



WHITE HOUSE COMMISSION ON COMPLEMENTARY AND ALTERNATIVE MEDICINE POLICY

Town Hall Meeting San Francisco, California September 8, 2000

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

AGENDA

7:30 a.m. - Registration
8:30 a.m.

8:30 a.m. Introductions
Dr. Stephen Groft, Executive Director

Welcoming Remarks
Dr. James Gordon, Commission Chair
Dr. Mitchell Katz, Public Health Director, City of San Francisco
Harriet Ishimoto, Office of Congresswoman Nancy Pelosi
Catherine Dodd, Director, USDHHS Region IX
Steven Ottenstein, USDHHS White House Liaison

Commissioners:
Dr. Effie Poy Yew Chow
Dr. Wayne Jonas
Dr. Dean Ornish

9:00 a.m. Morning Session (pre-registered speakers)

12:00 p.m. Open Session (on-site registrants*)

12:45 p.m. Lunch Break and Afternoon Registration

1:45 p.m. Afternoon Session (pre-registered speakers)

5:00 p.m. Open Session (on-site registrants*)

6:00 p.m. Closing Remarks
Dr. James Gordon, Commission Chair

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

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[TAPE I, PART I SIDE A]

DR. STEPHEN GROFT

Since this is a Town Hall meeting, there will be people coming in and leaving as the day progresses, so that there will be a lot of activity. So, please, feel free to get up and walk about between your seat and the back of the room.

Even though we set up a format like this, we want everyone to relax and make a very informal session in many respects. I think we have a lot to do and we have approximately fifty-one or fifty-two speakers and so, there will be a lot of back and forth movement, and we hope that you just bear with us with this transition.

I am Steve Groft, I am the Executive Director of the White House Commission, and this is our first Town Hall meeting, and I will not spend too much time because I know other people are speaking this morning. We'll also be addressing our goals and aims, and other activities. I really just want to give some of the logistics and then I'll turn the meeting over to Dr. Gordon, who is the Chair of the Commission. Since it is a Town Hall meeting, we do have some formal presentations and people have requested time, and so we are going to try to establish a system that will have two tables working at any particular time. One active with the speakers and the other will be the speakers to follow. So if you are a speaker, we have several people from our staff who are working in setting the speakers up, Gerry Pollen, in the back of the room, Dr. Joseph Kaczmarczyk and Doris Kinsbury, all from our staff. So if you have any questions about where you go, we've segmented the entire day into sessions, and so if you look at in your background information you'll find the time approximately that you are expected. So sort of drift off when it comes close to your time if we're not at a break. If you are speaking after the break, take time and be ready when the break is over to come up and get yourself all set, so we can go on. These are very long days and very tedious for everyone. I would like to mention also the fact that there may be not a lot of questions coming from the Commission members. That does not mean they are not interested. I think the realities are such that we know we have so many speakers with so little time that we want to hear from you. You have probably heard a number of these individuals speak, I think probably the collective speech of this group are probably in the thousands, if you look at their résumés. So it is a very active group, and there are members of the Commission, and I'll have Dr. Gordon introduce them as we go along.

So, if there are any questions or you want to expand... I believe we contacted all of the individual speakers, either directly or through their answering services or machines and we are asking people to limit their comments and then, if you want to expand them, to send them to the Commission and we will create the file and make sure all the Commission members have ready access and copies. They will give copies of all your shortened comments and for the next year we will have the file available for anyone who would like to look at it. So if it is important for you to expand, and we are open for comments between now and when the report is finally written, of which we are planning to have an interim draft report available July 2001, that will be available for public comment. So with that, I would just like to make one other quick thank you and that's to Michele Chang, our Executive Secretary, who has done a lot of work, a tremendous amount of work. I received a phone call when we left yesterday from Washington, Wednesday night, at 11:02 and I heard this voice, it was my wife, who said "Are you still at work?" And when she (Michele) said no, she gave me the phone, so I was in a daze, but there have been a number of wrong hours and I am very grateful. First, that she is on the staff, as the other members of the staff, but she's done a tremendous job just getting this meeting together.

Don't think that the few number of people here right now are very refreshed on what the whole day will be like, because several people did ask for particular times to accommodate their schedule, so there is going to be a lot of movement all day long. So with that I'd like to turn it over to Dr. Gordon and take care.

DR. JAMES GORDON

Okay, thank you very much, Steve, and good morning everyone. I'm very glad to be here and to be with you. The concept of the Town Hall meeting is one that all of us, all of the Commissioners and all the staff on the Commission have very much embraced, and the basic idea, which we hope will be manifest in here today, is that we are here to learn from you. During the Commission meetings, all of which will be in Washington for two days at a time, we're going to be inviting specific people to come in to address specific subjects and that's based on all understanding of the field or collective understanding of the field. In the Town Hall meetings, we're coming out to learn about all those things which we have not already been thinking about considering or anticipating. We're coming to hear your perspectives on issues and problems and concerns in the way, not only to integrate specific modalities that are regarded as complementary alternatives into medical care, medical education and medical research, but also how these modalities and how these approaches can expand our view of what health and healthcare and medicine should be. And this is an extraordinary challenge for us, it's very exciting, because we feel that we are in a position, all of us collectively, are in a position to really shape what healthcare is going to look like in the next century.

And it's a challenge and an adventure for us, and as you'll hear as we introduce ourselves up here, those of us who are up here have been working in this area for many years, as have many of you, and I see many old friends and familiar faces in this group and I'm sure I will as the day goes on as well. We see this as an enterprise that we are all involved in together. This is the fruition of many years of work for many people and we welcome your thoughts and your suggestions. One of the things that we are particularly in need of is solutions, or perspectives that will help us find solutions. So as you make your remarks, and I may say this several times during the day, please offer us your thoughts, not only about where we've been, or where you've been, or where you are, but where we go from here. This is an ongoing process and it will conclude in March of 2002. There'll be a number of meetings in Washington, DC, and you have the schedule of those, there'll be a number of Town Meetings as well. And the next Town Meeting will be in Seattle on October 30th and the 31st. The next Commission Meeting will be on October 5th and 6th in Washington, DC. All of those meetings are open meetings. We invite you to come to any or all, to be part of this evolving process.

We also, as Steve Graft mentioned, invite you to submit your comments to us in writing. At this meeting today, you only have a few minutes. We don't pretend that it does justice to your thoughts or to your work, or to your perspectives, so we ask you to make the comments here very succinct and understand that a lot of what's going to happen is going to be in the back and forth that goes on here. And also that you should all understand is that if you want us to take a look at something in writing, please send it to us. If you want us to understand your work and its implications for healthcare in more depth, please send it. We are reading everything that comes to us, we are paying attention to it. We have a wonderful staff who are involved in this work, we have or will have twenty one Commissioners who are all passionately interested in this subject, and we will be looking at what we get. And the other thing is, if there's something else you want to say later on in the process, in a public meeting, take a look at the calendar that's in your folder, and please come to other public meetings.

And also, please invite other people. You can invite or call up people who you think might be interested

and ask them to come, later this morning or this afternoon. We'll be here all day and probably a little bit into the early evening and we want people to come, we want to hear from everyone who wants to talk with us.

I think that's all that I have to say at this moment. Everything is being recorded here, so we will have a record of everything that's said. The general rule is going to be that we ask people to come and we have a specific time-frame for each speaker and Michele Chang, our Executive Secretary, is a precise and dignified timer, but a strong one, and so we hope she's saying "It's time" and you should pay attention to the timer here as well. And then, after four speakers, generally speaking, the format will be we'll have a back and forth if we have questions to ask you.

We will take a break at some point in the morning. There is no break scheduled but rest assured that we will take one at some point, probably an hour and a half or so from now approximately, at a convenient time. The other thing is that there is open time. Many people, I think fifty one people, are on the schedule for today. In addition, we have almost two hours of open time during the course of the day. If you are not scheduled to speak, and you would like to speak, please contact Michele and she will put you on the schedule. Okay, and then you'll either be on the schedule for this morning or for this afternoon.

All right, without further ado, I'd like to introduce a couple of people who are here from the local area, who would like to say a few words, and then I'll go ahead and introduce the other Commissioners.

First is Dr. Mitchell Katz, who is the Medical Director of the Department of Health Services in San Francisco.

DR. KATZ:

Good morning to the Commissioners and good morning to the audience. Our mayor, Mayor Willie Louis Brown asked me to please come. He would have liked to come here himself, he's very interested in medical issues and the use of alternative therapies. I'd like to welcome you all to San Francisco, to applaud the Commissioners, who are very prestigious group, to look at these important issues. I not only act for myself as a Clinician but the first rule of medical training is to listen to your patients. And what I've learned in listening to my patients is that they recognize the limits of conventional medicine and they are looking, and interested in all other treatments that might improve their health and that I think that as practitioners we have to recognize both our strengths and our limitations and be open to looking at other ways of caring for our patients.

So, thank you very much for the opportunity of welcoming you all.

DR. GORDON:

Thank you. The next speaker is Catherine Dodd, who is the Director of the US Department of Health and Human Services here in Region IX.

MISS DODD:

Thank you, Dr. Gordon. Welcome to Region IX, which makes up the states of Arizona and Nevada, California, Hawaii, Guam, American Samoa, the Commonwealth of the Mariana Islands, the Republic of Palau, the Federal States of Micronesia, and the Marshall Islands.

We have the largest region, but we probably also have the region with the richest complimentary and alternative fair peace, when you really think about the traditions, especially the traditions of the Pacific. As you can see, I returned from Hawaii late last night, so I bring you Aloha greetings and, while I was in Hawaii, one of the things I did was visit several domestic violence centers that are using traditional Hawaiian beliefs to treat both the perpetrators and the victims of domestic violence. They call it ho oponopono which means to make right and kearalalokahi which is the pathway to harmony. So it was a visit in Hawaii, a short one with rich experiences looking at a complimentary and alternative way to treating a very serious problem in our country. I am honored to represent the Clinton Gore administration and Secretary Donna Shalala at this first and kind of historic meeting of the White House Commission on Complimentary and Alternative Medicine. As I flew home, I was thinking about what to say today. My background, my education training is as a registered nurse. On my way to Hawaii I got a cold and so, at the end of the first day, I went to Long Stroke store and I bought throat coat tea, zinc, zinc lozenges, vitamin C, and the only chicken soup I could find. It was a pretty good handful of alternative fair peace for an upper respiratory track infection. I am a believer in all the things we have available to us and I'm very excited that this administration is the first to take them seriously, and really secure and put creative meaningful health policy as we begin this new century. So, I want to welcome you, I want to enthusiastically support the efforts of the Commissioners and the work of all of you who are providing input to the Commission. Thank you very much for coming to Region IX.

DR GORDON

Thank you. And our next speaker is Steven Ottenstein, who is the White House Liaison for the Department of Health and Human Services, and has been over the last year and a half instrumental in helping to put together this commission.

STEVEN OTTENSTEIN

Good morning. I wanted to first thank Catherine and her staff for all her support to this commission and all the important initiatives that she's been working on with the Secretary and the rest of DHSS since she's been here, and I also want to take the opportunity to thank Chairman Gordon and the other members of the commission that are here today, and Dr. Wayne Jonas and Michelle Chang who have really been of tremendous help in getting this entire Commission started. This morning, when I woke up and started to get ready for the morning and brush my teeth I realized that the Tom's of Maine products I usually use at home were not part of the hotel package that is given to us while we are here, so I really realized that we have to get out because the Chairman of the Tom's of Main company is one of our Commission members, I really realized that this kind of products and new services need to get out there, so it's really important that this Commission move ahead with these findings and get these things out there. And as know, an estimated 42% of all Americans utilizing CAM interventions so, we are spending 207 billion dollars, and these figures are really amazing, and that is what really led President Clinton and the Secretary to sign the executive order in March, which established this Commission.

Also, yesterday, when I was on my flight over here, there was a really interesting article for those of you who are interested on healing through mineral springs in Virginia and West Virginia. However the years, these springs have become more than interest to folks in how they are helping people in very different medical areas. So anyone who is interested, is on the US Air's magazine, so you really see that it's finding its way everywhere.

When Secretary Shalala swore in the Commission members in July, she highlighted the President's executive order that it called for a report which will maximize the benefits of CAM and it will address

the important areas that kind of gone over and it will be delivered to our new Secretary in December of next year for submission to the President, and an interim report will be given in July 2001. At the swearing in the Secretary took a group photo and I wanted to present this to the Chairman today, of all the members and this is for you. We'll also have signed photos for each of the Commission members for the next meeting.

As the Chairman mentioned, there will be another meeting in Washington on October 5th and 6th to discuss the coordination of CAM research with traditional biomedical research and an additional Town Hall meeting in Seattle on the 30th and 31st, and another meeting in DC will be held on December 5th to discuss the delivery of CAM interventions and future Town Hall meetings will be planned for New York, Atlanta, Houston and Des Moines, so we're trying to get out throughout the country and get the importance of this Commission out there.

Also, I wanted to highlight that the President is planning to announce an amendment to the executive order next month, which will increase the Commission's membership from fifteen to twenty, and he'll name additional members at that time, so we're looking forward to getting that executive order amendment signed and getting the new members on board as soon as possible. And although there is a lot of work to be done by next September, the Secretary and the President, and Catherine's office and support are all confident that the Commissioner's report will lead to improved safety and more accessible therapies for all Americans. I also wanted to give a thanks to Senator Harkins' office. A member of his staff was supposed to be here today but because of some pending legislation was unable to join us. But without his efforts and his staff's efforts really I don't think any of us would be here today. It was a really striving force behind this whole issue and I really have a lot of thanks for him and his office for getting this Commission established.

DR. GORDON

Thank you very much, Steve. As we said earlier, Steve Ottenstein was one of the people who moved this Commission ahead. One of the major tasks in creating the Commission, of course, was selecting the Commissioners, and I'd like to introduce the three Commissioners who are here with me today and give each of them an opportunity to say hello to you as well. First is Dr. Effie Poy Yew Chow, who has worked in this area for twenty five years. I know we worked together for about 25 years, and she's been a major force in the Bay Area in healthcare. Effie...

