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COMMENTS AND SUGGESTIONS TO
WHITE HOUSE COMMISSION ON
COMPLEMENTARY AND ALTERNATIVE MEDICINE POLICY
SEPTEMBER 8, 2000, SAN FRANCISCO

**NICOLA HENRIQUES B.S. |Hom| BRCP**
**Certified Homoeopathic Educator, Author of Five books**

Response to Section III:

National uniform standards of Complementary Alternative Medicine [CAM] education, training, licensure and certification may be achieved by the requirement of all specialist CAM practitioners being thoroughly trained in *clearly articulated* Philosophy and Fundamental Principles of Practice pertaining to each CAM discipline.

To ensure the highest possible standard of proficiency, this training must be combined with an extensive period of supervised clinical experience and competence testing.

To ensure that national performance standards are achieved, I propose that the Commissioners consider creating a Council of Complementary Medicine to serve consumers of CAM and represent all disciplines, techniques, qualified professionals within the CAM movement.

The council should be administered by a Board of Management comprising a membership appointed by representatives for each discipline as well as relevant consumer organizations e.g. Campaign for Health Freedom.

The Council would ensure the autonomy of each representative organization and assist them in the development of standards of registration and continuing education and performance evaluation, as well as provide a united voice in any legislative or other matters which affect the whole or part of the CAM profession.

The council would oversee accreditation of training courses, maintain a national register of qualified CAM practitioners and provide a disciplinary body to investigate complaints of substandard practice or violations of ethical standards.

The council would manage the administration of a National Register of Complementary Practitioners. This register would be divided into autonomous divisions e.g. acupuncture, ayurvedic, homoeopathy, herbal medicine.

Due to a fundamental difference in the nature of CAM healing systems each CAM discipline should be taught and practiced in its individual integrity and NOT combined with conventional medical practice. Only in this way may CAM be effectively integrated into a national healthcare system.

Each modality would establish a panel of professionally qualified specialist practitioners thoroughly trained and experienced in practicing according to the Council's standard of practice. Inclusion in the Register would be based on attendance and successful completion of a Council approved training school or program as well as appropriate clinical experience and adherence to a strict Code of Practice Ethics.

There is such a Council and Professional Register in the UK. It is the Institute of Complementary Medicine's *British Register of Complementary Practitioners*. It's independence protects the public and inspires confidence, and its referral system benefits qualified CAM practitioners.

As you can see creation of a Council along these lines would provide the best service to the public in choosing CAM as well as in safeguarding the careers of qualified CAM practitioners.

Because of the scale and complexity of the CAM sector, definitions and practice guidelines for each discipline must be clearly articulated to ensure public safety and clinical effectiveness, and prevent public confusion.

Since I am a homoeopath I will address **homoeopathy.** Over the two centuries since Hahnemann founded the healing system, there have evolved a multitude of different ways homoeopathic remedies are prepared and used. Distinct in varying degrees from the original science of homoeopathy thoroughly researched and developed by Hahnemann, these methods are called ' HOMEOTHERAPEUTICS'.

I strongly believe for the sake of clarity and the benefit of a sick public seeking rapid, harmless restoration of health, as well as to ensure the highest possible standard of **homoeopathic** care and prevent its substandard practice, the public must be able to easily identify and distinguish the precise differences between professionals educated and trained in Hahnemann's homoeopathy and individuals educated and trained in the multitude of other uses of homoeopathic preparations : e.g. Homotoxicology, gemmotherapy, isopathy etc. Articulation of these differences would also facilitate representative organizations in effectively evaluating individual competence to practice.

Most importantly, the consumer will know whether or not they are receiving authentic Homoeopathy or something else entirely.

---

The homoeopath perceives and treats the unique state of each individual's life force energy, as expressed in the symptoms of mind, body and spirit, rather than any specific disease.

To heal effectively, the task of the homoeopath is to build a complete, unique, multi-dimensional picture of the sick person; to discover and remove the cause of the trouble and stimulate the healing force of nature. This is achieved through the extremely comprehensive homoeopathic interview, in which subjective and objective information is collected and by systematically identifying and evaluating the individualizing characteristic signs of disharmony. Then, from the drug proving data, the homoeopath selects the *single remedy* that is most similar to the sick person's *total* state and recommends that remedy in the *single, smallest dose* needed to achieve a curative response. Adequate rest, appropriate diet and exercise support rapid, lasting recovery.

Effective evaluation of the individual's progress is achieved through perceiving the natural *direction of cure*- signs of improvement progressing from within outwards; complaints disappearing from above downward, from more important to less important organs; symptoms disappearing in reverse chronological order.

In summary Homoeopathy is most effective when practiced strictly according to clearly articulated fixed principles of practice and philosophy:

1. Recognition of the individual's innate spirit-like self-preserving Life Force energy.
2. Recognition and understanding of the individual's Susceptibility/resistance to disorder.
3. Recognition of the individual's inherited constitutional predisposition to disorder.
4. Application of the Law of Similars
5. Knowledge of the curative power of medicines through Proving data.
6. Application of the Serial Dilution and Succussion method in remedy preparation.
7. Administration of the Minimum Dose to Effect Cure.
8. Perception of the individual's mental emotional physical Totality of suffering.
9. Evaluation of the Direction of Cure.

In conclusion homoeopathy is a gentle natural way of healing which *when used properly* is as relevant today as it was 200 years ago. It treats people of all ages with a wide range of problems. It's individualistic approach is particularly appropriate in the treatment of people suffering from modern 'mysterious', complex acute and chronic disorders such as Gulf War Syndrome and Chemical Sensitivity Syndrome for which conventional medicine holds no cure.

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# HOMOEOPATHY
# THE COMPLETE HEALING SYSTEM

**Nicola Henriques**

The *western* healing art of homoeopathy as a way of healing is a highly systematic method of stimulating Nature's vital forces of recovery. The word *homoeopathy* comes from the Greek *homoios* meaning 'similar' and *pathos* meaning suffering. It was founded in the late 18th Century by the German Physician Samuel Hahnemann. Appalled by existing medical practices which so often did more harm than good, Hahnemann sought a method of natural healing which would be safe, gentle, rapid and effective.

Homoeopathy has been practiced world wide for two centuries and recognizes that human beings possess a powerful *life force energy* and capacity for healing themselves. In essence homoeopathy works by understanding the nature of the individual's *Susceptibility/resistance* and by applying the natural *Law of Similars* which states: that which has the power to make the healthy sick, also has the power to make the sick healthy. Hahnemann and his followers *proved* the Law of Similars by conducting extensive experiments on themselves. Over long periods of time they took minute doses of various, reputedly poisonous or medicinal substances and meticulously recorded the symptoms they produced. It was found that individuals suffering from *symptoms similar* to the ones produced in the *provings* could be treated with these substances with very encouraging results. This experiment established the principle of healing through symptom-similarity.

In order to avoid side effects, Hahnemann, worked to establish the *smallest dose to effect gentle rapid cure.* To his surprise Hahnemann discovered that by using a unique method of serial dilution [attentuation] and succussion [agitation], the energy of a substance was released. Furthermore paradoxically, the more the remedy was diluted and succussed the more potent it became.

Hahnemann's experiments proved that homoeopathic remedies act curatively when they are not only similar in symptom-causing potential, but also energetically slightly stronger than the individual's natural disorder. The self-healing action of the life force energy is triggered by selecting and administering the remedy and potency that best matches the strong/weak state of the individual's life force energy. This microdose of a homoeopathically prepared remedy kick starts the body's self-curative survival mechanism to restore equilibrium throughout the organism. In Hahnemann's homoeopathy, remedies are *never routinely repeated* and *never combined with other remedies.*

Homoeopaths do not diagnose or treat specific diseases. Homoeopathy focuses on the life force of the suffering individual and views mental, emotional and physical symptoms not as disease but as natural attempts by the individual's life preserving energy to defend itself by throwing off the disturbing influence and restoring health and balance.

COMMENTS TO THE WHITE HOUSE COMMISION ON COMPLEMENTARY AND ALTERNATIVE MEDICINE: TOWN HALL MEETING
SEPTEMBER 8, 2000 SAN FRANCISCO, CA

Dr. Alex Feng Ph.D., OMD, Lac
Diplomate, Acupuncture, Chinese Herbology, Oriental Body Work Therapy
Commissioner, National Commission for Certification of Acupuncture and Oriental Medicine (NCCAOM)
1500 Oak View
Kensington CA 94706
510-525-5688 feng@compuserve.com

I am Dr. Alex Feng, a Commissioner with the National Commission for Certification of Acupuncture and Oriental Medicine (NCCAOM), the national certifying body for acupuncture, herbal medicine, and oriental body work. I am also a Traditional Chinese Medicine practitioner in the SF Bay Area for the past 30 years, Clinical Professor at the Academy of Chinese Culture and Health Sciences in Oakland, CA, and staff acupuncturist with the Chinese Hospital (Sunset Health Services) of San Francisco

Thank you for this opportunity to speak to areas of concern to both the public and to the specialty of alternative and complementary medicine and to have input into future policy initiatives. I especially want to express my appreciation to Dr. Effie Chow who understood the importance of having NCCAOM represented at this hearing.

NCCAOM, the National Commission for Certification of Acupuncture and Oriental Medicine, was founded in 1982 to:

- provide protection of the public safety by establishing entry-level standards of competency for the safe and effective practice of acupuncture, Chinese herbology and Oriental bodywork therapy
- maintain a certification program that evaluates practitioners against those standards
- certify candidates who meet the criteria

NCCAOM, as an autonomous, non-profit organization, provides the sole national certification in this specialty. Accredited by the National Organization for Competency Assurance (NOCA)'s National Commission of Certifying Agencies (NCCA), NCCAOM has certified over 10,000 practitioners who are called Diplomates. We believe this constitutes the majority of practitioners in the United States.

Certification by NCCAOM is a measurement of a practitioner's knowledge base for practice. As such, NCCAOM certification serves as an indicator of quality and an established standard of practice. Over 40 states use NCCAOM certification as a route for state licensure for practice. In fact, NCCAOM has become the uniform expectation for standards in this specialty. In some jurisdictions, NCCAOM certification is the only criterion for licensure. Others have set additional eligibility criteria. A small number of states have additional jurisprudence or practical exam requirements

In setting standards for certification, NCCAOM follows the educational recommendations for practice of the Accreditation Commission for Acupuncture and Oriental Medicine (ACAOM):

- 1725 hours formal education in acupuncture; a minimal of 1,000 didactic and 500 clinical hours
- Graduation from an accredited 3-year program of education or the equivalent

The additional certification requirements for acupuncture includes a successful result on the standardized multiple choice examination. The examination development and administration is informed by educators and practitioners who are broadly representative of the field as it is practiced in the United States. For additional certification in herbology and oriental bodywork, there are education-specific requirements and additional examinations.

NCCAOM currently certifies in three of the major areas of complementary and alternative medicine: acupuncture, Chinese herbology, and Oriental bodywork therapy. The Board is exploring the feasibility of incorporating other practice modalities in Oriental Medicine into the certification process, notably Qi Gong practice. This October, NCCAOM has invited experts in the field to participate in a Blue Ribbon Panel to discuss the practice definitions and boundaries for the potential standard setting of Qi Gong practice.

Once certification requirements are met, Diplomates are required to maintain Professional Development Activities and recertify every four years. The NCCAOM provides a listing of certified practitioners that is available to the public in written and on-line form through the NCCAOM website.

NCCAOM has standards for minimal competency that have been used and tested over the past 15 years. With the expectations for educational achievement and demonstration of knowledge, the NCCAOM certification process and history are rich resources for addressing this Commission's concerns about ensuring safe, quality service delivery to the public. Certification is widely accepted across the health care specialties as being a consistent and uniform way to inform the public in their decision-making.

It's important to speak to other standards of practice in complementary and alternative medicine. The American Academy of Medical Acupuncture (AAMA) certifies physicians in the technique of acupuncture. This certification is based on completion of a 200 hour (120 hours didactic and 80 hours of clinical) course of study, a passing score on a proficiency examination, and 20 hours of clinical practice after the completion of the 200 hours of study. AAMA state they represent 1000 physicians who practice acupuncture.

NCCAOM supports the adoption of NCCAOM certification as a basis for licensure nationally. The Commission is a tested and tried organization that has wide acceptance, expertise in the certifying process, and is reflective of the current state of practice.

NCCAOM
11 Canal Center Plaza, Ste. 300
Alexandria VA 22314
703-548-9004
www.nccaom.org

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*to do*

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*And*
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www.LAMAS-Qigong.com

# LAMAS Qi Gong


Sikung Lowe

May we take this opportunity to welcome and introduce you to the LAMAS Qi Gong Association.

Your decision to look at our association, suggests you may be part of a forward thinking caucaos, that may have heard of some of the benefits achievable via the practice of Qi Gong.

LAMAS Qi Gong Philosophy: Our Qi Gong philosophy is to offer via Qi Gong training a means of protection of health and a prevention of disease, achievable by the daily practice of Qi Gong.

Health Benefits: Health problems can be addressed, by the Qi Gong exercises we daily practice, and teach.

Our Association's lead: Sikung Lowe has practised LAMAS Qi Gong for his own health, over the last 51 years, an ancient and esoteric, traditional family art, he is living proof of the health benefits of Qi Gong.



## How and Why Qi Gong Cures Disease

Qi Gong therapy has proved its efficacy for diseases such as:

Hypertension, Asthma, ALS, ME, MS,
Anxiety, Depression, Blood Pressure Problems,
Osteoporosis, Arthritic Ailments, Spinal Dysfunction,
Stress and its associated disorders, Impoverished Immune System,
Coronary Heart Disease, Glandular Fever,
Irritable Bowel Syndrome,
Non-Insulin dependant Diabetes Mellitus.

Qi Gong when practised daily and properly, allows the brain to enter a state of enhanced bio-chemical performance. This deeply relaxing state achieved by the practice of Qi Gong causes the excitation parameters of the Cerebral Cortex to be suppressed.

This restores vitality and replaces depleted energy, where reserves have been lost through disease, illness and or excessive physical exertion.

Qi Gong encourages proper rest and recuperation and in so doing improves our physical and mental systems through normal organic functions.

Internal suppression of overexcitation or fatigue allows a quiet calm internal state to exist for extended periods. This action provides a receptive medium for the brain to remain calm; a state which is necessary for recovery of health and physical enhancement.

Hyperactivity can be brought under control via the daily practise of Qi Gong, which allows conditions in the central nervous system to become more conducive to the regeneration of vitality and sense of well being.

**('The Art of Daoyin' by Sikung Lowe 1990)**

**Health = Energy = Harmony**


Sikung Lowe

# Sikung Lowe
# Teacher of 'Daoyin Style'
# Wild Goose Qi Gong
# and
# LAMAS Medical Qigong

Obtain your copy of either
of the two excellent Videos
and or the highly
informative Books.

# LAMAS Qi Gong Association

**Membership Application**

Send for your Free One Year International Membership.
Make your donations to LAMAS Qi Gong Association

International Membership benefits:

- 50% Discounted Workshops, Seminars, Lectures Courses.
- Membership book, Circulars, Newsletters, E-mailing.
- 30% –50% Reduced treatment fees.
- Payable to: **LAMAS Health Therapeutics.**


**HQ LAMAS Qi Gong Association.**
25 Watson Road, Worksop,
Nottinghamshire S80 2BA.
Tel. / Fax. 00 44 (0) 1909 482190

**Name:** .....

**Address:** .....

.....

.....

**Post Code:** .....

**Country:** .....

**Home Tel:** .....

**Work Tel:** .....

**E-mail:** .....

**Web Site:** .....

Sikung Lowe
Leading Authority on LAMAS Qi Gong

Appeared on:
BBC1, BBC2, ITV, CableTV, Tyne Tees TV, Leeds TV,
GMTV, CH 4TV, Border TV, LWTV, Yorkshire TV.
Featured in many magazines and articles on
factual alternative health programs.

Sikung Lowe delights audiences with his awesome abilities using the ancient healing art of LAMAS Qi Gong, to improve such conditions, for which others only offer palliative care.

Two excellent instructional videos are:
'LAMAS Qi Gong' & Daoyin style 'Wild Goose Qi Gong'.
A highly informative book: 'The Art of Daoyin'
soon to be published the title 'Way of the Wild Goose'.

All available from either:
LAMAS Health Therapeutics:
or
Acu-Medic The Centre for Chinese Medicine
101-105 Camden High Street, Camden Town, London England UK.

Born August (Chinese 1942) **1943 Guyana/Guiana** South America.
His grandfather was Grandmaster of SFL established in **1912.**
The year China became a republic.
The edifice was in existence at time of print.

note synchronistic dates and spelling:

His ancestors lived a Spartan, esoteric existence, during the Han period in **Guiyang** province in mainland China, they left **Guiyang,** to sail from what was then the British colony's port of Hong Kong in (Chinese 1842) **1843.**

His energies are focused on **2012** A.D.

# Monkey Walks Circle *'Zheng Qi'.*

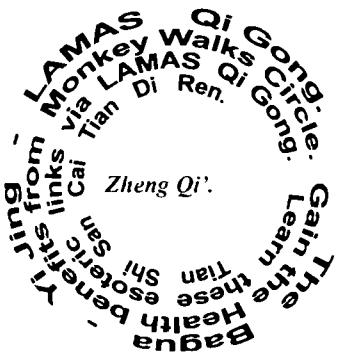
## *Baguazhan:*

Bagua palm comprises 8 Trigrams.
The Natural Changes
8 Directions X 8 Trigrams = 64 hexagrams.
Utilised as palm movements 'Monkey Walks Circle'.

***Natural phenomena of Bagua.***

Heaven. Wind. Fire. Mountain.
Earth. Water. Thunder. Lake.

Northeast, Northwest, Southeast, Southwest, West, North, East and South.




Ankles do not make contact as they smoothly pass each other.
Upper body relaxed and upright during the exercise.
Walking the circle the inside foot always point ahead.
The outside foot points inward.
Knees appear to be close together.
Movements are almost semi-circular in direction.

You are invited to share the experiences of some ordinary people, who have found their own paths to: self - empowerment, peace, spiritual enlightenment and vastly improved health, without altering or changing any of their own personal and or religious beliefs.

