2) Jonas (3) (4)
March 16, 2001	Houston, TX	Town Hall (7)	(2) Jonas (3) (4)
May 7, 2001	Des Moines, IA	Town Hall (8)	(2) (3) (4)
July 23, 2001	New York, N.Y.	Town Hall (9)	(2) Fair* (3) (4)
September 10, 2001	Chicago, IL	Town Hall (10)	(2) (3) (4)
October 5, 2001	Los Angeles, CA	Town Hall (11)	(2) (3) (4)

Note: Town Hall Meetings are scheduled for one day with up to 4 Commissioners in attendance. (Exception: Seattle is scheduled for 1.5-2 days with up to 8 Commissioners in attendance.)

[Billing Code: 4140-01]

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

Notice of Meeting

Notice is given of the first Town Hall Meeting of the White House Commission on Complementary and Alternative Medicine Policy. Additional Town Hall meetings are anticipated at future dates and other locations. The purpose of the meeting is to convene the Commission for a public hearing 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 four areas that follow. Questions for consideration include, but are not limited to those presented below. For each question, please consider including in your response concerns, possible obstacles, existing programs, and suggested solutions to guide the Commission in their deliberations.

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?

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

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

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?

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

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

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?

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

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

(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?

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?

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

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

The Town Hall Meeting is open to the public and opportunities for oral comments and written statements by the public will be provided.

Name of Committee: The White House Commission on Complementary and Alternative Medicine Policy
Date and Time September 8, 2000; 8:30 a.m. - 6:00 p.m.
Place: Holiday Inn Golden Gateway Hotel; 1500 Van Ness Avenue
San Francisco, CA 94109
Contact Persons: Stephen C. Groft, Pharm. D., Executive Director, or
Michele Chang, MPH, Executive Secretary; 6701 Rockledge
Drive; Room 1010, MSC-7707; Bethesda, MD 20817-7707;
Phone: (301) 435-7592; Fax: (301) 480-1691; E-Mail:
WHCCAMP@nih.gov

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.

Because of the need to obtain the views of the public on these issues as soon as possible and because of the early deadline for the report required of the Commission, this notice is being provided at the earliest possible time.

Public Participation: The Town Hall 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 comment may register by calling 1-800-953-3298 or by accessing <https://safe2.sba.com/whccamp/index.cfm> no later than September 1, 2000.

Oral comments will be limited to five minutes. Individuals who register to speak will be

assigned in the order in which they registered. Due to time constraints, only one representative from each organization will be allotted time for oral testimony. The number of speakers and the time allotted may also be limited by the number of registrants. All requests to register should include the name, address, telephone number, and business or professional affiliation of the interested party, and should indicate the area of interest or question (as described above) to be addressed. Individuals interested in attending the meeting to observe the proceedings but not to provide oral testimony should also register.

Any person attending the meeting who has not registered to speak in advance of the meeting will be allowed to make a brief oral statement at the conclusion of the morning and afternoon sessions, if time permits, and at the chairperson's discretion.

Individuals unable to attend the meeting, or any interested parties, may send written comments by mail, fax, or electronically to the staff office of the Commission for inclusion in the public record. When mailing or faxing written comments provide, if possible, an electronic version on diskette.

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 no later than September 1, 2000 .

Dated: _____

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

White House Commission on Complementary and Alternative Medicine Policy

August 21, 2000

The Honorable Willie Brown
Mayor of San Francisco, California

Dear Mayor Brown:

We are pleased to announce that the first Town Hall Meeting of the White House Commission on Complementary and Alternative Medicine Policy will be held in San Francisco on September 8th, 2000. We would like to invite you to join Department of Health and Human Services' Regional Health Director, Catherine Dodd, in presenting brief welcoming remarks to help set the proper tone for this important community forum. We also are inviting Representative Nancy Pelosi to join the welcoming panel. Commissioner Effie Poy Yew Chow, and Commissioner Dean Ornish, prominent members of the San Francisco Bay area, will be joined by Commissioner Wayne Jonas, former director of the National Institutes of Health's Office on Alternative Medicine, and Commissioner James Gordon, Chair of the Commission.

In 1997, approximately 42 percent of U.S. healthcare consumers spent \$27 billion on complementary and alternative medicine (CAM) therapies. Many CAM practices have the potential to prevent and treat disease, to improve understanding of how healing works, and to be integrated into the routine practice of medicine. Most importantly, CAM practices reflect many underlying cultural beliefs that form the infrastructure of our diverse communities.

In recognition of these important and complex issues, the President signed Executive Order 13147 on March 7, 2000, establishing the Commission and charging it to develop policy recommendations to help guide the nation's use of CAM practices and interventions. This mandate outlined four broad topic areas for consideration by the Commission: (1) coordinated research to increase knowledge about CAM practices and products; (2) the provision to health care professionals of reliable and useful information about CAM that can be made readily accessible and understandable to the general public; (3) guidance for appropriate access to and delivery of CAM; and (4) the education and training of health care practitioners in CAM. A report issuing recommendations on these issues will be submitted to the President and Congress by March 2002.

White House Commission on Complementary and Alternative Medicine Policy

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The Honorable Willie Brown

The participation of our local communities in this important process is critical. To assure a broad and diverse discussion of those issues, the Commission will be holding a series of Town Hall Meetings throughout the country over the next several months. Our Kick-Off meeting in San Francisco will be followed by a Town Hall Meeting on October 30-31st in Seattle, Washington. The public is invited to present their comments and suggestions at these open forums.

We are expecting more than 500 participants from the San Francisco Bay Area to attend our meeting. Your presence at our opening session will help to set the proper welcome for the White House Commission to the City, as well as to the many members of your diverse surrounding communities. If your schedule does not permit you to join the welcoming panel, we would be happy to accommodate a short visit by you, or your representative, at any point in the day's 8:30 a.m.– 6:00 p.m. schedule.

We hope you will join us at this important public event. We will contact you this week to discuss arrangements, should you be available to attend. Please feel free to contact Dr. Stephen Groft, Executive Director of the Commission, or Michele Chang, Executive Secretary for the Commission, at 301-435-7592. For your reference, we also have enclosed background materials regarding the White House Commission on Complementary and Alternative Medicine Policy.

Sincerely,

Jim S. Gordon, M.D.
Chair

Stephen C. Groft
Executive Director

Enclosures