DR. EFFIE POY YEW CHOW

You know, this is such an exciting day. One is at San Francisco, it's leading the Town Hall meetings throughout the nation, and the most important excitement is that we are in an era of change, and this Commission indicates the possibilities in making great changes in our health care for the future, and changing from a disease emphasis system to a health and wellness system. So I guess I urge all of you, and the presenters and the general public to really give some good thought to this and make some really good recommendations as how you see that this evolution we're going through right now can really make a significant change. Not just band-aids, not just a complementary alternative medicine therapies and systems put into a medical system, but really create a system that is innovative and really will look after people, their lifestyles and give them the total good life that we're looking for. And so time is brief, and this is the message I want to give, be brave to say and recommend what is in your heart and what you want for the people. And that's what we're here for, to listen to what you have to say and put it in this document to the President, recommending policies to making a big change in the system. Thank you for coming.

DR. GORDON

Thank you, Effie. Effie has been the founder of the East West Institute and I think East West Director for many years. East West says a great deal about a major portion of the Commissions work, which is bringing together all the healing traditions, bringing together all of the world's healing traditions and making them as available as they can be for Americans.

The next Commissioner who flew out from the East Coast is Dr. Wayne Jonas. He was formerly the Director of the Office of Alternative Medicine and had a major hand in shaping some of the programs that are now becoming so important in medical research, and medical education across the country. Wayne...

DR. WAYNE JONAS

Thank you, Jim. It's a great pleasure to be here and I am really happy to see this finally get going, and specially the first Town Hall meeting. I think the core of what we are about is hearing what's going on in the country, because this is really a publicly driven phenomenon. This is a phenomenon that the public has moved forward with rapidly, and we are about catching up. Our healthcare system, our scientific system, our medical delivery system is about catching up and figuring out how to properly integrate these areas. When I was at the NIH and we were trying to get research going here, since it was the only federally official location for complementary alternative medicine we became then the lightning rod, if you will, for everything whether it had to do with research or not, and Jim was the Chair of our Advisory Council at the time and it was clear that these phenomena was more than just research, that there were educational issues, that there were practice issues, safety issues, all of which needed to be addressed, and so we sought a larger form for that and then, with the work of a number of the staff of the White House, and also in other places in the Government this finally came to fruition. So I'm very happy to see this. I hope that this integration process, this bridging of the gap, will result in a transformation, I think, not just a transformation of our own healthcare system but of other healthcare systems too, in order not only to maintain the quality of the scientific rigor and efficacy that we had in Western medicine, but that will also integrate and understand that we are moving towards a global medicine in a new age.

DR. GORDON

Thank you, Wayne. Before I introduce the other Commissioner, the fourth Commissioner who is here this morning, I'd like to introduce Ms. Harriet Ishimoto, from Congresswoman Nancy Pelosi's office.

HARRIET ISHIMOTO

Really, it's a pleasure for me to be here on behalf of Congresswoman Pelosi and I'd like to share her greetings with you. First of all, she'd like to welcome all the members of the Commission and all of you who are participating today in this inaugural Town Meeting. What she says here is: "There is a growing consensus in this country that we must explore medical options that are outside of current Western practices. Such interest is long overdue. For some patients, complementary and alternative medicine therapies can be the most appropriate course of treatment. We must understand which practices are effective, when they should be prescribed and how this information can be made available to patients and doctors to be incorporated into common usage. By gathering today, you are helping to expand a body of knowledge about alternative treatments and to make their promise a reality for millions of Americans. The work before you is of great importance. Your efforts in this meeting will help to

improve the quality of healthcare in the United States. Thank you for all your leadership on this issue, and please accept my best wishes for a successful and productive day. Nancy Pelosi, member of Congress."

Thank you so much.

DR. GORDON

Thank you, Harriet. The final member of the Commission who is here is someone who lives and works in the Bay Area, and he's also someone who has been a major force in creating the new model of healthcare that is beginning to have an extraordinary powerful influence on all of healthcare in this country. And that is Dr. Dean Ornish, who has done groundbreaking work with reversing heart disease with a comprehensive and integrated program of healthcare. Dean...

DR. DEAN ORNISH

Thanks, Jim. I also want to join my voice to welcome everyone who is here today and how delighted I am that this is happening. It's really just so great to be a part of it. And as Jim mentioned, for the last twenty three years my colleagues and I at the non-profit Preventive Medicine Research Institute, were able to show that heart disease is reversible through making intensive changes in diet and lifestyle. I think, one of the reasons I am on the Commission is that our work is an example of something that back in 1977 was definitely not in the mainstream. But because of the research that we've been able to do to show that first, that it was medically effective, and more recently, that is also cost effective. And, as several speakers have said, the issue is not should Americans be using alternative or complementary approaches. So many already are, but with few exceptions, most of them don't really have any signs to find out whether they work or not. And my particular interest is to use science to help find out what works, what doesn't work, for whom, under what circumstances, so that people can make more informed and intelligent choices. And also then to try to change the models of reimbursement through insurance and Medicare and so on, to try to make this approaches available to the people who most need it, which in turn also influences medical education and medical practice. So thank you for being here today. It should be a really interesting day.

DR. GORDON

Thank you. We invite our invited dignitaries to stay as long as they can, although we understand you may have other things that you have to do. The way we are going to be arranging this is we are going to call people up in groups of eight, and each panel of four will testify. Then there will be an opportunity for us to have a back and forth and ask questions, and when that panel is finished we'll invite the next four people to come up, so there'll always be eight people sitting up here. Because this is in the interest of efficiency. With that, I'd like to invite Marilyn Schlitz, Beverly Rubik, Catherine Dower, May Loo, Deborah Kesten, Corinne Giantonio, Savely Savva and Adam Burke to come sit here. (We are missing one person, but that's okay, we'll find her later on).

The first speaker is Marilyn Schlitz, from the Institute for Noetic Sciences & California Pacific Medical Center. Good morning, Marilyn.

MARILYN SCHLITZ

Good morning to all of you and everybody here and again, I want to echo everybody's welcome. I am so

glad that you have decided to initiate the Town Hall meetings here in our first city. Welcome to San Francisco. I'd like to make four quick points. The first is to celebrate this moment in American history. I think since the times of the Flexner report and the growing sovereignty of American medicine, we've seen alternative and complementary practices ostracized, marginalized, sometimes criminalized, and so this is a great opening. Part of the opening, I think, is the growing influence at the National Institutes of Health of the National Center of Complementary and Alternative Medicine, watching that budget grow from 2 million dollars under the Office of Alternative Medicine into something that's now somewhat competitive in the National Institutes of Health programs and at now, this White House Commission. The second point I'd like to make has to do with recommendations to the President as he submits his budget, and that is that we need more funding. While we've seen a steady growth of resources allocated to complementary and alternative medicine, within the National Institutes of Health, the percent of funding allocated to something that represents a major demand within our country, I think, is something that we need to address. So I would advocate more funding for both basic and clinical research. I think that at this point, we have many more questions than answers, and that CAM is being used, we do not really know the benefits or the limitations of it. It's absolutely necessary that more funding be allocated. I just looked at, for example, this recent set of clinical trials and St. John's wort were on the one hand we are finding that, as alternative and complementary medicine practitioner have been telling us, it seems really effective for the treatment of depression. On the other hand, it seems to complicate medical outcomes for AIDS patients who are using a variety of different modalities, particularly this protease inhibitors. So I think that there are both positive and negative things we'll learn through research in the area of complementary and alternative medicine. It's very important for creating a new model of medicine in the 21st Century. The third point I wanted to make is in the area of the mandate or ambition of our research program in the area of CAM. And here I think that it is probably easy to think about spending money on things like ethno-pharmacology or the use of botanicals. Indeed, if we look at the pharmacopoeia of the United States of America we find that at least, the last time I looked, the majority of medicines have been derived from native American plants. So it's not new to us to think about converting botanicals into pharmacological agents. I think what's important is that we also remember that there are a range of modalities within the sphere of complementary and alternative medicine that don't so easily fit within the Western medical scientific model. Here I refer to GIGONG and some of the aspects of distant GI, for example. The whole area of distant to intercessory prayer is something that is probably the number one modality used by people in the area of CAM, and yet because the philosophical assumptions of it, don't fit within the materialist or physicalist paradigm of the National Institutes of Health mandate. It has been, again, a marginalized area. So I advocate for a broad mandate in terms of our research agenda and in terms of presidential recommendations to make sure that areas of frontier science are honored and privileged. The National Institutes of Health has just offered an RFA for the frontier grants, and this will be in the area of bio-fields, distinct healing, but it's a very small pool of money. It's a noble beginning, and I really hope that we can make that a priority and address it as something that really requires a significant amount of funding. People are using these modalities, just because they don't fit doesn't mean we shouldn't address them. Another point about that is that I think it requires us emphasizing an educational program within the pre-review process. Because the pre-review process is where the quality of the science is evaluated, and if the people doing the evaluation are operating from a specific set of assumptions based on cause and effect, based again on this physicalist views of the dominant paradigm, we may miss some very important things that are intrinsic to the sphere of complementary and alternative medicine. So, I think that we really do need to broaden the scope. And fourth, I would like to honor the integrity of CAM. My concern as I watch the whole bureaucratization, and maybe as I watch the government come into the conversation there is this whole way in which these alternative practices could become co-opt in a way that doesn't do service to the richness and diversity of the practices or the practitioners. I would say this is true in a number of areas. If you look at the reasons people choose to go to alternative practitioners, the number one thing they say is because the Doctor

listens to me. There are relational aspects of this, which we don't find as we are moving into a managed-care medical model. So, I really argue that this is our opportunity, as Ms. Chow mentioned. This is the time of possibilities for us to really radically revamp the system, such that we honor the relational dimensions. I also think that in this context of treating these indigenous practices or these alternative practices on their own terms, there are many physical assumptions built into these modalities. Again, I say QiGong, or acupuncture or a variety of shammanistic practices, or... I mean, we can really just look around the world and we can see that there are healing modalities that don't fit within the Western scientific box; and that doesn't mean they are not right. It means that they are operating on a difference of ontological or epistemological assumptions. The nature and reality is different, and if we can educate ourselves and educate our pre-review processes and educate our policy makers to honoring the pluralism that represents the very core of our American heritage, I think that we really do stand a chance of revitalizing the medical model and creating a new system for the 21st Century. So I just want to summarize the four points. One is I do think this is a unique moment for us to build a new model of medicine, we can integrate all the best approaches. I think there is an imperative that we need more funding for research in these areas, we just don't know enough. I think that it's important that all modalities, all perspectives, all philosophies, be integrated as we develop our research agenda. I think that it is really important that we not be prejudiced against things that don't make sense to us at this moment, because they may make perfect sense ten years from now. And finally, we need to honor practices on their own terms, We need to embrace the best of what is unique about America at this moment in human history, which is that we have every tradition available to us and why not really develop and integral model that accepts what is really truly good and beneficial from all of them, even when it doesn't fit with our assumptions. And finally, I just want to wish you, Commissioners, God speed and good luck as you take your journey across America. It is a bold and important process you are involved in and I wish you well. Thank you. DR. GORDON:

Thank you. And thanks for the good wishes too.

UNIDENTIFIED SPEAKER

Good morning. I am really delighted to be here. I'd like to congratulate all of you for being selected in this most distinguished Presidential Commission. I think this is a most welcome format to examine the larger issues and take us beyond what HHS has already achieved into the next stages of transforming medicine. Thanks for coming to San Francisco to hear us. I look forward to a productive relationship with you and to following your continued fine work.

One of my areas of expertise is in bio-electromagnetic medical applications. And in this area, I travel the world examining and gathering information about this promising area of energy medicine. There are bio-electromagnetic medical devices that provide therapy for various conditions and diseases through the application of extremely low level energy to the body, that is electro-magnetic energies. And when these treatments are repeated, for example, weekly, sequentially, and typically in a short course of treatment over a few weeks, they stimulate natural healing to occur, or they actually accelerate natural healing. In other words, they gently move the body into a healing state, which of course is one of the key characteristics of CAM medical modalities.

Moreover, there is some evidence that specific electro-magnetic frequencies may actually activate certain cell receptors and produce pharmaceutical like effects, without the side-effects of chemical drugs. With bio-electromagnetic medicine, we are at the dawn of a new medical frontier in which devices that look very much like those used in Star Trek or other science fiction movies that are used to resuscitate, revive and regenerate tissue, are becoming a reality. This whole area could some day transform medicine from

its primary emphasis on pharmaceutical delivery to electronic medicine, and even digital medicine that delivers subtle but potent bio-information to the body, promoting regulation even through computer interfaces. There are significant developments in this area, mostly outside of the United States, and one of my concerns is that we are lagging behind the rest of the developed world in this area. Australia, Japan, Canada, Germany, France and England are some of the countries that are considerably ahead of us in device development of this type, and in granting Government approval to this type of medicine.

Moreover, most of this device-related energy medicine modalities are unavailable in the United States, because they involve CAM devices not yet approved by the FDA. In some cases, they are lumped together with other less worthy devices and relegated to quackery by so-called skeptics. This is a concern to me too, because some of these therapies are inexpensive, safe, extremely promising, and simply unavailable to the American public. Only the very wealthy can afford to go abroad to receive these therapies. It's clear that there is some confusion in this area. There is a lot of devices out there, and some very excellent modalities are being discarded along with the insubstantial. I would like to suggest that some new programs in research and education tailored to sorting out the weed from the chaff, need to be developed.

Some of these energy medicine devices evaluate how acupuncture meridians of the body conduct low level pulses of electricity or, in other words, how the bio-field reveals information about the energy reserves of the patient. There is, for example, the electro-dermal testing according to V, also called EAV, VEGA, there are many names. Many of these are professional products in the global marketplace. These devices have been proved safe and effective diagnostics in the developed world outside of the US. They get practitioners instant access to patient assessment that is very inexpensive and non-invasive compared to our conventional diagnostics. Although there are occasional continuing medical education programs that address these in the US, there is no standard curriculum, to my knowledge, existing in any university setting and there are serious obstacles to FDA approval of these devices.