*'On a personal note, after many years I've found a path, via Master Lowe, that provides me with the greatest opportunity, to help others enhance their health and attain their spiritual goals'.* International Musician & Singer:

*L. Myers Maga, Malta*

*'Master Lowe has shown me that true enlightenment, is that inner light which comes from knowing truth'.* English & Qi Gong Teacher:

*Sifu E. Fowler Adelaide, Australia.*

*'Mr. Lowe spoke of my health problems, before I offered any information, his hands are magic and his knowledge awesome'.* Alternative Medicine Researcher:

*R. Black Isle of Arran, Scotland*

*Having been in a very dark place, the desire to recapture my health has now become a reality because of the help I received in 1996 from Sikung Lowe.*

Co-Founder of the World Foundation:

*L. Bocekmann Los Angeles, U.S.A.*

## Potential benefits obtained through the practice of Qi Gong.

Qi Gong is a series of controlled movements combined with breathin g created, developed and practised in China for thousands of years.

Regular practice of Qi Gong is designed to improve and maintain general health.

The instruction and practice of Qi Gong provides a system for the integrated development of health via specific breathing exercises.

Qi Gong skills assist the development of physical and co-ordination.

Master Instructor Sifu Clarke

Another benefit obtained from the practice of I Gong is the post exercise feel good factor.

Regular practice ensures the improvement of neuromuscular o-ordination, fine motor control central balance, and contribute to a relaxed state of mind and body.

Our supervised training ensures each individual works well within their own physical limits.

Our method of teaching and practice of Qi Gong is non-competitive.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His energies are focused on the year *2012*.

⇒ Consultation by appointment only.
⇒ Private Clinical Treatment.
⇒ Complete Treatment programme.
⇒ Personal attention.

A quotation from one of many happy clients.

"I had given up hope of ever being free from pain, when a friend introduced me to Mr. Lowe; He diagnosed my problems without even touching me. I was sceptical, but curious enough to want to know more; I have no hesitation in recommending Sikung Lowe to anyone who is having health problems".

**"His hands are magic his knowledge awesome".**

**Mrs. Rena Black – Isle of Arran**

The **BA-GUA** comprises of, **12** unbroken and **12** broken lines. These lines may indicate the past, present and future events. These lines also depict: Female + Male Positive + Negative Dark + Light Health + Disease Wealth + Poverty etc.

There are **8** numbers of the BA-GUA: **0 - 7** inclusive..
0 = Kun or Earth 1 = Zhen or Wood 2 = Kan or Water
3 = Dui (tui) or Metal (gold) 4 = Gen (ken) or Mountain
5 = Li or Fire 6 = Xun or Sun 7 = Qien (chien) or Heaven

There are **5** points North, South, East, West and Earth Center.

All of the **12** unbroken and the **12** broken lines can be related to the zodiacal constellations e.g, **12** months in a calendar year, and the 12 major organs, inclusive of the nebulous concept (Triple Warmer).

The number ***5** relates to the **5** elements namely:
Water, Earth, Wood, Fire and Metal (Gold).

The number **8** is employed by informed individual to identify the location of the **8 Extra-ordinary channels,** within the human system and using Daoyin style 'Wild Goose Qi Gong' apply regenerative Qi to improve their immune systems.

These **8 Extra-ordinary channels**, together with our recognised system of **12** inter-connecting organs (including the nebulous Triple Warmer) form the **20 Major** channels or meridians, i.e, a macro-cosmic chain, that is used in the primordial breathing techniques of Qi Gong practitioners.

For additional information read the **Book " The Art of Daoyin".**
Secure your copy of the **Videos "LAMAS Tai-Chi Qi Gong" Daoyin Style 'Wild Goose Qi Gong'.**

Join LAMAS Qi Gong Assoc. training not mandatory.

# What is Qigong?

## Body-Mind-Spirit Energy Exercises:

Breath
Chanting
Intention
Massage
Movement
Posture
Visualization

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**561 Berkeley Avenue**
**Menlo Park, CA 94025**
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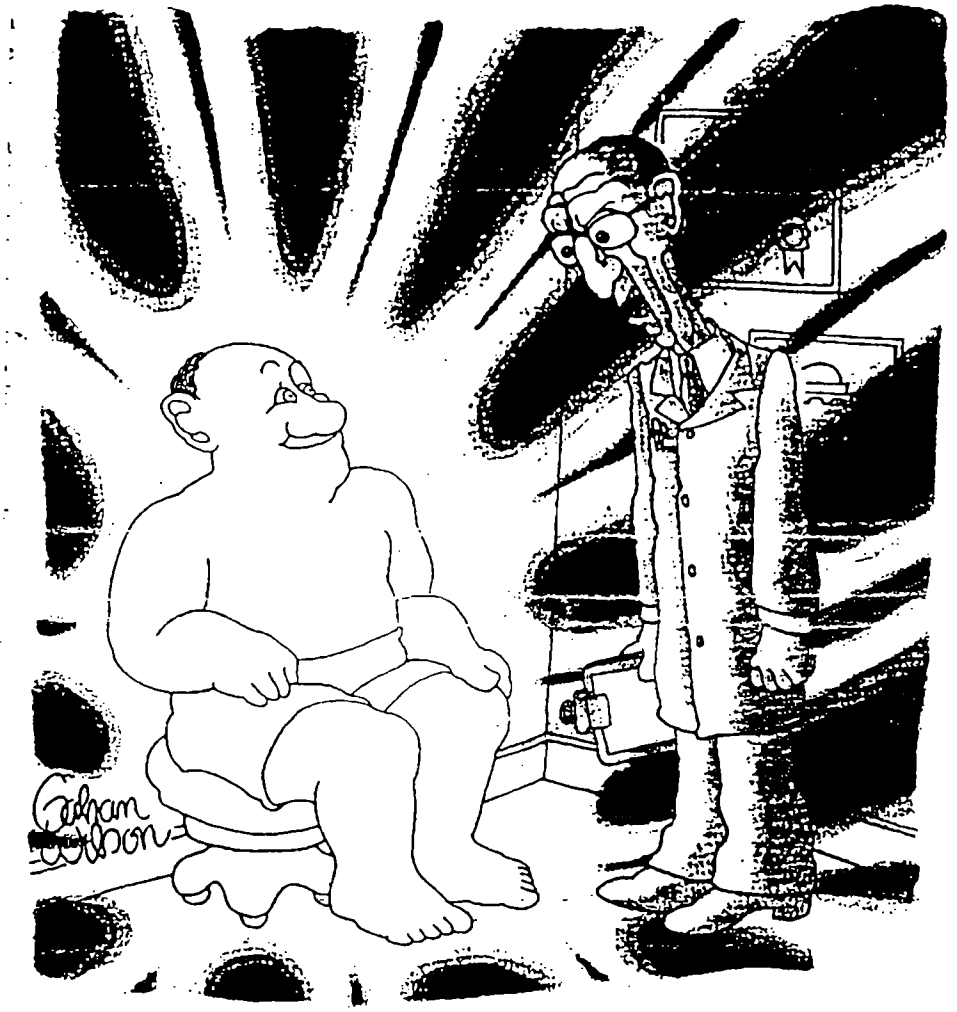

*"You've been fooling around with alternative medicines, haven't you?"*

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# FREQUENCY OF THE FOLLOWING TERMS IN ABSTRACTS OF THE QIGONG DATABASE

| MEDICAL CONDITIONS | FREQUENCY |
|---|---|
| PAIN | 90 |
| CANCER | 69 |
| HYPERTENSION | 59 |
| PSYCHOLOGICAL | 57 |
| RESPIRATION | 38 |
| AGING | 26 |
| HEADACHE | 26 |
| CARDIOVASCULAR | 24 |
| INSOMNIA | 22 |
| ANXIETY | 15 |
| ASTHMA | 12 |
| ARTHRITIS | 11 |
| HEPATITIS | 5 |
| RHEUMATISM | 4 |

| RESEARCH PROTOCOL | |
|---|---|
| CONTROL | 288 |
| CONTROL GROUP | 182 |
| PLACEBO | 5 |
| CONTROL/DOUBLE BLIND | 2 |
| CONTROL/RANDOMIZED/DOUBLE BLIND | 1 |

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# Practicing Qigong Provides Many Benefits

**Cardiovascular function**

Blood pressure
Fewer strokes
Blood flow to the brain

**Bone density**

**Immune function**

**Anti-aging enzyme (SOD)**

**Memory function**

**Sleep**

**Sex hormone levels**

## ***** Longevity *****

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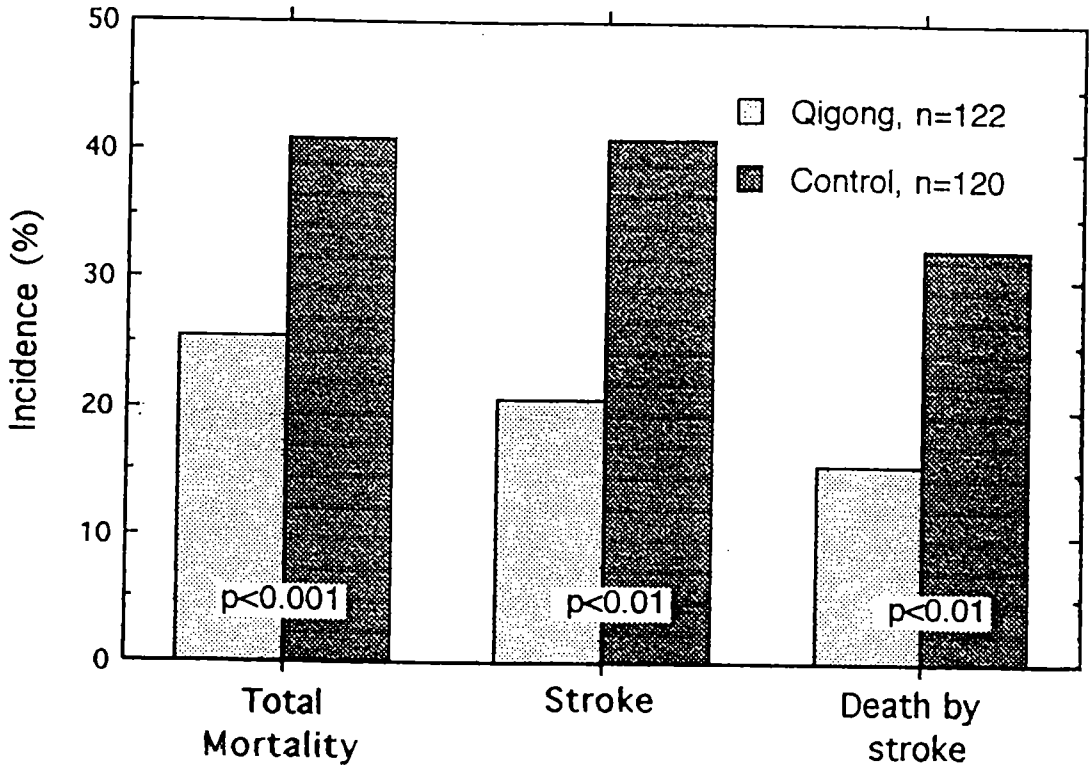


The effect of qigong on mortality and stroke of hypertensive patients over 30 years. Both groups received drug therapy (Wang et al, 1993).

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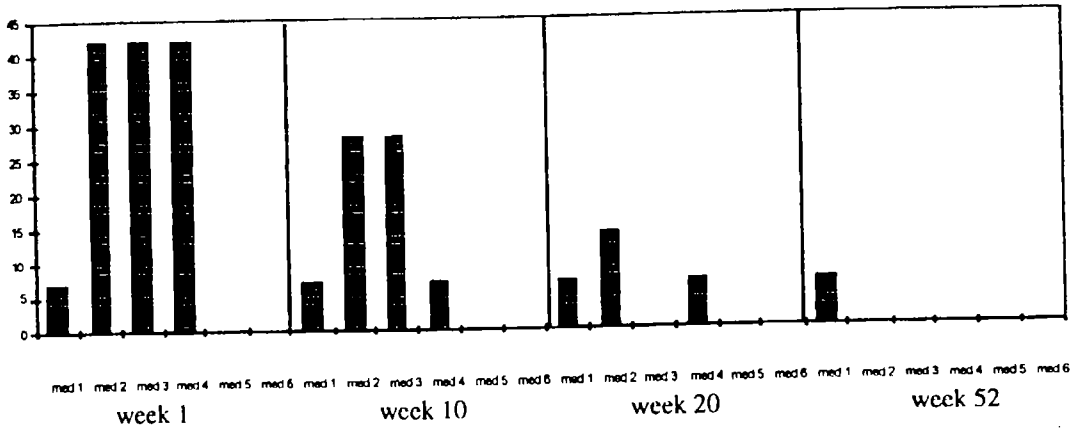
# Effect of Qigong on Asthmatic Patient's Use of Medications Per Week




Medication 1: Foradil,DA = Formeterol 12mcg
Medication 2: Apsomol,DA = Salbutamol 0,1 mg
Medication 3: Cromohexal, DA = Cromoglicinsäure 1mg
Medication 4: Pulmicort,DA = Budesonid 0,2 mg

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# Practicing Qigong
# One Year
# Reduced Costs for 17 Asthmatic Patients

Reuther & Aldridge, J. Altern Complement Med 1998; 4:173-83.

| | **Before** | **During** | **Reduction (%)** | **Cost Reduction ($)** |
|---|---|---|---|---|
| Work days lost | 382 | 183 | **52** | **$35,000** |
| Hospitalization Days | 100 | 0 | **100** | **$26,600** |
| Emergency consultations | 14 | 4 | **71** | **$300** |
| Antibotics series for respiratory infections | 40 | 25 | **38** | **$500** |
| **Total** | | | | **$62,000** |

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# Qigong & CAM
## Future Research & Applications

The practice of Qigong is a low cost (often no cost) component of a health-based system of health care.

Promising Medical Applications

1. Asthma
2. Diabetes
3. Hypertension
4. Pain

Social Applications

1. Rehabilitation
    a. Hospitals & clinics
    b. Juvenile detention centers
    c. Jail inmates
    d. Drug addicts

2. Stress reduction
    a. Schools
    b. Commerce

3. Improved Health
    a. Mental
    b. Physical
    c. Sleep
    d. Sexual

Establish Cost Effectiveness

Integrative Med - Academic Res.

19

**OSHER CENTER FOR INTEGRATIVE MEDICINE COMMENTS TO THE WHITE HOUSE COMMISION REGARDING RESEARCH IN CAM**

**Presented by Stephen Bent, MD**

Members of the commission,

Thank you for this opportunity to hear our concerns and thoughts about setting an agenda for research in complementary and alternative medicine.

As we think about **how** to expand and stimulate research in CAM, we must remember **why** we are interested in this area.

There are three main reasons why we should aggressively pursue research in CAM:

1) The public is interested in CAM

Surveys show increasing use and increasing spending on CAM therapies. In order for patients to make informed treatment decisions about whether to use certain CAM therapies, they need high quality information about safety and efficacy. Currently, there is limited available information.

2) CAM treatments are often directed at medical conditions for which conventional treatments produce sub-optimal results. CAM use is high in patients with certain conditions such as chronic pain, anxiety, back problems, and urinary tract problems that often do not respond well to conventional medical therapies. CAM therapies have the potential to bring substantial benefits to this large group of patients who are often dissatisfied with their medical care.

3) CAM treatments place a greater emphasis on the patient-provider relationship. Users of CAM therapies often report high satisfaction with their care. An examination of CAM treatments and the patient-provider interactions may help shed light on how to improve methods of delivering conventional care and strengthening the bond between patients and providers.

Keeping these very important reasons in mind, the federal government must decide how to structure and stimulate research in CAM therapies. While this is obviously a complex issue, we believe there are five basic points that should be part of the overall plan:

1) Establish a system for creating priority areas of research in CAM. There are literally thousands of CAM therapies, and it will be impossible to study them all. CAM therapies that should receive the highest priority for research are:

1) CAM therapies with a high prevalence of use
2) CAM therapies directed at medical conditions for which patients believe standard therapies are particularly ineffective (e.g., chronic pain, osteoarthritis, anxiety).
3) CAM therapies that have been systematically reviewed and found to have evidence suggesting safety and efficacy. Although high-quality studies are generally lacking, an examination of the literature (especially foreign language literature) often provides evidence to suggest whether specific treatments are likely to be of substantial benefit.

2) Increase Government funding of research in CAM. Unlike research of many pharmaceutical and surgical treatments, most CAM treatments do not have the potential to make money for corporations, and so they must rely entirely on funds from the non-profit sector. For example, at the Osher Center for Integrative Medicine, we have begun a randomized controlled trial of the herb saw palmetto for benign prostatic hyperplasia (BPH). This study will provide the first conclusive evidence about the safety and efficacy of this product, which has the potential to benefit the majority of men over the age of 50. It is supported entirely by the NIH. Since herbs cannot be patented, and since most herbal companies have small or non-existent research budgets,

studies of herbs (similar to this one) must be supported by federal grants. Although funding has increased substantially, the total budget of the NCCAM is still only a small fraction of budgets at other major Institutes in the NIH.

3) Research funding for public academic medical centers should be a priority. Academic institutions have no conflict of interest and should have no bias with respect to interpreting CAM research results. Public institutions have a long history of excellence in clinical research, and have a mission to serve the people, and especially the underserved who have a high prevalence of disorders that do not respond well to standard medical therapies.

4) Support the training of young investigators in CAM. There are few national experts in CAM who also have superior training in clinical research methodology. For this movement to succeed, there must be adequate support for training its future scientific leaders.

5) Most funding should be directed towards randomized controlled trials, the best research design for determining safety and efficacy. Although CAM presents unique challenges with regard to the design of randomized controlled trials (such as blinding, placebo formulation, individualized treatments, etc.) these are obstacles that can be overcome.

**Summary Statement:**

In summary we are optimistic about the potential for providing the public with the kind and quality of research that they seek and deserve. We believe this can be best accomplished by:

1) Defining priority areas of research
2) Increasing Government funding
3) Directing funds towards academic medical centers
4) Training young investigators
5) Emphasizing randomized controlled trials.

The public academic community is anxious to play a central role in the open minded and scientifically rigorously exploration of CAM therapies.

Thank you for your time and attention.

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**Bradly P. Jacobs, MD, MPH**
Senior Research Fellow
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Mr. Chair, Commissioners, ladies, and gentleman, good morning.

I am the Interim Clinic Director of the Osher Center for Integrative Medicine and an Assistant Clinical Professor at the University of California-San Francisco. Thank you for inviting me here today to speak before you.

As a faculty member at a public university and medical center, I am here to speak on the importance of expanding our commitment to education in complementary therapies and to the field of Integrative Medicine within medical and allied health professional schools, specialty training programs and continued medical education programs.

Specifically, I want to discuss three issues today.

1. The United States medical community is not adequately trained to discuss issues related to complementary and alternative medicine (CAM) with the general population. Consequently, preventable morbidity and mortality is likely to result. We believe there is an urgent need to educate our medical community in this field to prevent such a crisis.
2. There is a lack of high quality information for health professionals. Such information should be easily accessible, objective and embedded with scientific rigor.
3. Health professionals need training in the following areas:
   a. Communication skills
   b. Attitudinal training
   c. Content

#1:

The United States medical community is not adequately trained to discuss issues related to complementary and alternative medicine (CAM) with the general population. Despite significant use of CAM therapies in our communities, the vast majority of medical schools have failed to implement educational programs that would equip physicians with the skills and knowledge necessary to engage in responsible dialogue with their patients.

There are numerous publications documenting that patients do not disclose information related to CAM to their primary care providers. Some of the reasons for non-disclosure include: failure of the provider to ask, patient belief that the provider would lose respect for the patient and patient belief that the provider would not be knowledgeable in the area.

At UCSF, we recently conducted a survey of our physician faculty. Over 50 percent of these respondents, acknowledged that they had used some form of CAM therapy in the past year and approximately the same proportions have referred their patients to CAM providers. However, the majority of these physicians also stated they felt ill equipped to discuss these therapies with their patients.

In the absence of a community of health professionals well-trained in CAM, patients will remain reluctant to tell their providers that they are using CAM therapies and seeing CAM providers. Given the current strain on the health care system in the U.S., this will surely exacerbate the already strained doctor-patient relationship. The lack of communication will likely cause, otherwise preventable, morbidity and mortality. For example, an elderly patient with a history of a stroke who is taking anti-coagulation medicine may not inform his provider that he is also taking Ginkgo biloba for Dementia. This patient may be at higher risk of bleeding and therefore, such a patient may need closer anti-coagulation monitoring, especially during the initial weeks of taking the herb. Another example is the interaction between St. Johns Wort and HIV anti-retroviral therapies. For example, a HIV positive patient suffering from depression begins taking St. John's Wort to help his depression. The provider is unaware that the patient is taking this herb and detects a rise in the patient's viral load. The provider presumes this is due to the development of drug resistance and changes his anti-viral regimen. Had the provider been informed of the patient's use of this herb, she could have prevented this significant medical issue by recommending that the patient use a different medicine that would not interfere with his HIV drugs.

In addition to avoidable adverse effects from a lack of communication between the patient and health care provider, poor communication will also lead to rising medical expenditures due to duplication of diagnostic tests and the absence of a provider who can coordinate patient care. For example, chiropractors and orthopedic surgeons routinely take xrays and routinely do not share cases with each other. Patients are fully aware of the lack of communication between these disciplines and remain reluctant to inform either provider that they are seeing more than one health professional for their problem. As a result both providers will obtain similar expensive xrays and will design complicated and often expensive treatment plans that may conflict with each other.

#2
There is a lack of high quality information for health professionals. Such information should be easily accessible, objective and embedded with scientific rigor.

There are several private companies trying to develop databases of information for health professionals; however, many are directed toward selling products or have issues related to conflict of interest. Public academic institutions are free from such potential conflict and therefore would serve as ideal testing sites to developing these educational programs. These programs must be easily accessible, remain objective, and be embedded with scientific rigor. Furthermore such programs must be scalable, adaptable and portable, This will permit easy dissemination to other health professional schools, and hospital networks.

#3.
Health professionals need training in communication skills, attitudinal training and content. The field of CAM is filled with cross-cultural issues. Patients must feel safe to disclose information to their medical providers without fear of humiliation. Without such disclosure, our citizens are forced to navigate their own paths through the health care industry without guidance from a qualified health care professional. We have an obligation to our citizenship to properly educate the medical community. In addition to providing increasing the knowledge-base of health care professionals, we must provide tools to improve communication skills such as sensitivity and attitudinal training. Programs should focus on maintaining an open-minded, non-judgmental attitude while also maintaining a objective and scientific view.

At UCSF, we have developed an herbal medicine class and a CAM survey class that is open to all of our health professional schools. This have allowed students and faculty, alike, the opportunity to increase their knowledge base and gain exposure to the basic principles of a variety of complementary therapies. WE have also taught medical students a stress reduction techniques using the mindfulness-based stress reduction method developed by John Kabat-Zinn at the University of Massachusetts. This class have provided students with the opportunity to develop sensitivity and attitudinal training through self-awareness.

With the help and vision of our Dean of the School of Medicine, Haile Debas, we have been able to develop this curriculum. Nonetheless, this is clearly not enough.

Pubic institutions such as the University of California medical schools have limited resources to devote to educational programs. Therefore, the creation of government resources earmarked for CAM education would provide a means to develop and implement coursework for this country's next generation of health care professionals.

I AM HERE TODAY TO REQUEST THE GOVERNMENT EXPAND IT'S COMMITMENT TO EDUCATION TO AMERICA'S HEALTH PROFESSIONAL COMMUNITY.

Today, I had the opportunity to discuss three main issues.

1. The United States medical community is not adequately trained to discuss issues related to complementary and alternative medicine (CAM) with the general population. Consequently, preventable morbidity and mortality is likely to result. We believe there is an urgent need to educate our medical community in this field to prevent such a crisis.

2. There is a lack of high quality information for health professionals. Such information should be easily accessible, objective and embedded with scientific rigor. This information should be scalable, and portable to allow easy dissemination to other health professional schools and hospital networks.
3. Health professionals need training in the following areas:
    a. Communication skills
    b. Attitudinal training
    c. Content

Thank you for this opportunity to speak today.

Bradly Jacobs MD MPH
Interim Director Osher Center for Integrative Medicine
Assistant Clinical Professor
University of California-San Francisco

*Council of Acupuncture and Oriental Medicine Associations*

CAOMA

Brian C. Fennen, L.Ac., QME
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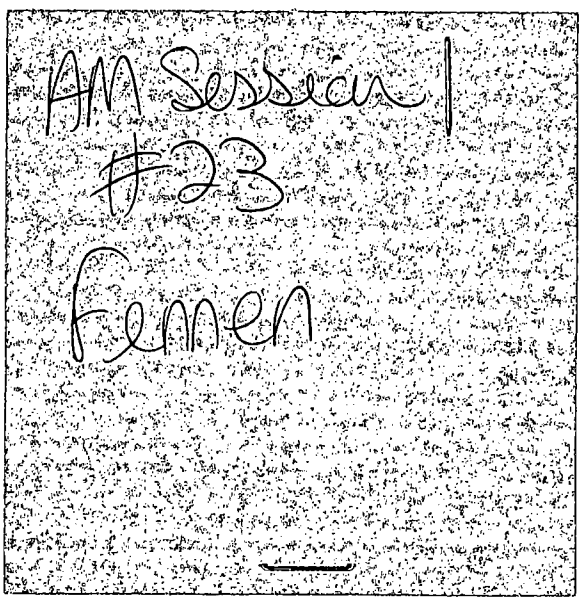

COUNCIL OF ACUPUNCTURE AND ORIENTAL MEDICINE ASSOCIATIONS

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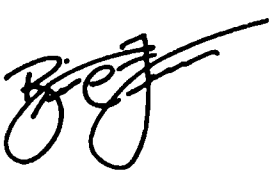
September 8, 2000

The Council of Acupuncture and Oriental Medicine Association is the largest representative organization of Licensed Acupuncturists in the United States. The Council promotes high standards of training and practice in our profession, which includes the procedures and modalities of acupuncture, herbal medicine, manual therapy (TuiNa, Shiatsu, etc), exercise (Taiji Quan), breathing techniques (QiGong), and various other traditional therapies. While the majority of our profession practice as licensed primary care providers in the United States, we are additionally classified as primary treating physicians under Workers Compensation laws in California. As such, we take our responsibilities seriously.

The following is a summary of our recommendations.

- Appoint a traditional Chinese herbal medicine practitioner, and one or two Massage Therapists to the Commission.
- Establish an advisory council that is representative of all CAM therapies and professions.
- Encourage employment of CAM professionals in medical institutions and hospitals.
- Research CAM therapies to explain them in conventional scientific terms.
- Direct research funding to investigate effectiveness of CAM therapies for common illnesses, such as low back pain, carpel-tunnel syndrome, headaches.
- Use a disease-based model of research that will allow the practitioners to use their whole model and scope of their profession. Research components only after preliminary effectiveness is verified.
- Educate existing healthcare professionals and administrators about the various CAM therapies and therapists.
- Encourage hospitals to take the lead on organizing community relationships with CAM professionals.
- Recommend professional doctorate training and primary care status for chiropractors, naturopaths, and oriental medical practitioners, with a core of basic medical sciences.
- Recommend 500-hour training for massage therapy licensing.
- Consider regulating the unlicensed practice of safe CAM therapies by requiring informed consent and adherence to professional standards, as per Minnesota law.
- Encourage development of professional peer review for CAM professions.

Brian C. Fennen, L.Ac, OBT, QME
President



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# White House Commission on Complimentary and Alternative Medicine Policy
# Town Hall Meeting – September 8, 2000

Holiday Inn Golden Gateway
1500 Van Ness Ave
San Francisco, California

## California Dietetic Association

Oral Comment

**Introduction**

Good Morning. My name is Carol Ceresa, MHSL, RD. I am the Clinical Nutrition Section Chief in an Academic, Teaching Medical Center here in San Francisco.. My two colleagues and I will provide oral comments on behalf of the California Dietetic Association. The California Dietetic Association is composed of over 7,000 dietetic professionals (registered dietitians and registered dietetic technicians). We are an affiliate of the American Dietetic Association. Our mission is to benefit the public through the promotion of optimal nutrition, health and well being. We advocate the delivery of high quality nutrition services to all citizens, using the registered dietitian as the premier nutrition service provider. Our organization's initiatives include strategies for best meeting the public's need for comprehensive nutrition services, including health promotion, disease prevention and MNT (medical nutrition therapy) for physician referred patients with acute and chronic disease.

Our oral comments will focus on **nutrition service issues** in the following five pre-selected areas:

1) Recommendations for improving access to safe and effective CAM (Complimentary and Alternative Medicine) practices and interventions
2) Recommendations for types of CAM practices and interventions that should be reimbursed through federal programs or other health care coverage systems
3) Recommendations for required training and education for all health care providers to assure access to safe and effective CAM practices and interventions; and
4) Recommendations for how the public can receive useful, reliable and updated information about CAM practices and interventions

5) Finally, as registered dietitians - the premier health care provider of both preventive and treatment oriented nutrition therapy – the kind of information about CAM practices and interventions that are most needed and important to us.

The responses are noted to correspond to the following numbered topic headings listed on the town hall registration form:

2. ***Guidance for Access to, Delivery of, and Reimbursement for Complementary And Alternative Medicine Practices and Interventions***

**Recommendations for improving access to safe and effective CAM (Complimentary and Alternative Medicine) practices and interventions**

- Include Registered Dietitian provided Nutrition Services, specifically MNT (Medical Nutrition Therapy) – as part of universal health care coverage

- Include Registered Dietitian provided Nutrition Services – as part of all health promotion and disease prevention programs – in schools, in health maintenance organizations, in federally funded and state funded programs.

- Include Registered Dietitian provided Nutrition Services in all senior care programs

- Include Registered Dietitian provided Nutrition Services as part of nutrition related CAM practices and interventions

- Specify the need for Registered Dietitian provided Nutrition Services to Internet Companies that promote/purport CAM

- Groups offering services of CAM providers should be required to check credentials. Credentialing standards should meet URAC (The American Accreditation HealthCare Commission) quality standards for a credentialed provider in each category.

- Promote the option of a health care policy rider for defined CAM benefits - or promote the inclusion of CAM benefits incorporated into the core benefit

**Recommendations for types of CAM practices and interventions that should be reimbursed through federal programs or other health care coverage systems**

- Only CAM practices that can show some level of efficacy through clinical trials or scientific study should be covered.
  We encourage the coverage of: MNT (Medical Nutrition Therapy) as a CAM covered service.

**Pamela Anne Kolker, MS – Dietetic Intern**

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

**The California Dietetic Association supports - Recommendations for required training and education for all health care providers to assure access to safe and effective CAM practices and interventions**

- Government task forces made up of CAM researchers and recognized experts, CAM providers and representatives of the allopathic community must establish standards for credentialing. Registered dietitians should be included in setting the standards for nutrition professionals.

- Only practitioners with formal academic training in the science of nutrition should be allowed to practice nutrition counseling.

- The Registered Dietitian is the nutrition expert. We are uniquely qualified to provide wellness nutrition counseling as well as medical nutrition therapy. Registered Dietitians are nationally credentialed by the Commission on Dietetic Registration. Training includes a 4-year undergraduate degree in the science of nutrition from a nationally accredited university. After undergraduate school the RD applicant must participate in 900 hours of supervised practical experience in clinical and community programs. The final step to becoming a RD is to take the national registration exam. Seventy-five hours of continuing education is required every 5 years to maintain registration. In addition to national registration 40 states including DC and Puerto Rico license or certify Dietitians.

- Require that a portion of all mandated continuing education units for health care providers (physicians, pharmacists, dietitians, physical therapists, nurses) be in the area of CAM.

**Andrea Garen, BS – Dietetic Intern**

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

**Recommendations for how the public can receive useful, reliable and updated information about CAM practices and interventions**

- Consumers need to understand the education and training that is required of CAM providers. They need to know how to identify a qualified practitioner.

- Provide:
  Public Service Announcements
  CAM topics on PBS
  CAM information at orientation to health care plans
  CAM information/courses through institutions of learning, adult education
  CAM and herbal product informational brochures by ALL health care providers
  CAM newsletters
  CAM featured articles in popular periodicals
  CAM books (both textbooks and lay publications)

- Registered dietitians are uniquely qualified to provide allopathic based nutrition care as well as wellness, prevention and CAM based nutrition care; promote model programs that include dietitian provided nutrition services in CAM covered services

- Track CAM/health coverage usage and provide consumer "report cards" of CAM Plans

**As registered dietitians - the premier health care provider of both preventive and treatment oriented nutrition therapy – the kind of information about CAM practices and interventions that are most important to us include information on:**

- Herbal and dietary supplements, such as production standards, safe usage, herb/nutrient interactions and contraindications
- Functional foods/nutraceuticals, that is foods that contain nutrients that specifically benefit certain diseases/conditions and/or prevent/reduce risk for diseases/conditions
- Database medical record information on CAM services used by patients
  (so that nutrition services can be integrated with other practices)

In Summary

The California Dietetic Association applauds the Commission on Complimentary and Alternative Medicine for their efforts to clarify the safety, efficacy, and health care service needs of these therapies.

Because the most common form of complementary and alternative therapy is herbal supplementation, commonly described as "nutrition" or "dietary supplement" treatment, the need for Nutrition Services provided by Registered Dietitians is paramount.

The need for qualified nutrition service providers has been recognized by The American Dietetic Association and for more than 25 years they have offered nutrition credentials for nutrition service providers through the Commission on Dietetic Registration. The Commission on Dietetic Registration is prepared to work with the Commission on Complimentary and Alternative Medicine to ensure that nutrition service providers are qualified providers.

For information about the Commission on Dietetic Registration and the American Dietetic Association's Complementary Nutrition Practice Group go to:

www.eatright.org/cdr.html and www.eatright.org/dpg/dpg18.html or www.complementarynutrition.org

Submitted by:

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# Town Hall Meeting
# White House Commission
# on Complementary and Alternative Medicine Policy
# San Francisco, California
# September 8, 2000

Speaker: Cynthia Copple, Founding Director of National Ayurvedic Medical Association (NAMA), 18 year Ayurvedic Practitioner, President of Lotus Herbs (Since 1982)

Commission members, ladies and gentlemen,

I am here before you today to speak on behalf of the profession of Ayurveda, the original holistic medical system which originated 5,000 years ago in India and which has been continually practiced in many countries of the world since that time. I am a Founding Director of the National Ayurvedic Medical Association, NAMA, a non-profit organization representing the Ayurvedic profession in the U.S. and whose mission, purpose and goals I will read to you.

First I'd like to tell you a little about myself, and how I came to be involved in Ayurveda. Then a brief comment about the history and present situtuation of Ayurveda in the U.S. Finally and most importantly, I will focus on NAMA and our position on the questions put before this commission.

Myself.
I grew up in a good middle class neighborhood in San Jose and graduated from U.C. Berkeley in 1966 with a BA in English. I was a war correspondant in Vietnam for a year in 1969. I worked as a free lance writer and professional photographer and publicist for, among others, the Ringling Brothers Circus as well as rock groups. I started practicing yoga and meditation in 1977. I became curious: What was that link between mind and body? How did it work? I was meditating...how was this effecting my body?

In 1982 western science and literature stated there was no link betweeen mind & body or it was unknown how it worked when it mysteriously did, as when in studies harmless tablets given to diabetics changed their blood sugar, etc. I discovered Ayurveda, which explained the laws of nature in a holistic way and answered these questions.

In 1982 I studied Ayurveda at Mt. Madonna Center inWatsonville with Dr. Vasant Lad and Dr. R. P. Trivedi, both Doctors of Ayurveda from India. Both are noted authorities in Ayurveda in India. Dr. Lad has published many books in English, Dr. Trivedi is the author of 12 books in Hindi. Between 1982 and 1985 I spent over 2,000 hours studying and then later apprenticing, mostly with Dr. Trivedi. I have been practicing, teaching, writing articles and directing Lotus Holistic Health Institute and Lotus Herbs since 1983.