There is a whole other area of laser therapy and light therapy which has been proven effective to heal skin once rapidly, even the cubital ulcers in bed-ridden patients and the foot ulcers in advance cases of diabetes. Not only lasers, but light-emitting diodes are also used, which are very inexpensive, safe and effective. These are extremely low level lights that do not even heat up tissue, they are not like lasers used in surgery at all. And there is a rather sad history in America under light photo therapy. Decades ago mavericks in this area were imprisoned and removed from practice. There was, for example, a radiation of blood that was used as a successful form of treating septicemia and other infections before the advent of antibiotics. Now, these procedures are unavailable in America. Although it could be a practical solution to antibiotic-resistant infections, which of course is one of the problems of our era, with AIDS and newly-created organisms from antibiotic resistance. Today, most phototherapy devices are illegal in America, relegated only to research, even though some of them have an impressive research database, safety record and considerable clinical use abroad.

Physical therapists, for example, typically use these in other developed countries, but there is little if anything on phototherapy and the education of PTs in the United States. Moreover, it is prohibitively costly to prove the safety and efficacy of these devices in our country. There may also be historical biases operating in FDA's regulatory affairs, because of the long historical association of color therapy with quackery. I would like to congratulate the National Center for Complementary and Alternative Medicine and the recently RFA on frontier medicine that will fund up to four centers to study novel areas of CAM, including this area of energy medicine. And as a former member of the Program Advisory Council of the OAM, I advocated this type of program for several years. The frontier medicine grad program is indeed a first step, and is a wonderful start for the more maverick medical modalities.

But we need much more attention and funding to a few areas of complementary alternative medicine that have been largely neglected by NIH thus far. These are the frontier areas of medicine, as Marilyn Schlitz mentioned, particularly those in which the United States is falling behind the rest of the developed world. Whereas we have a giant pharmaceutical industry that can easily afford to conduct the various stages of clinical trials demonstrating safety and efficacy, there is no large Lobby and no wealthy corporate counterpart in the CAM device arena. Just as the Federal Government has taken up orphan drugs because no private industry could do this profitably, it seems to me that federal aid would be well spent in assisting private enterprises in developing and testing devices and in ushering them through the FDA approval process.

I recently learned that NCCAM dedicates 1% of its budget in SPIR grants. I'd like to recommend that the Center make a special effort to fund frontier medical applications in CAM therapeutic device and novel diagnostic industries. And since we are talking about extremely low level energies supplied to the human body, in some cases much less than the ambience electro-pollution from our cell phones and other potential environmental hazards. The safety issues with these therapeutics should be of little concern. I would also like to recommend some new policy making for FDA regulatory affairs in the realm of these devices that will accelerate the clinical assessment and help the US achieve a leadership position in this area.

Furthermore, it seems the FDA is particularly difficult on foreign medical products. I heard this from my colleagues in various parts of the developed world, as the foreign manufacturers of CAM medical products simply get bogged down in the FDA problems. Let me tell you about a specific example in which I was involved. I was consulting for a Japanese firm that had a medical adhesive tape with semi-conducting substances imbedded in the adhesive that quelled inflammation and accelerated wound healing. Because the FDA said they did not know how to categorize this truly novel medical device, it was confiscated at the border, and held there for over a year.

[END OF TAPE I PART I SIDE A]

[TAPE II, PART II SIDE A]

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the adhesive, that quelled inflammation and accelerated wound healing. Because the FDA said they did not know of how to categorize this truly novel medical device, it was confiscated at the border and held there for over a year. The Japanese lawyers were not well prepared to deal with this difficult situation, as a result the clinical trial that I wanted to set up on wound healing has not yet been done. Therefore, I would suggest some new policies facilitating FDA's regulation on CAM devices would be extremely helpful.

Conventional medical education in America emphasizes biochemistry, physiology, pathology, and anatomy. But education in physics is lacking in pre-medicine and medicine. And that means that a knowledge and an application in this area of energy medicine is also lacking. And that may be at least be part of the reason why biological medical devices...

Excuse me, we're coming to the end..

...alright...at any rate, let me just summarize or move forward...in some cases, 20% of bone healing device for example, is utilized in only 20% of the cases, when indicated even though it's non-invasive or expensive, and instead orthopedic surgery is done to accelerate non-union bone fractures. So even with FDA approval there are problems. OK, since I'm running over time, I have the text of this in 8 copies for all of you, and Thank you very much...

Thank you very much, Beverly, next speaker is Catherine Dower..., it's nice to see you

CATHERINE DOWER

It's nice to see you too, Good morning, thanks very much . Good morning to all of you, I'm Catherine Dower, I am the Associate Director of Health, Law and Policy at the UCSF Center for the Health professions. And the Center is a national non-profit research and policy center that addresses the issues of about 200+ health care professions in this country today. The center was established to help assist the health care professionals, health care profession schools, care delivery organizations, and public policy makers respond to the challenges of educating and managing the health care work force that can improve the health and well being of people in our communities. The center is particularly committed to the idea that the nations health will be improved if the public is better informed about the work of health care professionals. This is why we have a very active communications department; we do a lot of work through the mail and on our on-line website. So even if we focus just on the people who provide health care in this country, as the center does, and leave aside for the moment the delivery and financing issues, we face numerous opportunities and challenges, these include technological advances, tele-health, tele-practice, work force shortages, mal-distribution, particularly in rural and some inner city areas, lack of racial and ethnic diversity in the professions, inadequate training for needed skills such as cultural competence, and evidence based practice, and an outdated regulatory system. So emerging professions face these issues, and more, in my perspective the environment to which emerging professions seek to enter is not particularly embracing, as you all know, and is not unique however to complimentary and alternative medicine. Virtually every profession that has sought legal and financial recognition over the past century has faced opposition. Some of the opposition is grounded in legitimate public protection concerns, and some of it has been based on economic or political concerns; so the positions have opposed the nurse practitioners, the dentists the dental hygienists, the ophthalmologist opposed the optometrist, the list goes on every day, each day, in every state legislature, across the country.

Today consumers are driving a new movement and that is this, we have an array of choices of health care practitioners, and diagnostic and treatment modalities. The consumers are actually using these options.

However, as consumers indicate their desire for using these options, the policy makers, who we hear from constantly, ensures the costs all the time to researchers, educators, health care practitioners, who are struggling to address, essential issues of accessibility, safety, efficacy, and cost effectiveness too. Some of the most pressing questions are what are the qualifications of the providers, and how can their qualifications be evaluated. These questions are asked not only for the individual professional level, but also at the profession level. So that is where we are focusing most of our attention. The center is, I just want to tell you about the new project at the center, funded by the Arcave Foundation, we're going to work with an inter-professional task force to create a model, for evaluating developing professions, including those in the CAM world. The model will provide a template for practical information, the policy makers, consumers and insurance companies, etc., can use as they seek to understand and integrate emerging professions in Health care. We expect that the model, its still in progress, but we expect that the model will include criteria, such as education and training pathways, and how to report those options, a professional description

[TAPE I, PART III SIDE B]

UNIDENTIFIED SPEAKER

are influenced by the stresses of treating people's severe illnesses, and these contemplative practices could range from Taiji and Yoga and meditation to being in nature or dance and poetry, and the evaluation will be used for rating procedures already in clinical use. It would train CAM specialists to make evaluations and also they will look at patients' satisfaction therapists and therapy to get a better hand on all this. And the CAMP evaluation could also be applied as a toll to certify interns and residents, and improve the CAM program and also assess the intern performance and patient satisfaction.

Next question is what sources of funds exist for education and training of CAM practitioners. We say this tactfully. Funding is very scarce. There is also very limited funding from foundations and, as I am sure the panel knows, hospital mostly are cash-poor. The solution: external funding coordination. Coordination of training and research programs.

Next question. Are performance standards and guidelines needed to ensure the public will have access to safe and effective practices in interventions?

(THE SPEAKER'S TIME IS UP)

Finish up? OK. I will simply summarize. The key concept is that the government is poised to play a pivotal role as the trusted objective authority committed to disseminating safe and effective CAN education and training, and research both for health-care professionals and the lay public.

DR. GORDON

Thank you. And we do have your written comments?

UNIDENTIFIED SPEAKER

That's correct.

DR. GORDON

Thank you very much. Our next is speaker is Corinne Giantonio.

DR. CORINNE GIANTONIO

My name is Dr. Corinne Giantonio, I'm a Clinical Psychologist and I work with Kaiser Permanente.

DR. GORDON

Could you come closer to the microphone, please?

DR. CORINNE GIANTONIO

And my plea to the CAM Commission is to investigate the potential for insurance plans to do some of the funding in cooperation with other government offerings. I'd like to share a 7-year project that I have

been involved with, where CAM providers were integrated with the primary care physicians merging basically traditional, or using as a spring base traditional medicine, and using alternative medicine as options in the treatment program. Before, populations that were targeted in that, were definitely the patients, the physician themselves working in primary care, the alternative medicine specialists which included acupuncturists, meditation specialists, yoga specialists, and other noetic sciences, and the insurance plan itself. I will say of the beginning that the insurance plan funded this study for the past five years. I'd like to take a look at the demographics of the patients that we did study while we had these CAM professionals on the unit, daily, five days a week. We found that the activated, motivated and foreign patient would seek alternative medicines and generally have financial resources, and were likely to seek free-for service options, such as Yoga retreats, meditation groups, much of what you are knowledgeable about.

Those patients we found most dramatically benefiting from the integrated intervention, which include traditional medicine and CAM options as alternatives with chronic pain patients. They are a captured population to study chronic illness sufferers where we found after this integrated intervention a 38% to 79% decrease in symptomatology, measured primarily behaviorally. Just to give you an idea of the kind of patient population that we worked with, diabetic patients, people suffering from muscular-skeletal pain, fibromyalgia, arthritis, digestive disorders, IBS, nausea, diarrhea, cardio-vascular chest pain, high blood pressure, shortness of breath, headaches, dizziness, light-headedness, fatigue and sleep disorders.

What we found about these patients is that they were generally uninformed regarding the nature of their chronic illness in general. They had unrealistic expectations of their own prognosis, they took or intended a rather passive versus an active position in the cure of their own illness and their lifestyle was one of excesses. We had a high incidence of anxiety and depressive disorders in this population, and we included in here the worried well, and the stable elderly. As can be expected, there was a high incidence of anger, frustration, disgust on the competency of both traditional practitioners, as well as practitioners in the non-traditional roles. These were not people who were seeking out the noetic sciences. I can say, though, that after the intervention, the satisfaction rate was beyond our expectations.

The study of the physicians that we did in this study, demonstrates their dominant attitudes as one of helplessness, powerlessness, distrust on the competency of CAM practitioners, reluctance to refer to practitioners and a perception of relinquishing their responsibility for the care of the patient, so the targeted study, and the advantage of having the CAM practitioners on the unit was one of education and day to day discussing of concrete difficulties that the practitioner themselves were having with these patients. They were as frustrated as the patients were. And then a fear about a discontinuity between traditional interventions and non-traditional interventions. There was a clear resistance to consider the psychological and behavioral aspects at the first assessment, and one of the accomplishments of our work with them was that we got a high compliance of getting physicians to consider these factors right up front rather than downstream, after all the traditional methods had been exasperated. Another characteristic was a reluctance to consider the CAM professional as a partner, as opposed to a downstream last resort kind of effort. This too changed significantly. The characteristics that we found in the alternative medicine practitioners were that the ones that we used, for the most part, had licensure in place. The ones that did regulate their own profession to the point of medical legal censorship, had clear education requirements, both pre-licensure and post, and they were clearly articulated and they had clear proficiency exams. We found this was necessary in order to start to get to first base with traditional medicine.

They were able to generate specific symptom reduction outcome studies, and the key was that they were behavioral in nature. Behavioral characteristics of our own alternative medicine practitioners were that

they were able to fit in or to communicate with the traditional medicine practitioner. They had clear procedures that were referral procedures. They were able to coordinate and tying in with the overall treatment plan, and were willing to keep the control and management of the treatment plan with the primary care physician. We found this also very important.

The alternative medicine treatment plan was symptom specific in assessment language and behavior specific in treatment recommendation in outcome goal. The patient was returned to the primary care physician with behavioral outcomes, success and failures. And even when there was a failure, the primary care physician was able to maintain the ongoing relationship with the alternative practitioner in most cases.

I would like to talk about the insurance company in my last three minutes. Targeting the insurance companies of the nation is important to identify the idea that upstream intervention is going to save the insurance dollar. There is cost savings and the business department of Kaiser has data to support that. As long as the outcomes are behaviorally based, we can measure the outcomes in terms of reduced medical visits and reduced medical visits translates to dollars, savings. I encourage the Commission to consider all the players in fostering and encouraging alternative medicine options. The patient traditional medicine insurance company, and the alternative medicine provider.

DR. GORDON

Thank you very much. Next is Savely Savva.