What is Ayurveda? It comes from the ancient Vedas in India, over 5,ooo years ago. It evolved prior to written language and its wisdom came through meditation and observation. It is a natural and systematic health system which sees health as resulting from living in harmony, both internally and with one's environment. It treats the patient as an individual not the disease. It sees each person as having a unique body/mind nature and each disease has a unique unfolding and treatment. It understood stress and its effects 5,000 years ago . It believes in eliminating the cause of the disease to eradicate it,

not simply treating the symptoms. Its therapies include the coordinated and individualized use of everything that effects us, physically, mentally and emotionally: the use of herbs, diet, lifestyle, exercise, massage, cleansing, color, scent, even our job and our relationships have an effect on our health according to AYurveda. It is a complete system, including in its ancient texts: llllll

What is the current state of Ayurveda ? It is currently practiced in India as well as England, Italy, Southeast Asia, South America, Australia and New Zealand. There are over 20,000 practitioners worldwide. In India it is a 7 year university course with a BAMS degree; Ayurvedic doctors work in hospitals alongside western doctors. In the U.S. there have been teachers since the 1920's and schools since Dr. Vasant Lad began teaching in the late 1970's. Its systematic approaches to problems not fully addressed by western science--such as weight loss, pain, chronic problems--has increased its popularity. As has Dr. Deepak CHopra. Currently in the US there are several schools who have graduated thousands of practitioners. Two of the biggest and oldest are represented in NAMA.

NAMA was founded in the year 2000 after two years of work by a small group of people dedicated to bringing Ayurveda into the 21st century. They consisted of myself, a practitioner since 1983 and one of the earliest importers of Ayurvedic herbs into the US; Wynn Werner, Director of the Ayurvedic Institute in Albuquerque, founded by Dr. Vasant Lad, Dr. Kumar Batra, a retired Pharmacologist from UC Davis, and Dr. Marc Halpern, Director of the California College of Ayurveda, Chiropractor and Ayurvedic Practitioner. We subscribe to the following mission statement, purposes and goals which we believe will serve the future of Ayurveda in America:

## National Ayurvedic Medical Association

## NAMA

*MISSION STATEMENT*

The National Ayurvedic Medical Association (NAMA) is a national organization representing the Ayurvedic profession in The United States of America. Its mission is to preserve, protect, improve and promote the philosophy, knowledge, science and practice of Ayurveda for the benefit of humanity.

*PURPOSE*

The purpose of the Association is to provide leadership within the Ayurvedic profession and to promote a positive vision for Ayurveda and its holistic approach to health and wellness. We will carry out our mission by creating and implementing a dynamic strategic plan to ensure the professional growth and success of Ayurveda.

*GOALS*

- To serve as a representative membership organization of the Ayurvedic profession.
- To serve as an official spokesperson for and representative of the Ayurvedic profession in the United States.

- To establish and maintain standards of education, ethics, professional competency and licensing.
- To establish in the public mind an understanding which will assure maximum recognition and acceptance of the Ayurvedic profession, its programs and practices.
- To establish and maintain desirable relationships within the Ayurvedic profession, and other groups throughout the world carrying out compatible purposes.
- To promote, assist and cooperate with local and state Ayurvedic associations in implementing our mission and purposes.
- To affect public policy and legislation in all matters pertaining to Ayurveda.
- To support the establishment of licensing for the practice of Ayurvedic medicine.
- To develop, participate in, conduct and support Ayurvedic research programs consistent with Ayurvedic principles.
- To maintain the science of Ayurveda as a separate and distinct healing arts profession.
- To do all things necessary, proper and not contrary to law in the interests of the Association and its members in carrying out the foregoing mission and purposes.

The first national dialogue on the future of Ayurveda will be taking place at the first meeting of NAMA in November, 2000 in Austin, Texas.

Our position:

We do not believe that uniform standards should apply to all alternative disciplines.

We believe that Ayurveda must be legalized as a separate discipline, as Chinese Medicine, Chiropractic and Western Medicine have. It has a different paradigm and its approaches can't be properly applied under a western paradigm. NAMA will support state organizations in their effort to legalize Ayurveda.

In Ayurveda and other major alternative disciplines, we believe there should be state licensing, with State Boards consisting of experts from the profession. This State Board would be responsible for maintaining standards of education and practice and scope of practice and protect the consumer

We believe the best approach for the Commission would be to institute a secondary process to develop a list of complementary disciplines that require separate Boards and that each discipline should then have its own national meeting to organize state licensing procedures.

What can the government do to help? We believe the government should assist states and individual disciplines (which don't already have licensing bodies) to help organize and structure their disciplines for such licensing.

Government could create an information base, which is not regulatory, with information provided by the different disciplines. For example, online, government could provide the platform. Representative organizations from each discipline could provide information. On one page could be a listing of abstracts of each discipline. The click-through information would be provided by representative organizations.

Better communication--we didn't hear about this until late last week.

Set up a subcommittee or committees for each major discipline or with a representative from each discipline.

You might make a list of which are complete systems and which are partial systems. Using part of Ayurveda within western medicine is like using antibiotics and saying you are an "antibiotic practitioner" or you are using it within a different system, when it is actually already part of a larger in-place system.

# *National Ayurvedic Medical Association*

## *N A M A*

The National Ayurvedic Medical Association (NAMA) is a national non-profit corporation which represents, supports, preserves, protects and promotes the Ayurvedic profession in the United States. Its membership participates in implementing and carrying out strategic plans to ensure the professional growth and success of Ayurveda, including the establishment of professional standards and the licensing of Ayurvedic Medicine.

This handout was prepared for the Town Hall Meeting in San Francisco, CA on Friday, September 8, 2000 by Cynthia Copple, one of the Founding Directors of NAMA and speaker. Some of the information, such as qualifications for membership levels, will not be finalized until after the first national meeting.

# *NAMA*
# *National Ayurvedic Medical Association*
*ayurveda-nama.org*

Background: A small dedicated group of people has met monthly over the past two years with the aim of creating a national association dedicated to the support and legalization of Ayurveda in the U.S. Their goal was to create an organization whose goals would be so encompassing that they would be supported by everyone involved in Ayurveda. NAMA is the fruit of their labors. In November, 2000, in Austin, Texas, the first national meeting of NAMA will be held. Everyone is welcome to attend, in person, or you can e-mail us your input and we will read as many responses as we have time for at the meeting.

## Welcome

Welcome to the National Ayurvedic Medical Association! We are excited about the growth and development of Ayurveda in the United States and are honored to be a part of the process. We believe that practitioners of Ayurveda will play a vital role in the delivery of health care in the 21st century and we are working hard to bring about recognition of the value of this ancient healing science and the role of practitioners.

## Development of Ayurveda in U.S.

We recognize that Ayurveda is in its very early organizational phases in America and we hope to nurture it through its development. We are confident that as the ayurvedic profession matures, it will take its rightful place among the recognized and well respected health care disciplines in this country.

## Who are NAMA Members?

The National Ayurvedic Medical Association is an association of practitioners, educators, students and supporters who share a common mission and goals. We need you to become a part of this organization because this organization is made up of people exactly like you. This organization is made up of those individuals who are interested in keeping Ayurveda legal to practice in the United States. It is made up of individuals who want to see Ayurveda become licensed and who want to support the development of a recognized Doctor of Ayurveda degree.

## Invitation to Membership

Members, through membership fees and the volunteering of time and expertise, are needed to build a healthy healing profession. We need help to achieve our mutual goals of quality education, effective national and state associations, accrediting agencies for schools and licensing for practitioners. There is a lot of work ahead of us and we welcome and urge you to be a part of this development.

## Traditional Ayurvedic Approach

This association is committed to the traditional mind, body and spiritual approach that ayurveda takes to understand the nature of health and disease. We will work hard to maintain the integrity of Ayurveda as a system of truly holistic natural medicine.

## Future

If you have been trained in Ayurveda then you are the future of Ayurveda in America! We urge you to work with us and to become involved in creating the future. The future is an open field of potential which will be shaped by those who care. Help us shape a future that includes Ayurveda and makes Ayurveda available to the greatest number of people.

# National Ayurvedic Medical Association
# NAMA

*MISSION STATEMENT*

The National Ayurvedic Medical Association (NAMA) is a national organization representing the Ayurvedic profession in The United States of America. Its mission is to preserve, protect, improve and promote the philosophy, knowledge, science and practice of Ayurveda for the benefit of humanity.

*PURPOSE*

The purpose of the Association is to provide leadership within the Ayurvedic profession and to promote a positive vision for Ayurveda and its holistic approach to health and wellness. We will carry out our mission by creating and implementing a dynamic strategic plan to ensure the professional growth and success of Ayurveda.

*GOALS*

- To serve as a representative membership organization of the Ayurvedic profession.
- To serve as an official spokesperson for and representative of the Ayurvedic profession in the United States.
- To establish and maintain standards of education, ethics, professional competency and licensing.
- To establish in the public mind an understanding which will assure maximum recognition and acceptance of the Ayurvedic profession, its programs and practices.
- To establish and maintain desirable relationships within the Ayurvedic profession, and other groups throughout the world carrying out compatible purposes.
- To promote, assist and cooperate with local and state Ayurvedic associations in implementing our mission and purposes.
- To affect public policy and legislation in all matters pertaining to Ayurveda.
- To support the establishment of licensing for the practice of Ayurvedic medicine.
- To develop, participate in, conduct and support Ayurvedic research programs consistent with Ayurvedic principles.
- To maintain the science of Ayurveda as a separate and distinct healing arts profession.
- To do all things necessary, proper and not contrary to law in the interests of the Association and its members in carrying out the foregoing mission and purposes.

## *As a Member ofNAMA, you will:*

- Help shape the national policies of the governing body of Ayurveda in the United States
- Keep up to date on the latest developments in education, training and requirements for Ayurvedic Practitioners
- Join with fellow practitioners in spreading the healing benefits of Ayurveda.

### *Guidelines for Membership*

We are still working on the details of membership and will be finalizing them in November at the Southwest Yoga Conference.
Currently, we have a *working version* of the Membership Levels, listed below.

*There are five levels of membership in NAMA:*

Professional
Educator
General
Student
Benefactor

*Upon becoming a member, all members:*

- have a voice in deciding the direction of the profession of Ayurveda
- vote in annual elections for the Board of Directors
- receive a certificate of membership suitable for framing
- receive NAMA's mission statement and goals suitable for framing
- will be included in the membership listing on the NAMA website
- if a supplier, be listed in the NAMA web directory of Ayurvedic Suppliers
- know you are supporting a professional organization dedicated solely to the advancement of the Ayurvedic profession

*NAMA is working toward providing all Members with the following benefits:*

- access to legal advice for the Ayurvedic profession
- be kept up to date on the legal and legislative events that effect Ayurveda
- receive a newsletter on Ayurvedic topics
- receive a member discount at selected suppliers

*As a Professional Member of NAMA you will:*

- be listed in the NAMA web directory of Ayurvedic Practitioners
- attend and participate in NAMA sponsored seminars and professional information-sharing symposia
- have input into the formation of a code of ethics and a national examination
- have the recognition and prestige of membership in a professional organization
- professional e-mail distribution list for intra-professional communication and peer discussion

*NAMA is working towards providing Professional Members with the following benefits:*

- be able to use the NAMA Professional Member logo on your business cards
- clinical updates for practitioners
- legal fund for the support of our membership

## Membership Policy Statement

The National Ayurvedic Medical Association is open to everyone who wishes to support our mission, purposes and goals. Initially, all supporters can apply for membership at the General, Student or Benefactor levels. A benefactor is a person who supports this organization. As a representative organization, after hearing input from our membership, the board shall decide on the criteria for membership for Professional and Educator levels. Below is a description of the future membership levels and the membership fees.

**Professional Level:** This level is for professional practitioners who meet the established criteria applying to this level. This criteria will be voted on by the board after receiving input from the general membership. This level is for those individuals who pass a NAMA approved practitioner examination and who meet all other NAMA requirements for providing private health care consultations and therapies to the general public.
Fees: $150

**Educator Level:** This level is for those individuals who wish to teach basic Ayurvedic principles to the general public. This level is for those individuals who pass a NAMA approved educator examination and who meet all other NAMA requirements for this level. These requirements will be voted on by the board after receiving input from the general membership.
Fees: $75

**General Membership:** This level is for anyone supportive of the mission, purpose and goals of this organization.
Fees: $50

**Student Level:** This level of membership is for students who are supportive of the mission, purpose and goals of this organization and who are enrolled in a State-approved academic educational program. Fees: $25

**Benefactor Level:** This level of membership is for anyone supportive of the mission, purpose and goals of this organization who wishes to support the organization financially. Benefactors shall receive special recognition on our web site membershippage and in any published list of members.

**Bronze Level**
Annual Membership Fee $100 - 499
**Silver Level**
Annual Membership Fee $500 - 999
**Gold Level**
Annual Membership Fee $1,000 - 4,999
**Platinum Level**
Annual Membership Fee $5,000 or more

All memberships are good for one year from the date of registration. When the qualifications are established for each level, any money paid toward membership shall be applied toward the level in which the member qualifies.

Contribution Policy Statement

We need your support and we strongly encourage you to contribute as much as you can afford. As a non-profit organization, we rely on your contributions to continue our work on behalf of the Ayurvedic profession. Please consider giving generously as your contributions will help Ayurveda become established in the West.

Benefactor membership fees are tax deductible as a business expense for all individuals and organizations. As a non-profit trade association [501 (c)(6) organization], The National Ayurvedic Medical Association (NAMA) cannot receive tax-deductible charitable donations. This is because we are an organization whose intention is to influence the political process. However, anyone can contribute to our organization by becoming a benefactor. For more information, please consult your tax advisor.


***LOCAL 2391***
National Council of Field Labor Locals
American Federation of Government Employees
*(AFL-CIO)*

**George Wedemeyer**
Vice President for Legislative Affairs
Delegate - San Francisco Labor Council

455 MARKET STREET
SUITE 800
SAN FRANCISCO, CA 94105

TEL (415)744-5590 ext 239
FAX (415)744-5088
EMAIL: wed@sfc.dol-esa.gov

33


# LOCAL 2391

*American Federation of Government Employee*
*(AFL-CIO)*
*Representing federal employees in the western United States,*
*Hawaii and Pacific Rim Territories*
*455 Market Street, Room 800, San Francisco, CA 94105*


**Where America works...we're working for you!**

September 8, 2000

THE WHITE HOUSE COMMISSION ON COMPLEMENTARY & ALTERNATIVE MEDICINE POLICY

My name is George Wedemeyer. I am Vice President of the American Federation of Government Employees. I represent Federal Employees in the Western United States Hawaii, Guam and Northern Marina Islands. I am also here representing the San Francisco Labor Council, AFL-CIO.

16 years ago I was found out I had AIDS. AZT was the only possible treatment being prescribed at the time. Friends of mine who were taking AZT told me that the side effects were killing them faster then the virus itself.

Other friends suggested that I also took into Chinese medicine. I did so and began to receive acupuncture and herbal formulas. I also learned Qigong, I continue to receive acupuncture, herbal forumulas and I practice Qigong

My doctors told me I was grabbing for straws and they proceeded to marginalize my medical treatment. One told me that he did not feel as thought he had "control." I immediately informed him that he certainly did not have control that I made my own health decisions. Because of the way I was treated I stopped seeing my doctors.

Five years ago I began to included the "AIDS cocktail" into my health reigment.and I fully believe that we need to integrate eastern and western medicine. Today I have a wonderful, understanding doctor; but he has little knowledge of Chinese medicine.

I later became a Chinese medicine activist.

1) I produced, marketed the first Qigong TV series airing on PBS stations around the U.S.
2) I persuaded the City of San Francisco to include acupuncture and herbal formulas in its health care benefits.

3) I was instrumental in helping the acupuncturist in establishing the National Guild of Acupuncture and Oriental Medicine, OPEIU, AFL-CIO.

4) More recently I shepherded resolutions passed by the San Francisco Labor Council and the San Francisco Board of Supervisors calling for the integration of Chinese medicine into our western health care system. (Read Resolution by Labor Council)

5) Today, times have changed and doctors are more accepting of alternative medicine

6) In San Francisco we formed a consortium to of Labor, Business, Acupuncturist and doctors in order to work with Luguna Honda Hospital for pain control and General Hospital for substance abuse.

7) Continuing Medical Education for Doctors, to me, is the single most important element to integrate our medicine systems. If we do not provide this training then we will continue to develop two difference and separate medical system.

8) Recovery programs:

9) San Francisco Community Forum on Substance Abuse, October 24th. The focus of this conference is to bring together labor, business, and government and community leaders to discuss public policy on substance abuse – Treatment on Demand.

10) Treatment on Demand clearly addresses our most troubling political issues: **homelessness, over-crowded prisons, the spread of HIV/AIDS, mental health issues, domestic violence, and welfare to work**.

Address:
3450 16th Street
San Francisco, CA 94114
www.creative/~iep

# Qigong for Health

For Video: 1-800-835-6555

Instructors -
George Wedemeyer
Emilio Ganzalez

*Traditional Chinese Therapeutic Exercise*

# NEWS RELEASE

July 1, 1998

## Qigong Exercise Program Airing weekly on (PBS) KOCE, Channel 50, LOS ANGELES/ORANGE COUNTIES (check your local cable listings)

### "QIGONG FOR HEALTH," A WEEKLY HALF HOUR TV SERIES BEGINS AIRING SUNDAY- 10:30 AM AUGUST 23RD, FOR FOUR WEEKS

**Qigong (pronounced "Chee Gong") is a gentle form of traditional Chinese therapeutic, low impact exercise practiced by millions of people all over the world to ward off disease and stay healthy. Chinese medicine consists of the following four elements: diet, qigong, acupuncture and herbs. These four shows introduce the first-time student to basic qigong movements and breathing exercises, and culminate in teaching two popular forms that can be practiced at home to strengthen the body's immune system, relieve stresses, restore physical energy and balance emotions. According to ancient Chinese medicine, good health includes more than working out at the gym. The ancients look at health in a more holistic way. They believed that it is better to prevent illness than to try to cure it once it occurs—a concept we're just getting around to understanding in this modern age of Western medicine. Fact is, good health even slows the aging process.**

Volunteers -

- **Producers, director, cameramen and make-up artist, from PBS station KQED-TV, San Francisco produced the show.**
- **San Francisco Symphony musicians composed and performed the original music.**
- **Chevron Oil Company provided studios.**

Central Educational Network recently provided a satellite transmittal of George and Emilio's "Qigong for Health" TV series to all PBS stations in the United States. Since its first showing in California, January 1997, this cutting edge series has periodically aired on PBS stations around the country.

- Instructors George Wedemeyer and Emilio Gonzalez collectively have over 40 years of experience studying and teaching Tai Chi and Qigong.