SAVELY SAVVA

Good morning. I have actually two basic suggestions to make, which are related to the strategic approach to the whole batch and mixed bag of alternative medicine. First is to try to present some taxonomy to what belongs to the complementary and alternative medicine. The main criteria which I suggest is the methodology of clinical and scientific testing which boils down to the question: what is the curative agent, the presumed curative agent? The majority of alternative practices are related to nutrition, to herbs, to massage, to physical interventions, such as ozone or electromagnetic or whatever it is. It is presumed that these agents were standardized procedures that do the job of repairing the physiological malfunction. The testing methodology in this case is absolutely the same as with pharmaceuticals. You eliminate the effect of expectation, possible effects and you conduct randomized double-blind clinical trial. The other domain is when the presumed curative agent is the bio-field interaction between individuals, including the mobilization of the bio-field of the patient, and it encompasses things such as the ancient cultures of QiGong and Yoga and hypnosis, and what is called hands on, lying on the hands, whatever it is. Methodologically it is totally different from the first domain, because the efficacy of the interaction depends mainly on the invulnerability and skills of the practitioner. So, in this second domain, I believe that possibly two goals of inner study can be distinguished. One goal is to certify a particular practitioner without attempting to extrapolate the results from others. The second goal is to try to find out what is going on, and how this interaction sheds light on the general control system of the body. What is key, what is it? How is it? I can point at words, in the first place. So, my suggestion and my interest is in the second domain. It is not at all necessary to concentrate on proving or disproving the efficacy of a particular cure, specially if we are not contemplating to extrapolate it on the whole culture, on the whole methodology. In order to define the nature of the bio-field, there are simpler ways of studying interactions of simpler organisms, finding the most talented individuals rather than going for statistical minor effects. And this is the basis on what actually I want to suggest. I have a particular suggestion, to study a superbly talented Chinese lady, Mrs. Sum, who is much more capable than

whoever I knew before. And the study can be conducted in Russia, or in the particularly accelerated development of plants. And in Russia it can be conducted in academic institutions with a full employment of highly qualified individuals for this plan. This kind of studies, not necessarily medical studies, will shed light on the nature of key or the general control system of the body. Thank you.

DR. GORDON

Thank you very much. Adam Burke.

ADAM BURKE

Good morning. Thank you for the chance to be here and it's very wonderful to see this Commission. It's a good sign of the times, I think.

I am here as an individual from San Francisco State, I am with the Institute for Holistic Healing Studies. We are an undergraduate minor in the University, and for the past twenty years we have been educating students in holistic health. As far as I know we are the only program in the United States of that sort.

My personal interest in being here is to really advocate that we in America keep alternative medicine alternative, and that really necessitates that we consider what alternative medicine really is. A number of years ago, a friend or mine, a very close friend, was diagnosed with a very aggressive lung cancer, and she asked me to come out here when we went to one of the most notable Bay Area hospitals to talk with an Oncologist about her situation. And we met with the Oncologist and one of her Residents for about three minutes. It was a very nice woman. And she said to my friend, "Statistically speaking, you have negligible chance of survival, so we advise no treatment. I am sorry." And that was the end of the session. It was extremely disheartening for my friend. She had just recovered from surgery from a shed metastasis to the brain, had a tumor removed, and this was a week later when we were visiting the Oncologist. Right after that, I took my friend to an Acupuncturist that I had studied with in China Town, a venerable old herbalist, and we went and met with him for about 45 minutes probably. And he talked about politics, and how much he loved Richard Nixon, because Richard Nixon had naturalized him as a citizen. He went on and on and we had a nice conversation. And then, he started talking to my friend about her situation. He said to her "We can't promise you that we'll keep you alive. No one can promise you that. But let's see what we can do. And that was so dramatically different. And that changed my life that moment. That, as a Health Educator and a Social Psychologist and Acupuncturist really made me begin to ponder, "What is alternative health care? And what is healing? And what are we really doing in this field of medicine?" And, I think it's imperative. I'm here today to talk about research specifically. I think it's imperative that as we approach this White House Commission as NIH, as any of these others government backed or paid agencies, look at these issues, or as a country look at this issues, that we keep an incredibly open mind and come to this with the perspective that perhaps there is something to learn even if we don't understand it all yet. And I really think of missionaries at the turn of the Century down in Mexico going and working with the indigenous shamans or whatever, and seeing that something is working, maybe taking some of the crops of the shamans and using those to basically inculcate the natives into Christianity and having no real intention of changing their belief system. The risk of that is that those Christian missionaries perhaps lost the doorway to what they were really seeking, to profound peace, to a really different reality. So, I am hoping that we, as scientists, and as concerned citizens and as consumers of this, really keep an extremely open mind. To that end, I have a number of thoughts that I would like to propose. The first is that we really deeply consider and ask ourselves "What are we trying to understand? What is healing? And specifically, What is alternative medicine? What is alternative health care?" And I think we have to begin this whole enterprise with serious questioning of "What are

we hoping to understand?" The second thing is the research methods that we choose. Anybody who does science knows that the method that we choose affects the data that we find, which drives the theories that we develop. And the reductionistic types of approaches in science, which are tremendously powerful and have gotten us to where we are, which in many ways is good, also can potentially limit the things that we'll find, the data that we'll obtain, and consequently the theories that will derive from that. So I think that's imperative that we begin to explore new research methodologies and be very open to doing things that are unconventional in that regard. The third thing is that it's also tremendously important that we approach this with an extremely open mind, putting aside our biases, and considering the fact that people that might seem very simple, in some ways may actually know a lot more than we do. One of the most profound healers I ever met was an extremely appealing simple man of the mountains in Bali, and he was an amazing healer. He was hands down, the most incredible healer I've ever met in my entire life anywhere. Fourth, and I think this is incredibly important, is that we proactively bring the alternative of community into these research programs. That is not necessarily an easy thing to do. I am a licensed Acupuncturist; I go to lots of Acupuncture events. These people are well trained, but they are not trained in research. They don't have a research interest. They don't understand that world necessarily. And like any kind of diversity program, I think we should approach this with the mind of building diversity and building community. We need to upscale these people in a sense. Empower them, give them the kinds of information and hand all the grabs so they'll have the capacity to really participate in the research in a meaningful way, and that really might take some work. Also, I think part of that is to reduce their fear. Even today, alternative people are persecuted in the United States. Alternative healers are still persecuted. Thirty years ago, Miriam Lee, one of the great ladies of Acupuncture in San Francisco, was severely persecuted.

And the last thing is to really build the educational opportunities of students in the undergraduate and graduate levels, so people may, from the very beginning, think of alternative methods in their research activities. Thank you very much.

DR. GORDON:

Thank you very much, thank all of you. We're going to take a few questions from the Commissioners, and then we'll take a bit of a break afterwards, for the next hour. So, Effie, do you want to begin?

EFFIE POY YEW CHOW

Yes, I just have a couple of comments and questions. I'm glad you brought up the concept of being persecuted and Madam Lee was one of my teachers, and we had to get out of jail and this was back in the 70's and so it has evolved a long way but I think there is a comment about having CAM instituted within the medical institutions. Is this what you recommend totally or what about the practices outside of the institutions and what is the danger of it becoming a medical model instead of a house model? Can you make some comments on that?

UNIDENTIFIED SPEAKER

I think the underline issue is what is safe, what is effective and how you bring the ultimate healthcare to the public, weather it be Western or Eastern healing modalities. And I think I'm stereotyping in generalizing my experience through Larry, and having conversations with him, is that while many specialists, such as Acupuncturists, are interested in doing research, but many are not. But the other side of that is, if an Acupuncturist does research on his or her own, then there is a stronger tendency towards bias, so I think there is a potential and tremendous benefit in terms of being more objective and bringing

effective CAM research information to the public by integrating Western and Eastern modalities. And rather than having them being adversarial, and threatened, caring as many do, not everybody, but there are financial and fiscal concerns about health care wanting that fiscal funding for health care, to bring the two worlds together in a positive, and I underline, objective way. And in my opinion, that would bring the most optimal trusted research information to the lay public healthcare professionals.

UNIDENTIFIED SPEAKER

Yes, I had a question, actually, for the entire panel and then, one for Dr. Giantonio. What is an issue of effort and efficacy in doing research in order to try to clarify safety and efficacy? It seems to me that there is some tension between looking at safety and efficacy, which is defined basically on treatment of diseases that are Western classified and respecting alternative systems which have different classification systems and may not be the same kind of homogeneous groups we are talking about. So, how to bring those two together so that you have the regular science, and yet at the same time respect the systems and keep them alternative as you say, I think, would be useful some suggestions as to how to actually do that, and things that we might be able to suggest as to how the federal government can facilitate that.

UNIDENTIFIED SPEAKER

Just one thought on that, is that the summary was on two CDC review panels, and we are looking at a number of CAM proposals which were really very sophisticated. However, on many of the panels that they had, it seemed that they were heavily staffed with MDs, and while many of the MDs were CAMish, they were still MDs. And I think that by virtue of their training, an MD is different from somebody who is an Acupuncturist, a Chiropractor, whatever, on lots of levels. So again, if they very intentionally and very consciously are bringing the alternative people into positions where they can speak very clearly to that issue, so that their perspective is brought in to the research agenda, and it's not filtered through a predominant model. The MDs are doing a great job in these research grants and large institutions that are funded, but I think that having a clear representation, a wider representation of practitioners would be very helpful.

UNIDENTIFIED SPEAKER

I have a question for Dr. Giantonio. Appear that Kaiser is doing a demonstration project here that is actually integrated, and brought CAM practitioners and produced an integrated care model and is beginning to document what those impacts and those effects are. What I heard you say is that this is something that ought to be done and perhaps what would be useful would be to have some suggestions as to how we can facilitate, not only Kaiser, but other insurance companies and health providers, to do this type of thing, assessing not only the positive impact but also potential negative impact. I know this is going on in Europe more and more with providers, with insurance companies and I am wondering whether you could give us some suggestions as to how to facilitate that, or perhaps even some written suggestions as to who and where to go in that area.

DR. GIANTONIO

Well, one concrete suggestion is for the government to offer incentives to the insurance companies themselves, so that those studies that are available can be duplicated and it does favor a model where you go where the money is, where the power is, in order to build the basis, not the only model. But it's definitely one that I think is untapped in the insurance company area. Because it is an ongoing educational process. That's what I tried to represent in my presentation.

DR. GORDON

Thank you. I have just a couple of requests for you. I would really like if you could give us the full report of the study that's ongoing at Kaiser. That would be very helpful and the information extremely useful and I think we could, seeing the whole context, the full report, would be very helpful to us. The second thing I'd like is, several of you mentioned an issue that's really important and if you have any written formulations about it I would really appreciate receiving them. And that is the whole issue of those healers who are most gifted, extraordinary healers. And some formulation of the way research might proceed. How selection might be made, as well as a kind of theoretical justification for doing it. So, I'm not asking you to do this on the spot, but if you have something that you would like to submit to us, I think that would be helpful too, as we pursue some of these issues. Thank you very much, we'll take a fifteen-minute break, then we'll continue with the panel that's seated up here, and we'll call up the next panel as well.

Okay, we're going to begin. I am going to have to excuse myself in a few minutes for a few minutes and then I'll be back. On this next panel, the first is Dana Ullman.

DANA ULLMAN

Okay, first I want to thank Dr. Groft and his team for picking true leaders in the field to be his Commissioners as represented by the four representatives here. Secondly, I want to remind us all of the well-known words of Hippocrates when he said "First, do no harm", which I consider an integral part of primary care, that I call first medicine. And, in fact, if primary care is so important to our nation, it is virtually widely recognized, and if this first medicine and primary care are part of each other, then we really need to change medical education, so it integrates alternative and complementary medicine. I am going to be addressing my remarks primarily to my own specialty of homeopathic medicine.

According to a 1994 report in the British Medical Journal, approximately 40% of French doctors and 20% of German doctors utilize homeopathic medicines. Over 40% of British physicians offer patients homeopathic medicines and 45% of Dutch physicians consider homeopathic medicines to be effective. This and these statistics show homeopathic medicine should not be considered alternative care, at least in Europe. But despite its stature in Europe, homeopathy is what I call the ruddy danger-field of alternative medicine here in the United States. It simply doesn't get the respect it deserves. I believe that the primary reason for this is that physicians, scientists and the media are inadequately informed about the body of clinical and laboratory research and empirical evidence in the field of homeopathic medicine.

I don't wish to say or imply that all the research on homeopathy is showing to be effective. Still, the body of scientific investigation, in conjunction with its body of empirical evidence, shows that homeopathic medicines provided therapeutic benefits beyond the perceived effect. And as recently as just last month, August 19th, 2000, the British Medical Journal published a study on the homeopathic treatment of allergic rhinitis, and this was the fourth trial by a group of researchers at the University of Glasgow, and ultimately the P value revealing all four studies was .0007, showing quite substantially-significant results. If a conventional drug was found to have this degree of therapeutic benefit along with a high degree of safety associated with homeopathic medicines, these natural medicines should be recommended by most primary care providers, and would be in the medicine cabinets of most allergy sufferers. But sadly, this is not the case.

This has little to do with scientific gatherings, and more to do with medical prejudice, medical chauvinism, and certainly ignorance. So, what can it be done to expand the current research environment for homeopathy specifically? Well, as my colleagues in the past have said, more money. But specifically we should seek to also put priority to replicating studies that have been done, so that we can begin to answer the questions that many skeptics have, and it is: "How much of this is really replicable?" And because of the stature of the White House Commission, I do recommend that you consider publishing series of white papers on the status of laboratory, and critical studies in various fields, homeopathy being one. But you also look beyond just these clinical and laboratory studies and the double blind studies, but look at broader bodies of empirical evidence. Along with this, one other white paper that I think would be essential is to evaluate the benefits and the limitations of this gold standard of scientific inquiry: double blind perceivable control study. In a recently... in fact the New England Journal of Medicine has published two articles that have been questioning some of these issues, and I think it does need to be made more public, because the medical community may know some of the limitations of this gold standard, but certainly the general public doesn't.

In one of the guides to access delivery and reimbursement of these different alternative and complementary health practices, one of the things that also are inadequately known is the body of cost effectiveness studies in the field of homeopathic medicine. The French Government has conducted two major investigations and surveys, one in 1991 and another in 1996, and found a substantially reduced cost associated with homeopathic care, as much as 15% less per clinician and that's per patient, I mean, it's for the entire body of medical expenditures and it also showed a significantly reduced sick leave reduction, providing even more savings. And that's another area, in terms of white papers, that you might consider. Looking at some of these cost-effectiveness studies, so that we can encourage various managed-care companies to look more carefully at this, and hopefully will provide more incentives to their doctors to begin studying these alternative therapies and integrating them in their practice. As a previous speaker said, we are looking for having the Government provide some incentives to managed-care companies, managed-care companies should continue to create their own incentives for their own panels of healthcare providers.

In terms of reimbursement to alternative providers, we have to also be sensitive to the labor intensive care that they provide, more akin to what might be happening in psychological and psychiatric care, rather than just primary care, which often has five to ten minute visits. We are doing that with actually severely limiting the fairness of the reimbursement. I have more comments, but as a part of my written material and I encourage you to read it. Thank you very much.

DR. GORDON

Thank you very much, and especially for these useful studies on usage and cost effectiveness. The next speaker will be Craig Little.

CRAIG LITTLE

Good morning. My name is Craig Little, and I am a Doctor in Chiropractic, and I practice in Hanford, California. This morning I'll be representing the views of the American Chiropractic Association. My compliments to Dr. Gordon, Dr. Groft, and your entire staff in the organization of this, and your hospitality.

I'm going to focus on three of the four areas of today's Town Hall meeting. First of all, the coordinated research and development increase the knowledge of CAM practices and interventions. Everyone here

agrees that research on the efficacy of complementary medicine practices must continue. In addition, as CAM research continues to gain importance, it's imperative that CAM practitioners be involved in all phases of research. The ACA would like to highlight four key areas that the Commission needs to address and discuss regarding CAM research. First of all, support of the NIH Center for Complementary and Alternative medicine, the information clearing-house. The Commission has the opportunity not to reinvent the wheel, there is a host of research currently being conducted, both publicly and privately sponsored, that needs to be collected to reveal where additional research is needed. The Commission has the opportunity to utilize the clearing-house as the central depository of CAM research and to encourage all researchers to submit their findings to the information clearing-house.

Number two, relax federal statutory requirements that impede the use of CAM in federal healthcare programs. Currently, federal programs do not reimburse for complementary and alternative treatments, and the statutory limitations therefor impede research. By not being recognized as providers under this programs, Doctors of Chiropractic as well as other CAM providers, are not provided the opportunity to prove the cost-effectiveness and the efficacy of the services that they provide. Statutes must be changed to allow for CAM providers to participate in all federal programs.

Third, coordinate research with the NIH Center for Complementary and Alternative Medicine. The ACA is pleased to see the increases and support of that NCCAM and supports the need for continued and increased funding of this worthwhile Center. In addition, provide incentives for private industries to invest in CAM research. The Commission should invite all groups involved in CAM research to identify the types of incentives that they need to continue CAM research. The ACA would be happy to supply the Commission with a list of those companies that have contacted the Association on research issues. With regards to guidance to access to, delivery of, and reimbursement for complementary and alternative medicine practices and interventions, the ACA supports that the patient should be afforded the availability to seek treatment by proven complementary and alternative providers without the referral of the medical gate keeper. In addition, both private and federal insurance programs should not limit a practitioner's scope of practice. Proven CAM practitioners must be recognized and reimbursed for reasonable and necessary services provided to their patients. CAM providers should not be reimbursed at a lower rate or be discriminated in any fashion, based on their training or licensure. Direct access must be provided to those CAM providers who possess diagnostic skills to differentiate health conditions that are amenable to their management, from those conditions that require referral or co-management with other healthcare professionals. Doctors of Chiropractics recognize the value of working in cooperation with other healthcare practitioners and acknowledge the responsibility to do so when it's in the best interest of the patient. Doctors of Chiropractics are currently excluded from participating in federal healthcare plans, and are extremely limited in the scope of reimbursable services they can provide to Medicare beneficiaries.

In its formal recommendations, the Commission must address the impediments to Chiropractic so that all consumers have appropriate access to Chiropractic treatment. With regards to training, education, certification and licensure, providers of proven complementary and alternative medicine must be trained and educated at an accredited institution. In addition, State licensure should be considered, to insure that only trained and educated providers are treating the public. To create a better awareness of CAM practices, medical school students should be required to take a course on complementary and alternative treatments, so that they are familiar with the alternatives available to their patients. They should be encouraged throughout their schooling to refer patients to CAM providers, or pursuing the overall care of their patients. The Council on Chiropractic Education, an agency accredited through the United States Department of Education, accredits all Chiropractic colleges. Chiropractic curriculum consists of a minimum of four academic years of professional education, averaging almost five thousand hours.

Under the auspices of all Chiropractic colleges, students are required to practice practical examinations under manipulation skills and pass the Clinical Competency Exam prior to Internship. There is regular skill testing for Licensure, through the National Board of Chiropractic Examiners. All states require examination prior to licensure. Currently, there are very limited funds available to fund Chiropractic and other types of CAM education. For example, the Public Health Service Act does not recognize Doctors of Chiropractics or other CAM providers to participate in the Federal Student Loan Repayment Program. The Commission, in its formal recommendations, must ensure that CAM students have access to federal funds and federal repayment programs to assist in the repayment of their student loans. Thank you for the opportunity to address the views of the American Chiropractic Association.

DR. GORDON

Our next speaker will be Millie Tseng, from the Santa Clara County Employee Wellness.

MILLIE TSENG

Thank you. My name is Millie Tseng. I am a Public Health Nurse with the Santa Clara County Employee-Wellness Program. I am also a QiGong master, with a private practice in San Jose. I am very excited to hear all the speakers this morning, practically everybody address the issues that we face, the topic that is very deep in my heart and I am very passionate about it. That's why I decided to come and talk today. As a Public Health Nurse in a government agency, we are always looking for credible well-researched scientific data to back us up in the programs that we offer. In the Employee-Wellness Program, our mission is to enhance the health and well being of nineteen thousand employees in Santa Clara County. And the programs that we typically provide are exercise classes, Yoga, Taiji, and nutrition and behavioral changes classes, and to target people with chronic conditions. As you all know, heart disease, diabetes, asthma, those are the chronic conditions that cost the employers a lot of money and take away the employees from their work. So we also offer classes on diabetes and a class called Chronic Disease Self-Management Program, which was developed by the Stanford Center for Patient Research and Disease Prevention. From teaching those classes, we have employees that have chronic fatigue syndrome, fibro-mialgia, migraine headaches and hypertension and heart disease, and come to our classes and they learn the behavioral change model. However, as a QiGong master, I know there is more than we could do for this group of employees. I have been hesitant in offering classes in QiGong, because, so far, we don't have a good amount of data to substantiate that class. As a government agency we are not as brave as some of the private institutions that could offer frontier classes, and we have to answer to the taxpayers questions about where tax money goes.

So, it is very important to me that I look at the way that research is done. From the my observations as a Public Health Nurse, I've had opportunity to read a lot of journals, including those of complementary and alternative therapies, and I have not come across a lot of data to give me the strength to go to the Board of Supervisors and say, "Okay, this is what I have and let's do this program here."

[END OF TAPE III SIDE B]

[TAPE II, PART IV, SIDE B]

..... the programs that we typically provide, are the exercise classes- yoga, Taiji and in nutrition and behavioural changes classes; and to target the people with chronic conditions. As you all know, heart disease, diabetes, and asthma- those are the chronic conditions that cause the employers a lot of money

and take away the employees from their work. So, we also offer classes on diabetes, and a class called Chronic Disease Self-management Program, which was developed by Stanford Center for Patient Research and Disease Prevention. From teaching, those classes we have employees that have Chronic Fatigue Syndrome, Fibromyalgia, migraine headaches and hypertension, and heart disease; and come to our classes, and they learn that behavioral change model. However, I asked a Qigong master; I know there is more that we could do for this group of employers. I have been hesitant in offering classes in Qigong [?] because so far we don't have a good amount of data to substantiate that class. As a government agency, we are not as brave as some of the private institutions that could offer, you know, frontier classes; and we have to answer to the taxpayers questions about where tax money goes. So, this is very important to me, to look at the way that research is done. From the observation that I have, as a public health nurse, I have opportunity to read a lot of journal's, including those of complementary and alternative therapies; and I have not come by a lot of data to give me the strength to go to the board of supervisors, and say, "Okay, this is what I have, let's do this program". Therefore, I'd like the government, in the policy-setting, to address some of the research issues, and I think there are some ... the first program in the research is in traditional Western medicine investigators or researchers; we tend to look at our body in ... parts; tend to compartmentalize our body, and as compared to ..., kin Eastern medical practitioners we look at our body as a 'whole'; and that if the Chi is full, and the Chi flows in pathways of meridians, and if the Chi is full, and you will maintain health, and to ensure all the organs are working... function normally. So, localized symptoms that are presenting in one part of the body may not be just a problem that is caused in that locality; it may be a reflection of a problem that is caused by a problem in a distant part of your body. It's just like refer pain, when we have heart attacks or have gall bladder attacks. Anyway, so, I see that it's a problem; and so we... a solution to me, would be to have cross-trainings that, if the government, if NIH sets policy to encourage medical schools and to encourage people who get the NIH grants, to have cross-trainings of Western medicine, researchers, and few practitioners; especially those who come from their native countries, who doesn't speak English, but have the expertise of doing that- of providing the skill- and to have cross-training so we can come to some kind of consensus, and [when] this needs to be done before the research is designed. So, because, when you are looking at the outcome, you need to look at more than just the reduction of one particular symptom; because there may be... a body... the way I look at our body, is like an onion. When we... when the Chi works, it reduce, it peels off the first layer, and then it works on a second layer, until it gets to the core problem. Anyway, so, I really advocate for the cross training, and I appreciate having today's opportunity, and I really thank-you for your leadership in this; and I will Fax you my speech for the rest of the information. I have a couple more points but I'll Fax you that information.

Thank-you very much.

The next speaker will be Lixin Huang from the American College of Traditional Chinese Medicine, here in San Francisco.

LIXIN HUANG

Thank-you.

Thank-you commissioner Chow; and thank-you, Michelle, and thank all the commissioners to invite me to be here.

My name is Lixin Huang; I am the President of American College of Traditional Chinese Medicine. My brief presentation today will focus on the education training of health care practitioners in traditional Chinese medicine; since of this is one of the topics that the commissioners would like to address.

The American College of traditional Chinese medicine was established in 1980. In 1987, the college successfully established the first four-year graduate program in traditional Chinese medicine in the United States. The institution greatly improved the cause of health care by providing graduate education in patient care; enabled thousands of people to integrate traditional Chinese medicine into their daily lives. We have served both national and international community of students, patients, health-care professionals, and the public. Our graduates practice acupuncture, herbal medicine, Taiji, Qigong; in many parts of the United States, and also in other countries: such as Germany, Israel, Japan, Switzerland, Australia, Canada, Russia, and Finland. The college has provided health care services to seniors, men and women, children, stroke patients, HIV/AIDS patients, and cancer patients. Our work is well recognized by the San Francisco Department of Public Health, the California Pacific Medical Centre, and several city community-health-care clinics. We dedicate ourselves to education, research, and patient-care; continuously improve standards of professionalism in practice, and excellence in traditional Chinese medicine.

The American College of Traditional Chinese Medicine has taken a leadership role in defining and advancing the use of traditional Chinese medicine in American healthcare. This medicine, which has been mentioned by several speakers this morning, is an ancient medical system based on the philosophical Chinese concept that's when a human body is kept in harmonious balance, health and well-being are naturally maintained. Chinese medicine has a long history- about 3000 years; it encompasses a wide variety of perspectives, such as internal medicine, pediatrics, dermatology, mental dysfunction, gerontology, immune deficiency, and many areas. The validity of this medicine has been developed over the past 3000 years.

Since the early 1970's, traditional Chinese medicine has been adopted rapidly in the United States. Today, thirty-eight states passed the legislation for licensed acupuncturists to practice this ancient healing art. Six thousand students are currently studying acupuncture and herbal medicine at 40 private schools across the United States, recognized by the Accreditation Commission for Acupuncture and Oriental Medicine, and by the U.S. Department of Education. Among the students, some are medical doctors, physical therapists, nurse-practitioners, nurses psychologists and pharmacists. Many more students and their family members received benefits of Chinese medicine, decided to make a career change to provide their healing arts to help more people. There are currently 20,000 practitioners, practicing acupuncture and herbal medicine, Taiji, Qigong, in the United States.

People need this ancient healing art; since they are low-cost, effective, remarkably safe, with few side effects. With the rapidly [increasing] aging population in the United States, our health-care system has some crisis. Traditional Chinese medicine has many effective ways to contribute to the health-care needs of senior citizens. While many people today in this country cannot afford the high cost of health care, traditional Chinese medicine is able to provide low-cost health care to the people. However, the health insurance industry- HMOs, hospitals, and the government- have not fully recognized, nor provided support to traditional Chinese medicine; to make it available to the U.S. people, despite the fact that 20% of the people in today's world are using this medicine effectively. Unless the government gives strong support in the policy, many people in this country cannot not receive the benefits of traditional Chinese medicine. I hope the commissioner's report will break some constructive recommendations to the President and the Congress, the support traditional Chinese medicine, and support other complementary and alternative medicines.

Thank-you very much.

Dr. Jonas or Dr. Chow, any questions?

I had a couple of questions ... one to Craig Little on ... a couple of items that you mentioned ... and to get some clarification ...

You mentioned that you thought that there should not be lied scope of practice, and then highlighted the incredible amount of training that chiropractors go through, on muscular skeletal areas; and certainly, AHRQ's report on chiropractic profession; which, I think, most would agree is extremely comprehensive, highlighted that the muscular skeletal areas were the areas that were primarily the ones that chiropractors actually dealt with, in their day-to-day practice. And so, are you suggesting that the scope of practice of individuals well trained and licensed in that area, then should be expanded to all areas, or...? I was a little confused by that ... and not limited to muscular skeletal? ... is that what you were saying?

Yes, and ...

So they should be able to be primary-care practitioners; prescribe drugs, do diagnostic testing?

No, because that's really outside what the chiropractic profession considers its scope...