- For the past eight years and with the use of their own funds, George and Emilio have taught free Qigong classes in San Francisco to over 6,000 students, most of whom have cancer, HIV/AIDS and other chronic illnesses. Hospitals, doctors and acupuncturists refer students. Today, many hospitals are teaching Qigong. **Emilio also teaches at Kaiser Permanente Hospital, Santa Rosa, CA.**

- George and Emilio have been presenters at various national and international conferences on HIV/AIDS. They have many requests from people who wanted instruction but could not find classes in their areas. Many too ill to attend classes but believed their Qigong practice would be integral to staying alive. These requests prompted them to produce a TV and video series. These exercises have given people hope and comfort while they face life and death situations with their health.

- These two instructors persuaded students and friends to contribute funds to produce a video and TV series. Production crew, producer, director, cameramen, make-up artist, all of whom worked at PBS station KQED-TV, San Francisco, volunteered their time and talent. San Francisco Symphony musicians composed and performed the original music. Chevron Oil Company provided studios.

- All proceeds from the sale of their video go to provide health care for people with HIV/AIDS at the Immune Enhancement Project, an acupuncture clinic in San Francisco. This quality video consists of 1-1/2 hours of easy instructions plus a one hour daily practice tape for $39.95.

- George and Emilio's efforts in providing these services to the chronically ill have been captured on the front pages of most major newspapers in California, national magazines such as Men's Health, as well as CNN News. They, have, also, appeared on several television and radio talk shows around the country.

- Two hospitals are presently using their video in research studies: Remune -Salk Institute, San Diego and Davies Medical Center, San Francisco.

- According to Tai Chi Magazine Qigong for Health video has become the best selling video on qigong or martial arts

- In 1995, these two-community activists persuaded the San Francisco Board of Supervisors and the Mayor to legislate a health plan that included acupuncture and herbs for all city employees. San Francisco was the first city in the country to provide this type of health care.

- Emilio teaches local classes in Sonoma County on Wednesday 5:30 -7:00 PM (Drop-in any class), Hollydale community Club, 10250 Field Lane (Cor. Frank Street) Forestivlle, CA (Off Old River Road, Turn at Cook's Beach) $5 per class or $1 for people with chronic illness. **Kaiser Permanente Medical Center sponsors classes.**

- George, Emilio and Albert Sammons teach classes in San Francisco on Monday and Wednesday, 5:30- 6:30 PM (drop-in class). The address is 50 Oak Street, 3rd flr. (The International Center near Van Ness & Market Sts). $5 per class or $1 donation for people with chronic illness.

CHARTERED IN 1893

# SAN FRANCISCO LABOR COUNCIL, AFL-CIO

1893 – 1993 A Century of Progress

1188 FRANKLIN STREET, SUITE 203, SAN FRANCISCO, CALIFORNIA 94109 • 415/440-4809 • FAX 415/440-9297
email: sflaborcouncil@worldnet.att.net



## NEWS RELEASE 8/31/00

## SAN FRANCISCO COMMUNITY FORUM ON SUBSTANCE ABUSE OCTOBER 24, 2000

## *Join us in our public policy discussion on substance abuse.*

***The focus of this conference is to bring together labor, business, and government and community leaders to discuss public policy on drug and alcohol - Treatment on Demand.***

**The conference will highlight successful model programs, and their service delivery systems, in hopes of addressing San Francisco and Bay Area substance abuse and homeless problems, moving them from the jail system to a treatment system. It is felt that such treatment programs would work best in a public/private partnership.**

**Treatment on Demand clearly addresses our most troubling political issues: homelessness, over-crowded prisons, the spread of HIV/AIDS, mental health issues, domestic violence, and welfare to work.**

**Treatment on Demand is a community-centered approach to the delivery of addiction-treatment services that ensures access to addiction services within 48 hours for a person with an alcohol or drug dependency problem. Long waiting lists do not work for people seeking treatment for their addiction. Without immediate and ongoing redress of their recovery needs, people suffering from alcohol and drug dependencies quickly and often hopelessly regress in their dependency.**

**Sponsored by the San Francisco Labor Council and Business Community**
**&**
**San Francisco Mayor's Office, Department of Health**

**UNITY IS STRENGTH!**

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## Statistics:

- The United States is sending **1.3 billion dollars** to the Colombian government and military to further our war on drugs; while basic, proven treatment programs in the U.S. are under-funded.
- The number of treatment programs in the United States is declining and most drug users lack access to treatment, according to a recent article in the American Journal of Health Promotion, (Article written by Dr. Marijorie Gutman of the University of Pennsylvania in Philadelphia)
- At any given time, treatment programs in San Francisco have a waiting list of 1,000, and delays of up to 6 months.
- One out of every 147 Americans is incarcerated. 70% of federal prisoners are incarcerated for drug offenses.
- San Francisco has become known as the heroin capital of the U.S.
- Drug and/or alcohol abuse rank among the most important precipitating factors in domestic violence against women.
- Statistics show that most homeless persons are drug and/or alcohol dependent.
- One in four kids experience alcohol abuse in the family, while growing up.
- Heroin users admitted to San Francisco General Hospital emergency room for treatment of abscesses, including infections caused by the terrible flesh-eating bacteria, cost the city $40 million dollars, yearly. (4,300 cases in 1999)
- The National Acupuncture Detoxification Association (NADA) protocol includes acupuncture, individual counseling complemented by twelve-step programs, toxicology testing and vocational training and has a remarkable recovery rate six times higher than traditional methods.
- Resolutions recently passed by the San Francisco Board of Supervisors, and the San Francisco Labor Council, calls on all city health and social service agencies to include the NADA protocol in their services.

**Sponsored by the San Francisco Labor Council and Business Community**
**&**
**San Francisco Mayor's Office, Department of Health**

**U N I T Y I S S T R E N G T H !**

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email: sflaborcouncil@worldnet.att.net

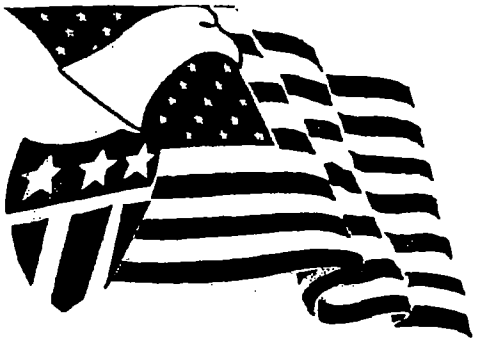


**OCTOBER 24, 2000**
**9:30 AM to 3:30 PM**
**JACK HALL MEMORIAL HALL**
**2ND AND KING STREET**
**(International Longshore & Warehouse Union, Local #34)**
**(Adjacent to Pac Bell Stadium)**
**SAN FRANCISCO, CA**

**For more information contact**: George Wedemeyer, VP, Local 2391, American Federation of Government Employees, AFL-CIO, (Tel) 744-5590 ext. 239, Alan Elnick, International Rep., Office & Professional Employees International Union, AFL-CIO, (925) 944-5526 or Barbara Garcia, Director, Population Health & Prevention, San Francisco, Dept. of Health, (Tel: 255-3525)

**Sponsored by the San Francisco Labor Council and Business Community**
**&**
**San Francisco Mayor's Office, Department of Health**

**U N I T Y I S S T R E N G T H !**




# *LOCAL 2391*

*American Federation of Government Employee*
*(AFL-CIO)*

*Representing federal employees in the western United States, Hawaii and Pacific Rim Territories*
*455 Market Street, Room 800, San Francisco, CA 94105*


## Where America works...we're working for you!

## RESOLUTION

WHEREAS, the United States is sending **1.7 *billion dollars*** to the Colombian government and military to further our war on drugs; while basic, proven treatment programs in the U.S. are under-funded.

WHEREAS, one out of every 147 Americans is incarcerated. 70% of federal prisoners are incarcerated for drug offenses.

WHEREAS, San Francisco has become known as the heroin capital of the U.S.

WHEREAS, drug and/or alcohol abuse rank among the most important precipitating factors in domestic violence against women.

WHEREAS, statistics show that most homeless persons are drug and/or alcohol dependent.

WHEREAS, one in four kids experiences alcohol abuse in the family, while growing up.

WHEREAS, public policy on Drug and Alcohol - Treatment on Demand clearly addresses today's troubling political issues such as domestic violence, welfare to work, homelessness, over-crowded prisons and the spread of HIV/AIDS.

WHEREAS, the NADA protocol includes acupuncture, individual counseling complemented by twelve-step programs, toxicology testing and vocational training and has a remarkable recovery rate, six times higher than traditional methods.

WHEREAS, studies of several crack cocaine and methadone addiction programs conducted over the past twenty-five years at Lincoln Hospital in New York City produced 60% recovery success rates. (The average rate of recovery prior to adding the use of acupuncture to recovery programs was 10%)

WHEREAS, Portland Alternative Health Center (PAHC) opened in 1988 has treated over 12,000 people. Services include acupuncture and Chinese medicine, naturopathic medicine, group counseling, one on one therapy, mental health therapy, psychiatric services, medication management, case management, drug and alcohol free housing and employment services. PAHC currently averages approximately 300 clients, daily. The client's counselor, acupuncturist and case manager coordinates these services. PAHC has been recognized by the National Council of Counties in 1990 with being awarded it "Excellence in Innovation" award. In addition, Congress awarded PAHC a commendation in 1992.

WHEREAS, PAHC's "one stop shopping" – no waiting list - model has not only achieved national recognition but it has also achieved significant measurable outcomes and results. The results of an independent evaluator have found that the combination of these services with drug and alcohol free housing manifests in a success rate of 76.8%

WHEREAS, 89% of defendants who successfully completed the Miami Drug Court, which uses acupuncture, herbs and a counseling program, have not been arrested again; previously the court had a recidivism rate of 70%.

WHEREAS, 15% of prisoners participating in a drug/alcohol study conducted by San Francisco's City Jail System, did not return to the jail-system. Where prisoners included acupuncture in their program, 100% were not re-arrested.

WHEREAS, San Francisco began to embrace the NADA protocol in such places as recovery centers, homeless shelters and criminal justice settings, but more work needs to be accomplished.

WHEREAS. resolutions recently passed by the San Francisco Board of Supervisors and the San Francisco Labor Council call on all city health and social service agencies to include the NADA protocol in their services.

NOW, THEREFORE BE IT RESOLVED, that Local #2391, American Federation of Government Employees (AFL-CIO), supports and encourages the use of the National Acupuncture Detoxification Association protocol by health and social services, drug courts and jails.

BE IT FURTHER RESOLVED, that Local #2391, American Federation of Government Employees (AFL-CIO), supports a drug and alcohol program with emphasis on "one stop shopping with no waiting period."

BE IT FINALLY RESOLVED, that Local #2391, American Federation of Government Employees (AFL-CIO), urges San Francisco's Mayor Willie Brown to call a Mayor's conference, involving federal, state and local political leaders, judges, law enforcement, medical doctors, acupuncturist and social workers, to discuss how San Francisco can implement a proven, cost effective policy that provides for "Drug and Alcohol - Treatment on Demand."

Adopted by Local #2391, American Federation of Government Employees (AFL-CIO) on April 12, 2000.

Respectfully submitted,

Barbara Brandt

Barbara Brandt
President

CHARTERED IN 1893

# SAN FRANCISCO LABOR COUNCIL, AFL-CIO

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1188 FRANKLIN STREET, SUITE 203, SAN FRANCISCO, CALIFORNIA 94109 • 415/440-4809 • FAX 415/440-9297
email: 71363.3512@CompuServe.com



## RESOLUTION

WHEREAS, the integration of Chinese and Western Medicines offers a pioneering way by which consumers and insurance companies can cooperate to keep people healthier at the same time that they reduce medical costs, by including access to long-successful Chinese medical treatments (diet, acupuncture and herbal formulas). Our troubled western medical system with its high costs and its focus on treating illness and injury only after they occur, would be well complemented by Chinese medicine's successful emphasis on preventative treatment. The Chinese view of a healthy body is that of a perfectly harmonious flow of energy throughout the system. The balance provided by viewing these two systems together, cooperatively rather than competitively, would inure to the benefit, wholeness and greater health of all our citizens; and

WHEREAS, numerous alcohol and drug studies, which included acupuncture and herbal formulas, have repeatedly shown high recovery rates for people suffering from their addictions. It appears to many clinicians that we are looking at a method that provides "recover on demand"; and

WHEREAS, people with cancer, HIV/AIDS and other chronic illnesses have traditional health care coverage, which, in most cases, does not cover acupuncture or herbs; and

WHEREAS, according to a 1996 study by the San Francisco Department of Health, nearly one-third of all long-term HIV/AIDS survivors used traditional Chinese medicine. These patients suffered from opportunistic diseases, side effects from prescribed drugs or used Chinese medicine to improve their immune system; and

WHEREAS, Ryan White Funding supporting acupuncture treatment for people with HIV/AIDS has been slashed, yearly, by ten percent; and

WHEREAS, a survey of several San Francisco acupuncture clinics produced waiting lists showing that thousands of people with HIV/AIDS will never receive treatment;

NOW, THEREFORE BE IT RESOLVED, that the San Francisco Labor Council supports and encourages the integration of Chinese medicine into our western health care system, thereby making these services available to all employees in local, state and federal governments as well as those employed in the private sector; and

UNITY IS STRENGTH!

BE IT FURTHER RESOLVED, that the San Francisco Labor Council supports the integration of Chinese medicine into our western health care system for the purpose of treating alcohol and drug addictions and all other addictions for which it can be used; and

BE IT FINALLY RESOLVED, that the San Francisco Labor Council supports the integration of Chinese medicine into our western health care system to help in the fight against cancer, HIV/AIDS and other chronic immune deficiencies.

Adopted by the Delegates of the San Francisco Labor Council at their meeting on May 10, 1999.

Respectfully submitted,

Walter L. Johnson
Secretary-Treasurer

WLJ:mcq
opeiu3aflcio(11)

## BACKROUND

Consumer based organizations listed below are only a few of the many that continually support the integration of Chinese medicine into the western health care system:

San Francisco Labor Council, AFL-CIO
Health Care Workers Union, Local 250, SEIU/AFL-CIO
UNITE, Union of Needletrades, Industrial & Textile Employees, AFL-CIO
American Federation of Government Employees, AFL-CIO
Sailors' Union of the Pacific, AFL-CIO
Asian Pacific American Labor Alliance, AFL-CIO
Asian Law Caucus
ACT-UP Golden Gate
Jon Kaiser Wellness Center, Jon Kaiser, M.D., AIDS Specialist
Asian & Pacific Islander Wellness Center (GAPA)
American College of Traditional Chinese Medicine
Immune Enhancement Project
Quan Yin Healing Arts Center

In March 1997, legislation was introduced to Congress proposing that acupuncture be listed as a health care treatment under Medicare in H.R. 1191. This bill was sponsored by U.S. Representatives Nancy Pelosi, former Delums, and supported by a wide range of consumer and citizens' groups, from consumer advocacy groups to AIDS activists to the Unions (AFL-CIO).

In June 1997, legislation was passed in California officially listing acupuncture as an authorized health care treatment under the California's Workers Compensation System. That Legislation, sponsored by San Francisco State Senator John Burton and Representative Carol Midgen, had also received widespread support from unions and other groups across the state.

On November 6, 1997, upon reviewing several years of scientific studies, the National Institutes of Health (NIH) formally concluded that acupuncture was effective for many ailments. Moreover, the NIH recommended that both patients and physicians consider acupuncture as an alternative, or complimentary treatment.

On June 15, 1998, the American Cancer Society sponsored a forum entitled "The Holistic Approach to Cancer Treatment." Senator Tom Harkin (D. Iowa), who was influential in creating the National Institute of Health Office of Alternative Medicine, was the guest speaker.

Recently released studies by Dr. David Eisenberg and colleagues from Beth Isreal Deasoness Medical Center in Boston and the Harvard Medical School reported that 42 percent of U.S. adults with cancer had tried alternative or complementary medicine, compared to 34 percent in 1990, and estimated that 5 in 10 Americans used at least one alternative or complementary remedy in 1997.

Visits to alternative practitioners in 1997 jumped 47 percent from 1991 to a total of 629 million-- exceeding all visits to primary care medical doctors, said the study. Most people who saw an alternative practitioner for a serious condition also saw a medical doctor, Eisenberg reports.

The updated survey from Eisenberg and colleagues estimated that Americans in 1997 spent $12.2 billion of their own money on visits to alternative therapists (most are not covered by insurance), and an additional $5.1 billion on herbal remedies, $3.3 billion on high-dose vitamins and $4.7 billion on books.

A Stanford Medical Center national-wide study released in September, 1998 reveals that 70 percent of Americans now turn to alternative forms of medicine--from acupuncture to tai chi/qigong and guided imagery--to cure their ills when regular medicine has failed,

The Stanford study included a random telephone survey of 1,000 people, which showed that 56 percent of those interviewed believe their health plans should cover alternative care. They are also willing to pay for it in their medical insurance premiums. Survey respondents said that they would be willing to spend an additional $15.41 a month in health insurance for complementary services such as chiropractic, acupuncture or herbs.

The so-called "Drug Court" in Miami, with its use of acupuncture and herbs, is one of the firsts of its kind in the United States. The objective is to divert nonviolent drug users from the traditional path of streets to court to jail and toward a productive, drug free lifestyle. Approximately 89% of defendants who successfully complete the Miami program remain unarrested for at least one full year.

15% of prisoners participating in a drug/alcohol study conducted by the San Francisco jail system, with its use of acupuncture and herbs, did not return to the jail system. The inspiration for this study came from the Miami "Drug Court" and a program was, thereafter, instituted by Sheriff Michael Hennessey.

Local and national statistical studies demonstrate that Chinese medicine has a 40% rate of recovery for alcohol and drug addiction compared to western medicine with only 10% recovery rate.

While many HMOs provide Chinese medicine, they do not provide it uniformly to all members or have limited service at selected geographic locations. (Blue Shield, Health Net, Kaiser etc.)

It is estimated that the increased cost for adding acupuncture and herbal formulas to a health care plan is as follows: employee $2.40 per month; employee + Sp. $4.51; Employee + Child(ren) $4.22 and Family $6.92 per month.