Let me give you an example: In the state of California- in most states- chiropractors have a very broad scope of practice with regards to diagnostic and, you know, treatment modalities. However, in the Federal arena, such as Medicare, we are very limited on what we can perform; limited by way of what's reimbursed. There may be some complementary types of techniques that we can utilize- physiological, therapeutics, and a lot of other modalities that aren't recognized in the Federal program, so we're ... and for an evaluation services, as well. So there's a difference in what happens federally, and under federal health-care programs, under Medicare programs, versus what we do in most states. So that's what limits that scope; not so much a barrier by way of legislative but what's actually recognized in the federal programs. so there are scope limitations and descriptions, but they vary widely and different groups apply different...

State to state...

State to state as far as licensure and scope of practice , which is, by far, broader than what is recognized in federal programs ...

Right...

Ms. Tang, I was curious by your reluctance to develop a Qigong program; and I wondered, is there a Taiji program in the, in the... among the employees?

We do have a Taiji program, and we do have a yoga program. Those two are viewed mostly by administrators in common perceptions, as exercise programs. In a Qigong program goes a little bit deeper than that- the style that I practice is called "medical Qigong"; and it does reduce symptoms, and... actually our current administration is very brave, and they have just given me permission to start a program, sometime in the spring, and so I am... I feel very fortunate but it has been five years since I have explored with my administration; so, it has taken this long. And, and ...

Was a lot of that because that was viewed as more medical, than, say Taiji; because certainly Taiji can

effect medical conditions ...

Right.

Okay, good; thank you.

There has been general reference by members of panel, and there's been reference here, too, and anyone can answer it, if you wish, but particular, Dr. Little. Mentioned here is: "Providers of complimentary and alternative medicine must be trained and educated at an accredited institution" ... you know, complimentary and alternative medicine is defined as all things that are outside of the purview of the modern Western medicine; and so that's a great variety- hundreds of different ways and methods; and some is the mind, some is the spirit, some is a physical ... In a general statement like this, I wonder if you might want to clarify what you're meaning about the providers- are you speaking about the chiropractic itself, only, or referring to the whole rubric of complimentary/alternative medicine? I guess I'm wanting some clarification, and those people who are going to be speaking about training ..., we believe, too, that there should be proper training; perhaps you'd like to elaborate on that.

Well, proper training and, basically, a level field; when it comes to accreditation processes, and as far as disciplines. As was mentioned here, the United States Department of Education recognizes, at least to my knowledge, I know chiropractic and as well as acupuncture; and that type of accreditation is really in the best interests of the consumer and in the best interests of policy; so, that type of going through the processes for that type of accreditation is important.

What about the practice of the mind; and what about the practice of the spirit ... do you classify that in with this ...

In looking at that, those practices integrated into, I think as you're speaking, are they integrated into all disciplines and ... as far as making ... fragmenting it, and making a separate institution to accredit; I'm not sure that that's ... I don't think that that's what you're speaking about; but if...

Well, I, I think your talking about, there's prayer, there's imaging

Yes.

... it's not physical, you know it's a definite ... area. So I'm not just directing it to you; I'm just sort of bringing this forth, because, there's been some generalization, and as all CAM therapies should be accredited and licensed, etc.; what about imaging, prayer, and meditation, and all of that?

I'd like to expand my answer to Dr. Jonas, earlier. Part of the consideration and concerns that we have; Qigong, because there're different modalities- the Taoists, the Buddhists ... and as a government agency we are very careful about not bringing in any question about whether we're providing services that are religious-specific; and the mind, the body the spirit- yes, in general, people accept that but they don't accept it with association to a particular religion.

I want to respond to Dr. Chow's concerns. There has generally been a model in healthcare, that licensure is the appropriate way of providing regulation, but in this field of alternative healthcare, I think it gets a little murky. What makes more sense, is there be title-licensing acts, so that, in fact, if you go through certain training programs and pass certain tests only you can call yourself an acupuncturist, or a homeopath, or a chiropractor, or whatever. That doesn't mean that another professional cannot use

homeopathic medicines, cannot due some physical therapy to the back or to specific joints. We have to be careful that we don't create within our own field, the tendency towards monopolization and segmentation of the therapies; especially in this field.

One of the things as time goes on, again that we'd like you to be thinking about, is exactly the kind of issues, Dana, that you're just raising; because, there certainly is that tendency for different, different, of these, not exactly new professions; but of these other-than-conventional professions to begin to claim exclusive rights to a particular territory. So I look forward to all of you thinking about these things, and sending us any thoughts you have on these; and we will be specifically addressing them when we have education panels, but thanks for bringing them up now.

Thank you, that was the point of my question.

I just wanted to mention one more thing, in response to some of your comments, Dana, on the homeopathic research, that is an issue in terms of an obstacle around research and research methods. If you look at the homeopathic research in aggregate, compared to what we do for many things that are accepted in in-practice, it's not nearly of the same extent, in terms of the number of trials and this type of thing. I mean, it just isn't; and, of course that speaks to a lot of things: 1) we need more funding due to the research, but 2) we also can't claim that there's a whole lot of evidence in those areas; and I think another obstacle is, in a number of these areas, in which from the Western perspective they're implausible; and one of the things that's often brought up is that very implausible things, like homeopathy, require extraordinary evidence; which means you needed perhaps a different level of evidence; and it might be difficult or if not impossible, at this point, to provide.,

Thank you, very much- Thank you, all

We'll begin with the next panel, and the first speaker; on... do you want to call up the subsequent panel...

Lynn Murphy; Karen Scott; Stephen Bent; and Bradley Jacobs- could come up, and be seated, and readiness; thank you.

The first speaker on the next panel will be Bruce Shelton.

Hello; thank you very much.

I want to assure the committee that I actually practiced timing my talk, to fit in the time frame. Good Morning! Mr. Chairman and members of the Commission; my name is Dr. Bruce Shelton. It's an honour to appear before you. I am a Board-certified medical doctor; homeopathic family physician; licensed in Arizona as both, a medical physician and a homeopathic medical physician. I am the president of the Arizona Board of Homeopathic Medical Examiners, and bring you official greetings on behalf of the State of Arizona.

I have brought to you today, and you have a copy of this, and give me an extra minute and I'll read it to you, a proclamation from the Secretary of State of Arizona, showing our State's commitment to integrative medicine as one of only three states having a separate Board of Homeopathic Medical Examiners, open to graduate MDs and Dos, that qualify in the fields of: classical homeopathy, acupuncture, ortho-molecular medicine, chelation therapy, neuro-muscular integration, nutrition, and pharmaceutical medicine. I am personally a graduate of New York Medical College and I am a

Diplomate of the British Institute of Homeopathy. In January, I will become the National Medical Director of Heal, Incorporated of Albuquerque, NM and Baden-Baden, Germany. Heal, Inc. is one of the largest manufacturers of combination homeopathic remedies, and my comments made today are also made on their behalf.

I call to your attention that homeopathic medicines were, and are legally part of the United States pharmacopoeia; and have been ever since that law was established in 1938. This is the same law that established the FDA. Herbs are not part of it; homeopathies are, medicines are. Homeopathics, of course, have been on the scene since 1797, when this school of medicine was established by Dr. Samuel Hahnemann, MD, a medical doctor who developed both the words: Homeopathy and Allopathy, to differentiate himself from his non-believing peers. Homeopathics being a similar pathos or suffering, and Allopathics being an opposite pathos or suffering. Similars being a permanent cure, and opposites only a temporary cure- for as long as the patient is on the remedy. To quote from the Bible (which is an example of what I feel these two words mean): "Give a man a fish, and you feed him for a day; teach him how to fish, and you feed him for the rest of his life."

Even though Homeopathy is legal in this Country, as the remedies themselves, it has been unfairly discriminated against by third-party insurers, hospitals, governments, and the drug companies who realized that the lesser-priced homeopathies represent competition for higher cost pharmaceuticals. Not only does Homeopathy and integrative medicine work in a kinder, more gentler manner, and more completely, but it saves money in large amounts.

Therefore, what should be done to bring this to the fore, and move our work forward?

1. Seeing that it's legal already, mandate that discriminating against it is improper; allow third party payers to pay for its legal use; create the several hundred missing procedure codes to add to the already existing tens of thousands of codes that we live under, that will allow for its coverage. Allow HICVA and Medicare to tell properly licensed physicians to deliver services to patients that want and need them.
2. Seeing that as it is legal, as it is in Arizona and several other States, allow hospitals to use integrative medicine, after full disclosure and full consent between doctor and patient. Make sure that patients know of its legal existence, and give them the freedom of choice that they deserve.
3. Seeing that everyone is literally crying for the reduction in the high cost of healthcare, commission the studies and data collection, through large patient populations, based on outcome studies, not double-blind; outcome studies and the tenets of quantum physics, which explains this, if you just read quantum physics- its been around since Albert Einstein talked about it. To give our political and business leaders the data we all need to make informed decisions.
4. Allow States, such as Arizona, who have a Board of qualified medical examiners, to judge procedures; such as Dardfield blood evaluation, Bioterrain analysis, and other valued complimentary lab tests- to go forward by empowering CLEA, which has no understanding right now of these procedures, with new regulations that they need, that will allow this type of work to proceed under proper regulations.
At last,
5. Take the stigma of 'voodoo medicine' out of this important subject, by allowing science to proceed unhampered. The scientific method, itself, demands that observations be proved or disproved methodically; the anecdotal observations involving literally tens, if not hundreds of millions of patients, have been around for hundreds of years. The current method of verification; i.e., double-blind studies, are anti-competitively structured to keep the truth from the light.

Most of us in this room already know that it works; all that we're missing is the correct political and legal courage to bring it about, even if that means amending the Sherman Act- the antitrust act. We applaud the work of this Commission, and pledge the support of those we represent; to move our important work forward, as quickly and as efficiently as possible- the health of our society depends on our success.

If I have an extra minute, I'll read the proclamation ...

No.

I guess you can read it yourself.

Thank you, very much.

Thank you.

Kenneth Saucier, please.

I am very much impressed by the movement of this committee, into new areas; and I think that we are about to see the advent of a bright new future in medicine. I'm a little embarrassed- I thought there was going to be an overhead projector, so I'm going to have to change my procedure, a little bit. I'll provide you with another description of what I am saying.

I'm connected with the Qigong Institute, my interest is in science; and the obtaining scientific information on the development of medical Qigong research; and, in that regard, I've designed a computerized Qigong database, which collects all the work that I've been able to find- over sixteen hundred references and abstracts, in English, of work that's been done, worldwide. Most of the research in Qigong, you may know, has been done in China; and some of it is mindboggling, in a way, because it shows us what can be done. Unfortunately, the research is not of the highest quality that we would like, so the direction that we must take, I think, is to try to select those subjects among those that look good, for further validation; and I have some suggestions in that regard. I believe that the ... not only must we consider medical applications, and I would suggest such things as asthma, diabetes, hypertension, and pain, among other things- there are many- but also, I think that we may consider social applications, and among these is rehabilitation, using Qigong in a ... for example, in hospitals and clinics; in juvenile detention centers; in jails, where inmates have really their need for guidance and rehabilitation; of course, drug addicts; and then, in schools; and commerce, industry- the stress reduction is a subject of Qigong, that could address very well. Dr. Chow and Michael Mayer, and some other people here, have been working in that area; and I think that Qigong has particular promise in the area of improving health- that is, mental health, physical health, sleep, and sexual health. I think that we must consider not only the efficacy of these forms of medical Qigong, but also the cost effectiveness; and there have been some examples, recently, of cost effectiveness- Dr. Ruth, there in Germany, did some research with asthma, and showed that there was some remarkable cost effectiveness among the patients.

As far as research is concerned, and I think that the United States is really way behind with respect to what's going on in other countries. In China, unfortunately, it looks like research is going to be strictly curtailed because of political reasons; and it's a great pity, but Japan research in Qigong and related areas; is very much alive; the government is supporting research there- it had a first five-year program, which has just been renewed at two and one-half times the previous funding. They have a group of researchers, which are really producing a lot of research, which is published in a journal, in English; but

... Outside, in the United States, as you may know, there is very little going on; and part of that is the difficulty of funding. I think that some of that is due to some of the cumbersomeness of making applications to NIH; and I am just wondering whether the double-blind ? requirement is a very strict kind of requirement- and it probably cannot be easily met, when one is dealing with a mind-body-spirit... healing thing, as Qigong. So, I would wonder whether we should consider more pilot studies, simpler ones that can be implemented with less requirements; so that we can outline some new opportunities for new research.

So, thank you very much.

Thank you, very much. Thank you for your work, and providing information about this.

Peg Jordan

Well, I'm very grateful to the Committee; for coming to San Francisco, first- it's where things start here, I'm also grateful to the Clinton Administration, in fact, for this what may be conceived as the last, enlightened act, before they depart. I'm also happy that the Committee has allowed me to bring a voice in perspective of medical anthropology to this public hearing. I've been a registered nurse and a health journalist for over twenty years; I was the Channel 2 health reporter here; I've been with CNN, and Fox. I've also been in the trenches of Biomedicine, running ICU, CCU at major medical centers as a nurse; and from there, I've just kind of started reporting out more and more from the margins, really, as I looked at the health landscape, and that led me, basically, to this completing a doctorate in medical anthropology. From this viewpoint, I've been very acutely aware that, like many of us, the chronicity of illness is truly one of our singular challenges coming up in this next era; and just in time- we have an evolving medical pluralism afoot; we have East talking to West, we have North talking to South, we have industrialized talking to indigenous; and, no where else, do I find the conversations more open and flourishing, than right here, in San Francisco and northern California.