SUPERVISOR MABEL TENG
Member, San Francisco Board of Supervisors

# Fax Cover Sheet

| | |
|---|---|
| **To:** | **George Wedemeyer** |
| **From:** | **Jessica Trubowitch** |
| **Fax number :** | **744-5088** |
| **Date :** | **October 15, 1999** |
| **Re :** | **acupuncture resolutions** |
| **Pages (including cover) :** | **5** |

**Comments :**

**Sorry for the delay in getting this out to you.**

1 Dr. Carlton B. Goodlett Place • Room 244 • San Francisco, California 94102-4689
(415)554-4981 • FAX (415) 554-4985 • TDD/TTY (415) 554-5227
Mabel_Teng@ci.sf.ca.us

FILE NO _____ RESOLUTION NO. _____

[Acupuncture at General Hospital]

URGING GENERAL HOSPITAL AND ALL NON-PROFIT HOSPITALS IN SAN FRANCISCO TO GRANT HOSPITAL PRIVILEGES TO ACUPUNCTURISTS WITH HOSPITALIZED PATIENTS

WHEREAS, State Senator John Burton and Assemblywoman Carole Migden sponsored legislation in 1997 including acupuncture as an authorized health care treatment under the California Workers Compensations System; and,

WHEREAS, A 1998 University of Stanford study shows that seventy percent of Americans now turn to acupuncture and other alternative forms of medicine; and,

WHEREAS, The World Health Organization has found acupuncture effective for the treatment of over forty-three conditions including allergies, asthma, back pain, colds and flu, depression, infertility, insomnia, and stress; and,

WHEREAS, A 1996 study by the Department of Public Health shows that nearly one third of all long-term HIV/AIDS survivors used traditional Chinese medicine; and,

WHEREAS, Acupuncture is commonly used to improve immune systems and the side effects of medications; and,

WHEREAS, General Hospital and most non-profit hospitals do not allow non-physician acupuncturists to treat their patients who are hospitalized there; and,

WHEREAS, San Francisco acupuncture clinics have long waiting lists for people with HIV/AIDS seeking treatment; now, therefore, be it

RESOLVED, That the Board of Supervisors for the City and County of San Francisco does hereby urge General Hospital and all non-profit hospitals in San Francisco to grant hospital privileges to acupuncturists with hospitalized patients.

FILE NO _____ RESOLUTION NO. _____

[Acupuncture for Drug Treatment]

URGING THE SAN FRANCISCO SHERIFF'S DEPARTMENT TO EXPAND ITS PILOT PROGRAM USING ACUPUNCTURE TO TREAT DRUG ADDICTION

WHEREAS, State Senator John Burton and Assemblywoman Carole Migden sponsored legislation in 1997 including acupuncture as an authorized health care treatment under the California Workers Compensations System; and,

WHEREAS, A 1998 University of Stanford study shows that seventy percent of Americans now turn to acupuncture and other alternative forms of medicine; and,

WHEREAS, The World Health Organization has found acupuncture effective for the treatment of over forty-three conditions including allergies, asthma, back pain, colds and flu, depression, infertility, insomnia, and stress; and,

WHEREAS, Lincoln Hospital, a city funded hospital in Bronx, New York, is using acupuncture as an alternative to methadone for treating heroin addiction; and,

WHEREAS, Retention and success rates for this program, which has been emulated in over 1000 clinic worldwide, are as high as 60 percent; and,

WHEREAS, Acupuncture is now used in over twenty states and 800 drug dependency clinics; and

WHEREAS, Eighty-nine percent of nonviolent drug users in the Miami Drug Court treated with acupuncture remain unarrested for at least 1 year compared to ten percent using traditional methods; and,

WHEREAS, The San Francisco Sheriff's Department has implemented a pilot program in the San Francisco Jails using acupuncture and herbs to treat drug addiction; now, therefore, be it

RESOLVED, That the Board of Supervisors for the City and County of San Francisco does hereby urge the San Francisco Sheriff's Department to expand its pilot program using acupuncture to treat drug addiction.

INFORMATION OF "NADA" PROGRAM

Lincoln Recovery Center
Lincoln Hospital
349 E 140th Street
Bronx, NY 10454
Ph: 718/993-3100
Michael Smith, MD, D.Ac.
Director

Lincoln Hospital, a city funded hospital in the impoverished south Bronx, introduced acupuncture as an alternative to the methadone program for treating heroin addiction in 1974. Over the last 25 years, it has grown to become the largest medically supervised, drug-free outpatient treatment center for drug and alcohol addiction in the country.Program Director, Dr. Michael Smith, has been with the Center since itsinception and describes the program's four pillars as:

- acupuncture
- individual counseling
- group counseling complemented by participation in twelve-step programs
- daily toxicology testing i.e., urinalysis

Recognizing drug and alcohol addiction are often related to broader social issues, the program takes a"whole person" approach and includes several specialized components such as parenting classes, women's groups, men and violence groups and traumaseminars. Additionally, the Center is in the process of obtaining funding to offer vocational training programs.

Approximately 500 client visits are conducted each week supported by astaff of two physicians; five counselors and four clinical supervisors.Counselors and physicians have been trained and certified in earacupuncture under the auspices of the National Acupuncture Detoxification Association (NADA), who provide close oversight and maintain rigorous standards for the model. Smith has developed a "five-point" formula, utilizing five acupuncture points in the ear to treat thesepatients. Treatment is provided in a group setting, allowing for, as Smithsays, "less transference and greater patient empowerment".

A new patient will typically receive an orientation to the program and a recommended plan of treatment. The patient then meets with a counselor and has an individual acupuncture session. The patient is expected to have daily acupuncture treatments until the urinalysis (conducted on a purely voluntary basis) is drug-free for 10 days. After this time, they will continue counseling sessions, both individually and in group settings, and then maintain a regular schedule of acupuncture for at least four months. The treatment protocol is based onself-responsibility; patient choice and empowerment; self-awareness and reflection; positive reinforcement and group support.

Referrals to the clinic come primarily from the Child Welfare,Probation and Parole and Welfare departments, and interestingly, with little or no referrals from health care agencies. As a city run hospital,Medicaid pays for the program. Since drug and alcohol abuse services are a carve-out of managed care,these services are covered irrespective of plan membership.

The Lincoln Center protocol is now being used in over 1,000 clinics globally. The crack cocaine addiction program alone is the largest in the world. Retention and success rates for the programare remarkably high at 60 percent, given the transitory and unsettled livesof this population. A number of controlled studies conducted using this protocol undeniably show the high level of success of this model for drug and alcohol addictions.

Sita Ananth
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# CENTRAL CITY CONCERN

*Solutions To Homelessness & Chemical Dependency*



*Central Office*
*Housing Services*
*SRO Maintenance*
2 N.W. Second
Portland, Oregon 97209
(503) 294-1681
FAX (503) 294-4321

*Portland Alternative*
*Health Center*
*Portland Addictions*
*Acupuncture Center*
625 S.W. 12th Ave.
Portland, Oregon 97205
(530) 228-4533
Fax (503) 228-4618

*Hooper Center/CHIERS*
20 N E. Martin Luther King
Portland, Oregon 9723
(530) 238-2067
FAX (530) 238-2004

*Central City Concern*
*Workforce Program*
709 N.W. Everett
Portland, Oregon 97209
(530) 226-7387
FAX (503) 226-7921

*Letty Owings Center*
2545 N.E. Flanders
Portland, Oregon 97232
(503) 235-3546
FAX (503) 235-3791

The Portland Alternative Health Center (PAHC) opened in 1988 as the Portland Addictions Acupuncture Center (PAAC) and is operated by Central City Concern CCC) a private not for profit community based organization PAAC/PAHC has treated over 12,000 people. PAHC provides specialized services for homeless or low income, chemically dependent clients who may also have other co-occurring issues including mental illness, HIV/AIDS or involvement with community corrections. PAHC also has programs for monolingual (Spanish) clients as well as women's program. PAHC currently averages approximately 300 clients enrolled in the programs at any given time.

The array of services offered on site at PAHC include: acupuncture and Chinese medicine, naturopathic medicine, group counseling, one on one therapy, mental health therapy, psychiatric services, medication management, case management, alcohol and drug free housing, and employment services. Alcohol and drug treatment is offered in a barrier free model. This means that there are no waiting lists and that the day a client enrolls in the PAHC program he/she receives treatment. This approach of treatment on demand allows PAHC to engage clients at the very critical time in their disease when they are asking for help. The client's counselor, acupuncturist and case manager coordinates these services. PAHC has been recognized by the National Council of Counties in 1990 with being awarded it "Excellence in Innovation" award. In addition, Congress awarded PAHC a commendation in 1992.

This "one stop shopping" model has not only achieved national recognition but it has also achieved significant measurable outcomes and results. The results of an independent evaluator has found that the combination of these services with alcohol and drug free housing manifests in a success rate of 76.8%. (Please see attached report).

# Central City Concern

## PORTLAND ADDICTIONS ACUPUNCTURE CENTER

### Program Evaluation
### (Initial Interim Report)

March 1999

**Central City Concern**
2 NW Second Avenue
Portland, Oregon 97209

**Portland Alternative Health Center**
**Portland Addictions Acupuncture Center**
1201 SW Morrison
Portland, OR 97205

Thomas L. Moore, PhD
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# INTERIM REPORT OF FINDINGS

This is a very brief update of the interim findings for the PAHC evaluation study at the nine-month point. This report focus on program completion rates, ADFC housing, and client satisfaction, all of which remain very positive.

Using the standard state client process monitoring system (CPMS) definition of successful program completion[1] the rate was 43.8 percent. The unadjusted program completion rate[2] during the period was 32.0 percent. *Table 1. Terminations by Type* below, is a presentation of this information. The data includes a 4.5 percent recidivism rate, or 26 clients that were readmitted during the period.

***Table 1. Terminations by Type***
***March 1, 1999 - November 30, 1999***
***(n = 581)***

| Termination Type | n | Percent of Sample | CPMS Criteria (%) |
|---|---|---|---|
| 01 *Initial Appointments Not Kept* | 145 | 24.95 | 34.1 |
| 02 *Without Clinic Agreement* | 90 | 15.49 | 21.2 |
| **03 *Treatment Complete*** | **186** | 32.01 | **43.8** |
| 04 Further Treatment Not Appropriate at Facility | 116 | 19.97 | |
| 05 *Non-Compliance with Rules* | 4 | 0.69 | 0.9 |
| 07 Client Moved from Catchment Area | 9 | 1.55 | |
| 08 Client cannot get to facility | 2 | 0.34 | |
| 09 Client cannot come during service hours | 4 | 0.69 | |
| 11 Client incarcerated | 6 | 1.03 | |
| 12 Client deceased | 1 | 0.17 | |
| 16 Termination due to physical or mental illness | 18 | 3.10 | |
| Total | 581 | 99.99 | |

ADFC housing appears to have a major impact on the successful program completion rate.[3] As can be seen in *Table 2. Overall CPMS Successful Completion Rates: Housing and Insurance*, nearly 77 percent of clients in ADFC housing successfully completed treatment while the successful program completion rate for those not receiving ADFC housing was only

[1] This rate, used by the Oregon Office of Alcohol and Drug Treatment Programs, removes the number of "neutral" discharges from the calculations retaining only types 01, 02, 03, and 05. The rate is then calculated by dividing the number of successful program completions (n = 186) by the sub-total of included codes (n = 425).
[2] This rate is calculated by dividing the number of successful program completions (n = 186) by the total number of discharges (n = 581).
[3] As we have discussed, because the evaluation is not a controlled experimental design with random selection, a cause and effect relationship has not been "proven" yet.

25.6 percent. This table also presents the successful program completion rates by major insurance carriers.

*Table 2. Overall CPMS Successful Completion Rates*
*Housing and Insurance*
*March 1, 1999 - November 30, 1999*
*(n = 581)*

| Insurance Plan | Total Clients | Program Completers (n) | Program Non-Completers (n) | CPMS Successful Completion Rate[4] |
|---|---|---|---|---|
| **ALL CLIENTS** | 581 | | | |
| With ADFC Housing | | 106 | 71 | 76.8 |
| Without ADFC Housing | | 80 | 324 | 25.6 |
| *All Clients* | | *186* | *395* | *43.8* |
| **CAREOREGON** | 235 | | | |
| With ADFC Housing | | 52 | 42 | 72.2 |
| Without ADFC Housing | | 30 | 111 | 27.8 |
| *Combined* | | *82* | *153* | *45.6* |
| **GOOD HEALTH** | 43 | | | |
| With ADFC Housing | | 7 | 4 | 77.8 |
| Without ADFC Housing | | 8 | 24 | 32.0 |
| *Combined* | | *15* | *28* | *44.1* |
| **ODS** | 54 | | | |
| With ADFC Housing | | 17 | 4 | 100.0 |
| Without ADFC Housing | | 6 | 27 | 24.0 |
| *Combined* | | *23* | *31* | *54.8* |
| **REGENCE** | 53 | | | |
| With ADFC Housing | | 8 | 2 | 88.9 |
| Without ADFC Housing | | 10 | 33 | 31.3 |
| *Combined* | | *18* | *35* | *43.9* |
| **OMAP**[5] | 53 | | | |
| With ADFC Housing | | 8 | 7 | 80.0 |
| Without ADFC Housing | | 4 | 34 | 12.5 |
| *Combined* | | *12* | *41* | *28.6* |

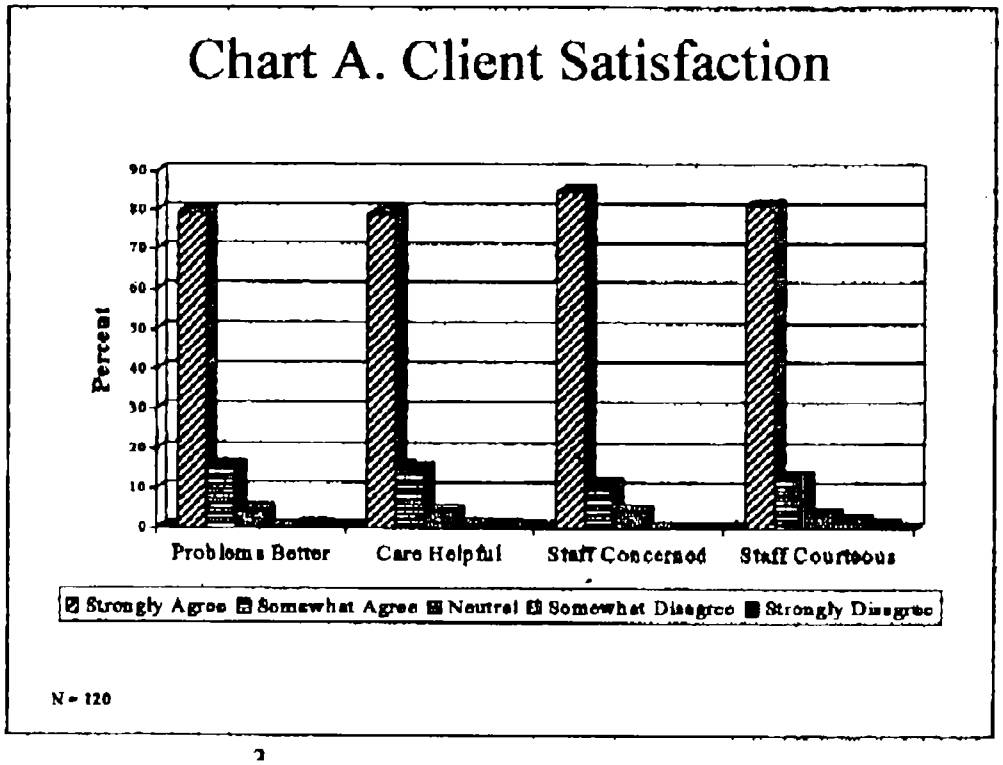
[4] Again, this is the CPMS rate that excludes "neutral" discharges from the calculation.
[5] Clients covered under OMAP benefits are characteristically more difficult to treat due to co-occurring mental health disorders and chronicity.

| | | | | |
|---|---|---|---|---|
| **OTHER** | 9 | | | |
| With ADFC Housing | | 1 | 2 | 50.0 |
| Without ADFC Housing | | 2 | 4 | 40.0 |
| *Combined* | | *3* | *6* | *42.9* |
| **NO INSURANCE** | 134 | | | |
| With ADFC Housing | | 13 | 10 | 68.4 |
| Without ADFC Housing | | 20 | 91 | 23.6 |
| *Combined* | | *33* | *101* | *31.7* |

Client satisfaction (Chart A) remains very high in most of the key indicators. Of the 120 responses processed to date, 79.7 percent of those surveyed indicated "strongly agree" to the statement "the problems that brought me to PAAC have improved." Approximately 15.3 percent indicated "somewhat agree" while 4.2 percent indicated "neutral." Only 1 individual responding ("strongly disagree") indicated disagreement with this statement. A similar distribution of responses was seen in response to the statement "the care I received from PAAC was helpful" with 79.0 percent selecting "strongly agree," 15.1 percent "somewhat agree," and 4.2 percent "neutral." One individual each responded "somewhat disagree" and "strongly disagree."

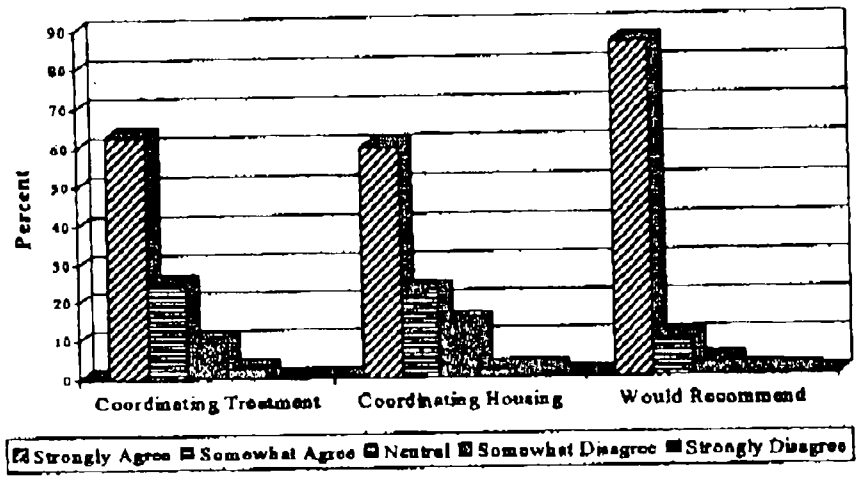
In response to the statement "PAAC counseling staff were concerned about me," a frequency distribution similar to the initial two statements emerged. Approximately 85 percent indicated strongly agree, 10.8 percent somewhat agree, and 4.2 percent responded neutral. None indicated disagreement with this statement.