What I'm going to do is present some summaries of the three years of field work I've done; ethnographic field research, as medical anthropologists visiting and studying clinics throughout North America- they call themselves, 'Integrated Medicine Clinics'. And I use that word, right now, kind of tenuously, because what I found in most models was more of a subjugative medicine; in other words, a co-opting of many different health disciplines, under the belt of the one person in charge- using them as if they were kind of an expanded menu/options to choose from. Now, this is really kind of nothing new in the history of medicine; wherever we've had cultures rubbing up against one another, there's often a creative emergence- a co-opting, it's unpredictable in its form, its impact. But I've also witnessed, throughout Canada, British Columbia, both eastern Canada, some clinics in Ohio, of all places; Santa Cruz, and three here in northern California. A new model that's emerging, that is fascinating, that has got a democratic, level playing field- something we're all kind of talking about here, wondering about; where disparate, medical world views actually sit, in circle, with each other. Now they're doing this in experimental models; they're doing it without pay; and they're doing it so that they can leave their kind of isolated practice, with its typical blinders on, and they kind of "rub elbows", next to people from homeopathy, traditional Chinese medicine, Irvédics, herbology, psychology, holistic 'L' paths, Biofeedback imagery. They are sitting anywhere from two hours, to a half-day, in circle with each other. Some of the circles are doing this with someone with a chronic illness; in other words, someone who has been exhausted in terms of time and resources, and money- is very tired of going off alone and trekking to each one of these practitioners, for an answer to their chronic problems. And what they found was, that this circle, this circle has a sense, a resonance in itself in a way; that they can receive information from each of these disciplines, in a very time-efficient manner. And I have a proposal, right now in my

findings, that looks at what is happening in some of these circles- at least three that I have observed, is a common nomenclature starting to evolve, in which I watched an Irveda practioner say, "you know, this one I think I can do a lot with, 'cause we really cover that trunk well- we really know the digestive fires". And I've watched the homeopaths saying, "Yeah, I think I'll recede and let you go for this one:. In other words, because we're sitting in circle together, and listening to each other; and I think this is the first step, and I offer this as ethnography. Before the qualitative and quantitative measurements come out, look at it like an anthropologist landing on the shore, and seeing some really interesting, fascinating people at work. You ask: 'who are you? What are you doing? What are your interactions? What is the dynamic here?' And just because it is the Year 2000, and we have a chance for all of us to come together in dialogue; what I'm having to do is write down the various types of interactions that are happening; and watching a levelling effect, and watching the pedestal get knocked out of some of the different disciplines; and watching the mouth of the MD go aghast as the ? and body worker recommends something.

So, this is the open dialogue that I really feel is very rich, and full of cross-fertilization and possibilities. I suggest this to you, in closing, as a means of looking at a new natural healthcare, natural medicine continuum. I'm also an advisory board member for California Association of Naturopaths; and you'll be hearing more from Sally Lemont on that. But, in so doing, these healing circles could represent a new addition to peer review and quality assurance, in which they're able to determine what are some of the best modalities to approach this chronic illness

Thank you, very much.

Next, will be Michael Mayer.

Thank you, very much to the Commission for being here, and particularly being at this place, that, in San Francisco, where we're opened up to the East, at the place of the Golden Gate Bridge. And a lot of my life has always been about that kind of integration, myself- I remember very early in my life, I would sit by a rock and listen to two rivers coming together, way before I knew anything about meditation or psychology. And the Native Americans believed that those images that are there early in our life effect the way that our lives unfold; and part of the Native American healing is to take a name like that. So, that idea of two rivers joining, has been a lot of my work, as both a Psychologist and a Qigong teacher. I've been in practice as a Psychologist for about twenty-five years, and teaching Qigong for about twenty. And I think I have a unique perspective in relationship to watching how at one point Psychology was seen as being an alternative approach to healing; and I watched in California, for many years hospitals weren't allowing Psychologists to come in, and would stop the kind of integration that I feel is very important to healing. The distinction between Eastern and Western approaches to healing is very interesting, in that we try to isolate variables in the West; and, in the East, this aspect of integration is very important. Even here, I was needing to say that I am part of just one thing, which is the Body-Mind Healing Center, and yet I'm part of some of the research that Peg Jordan is talking about, at the Health Medicine Forum, and you'll hear from our director, Dr. ? ? , later, I'm the associate director of that group. I was part of the integrative approaches at San Francisco State University. But today, I feel like I might be able to give best help just in terms of talking about this idea of integration; because I'll go into places like the American College of Traditional Chinese Medicine, and talk about the importance of integrating Psychology with Qigong; and I'll talk to Psychologists about the importance of integrating Eastern forms of medicine with Psychology. And in our statistical studies, we want to do one thing or the other- we want to use outcomes ? to find what is the one thing affecting us. And yet, this idea that if I'm working with somebody in terms of Qigong; they have things that are going on in their hearts, their minds, their bodies, that are very much a part of their lives. And as a Psychologist, when I'm working with people

that have anxiety disorders, I bring in aspects of self-touch- I've been trained as an acupressurist, and got a certification in that- and in Qigong, there is no certification. When I go into medical settings, and it can have doctors that are part of my teaching at the California Institute of Integral Studies, for example; they come out of my class and they're very impressed with the healing abilities of what Qigong can do for them- they've experienced it. And when I ask them, can you bring this into the hospitals, they say 'no way'; the credentialing is really poor in terms of Qigong. The studies don't really prove many things. And so, again, I'm stuck with two rivers- I'm in between worlds that way; and, I wrote an article, recently, for the Journal of Alternative and Complimentary Medicine on Qigong and hypertension, which I'll submit to you for review; as well as my article on chronic pain- again going back to the idea of integrative approaches. And when we try to separate things out; when I have a patient that might have a lower back problem, I have a team that Peg Jordan was talking about- our orthopaedic surgeons sometimes will refer somebody like that to me, as well as to the acupuncturist, as well as to the chiropractor, as well as to many other people; and this person that has the lower back problem, working with all of us- that was scheduled for surgery- at one moment they'll have an incredible image arise, when I'm doing a combination of hypnosis and Qigong with them; and something will emerge, where deep tears will come from a memory of what was blocked- in this particular case a rape that the person had repressed for many years. But on a more macro-cosmic level, in terms of what are the policy implications of this, medical settings have a hard time letting in, not only Psychologists- that has changed to some degree- but in terms of allowing in alternative practioners; and there are some good reasons for that, because the training has not been, in this Country, what it could and should be. So, in relationship to advocating something to consider, we could distinguish because we're really limited by integrating and integrative approaches to medicine into the healthcare system. And we may want to distinguish various different levels that somehow have more funding for Qigong, educationally, and there's a distinction between that and the medical practice; and, right now, I think that Qigong could be incorporated into places that are giving acupuncture training- they could even be... why separate; why not have Qigong be part of continuing education? Why not have Qigong teachers taking continuing education as part of their own training; and have Qigong people required, just like I as a Psychologist am, to take courses in research methodology, to take courses in ethics, to take courses in safety; because there are legitimate concerns that the public has in terms of all those areas.

So, I thank you very much, for listening to this; and I've incorporated two different papers to give you for your review.

Thank you,

Thank you, all

Effie, Wayne- questions?

Thanks. Thank you for your deliveries. The concern about credentialing, and then also, for good research, I want to be clear that I do appreciate that. Sometimes I put questions out to be a little bit 'devil advocate', and maybe push your thinking beyond the limits that we sometimes limit ourselves. So, are we too quick to jump to credentialing?

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More macrocosmic level in terms of what policy implications it is. Medical settings have a hard time letting in not only psychologists, that has changed to some degree, but in terms of allowing alternative practitioners. And there some good reasons for that, because the training has not been, in this country, what it could and should be. So, in relationship to advocating something to consider, we could distinguish, because we are really limited by integrating and integrative approaches to medicine into the healthcare system and we may want to distinguish various different levels that somehow have more funding for Qingong educationally and there's a distinction between that in the medical practice, and right now I think that Qingong could be incorporated into places that are giving acupuncture training, they could even be... Why separate them? Why not have Qingong part of continuing education? Why not have Qingong teachers taking continuing education as part of their own training and have Qingong people required, just like I as a psychologist am to take courses in research methodology, to take courses in ethics, to take courses in safety, because there are legitimate concerns that the public has in terms of all those areas. So, I thank you very much for listening to this and I've incorporated two different papers to give you a review.

Thank you, all. Are there, Effy, Lane, questions?

Thank you for your deliveries and the concern about credentialing and then also for good research. I want to be clear, that I do appreciate that. Sometimes I put questions out to be a little devil advocate and maybe push your thinking beyond the limits that we sometimes limit ourself... So, are we too quick to jump to credentiling?

Just using Qingong as an example, It's been in China 5,000 years and they are dealing with the question of credentialing now, and because of politics etc. it's run into a problem ... And yet it's done such wonderful things... Are we letting ourselves get scared when an institute says, well, what' the credentialing? or what credentials do you have? Perhaps, we could be brave and say (I think that needs to be explored) there is no basic credentialing now and ... About rushing into credentialing now, I know there are groups that are now wanting to set up standards right now, you for the can, so I threw this out and I liked what you said about medical anthropology and the way you look at things and perhaps more... And I know that the commission we have really, um, question about the research methodologies and perhaps if people like you could come up with ideas too, concrete ideas on what would constitute either than basic scientific research, to us that would be helpful.

1. I have a question for Dr. Shelton. I assume that you advocate a separate regular ...process or licensing for holistic physicians as is in Arizona as is... Is this what it is in Arizona, I mean it's a separate from the medical board...
2. It's a separate medical board
3. That basically sets up it's own rules and that type of thing?

Is the administration that you represent, Bruce Bavick used to be Governor of Arizona before he went to become Secretary of the interior, and he's the one responsible for the wisdom behind the homeopathic board 20 years ago. It is a separate licensing board of MDs and DOs who qualify in any of those 6 modalities that I've mentioned. If you pass the test you get licensed as a homeopathic MD whether you be a DO or MD that you're tested by peers who believe that this is real, that you won't get in trouble by using a homeopathic instead of an anti-inflammatory, for instance.

4. Right. So does the board then look for qualifications in any of these fields or in all of these fields?

5. At this moment it's any one or more.
6. So they'll each be done separately... So you'll get a homeopathic certification or you'll get an acupuncture certification and then you can add or do as many or few of this... But they're not necessarily certified to do all of those things.
7. No, not at all... The thing that you might find interesting... you ought to hold the hearing in Minnesota. Have you seen what they've done there? In May of this year they passed a law that any practitioner just has to register with their health department and as long as they give full in form consent they're free to go. They don't have to be... I mean, everyone in this room, who is ... all the different types move to Minneapolis and you can practice there now. Jesse Ventura allowed us to go through. It's an interesting state. We're going to look into it
8. I have a couple of other things to ask... I really like to find out more about the ... You said the research in the area of Qingong is increasing and Japan has just been refunded ... I'd like to find out more of that is... What it is that they're actually doing, whether or not it's government supported, how that process is occurring . Dr Seans here ... so I just would like to get some information about that , you know, what is that project, what is it doing, especially if in China you say the amount of research is going to go down, you know, which is where obviously the history and past and the expertise has been
9. Two of the international councils on Qingong which were supposed to be held in China in September this month have not... they've been canceled. And in Japan, starting maybe 5, 6 years ago they're a group of about 10 or so scientists who dedicated and they got together every month or so, they designed an experiment and then they went somebody's laboratory and they brought their equipment and so they started a very strong base of cooperative research and has developed so much that they have been able to get funding from the government to 2 and I think million dollars for 5 years and that first grant expired this year and it was renewed at 2,5 times that amount
10. And was that from the government, the Japanese government?
11. Japanese government, a branch of the Japanese government. So they used this money, partly for funding this research, they also go to China where there are people with exceptional abilities, and they bring the residents at loan of them and so it's a multi level thing they have not done much with medical Qingong It's mostly experimental. I think the doctors there are even perhaps less open to participating with Qingong than they are here, if that's possible
12. And Dr. I asked also if you had some information about the ... circles... That's a beautiful image that you've painted of this process and it would be wonderful to get more information the details about what that is...
13. Oh, sure...
14. It's almost Dr. But I don't expect you to read my dissertation but I will summarize them and send them into the commission
15. Thank you all very much and while we're getting ready for the next panel we want to call the subsequent matter

First on this panel is Lynn Murphy

16. Thank you and thank you all for your dedication and your commitment to this commission. And I'm delighted to be here. I'm the mother of a now 24 year old Where 20myears ago he was diagnosed with hyperactive and told that he needed RYDOLIN and we went from DR to DR and there was no clue as to really what the cause of this was and we stumbled across a diet that ended up helping him. We're not the only family in the US that this has helped and I'm here representing the Feingold association of which I'm a volunteer and also talking about... on behalf of all those children who still need help... The Feingold Association to start with is a non-profit consumer network of parents of children who are sensitive to food additives. We personally assist about

3000 families a year and see about a 60-75% success rate. We show them, we show these families how to find real food in fast-food restaurants, in the super-markets and also how to rediscover actually cooking. Many families who this a good try report that they have a child that's either greatly improved or maybe just it takes an edge off their anger. These families are the lucky ones though, they stumbled across this and it's usually without the help of a doctor that they've found it. Part or all of the answer to their child's chronic attention, behavior or health problems lies within diet. But there's still many more. Considering just one condition, Attention deficit disorder, that's ADHD, it affects one out of every 20 children in this country, that's a staggering amount. It's the number one psychiatric condition among children. Over the past 25 years the Feingold Association has assisted over half a million families nationwide to improve their quality of life by simply eating real food. So, what's the problem here? We have a program that's working? Well, eating real food as a therapeutic option, implies that there is a problem with our food supply in this country. And that has brought over the past 25 years endless debate, despite the research. There are about 2,000,000 families who are searching for answers and there's many barriers to them getting these answers. So, why shouldn't they be told of this therapeutic option -simply eating real food - before they are put on powerful, psychoactive drugs? Well, the reason is that the physicians are simply afraid to recommend something that is a departure from the main stream. One such physician, right here in San Francisco, who you will hear about from the next speaker, had a licensing action against him. One of the charges was recommending a variation of this diet, the Feingold program. The irony is, that there are many more studies showing a link between food colorings alone and hyperactivity and there are studies about the safety of psychoactive drugs. That did not impress the judge, however, I was there, and the way it works in California, is it doesn't matter if the patient gets better and it doesn't even matter if there are studies. What matters is what the mainstream of doctors is doing. What the mainstream is doing about ADHD is recommending a series of drugs and giving an approving nod to psychotherapy. That's it. This does not foster progress and understanding, that biological basis for ADHD, and it does not serve families well. And our nation's children are being drugged, many unnecessarily, and there are severe side effects to these drugs. Hilary Clinton's task force is interested in investing \$6,000,000 in proving the safety of the drugs. I have a request of the Commission. Could you please call her up and let her know that there is an issue that should be addressed first and are these drugs really needed in the first place? I tried to call her; she did not return my call. I sent her the same booklet that you have in your packet from me. One solution, and I know that you've asked for solutions would be to encourage the administration to invest its \$6,000,000 into uncovering the cause of attention and behavior problem, not just putting a band-aid approach of drugs upon it. The Feingold Association has also asked the assistants of the National Institutes of Health, almost 2 years ago a special panel was developed and they came up with a consensus statement which included "The studies regarding attention and behavior and diet" were intriguing and worthy of more research. Another request: Could you please help us understand how many studies are enough? Knowing that would be part of the solution. How many studies are really enough before physicians can adopt a treatment? Feingold Association is not the only organization that recognizes the importance of the diet-behavior connection. In your packet you'll see that green and white booklet called "Diet, ADHD and Behavior" and it has specific recommendations in there and also some guidelines for research and what it might include to get to the bottom of this. So in summary, please check out the research yourselves and if there's anything you can do to get the powers to be to stop lying about the studies that show in fact a very real connection between the food-coloring alone and behavior, we would be very grateful and so would about 2,000,000 children and their families in this country. Thank you.