Over 86 percent indicated strongly agree to the statement "PAAC administrative staff were courteous" while 10.2 percent indicated somewhat agree. One individual responded neutral and another somewhat disagree. None indicated strong disagreement with the statement. Approximately 63 percent indicated strongly agree to the statement, "staff were helpful in coordinating



my treatment with other programs" and 24.8 percent somewhat agree (Chart B). Nearly 10 percent responded neutral and 2.7 percent indicated somewhat disagree. None responded strongly disagree.

## Chart B. Client Satisfaction
(Continued)




N = 120

In response to the statement "staff were helpful in coordinating my treatment with my housing needs" 59.4 percent indicated strongly agree and 22.6 percent somewhat agree. Approximately 14 percent responded neutral while 1.9 percent responded somewhat disagree and strongly disagree with the statement. These scores are most likely an artifact of the much publicized difficulties in the public health care delivery "system" and the severe lack of adequate ADFC housing as discussed previously.

The final statement, "I would recommend PAAC to others in need of help" saw 85.8 percent responding strongly agree, 9.2 percent somewhat agree, and 3.3 percent neutral. One individual indicated somewhat disagree to the statement and another individual indicated strongly disagree. The frequency distributions to these three statements are presented in *Chart B: Client Satisfaction - continued*, above.

The data continues to look very promising. Overall program completion rates remain well above the averages reported county-wide. The combination of ADFC housing with treatment certainly appears to have a considerable impact on completion rates. Indications of satisfaction with the program by those who are formally discharged remains above expectations.

As with all interim reports of ongoing projects, we suggest some caution in the use of this data although the sample is now reaching a substantial size.

San Francisco Chronicle
NORTHERN CALIFORNIA'S LARGEST NEWSPAPER
415-777-1111
THURSDAY, JUNE 8, 2000

# Acupuncturists In State Form Labor Union

*By Sabin Russell*
CHRONICLE STAFF WRITER

Hoping to gain more clout in dealing with health maintenance organizations and state legislators, California acupuncturists are forming a labor union affiliated with the AFL-CIO.

The National Guild for Acupuncture and Oriental Medicine was created in Los Angeles on June 2 when representatives of 25 acupuncture societies across California approved a set of bylaws and elected officers. The new leaders are confident they will soon sign up a majority of the California's 7,000 licensed acupuncturists, and they hope to enlist the support of an equal number practicing throughout the rest of the country.

"We need to look out for the interests of acupuncturists, and the unions have made the case that they are willing to do this," said Lloyd Wright, a Palo Alto acupuncturist who was elected vice president of the new guild.

Wright said that acupuncturists have made great strides in California, where they are licensed to prac-

▸ **UNION:** *Page A7 Col. 1*

# New Acupuncture Guild Hopes to Have Clout With HMOs, Lawmakers

▶ UNION
*From Page 1*

tice and generally feel they have friends in Sacramento. But they are extremely uneasy about what they see happening to their counterparts in Western medicine.

"Insurance companies are telling these guys how to practice medicine, and cutting their fees to unmanageable levels," Wright said. "Maybe medicine had some fat to cut in the 1980s, but acupuncture has no fat to cut whatsoever."

Bobby Pena, spokesman for the California Association of Health Plans, said 15 of the organization's 36 members offer acupuncture coverage, and several others offer discounts on visits to such clinics. Acupuncture has been popular in California, and he expects demand for coverage to grow.

Pena also said that health plans would prefer to work with organized medical groups, rather than individuals, to work out contracts, but he saw no need for a union structure and collective bargaining. "The antitrust laws were not set up to protect health plans, but to protect consumers," he said.

Guild organizers said the goal initially is not collective bargaining — which is illegal for individual practitioners — but a higher profile in dealing with legislators and managed care companies. Acupuncturists want more clout in the writing of state rules and regulations, and more say in what health insurance benefits are offered nationwide to the AFL-CIO's 13 million members.

George Wedemeyer, a federal Department of Labor employee in San Francisco and vice president of the American Federation of Government Employees, said he hopes the union ties of the acupuncturists will strengthen efforts to win acupuncture coverage for other union workers.

"We've gotten the city of San Francisco to cover acupuncture, and were hoping for a ripple effect, but it didn't happen," he said. "What we want to do now is get federal employees covered for acupuncture, and then we'll be going after Medicare."

Ironically, another goal of the acupuncturist union is to acquire more clout when negotiating standard health insurance benefits for its own members. Will their health plans offer acupuncture coverage? "Of course!" said Wright.

Down the road, however, the guild may play a role in negotiating acupuncturists' fees with insurance companies or employer groups — assuming that rules that bar individual practitioners from collective bargaining are changed.

"Inevitably, the direction is to allow independent contractors to bargain collectively, unimpeded by antitrust laws, but we need to set up structures to do that," said Alan Elnick, an organizer for Office and Professional Employees International Union, who is helping to set up the guild.

Howard Kong, who practices acupuncture with his father, Lam Kong, in Oakland and San Francisco, said that practitioners in the Chinese community have become alarmed by the fee schedule offered by managed-care companies that are offering acupuncture coverage.

"We are starting to become integrated into managed care, and we should take care of issues that affect our profession before we are fully integrated," he said.

Ted Priebe, a Torrance acupuncturist and president of the guild, said California has had a tradition of leading efforts to bring Chinese medicine into the mainstream. "We started the guild here because we have the most acupuncturists in California. We had the first licensure law for acupuncturists in the nation, in 1975."

The guild is setting modest dues for members of between $86 and $94 a year, fees that will be administered through the 25 participating acupuncture societies. Acupuncturists in California already belong to a variety of groups organized geographically and according to the language spoken by members.

Priebe said that the guild will follow the lead of podiatrists and social workers, who have also affiliated with the Office and Professional Employees International Union.

# Acupuncture Found Useful In Treating Cocaine Addicts

## Yale study concludes therapy helps reduce dependence for many

*By Erica Goode*
NEW YORK TIMES

Acupuncture appears to help some cocaine addicts escape their dependence on the drug, according to a report published today by researchers at Yale University.

Experts on drug abuse say cocaine addiction is one of the most difficult forms of drug dependency to treat. And while many treatment centers have been using acupuncture for some time, usually in combination with other therapies, scientific studies of its effectiveness in treating cocaine addiction have been inconclusive.

In the Yale study, 53.8 percent of the subjects who had needles inserted in four acupuncture "zones" in the ear five times a week tested free of cocaine at the end of the eight-week study period. In comparison, 23.5 percent of control subjects given "sham" acupuncture treatments and 9.1 percent of subjects who watched relaxation videos tested free of the drug during the final week of the study.

The report appears in the August issue of the journal Archives of Internal Medicine.

The study involved 82 men and women in the New Haven area who were addicted to both heroin and cocaine. They were receiving methadone treatment for the heroin addiction but were still using cocaine regularly.

Thirty of the subjects, however, were dropped from the study after missing sessions.

The researchers called the findings promising but cautioned that the study was relatively small.

They also said that acupuncture was not a panacea and suggested that it should be used along with other therapies like counseling.

"These are a difficult group of people to deal with," said Dr. Herbert Kleber, the medical director of the National Center on Addiction and Substance Abuse in New York and a professor of psychiatry at Columbia University, who is familiar with the study.

"We don't have medicine for treating cocaine addiction, and acupuncture appears to be a useful adjunct for decreasing dependence," Kleber said.

Dr. Arthur Margolin, a research scientist in the department of psychiatry at Yale's medical school and lead author of the report, said that among the benefits of acupuncture were its low cost and lack of side effects.

And unlike pharmaceutical treatments, Margolin said, it can be offered to pregnant women.

The study's findings are also encouraging, he added, because "they suggest that with the proper groundwork we can conduct rigorous trials of complementary or alternative therapies."

*Article:* **Neuropathy: Nutritional Prevention/Treatment Suggested**
*Date:* **03/05/99**
*Issue:* **314**
*Author:* **James, John S.**

We have heard good reports about a simple prevention or treatment regimen--calcium, magnesium, and vitamin B6--to help protect the nerves and prevent or treat peripheral neuropathy (usually felt as pain or numbness in the hands or feet) which can be caused by some drugs used in AIDS treatment, for example d4T or ddI. This nutritional treatment has not been proven to work, but we have heard from physicians and patients who believe it probably does; and there seems to be little "down side" in trying it. Different doctors are using different doses, however.

Jon Kaiser, M.D., in his new book *Healing HIV* (reviewed in AIDS Treatment News #309, December 18, 1998), in the chapter "Preventing and Treating Neuropathy," suggests calcium 500 mg, magnesium 250 mg, and vitamin B6 100 mg, with these doses taken twice a day; he recommends this regimen whenever he prescribes d4T. If the neuropathy is already present, he increases the dose of vitamin B6 to 200 mg twice a day. He uses other treatments as well for relief of neuropathy, including acupuncture.

Dr. Kaiser noted that while improvement can occur quickly, in some cases it may take several months before there is a noticeable change.

Recently we spoke with Virginia Cafaro, M.D., who also has a large AIDS practice in San Francisco. She recommends more calcium and magnesium, but less vitamin B6--1000 mg calcium and 500 mg magnesium twice a day (once a day may work), but only 100 mg of vitamin B6 once per day, even if the neuropathy has already occurred. She has not seen improvement from increasing the B6. Also, she highly recommends acupuncture.

Both doctors also use certain prescription medicines which may relieve the discomfort of peripheral neuropathy in some patients.

It may also be necessary to discontinue or reduce the dose of the drug or drugs believed to be causing the problem. If the neuropathy is allowed to become severe, it can cause lasting nerve damage.
Patients should also be aware that large overdoses of vitamin B6 (usually greater than 1,000 mg per day) can actually cause neuropathy in some cases.

# INPUT type=file Element | INPUT type=file Object

Creates a file upload object with a text box and Browse button.

### HTML Syntax

```
<INPUT
   ACCESSKEY =key
   ALIGN = LEFT | CENTER | RIGHT
   ALT =text
   CLASS =classname
   DISABLED
   ID =value
   LANG =language
   LANGUAGE = JAVASCRIPT | JSCRIPT | VBSCRIPT | VBS
   LOWSRC =url
   MAXLENGTH =n
   NAME =name
   SIZE =n
   STYLE =css1-properties
   TABINDEX =n
   TITLE =text
   TYPE =FILE
   VALUE =value
   event =script
>
```

### Remarks

For a file upload to take place:

- The **file** element must be enclosed within a FORM element.
- A value must be specified for the NAME attribute of the **file** element.
- The METHOD attribute of the **FORM** element must be set to post.
- The ENCTYPE attribute of the **FORM** element must be set to multipart/form-data.

To handle a file upload to the server, a server-side process must be running that can handle multipart/form-data submissions. For example, the Microsoft Posting Acceptor allows Microsoft® Internet Information Server to accept file uploads. Additional Common Gateway Interface (CGI) scripts that can handle multipart/form-data submissions are available on the Web.

The **file** element is an inline element and does not require a closing tag.

This element is available in HTML and script as of Microsoft® Internet Explorer 4.0. The file upload add-on is required to use the **file** element in Internet Explorer 3.02. Users can enter a file path in the text box or click the Browse button to browse the file system.

National Acupuncture and Oriental Medicine Alliance

# Cost Effectiveness of Acupuncture

New Statistics

## Acupuncture Treatment Results in Avoidance of Surgery

29 patients with severe osteoarthritis of the knee, each awaiting arthroplasty surgery, were randomized to receive a course of acupuncture treatment or be placed on a waiting list to receive similar acupuncture treatment starting 9 weeks later. Of the 29 patients, 7 were able to cancel their scheduled surgeries. **Cost savings: $9000 per patient.**

Christensen BV et al (1992) "Acupuncture treatment of severe knee osteoarthrosis: a long-term study", *Acta Anesthesiol Scand* 36:519-525.

## Acupuncture Treatment Results in Decreased Days In Hospital Or Nursing Home

Half of 78 stroke patients receiving standard rehabilitative care were randomly chosen to receive adjunctive acupuncture treatment. Patients given acupuncture recovered faster and to a greater extent, spending 88 days/patient in hospital and nursing homes compared to 161 days/patient for standard care alone. **Cost savings: $26,000 per patient.**

Johansson K et al (1994), "Can sensory stimulation improve the functional outcome in stroke patients?", *Neurology* 43:2189-2192.

## Acupuncture Treatment Allows Low-Back Pain Patients To Return To Physical Labor

56 patients at a workers' compensation clinic were randomized to receive either physical therapy/occupational therapy/exercise or the standard care plus acupuncture. Of the 29 treated with acupuncture, 18 returned to their original or equivalent jobs and 10 returned to lighter employment. Of the 27 who received only standard therapy, 4 returned to original or equivalent jobs and 14 to lighter employment.

Gunn CC et al (1980), "Dry needling of muscle motor points for chronic low-back pain", *Spine* 5:279-291

## Acupuncture Treatment Results In Avoidance of Surgery, Fewer Hospital Visits And Greater Return to Employment

69 patients with severe angina pectoris received 12 acupuncture treatments in 4 weeks. Patients were also instructed to perform shiatsu 2x/day and received counseling in stress reduction, exercise and diet. Of the 49 patients who were candidates for coronary bypass or balloon angioplasty surgery, 30 had surgery postponed by the 2-year follow-up due to clinical improvement. **Cost savings: $13,000 per patient. Decrease in number of in-hospital days for all 69 patients: 79% first year post-treatment, 95% 2nd year post-treatment. Reduction in number of out-patient visits: 60% and 87% respectively. Estimated additional cost savings from increase in percent of patients able to work: 11% prior to treatment; 60% at 2 years post-treatment. Estimated savings in annual sick-pay: $18,000/patient.**

Ballegaard S et al (1996) "Cost-benefit of combined use of acupuncture, shiatsu and lifestyle adjustment for treatment of patients with severe angina pectoris", *Acupunct Electro-Ther Res* 21:187-197.

Summarized by Richard Hammerschlag, Ph.D., President, Yo San University. For more detailed summaries see *Acupuncture Efficacy: A compendium of controlled clinical trials* by Stephen Birch and Richard Hammerschlag.

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For further information, see our web page at *www.AcuAll.org*

National Ac puncture a id Oriental N edicine Alliance

# Acceptance of Acupuncture in the United States

*Acupuncture and Oriental medicine is one of the fastest growing forms of health care in the United States. This explosion is due to the recognition by consumers and regulators of the safety, effectiveness and low cost of this form of health care. Today:*

- Thirty-eight states and the District of Columbia have recognized the practice of acupuncture and Oriental medicine. Legislation has been introduced in an additional eight states.
- The FDA estimated in May 1993 that there were 9 to 12 million patient visits each year for acupuncture.
- Acupuncture has been cited by the World Health Organization to treat over forty-three conditions including allergies, asthma, back pain, carpal tunnel, colds and flu, constipation, depression, gynecological disorders, headache, heart problems, infertility, insomnia, pre-menstrual syndrome, sciatica, sports injuries, tendonitis and stress.
- The Accreditation Commission for Acupuncture and Oriental Medicine (ACAOM) is recognized by the United States Department of Education. Acupuncture is a three-year masters level program. Oriental medicine is a four-year masters level program. Over forty colleges are accredited or in candidacy status.
- Acupuncture is used in more than 20 states in over 800 drug dependency programs. Patients who go through these programs have lower rearrest rates on drug-related charges than those not treated with acupuncture.
- The 1997 National Institutes of Health Consensus Conference on Acupuncture stated, "The data in support of acupuncture are as strong as those for many accepted Western medical therapies."
- The National Institutes of Health Consensus Conference on Acupuncture recognized the effectiveness of acupuncture in the treatment of several diseases and stated that "One of the advantages of acupuncture is that the incidence of adverse effects is substantially lower than that of many drugs or other accepted medical procedures used for the same conditions."
- The *Western Journal of Medicine* in 1998 reported that a 1996 Kaiser study found that 57.2% of primary care physicians in Northern California used or recommended acupuncture in the last 12 months.
- A study in six clinics in five states showed efficacy and cost savings of acupuncture. Of the patients treated with acupuncture, 91.5% reported disappearance or improvement of symptoms; 84% said they see their MDs less; 79% said they use fewer prescription drugs and 70% of those to whom surgery had been recommended said they avoided it.
- The number of licensed acupuncturists in the US has doubled between 1992 and 1998, rising from 5,525 in the fall of 1992 to 10,512 in 1998.
- Controlled clinical trials in the United States have evaluated the use of acupuncture combined with standard stroke protocol for the treatment of paralysis due to stroke. Effective or markedly effective results were found for over 80 percent of the patients receiving acupuncture with a cost savings of $26,000 per patient.
- The National Certification Commission for Acupuncture and Oriental Medicine (NCCAOM) offers four independent certification programs: Acupuncture, Chinese Herbology, Acupuncture & Chinese Herbology, and Oriental Bodywork Therapy. The NCCAOM has certified over 9,000 practitioners in 47 states and 18 foreign countries.
- In Miami-Dade County drug offenders have a choice of acupuncture or jail.
- Clinical studies indicate that acupuncture is effective in treating headache, dysmenorrhea, fibromyalgia, stroke, substance abuse, menopause, depression, female infertility, neck pain, low back pain, osteoarthritis, morning sickness, respiratory disease, urinary dysfunction, tennis elbow and facial pain.
- A study by the New York advocacy group, Patients Have Rights, showed that 90% of the respondents had heard of Chinese medicine and acupuncture and 13% had used acupuncture. 80% of the respondents described their experience as "favorable" and 100% thought is it was important to have a choice in the type of medicine they use.

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**Hearing on Chinese Medicine & "Recovery on Demand"**
**September 21,1999 - 10:00 AM, San Francisco City Hall**
**CHAIRPERSON: SUPERVISOR MABEL TENG**

**Agenda:**
Many witnesses testifying about Chinese medicine will tell their own stories of how Chinese medicine has helped them. Some witnesses will present statistics on the effectiveness of Chinese medicine and others will tell of obstacles that prevent them from serving their community. The following suggests two main areas to focus on.

## #1 Alcohol and Drug "Recovery on Demand:"

**"Recovery on Demand" address, such social problems as homelessness, spread of HIV/AIDS, our war on drugs, overcrowded jails, welfare to work etc.**

- In a recent appearance on Bay TV's Our World This Week, U.S. Representative Nancy Pelosi stated "Every dollar spent on the interdiction of drugs into this country is probably wasted." Later she stated, "Our country's drug policy emphasizing interdiction and incarceration should be changed to prevention and treatment on demand."

- The so-called "Drug Court" in Miami, with its use of acupuncture and herbs, is one of the firsts of its kind in the United States and has since been emulated by over 200 cities in the United States. The objective is to divert nonviolent drug users from the traditional path of streets to court to jail and toward a productive, drug free lifestyle. Janet Reno, as District Attorney for Dade County, was instrumental in establishing the "Miami Drug Court". The success of this program was derived from a good working relationship of the prosecuting attorneys, public defenders, judges and politicians.

- Approximately 89% of defendants who successfully completed the Miami program remain unarrested. Compare that to a previous recidivism rate of 70%.

- The cost to house a prisoner in Miami, at the time of the study, was **$17,000,** yearly; whereas, the cost for the drug treatment diversion program was **$700** per offender. Add to the $17,000 total an additional several thousand dollars to prosecute each case plus each repeated criminal offense thereafter. We also need to take into consideration the real costs to each local community or neighborhood.

- The twelve month program consisted of (1) 12 continuous days of acupuncture; (2) acupuncture treatment given three times a week for the next three months; (3) along with the treatment the offender receives education and career counseling.

- Researchers theorize the treatment increases the body's production of endorphins, which are "natural opiates, pain-killers, and mood elevators." Acupuncture for addictions have been used in the United States for more than 25 years.

- 15% of prisoners participating in a drug/alcohol study conducted by **the San Francisco jail system**, with its use of acupuncture and herbs, did not return to the jail system. The Inspiration for this study came from the Miami "Drug Court" and a program was, thereafter, instituted by Sheriff Michael Hennessey.

- Sheriff Hennessey should be congratulated for having the courage to implement such an innovative program; it should continue. The emphasis on recovery, however, should be on the front end of the penal system thereby making it more cost effective -- a drug court.

- Local and national statistical studies demonstrate that Chinese medicine has a 60% rate of recovery for alcohol and drug addiction compared to 10% recovery rate for programs using conventional methods.

- The San Francisco Drug Court began operating in 1995 and set a client cap at 70 **while New York City set its cap at 7,000. The New York program has been very successful.** Today San Francisco has 252 active participates, 25% are women. Crack cocaine is the most used drug. Since 1996 there have been 173 graduates and 15 rearrests.

- Acupuncture is, also, used in more than 100 New York City Hospitals and clinics as an adjunct to substance abuse counseling. Lincoln Hospital, a city funded hospital in the impoverished south Bronx of New York, introduced acupuncture as an alternative to the methadone program for treating heroin addition in 1974. According to a recent article by Sita Ananth, Lincoln Hospital was instrumental in developing the protocol, which is now being used in over 1,000 clinics globally. **The Hospital's crack cocaine addiction program alone is the largest in the world. Recovery success rates for the program are 60%. This rate is remarkably high given the transitory and unsettled lives of this population. Medicaid pays for the program.**

- Dept. of Public Health needs to properly fund the acupuncture recovery program at Tom Waddell Clinic, which serves the Tenderloin Area. Also, an outreach recovery clinic needs to be set up near 16th & Mission Area.

- A recovery program consisting of acupuncture and herbs needs to be set up at the CAT shelter at the juncture of 3rd and 4th Streets. Many of the homeless and other addicted persons are taken there after being picked up from the streets. American College of Traditional Chinese Medicine could play a major role by working with doctors and providing interns for the project.

- Keep in mind that the largest problem facing our welfare to work programs is drug and alcohol dependence and according some government officials, it basically is not being addressed properly. Social Service offices need to network with clinics using the acupuncture protocol for recovery.

- Added to the mix is the fact that **most oppressed minorities** have a higher than average rate of alcohol and drug dependence, i.e. American Indians, Blacks, Hispanics, Gay men, Lesbians, Bisexual and Transgender. This oppression gives way to a lack of self-value, insecurity and anger. The dependency magnifies the individual's problems and accelerates a downward spiral. Outreach clinics serving these groups need to be included in any Recovery on Demand programs.

- The benefits this type of program provides to society are potentially astronomical. This is significant in a city that, according to a recent study, has the highest heroin usage of any city in the United States.

- This country's "War on Drugs" doesn't work. We spend billions of dollars abroad to stop the supply of drugs, but we are not using the cost-effective resources we have at home to dry up the demand. San Francisco needs to provide recovery on demand before more and more citizens enter our over crowded jail system and our government has to build more and more prisons.

- San Francisco should look at an overall recovery program that includes not only a drug court and jail system but also includes outreach clinics in the effected areas, San Francisco General Hospital and other counseling and social service organizations.

- Recovery on Demand has been proven – studies overwhelming show it works and, with the large number of acupuncturist in California, it is available!

## #2 San Francisco General Hospital:

Another issue that needs to be addressed is the inability of acupuncturist to treat their patients who are hospitalized at San Francisco General Hospital.

Years after scientific studies have been completed and NIH formally concluded that acupuncture was effective for many ailments, acupuncturists are not permitted to treat their patients at the hospital. Many of their patients are suffering from cancer, HIV/AIDS or other illnesses.

A 1996 study by the San Francisco Department of Health showed that over one-third of all long term HIV/AIDS survivors used traditional Chinese medicine that includes acupuncture. These patients used Chinese medicine to improve their immune systems, to treat opportunistic diseases and the side effects of prescribed drugs. Add to these statistics the 35% Asian population in San Francisco that customarily uses acupuncture.

We believe it is time for San Francisco General Hospital a city funded hospital, to acknowledge the scientific research and its own ethnic and cultural diversity and develop a patient care philosophy and practice that makes Chinese medicine available to those who choose it. San Francisco General Hospital should serve all of its citizens.

A prototype, which incorporates protocols for the use of Chinese medicine cooperatively with western medicine, needs to be developed.

1) Continuing education courses in the proper protocol for doctors of "conventional" medicine need to be developed and certified by the Medical Staff Service, UCSF and the American College of Traditional Chinese Medicine, San Francisco.

2) San Francisco General Hospital, Executive Board for Privileges needs to add licensed acupuncturist to the list of professionals that are able to practice medicine in the hospital.

To accomplish this, a consortium or board needs to be established consisting of western medical doctors, acupuncturist, (including (American College of Traditional Chinese Medicine) unions and others of the general public. This can be easily accomplished.

The City of San Francisco should provide the board $100,000 each year, for three years, for purposes of developing and delivering a protocol and continuing education program to doctors on Chinese medicine and it's use. This sum is small compared to the financial saving that will occur, as this protocol becomes a normal practice.

**Speakers:**

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# WHITE HOUSE COMMISSION ON COMPLEMENTARY AND ALTERNATIVE MEDICINE TOWN HALL MEETING

**San Francisco, California**
**September 8, 2000**

## Introduction

My name is Michael Traub. I was born and educated here in California. I have been practicing naturopathic medicine in Hawaii since 1985. I am here today representing the American Association of Naturopathic Physicians (AANP). I serve as Vice-President of the AANP, and I am the Chair of the Scientific Affairs Department as well.

The questions posed by the Commission beg many comments and answers. I shall limit my remarks to a few key messages:

## 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?

1. Investigate whole systems practices (philosophy and principles based); compare outcomes with conventional practices, including patient satisfaction and quality of life.

2. Support development of adequate research infrastructure at naturopathic medical schools.

3. Use naturopathic physicians and educators as researchers and advisors in CAM studies.

4. Establish CAM offices at and appoint naturopathic physicians to the staff of federal health care agencies, including the National Center for Complementary and Alternative Medicine, Department of Health and Human Services, Centers for Disease Control and Prevention, Agency for Health Care Policy and Research, Veteran's Administration, and Health Resources and Service Administration.

5. Encourage research in disease prevention.

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

1. Public Sector:
    a. Facilitate and fund joint research among federal agencies and naturopathic institutions.
    b. Develop effective research models for individualized care and multifactorial treatment plans.
    c. Invest in building the research infrastructure at naturopathic medical schools.
2. Private Sector:
    a. Fund research on payor databases to compare outcomes.
    b. Fund cost-effectiveness studies.
    c. Encourage collaboration among naturopathic physicians and conventional providers, and identify what factors actually change provider and insurer behavior.

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

1. Level the playing field:
    a. Fund more research fellowships and training for naturopathic educators, residents, and physicians.
    b. Provide National Institutes of Health consultation to naturopathic research institutions.
    c. Fund joint projects and exchange fellowships between naturopathic medical schools and established research institutions.

2. Require naturopathic physicians as expert advisors, consultants and/or researchers on all research grants related to naturopathic medicine.

3. Host joint sessions for naturopathic and conventional medical researchers and institutions to discuss and plan for collaborative research.

4. Widen the focus of naturopathic research from bench and clinical trials to outcomes, field research and training of naturopathic physicians to perform in-office 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?**

1. The State of Hawaii has regulated naturopathic medicine since the 1920's.
    a. Approximately 50 licensed naturopathic physicians currently practice in Hawaii.
    b. Naturopathic physicians are eligible for staff memberships at two hospitals in Hawaii.
    c. Naturopathic care is provided for under Worker's Compensation, Motor Vehicle Insurance, and three HMO's. The two largest HMO's (Blue

Cross and Kaiser) and the state-sponsored insurance plans do not provide naturopathic benefits to their members.

d. Native Hawaiians have some of the worst health statistics in the nation, especially for heart disease, hypertension and diabetes. Naturopathic medicine can effectively address these problems, if access is improved.

**B. How can access to safe and effective CAM practices and interventions be improved?**

1. Identify and disseminate information about regulatory environments which provide good access, reimbursement and delivery of care (e.g., Washington state).

2. Support strategies for expanding educational and integrated care settings in which conventional and naturopathic physicians practice side-by-side, learning from each other and being jointly committed to improved quality of care.

a. Non-discrimination in government health programs for naturopathic physician participation and reimbursement (e.g. Medicare).
b. Facilitate participation in the Public Health Service, the Veterans' Administration and the National Health Corps by naturopathic physicians.
c. Integrate community clinics and hospitals nationwide with naturopathic physicians.
d. Investigate multiple strategies and models of integration; fund collaborative planning models and pilot projects.
e. Fund naturopathic residency and research fellowship programs.
f. Provide training in appropriate referral and co-management techniques among conventional and naturopathic physicians.
g. Fund demonstration projects to increase naturopathic medicine for minority and under-served populations.

3. Establish a nondiscrimination policy affecting all healthcare funding at the federal level, requiring even-handed treatment of all major CAM systems, disciplines and modalities.

a. Research legislation and rules which control federal healthcare agencies, and propose amendments and rule changes as necessary to support inclusion of CAM
b. Create an Office of CAM at the Department of Health and Human Services, Office of Public Health and Safety to oversee and direct the incorporation of CAM in all federal health care programs and initiatives.

4. Promote insurance equality at the state level for CAM providers and therapies.

5. Investigate the feasibility of single-payor universal healthcare which includes benefits for naturopathic and CAM healthcare, on par with that for conventional healthcare.

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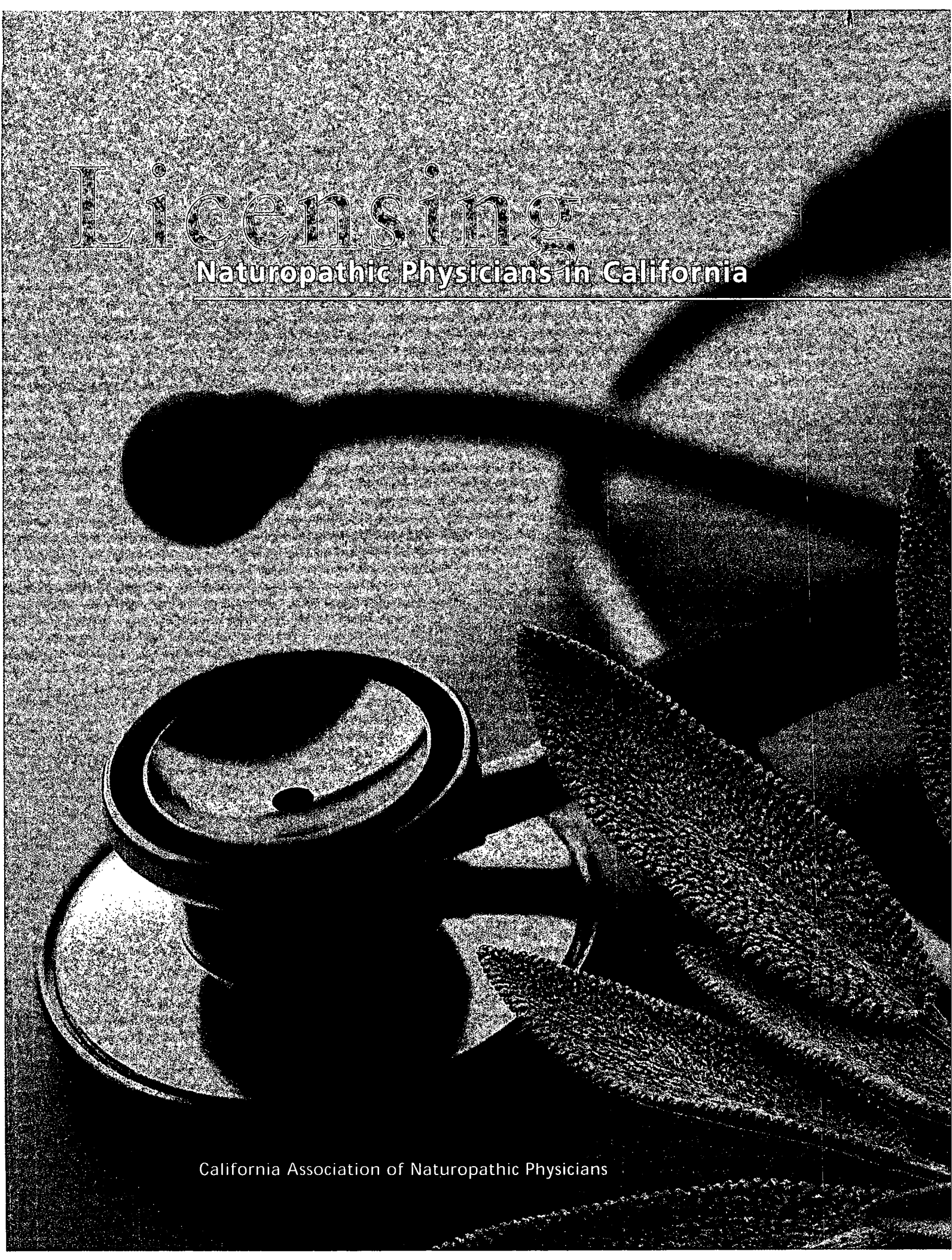
# Licensing

## Naturopathic Physicians in California



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WHITE HOUSE COMMISSION ON
COMPLIMENTARY AND ALTERNATIVE MEDICINE POLICY
Town Hall Meeting, San Francisco
September 8, 2000

Dear Commission Members:

I am Dr. Deane Hillsman, speaking for the Union of American Physicians and Dentists (UAPD).

The UAPD is generally neutral on the broadly defined question of "Alternative Medicine," though indeed some of our members are interested in this rapidly emerging area, and some practice to a various extent components of Alternative Medicine.

We join with the Alternative Medicine movement with a common concern about forces in California that are inhibiting innovation in health care, and that perhaps are reflective of situations elsewhere. The focal point of our concerns is the recent disciplinary action taken by the Medical Board of California (MBC) against Dr. Robert Sinaiko. This prominent case has certainly provided a clear and disturbing example of MBC prosecution intent.

Dr. Sinaiko is a board certified specialist in Allergy and Immunology, with a special interest in Attention Deficit Hyperactivity Disorder (ADHD), Chronic Fatigue Syndrome, Multiple Chemical Sensitivities and similar problems, and applying his specialty skills to these problematic conditions. Dr. Sinaiko enjoys peer recognition and has received numerous consultation requests from his peers in mainstream medicine. He is sufficiently well regarded that he was asked to present Grand Rounds before the University of California at San Francisco on the subject of ADHD. In addition to the UAPD the California Medical Association and the Center For Public Interest Law wished to present supportive *amicus curiae* briefs at his MBC hearing, but all were rejected.

All of the disputed modalities practiced by Dr. Sinaiko were taken from the peer reviewed medical literature, medical professional seminars, and the use of so-called "off label" drugs as is well recognized in ethical medical practice and federal guidelines. There was no evidence whatsoever of injury to the patients in question or in fact to any other patients in his practice. To the contrary, the record generally shows improvements in contrast to relative failure by other physicians.

For practicing in this manner Dr. Sinaiko was branded as a "quack" who "experimented" on patients. A listing of the derogatory descriptors used by the MBC at trial fill a page and a half. Though a re-hearing before the MBC resulted in substantial retraction and retention of his license, this was only under draconian terms and conditions. His practice was ruined and he is now employed in a non-medical capacity. His case is now in legal appeal. Whether a successful appeal would result in him returning to medical practice is an open question.

The California Legislature has decreed there be mandatory Continuing Medical Education (CME) as a requirement of licensure renewal. The oversight responsibility has been delegated to the Division of Licensing of the MBC. Presumably the legislative intent is to insure that physicians remain current as to medical developments, and that they apply these new developments for the benefit of California patients.

Traditionally physicians remain current on medical advances by a combination of self study of peer reviewed literature, by attending professional conferences and seminars, and by collegial associations and discussions.

However, based on the Sinaiko example it is clear that if a physician obtaining his or her required CME credits learns of a new practice modality at a legitimate medical conference or reads about same in the learned literature, and then applies these teaching to one's patients, then that practitioner is at-risk of prosecution from the Division of Medical Quality of the MBC. The same might also be said to a lesser degree as to the common practice of "off label" use of FDA approved drugs.

Clearly medical innovation in California is threatened and in limbo. Though the MBC would undoubtedly deny they are against medical innovation, their practices and policies as witnessed in the Dr. Sinaiko matter speak otherwise. Applying these teachings to Alternative Medicine practice would suggest that Alternative Medicine in California is perhaps even more endangered.

At present California Senate Bill 2100 (Vasconcellos) regarding Alternative Medicine is finalizing the legislative process. Assuming it remains in it's present form and is signed into law, the MBC will be mandated to provide disciplinary guidelines. Based on the Dr. Sinaiko matter I am not optimistic about the future of Alternative Medicine practice in California. Perhaps federal guidelines or enabling legislation is in order.

Very truly yours,

Deane Hillsman, M.D.
Secretary, UAPD