17. Thank you very much. Karen Scott. Good afternoon. For the past 16 years my sister and I have been the patients of Dr Robert Sinaiko. He was an allergist and immunologist in the San Francisco

Bay area until October of last year. This story exemplifies how our access to alternative and progressive physicians and treatments has been denied. Dr Sinaiko is an exceptional physician who is working to improve the lives of people suffering from complex and poorly understood problems such as chronic fatigue, multiple chemical sensitivity, ADHD and autism. In an effort to bring to his patients the latest advances in medicine, Dr Sinaiko is using a treatment called EPD (Enzyme Potentiated Desensitization). EPD consists of low dose antigens mixed with an enzyme. EPD has been used in Europe for decades and a number of studies have been published on EPD, proving it is more effective than traditional therapies. Also EPD has been shown to occasionally reverse autism and other chronic conditions such as AUDIMUNE THORODISTIC. It is currently in this country. Dr Sinaiko is always working ... also working on the ways to improve to improve the care of his patients using best knowledge of several fields of specialty. He was particularly involved in developing more knowledge of Salvation System Function and its relation to Diet therapy in autism and ADHD. His research includes developing a noninvasive test that would predetermine which ADHD and autistic children would respond to diet and antifungue therapies. Usually these children are simply given drugs, namely Ritalin. Additionally Dr Sinaiko taught a medical class at USCF. In a zealous attempt to stand by alternative medicine, the Medical Board of California has forced this position out of practice with a Kangaroo trial that had nothing to do with justice. Despite the fact that no patients have been harmed, and that his use of new diagnostic and therapeutic measures has improved the quality of life for his patients with chronic illnesses. The Medical Board refused to allow into evidence science and research studies that validated the progressive care Dr Sinaiko was providing this his patients. Instead followed their own expert opinions with no supporting evidence and research. The Medical Board has stated that the aforementioned illnesses do not exist and has chosen not to look at the evidence to the contrary. It becomes clear that diagnosing chronic fatigue, multiple chemical sensitivity or ADHD child for allergies or bringing the latest advances in science to patients is dangerous a medical practitioner's license in the state of California. The California Medical Board irrigated to itself the right to decide scientific controversy and remove the license or severely punish anyone who dares disagree. Dr Sinaiko now works at Sharper Image. The Medical Board of California put him on approbation so restricted and horrendous that he's not allowed to care for any of his patients. His office has been closed and his patients are unable to find medical care for their very difficult to treat illnesses. Their access to progressive medical care has been denied. My sister and I have been forced to seek medical treatment two states away. Many patients are in fragile condition and more than a few patients say that they're in danger of dying without the care they need. Their access to alternative care has been denied. The principles of medical ethics adopted by the American Medical Association in 1980 states: "A physician shall continue to study, apply and advance scientific knowledge, make relevant information available to patients, colleagues and the public". The World Medical Association's International Code of Medical Ethics under duties of physicians to the sick: "A physician shall owe his patients complete loyalty on all resources of his science". The Declaration of Tokyo states that a doctor must have complete clinical independence in deciding about the care of a person for whom he or she is medically responsible. The doctor's fundamental role is relieve the stress of his or her fellow men and no motive personal, collective or political shall prevent against this higher purpose. I believe that all human beings have inherited the right to choose how to best care for their health. That the Medical Board of California would use public funds of administrative office to carry out a private agenda for alternative and progressive medicine ethics with their actions. We are in desperate need of federal intervention, such as the "Access to Medical Treatment Act" or the "Thomas Novaro FDA Patient's Right Act". We need protection against private agendas being played out publicly. It is my hope that the White House Commission of Complementary and Alternative Medicine will be a positive step forward and restore freedom of medical choice to Americans and preventing the persecution and injustice

done to forward thinking physicians using alternative medicine. Thank you!

18. Members of the Commission, my name is Steven Bent . I'm an internal medicine physician and a clinical investigator at the OSHER Center for Integrative Medicine in the university of California, San Francisco. Thank you for this opportunity to hear our thoughts about setting an agenda for researching complimentary and alternative medicine. As we think about how to expand and stimulate research in CAM, we must remember why we were interested in this area. There are three main reasons why we should aggressively pursue research in Complimentary and Alternative Medicine (CAM).

a) the public is obviously interested in Cam. Surveys show an increasing use and increasing spending on CAM therapies. In order for patients to make in form treatment decisions about whether to use certain CAM therapies, they need high-quality information about safety and efficacy. Currently, there is limited available information.

b) CAM treatments are often directed at medical conditions, for conventional treatments produce sub-optimal results. CAM use is high and 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 treatments have the potential to bring substantial benefits to this large group of patients who are often dissatisfied with their medical care. CAM treatments place a greater emphasis on a 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 points that should be part of the overall plan

1) Establish a system for creating priority areas of research. 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: those with the high prevalence of use, those directed at medical conditions for which patients believe standard therapies are particularly ineffective and those that have been systematically reviewed and found to have evidence suggesting safety and efficacy. Although high-quality studies are generally lacking an examination of true literature, especially foreign language literature, often provides evidence to suggest whether specific treatments are likely to be of substantial benefit.

2) Increase Government funding for research. Unlike research of mini pharmaceutical and surgical treatments, most CAM treatments do not have the potential to make money for corporations and so, they must rely on funds from the non-profit sector. For example: at the OSHER Center for Integrative Medicine we have begun a control trial of the herb San Palmetto for benign prostatic hyperplasia. This study will provide the first conclusive evidence about the safety and efficacy which has the potential to benefit the majority of men over 50. It is supported entirely by the NIH. Since herbs can not be patented, most herbal companies have small or non existent research budgets, studies of herbs so much as this one must be supported by federal grants. Although funding has increased substantially the total budget of the NCCAM is till only a small fraction of budgets at other major institutes at 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 under-served who have a high prevalence of disorders that do not respond well to standard medical therapies.

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

And finally, most funding should be directed towards realizing control trials - the best research designed for determining safety and efficacy. Although CAM presents unique challenges with regard to the design of the control trials, such as blinding, individualized treatments, etc. These are obstacles that can be overcome. In summary, we are optimistic about the potential for providing the public with the kind of research they seek and deserve. We believe, it can be best accomplished by: defining priorities of research, increasing Government funding, directing funds towards academic medical centers, training young investigators and emphasizing reanimate control trial. The public academic community is anxious to play the central role in the open-minded and scientifically rigorous exploration of CAM therapies.

- Thank you very much. Bradley Jacobs

- Chairman, commissioners, good afternoon. Thank you for inviting me today. I'm the infro director of the OSHER Center for Integrative Medicine for the clinic and I'm the Assistant Clinical Professor of the University of Californian San Francisco. As a Faculty member at a Public University and medical center I'm here to speak on the importance of expanding our educational commitment within the field of integrative medicine towards medical schools and allied health professional schools. Specifically today I want to discuss three issues:

- The US Medical Community is not adequately trained to discuss issues related to CAM with the general population and as a result we believe that preventable morbidity and mortality is likely to result. We believe, there is an urgent need therefore to educate our medical community to prevent this crisis.

- Secondly, there is a lack of high-quality education for healthcare professionals and such information should be easily accessible, objective and embedded with scientific rigor and no such educational programs exist currently.

- Third, healthcare professionals need training in the following areas: communication skills, attitudinal and sensitivity training. This is particularly important in this field as a result of deeply embedded cross-cultural and diversity issues that are related to this area. So, part #1: the US Medical Community is not adequately trained at this point to discuss related to CAM with their patients. Despite the significant use of CAM across the general population the vast majority of medical schools are not training their students. We're afraid that as a result of that, it's very difficult to imagine that our physicians will be trained to engage in responsible dialog with their patients. At UCSF we recently conducted a survey. This survey showed that among the faculty practicing at UCSF, over half of them had personally used ACAM therapy in their own life. And over half of them had actually referred patients to CAM therapy. At the same time they also said that they don't feel equipped to discuss CAM therapy with their patients. In the absence of the Community of Healthcare Professionals that are well trained in this area, patients will indeed remain reluctant to tell their providers that they are using CAM therapies. Without this

communication we are afraid that adverse events may be noted. Given the current strain on the healthcare system, this will surely only exacerbate the already strained doctor - patient relationship. For example, imagine an elderly patient who is an anti-..... for a stroke. At the same time they're taking ginkgo, perhaps, for dementia. If there's no communication to the provider of this, then during the initial few months while they're on antic regulation, they're at a higher risk for bleeding side effects. And without that communication the physician can not adequately monitor the patient correctly. Likewise, for patients with HIV, a similar problem. Many are depressed and take St. John's wort for antirechovival therapy. Without communication with the provider they may change the therapy, thinking the person developed drug resistance, when actually the problem is that the St. John's wort has reduced levels and as a result of that drug resistance has ensued, again preventable, had the discussion taken place.

Point #2 is: In order to provide education, we need access to good information, high quality information. Such information in our opinion should be accessible, objective and embedded with scientific rigor. There are several private companies that are doing this; academic institutions are particularly well placed to do this. We are geared towards the public. These programs should remain objective with scientific rigor. At UCSF we are developing a web-site to try and evaluate healthcare web-sites so look at their scientific rigor.

Lastly, we need communicational skills and attitudinal training to be improved in our health care professions. We are doing this again at UCSF but we need help. We need help across the universities, across the country and we need the Government's help in order to do this. Despite our help from the Dean of this school, Highly Deboss, we still do not have enough energy or resources to do a good job at this. So I'm here today to request that the Government expand its commitment to education, to public institutions. Thank you.

- Thank you very much. Are there questions from listeners? Deane, do you want to begin?
- At the OSHER Center is there a clinical component, an educational component, a research component in that, so you're developing or have developed an integrative clinic that involves CAM practitioners in some way or these physicians that are trained in some modalities, or how is that organized?
- There are three divisions basically, like you said: education, research and clinical. The clinical is the last one. The first to step forward and we're developing them now, so that the clinic is not open but we will be bringing in physicians that are trained in CAM modalities as well as CAM practitioners. And with a model that Dr Jordan mentioned, that integrative medicine model.
- This is a quick question for Karen Scott. What is the name of the therapy for...
- Enzyme Potentiated Desensializaion.
- EPD? You said it's under an IRB?
- Yes
- So if it's under an IRB then why was the licensing Board after Dr Sinaiko
- They pulled out everything and anything they could use against him, they called using an EPD

subjugating a drug, they charged him with using off label drug use, for using antifunguls on ADHD children even though he had all kinds of studies showing that ...

- But was he practicing under this IRB? That's what I'm curious about...

- Yes, he was under the IRB. Originally he started with his own patients, the FDA testimony was that he was allowed to use it as long as it was not used in interstate comrals, as long as he only used it on his own patients. But the problem is that the Medical Board has no checks and balances. They do whatever they want to do and there's no justice in the Medical Board. That is the problem and all of these people that are talking about all these different therapies and the research won't do any good if the Medical Board sits there and: I like your opinion, but you guys don't have a license.

- Karen, I really appreciate your bringing this passion. If you could give us names of people and some more detailed information about the case. This is exactly the kind of issue that we are particularly interested in. One of the issues that we'd been discussing will be addressing in the research panel and I invite you ... We don't have time to include you on that panel of October 5th and 6th, but I certainly would welcome you and anyone else who would like to make public comment on this issue, but I would like in the future for us to think about how we can look at specific cases, like this one, and we can look and talk at the different layers including the State Medical Board. I want to mention also that we are having representatives from the State Medical Boards who'll be testifying regarding research issues at our October 5th and 6th meetings in Washington

- We have made some efforts to put in "A Physician's Right to Practice" bill SP2100 to protect physicians like Dr Sinaiko. We had not been able to get it through the system. I understand it was the consumer's TURNEY this time, they just gathered the Bill. The people who are in these positions just don't want to see alternate care.

- Whatever information you can provide... the more you can help us pull together information and suggest people who we might want to be hearing from, that would be a great help to us. This is a kind of issue that's of a great concern to us.

- Just in addition to that... Karen you made that statement that said the Medical Board have a private agenda... Would that be good to kind of list your impressions on what that is and be more specific in your general statements...

- Well, honestly, I don't know what these people talk about individually.... There's been some concern that they're a part of anti-alternative groups such as QUACK Busters and Federation of State Boards... They showed extreme bias in their prosecution of my doctor, extreme bias...

- I just wanted to complement Drs Bent and Jacobs' work you're doing at the OSHER Center. I think it's a great example of what I'd like to see more of in all academic centers.

- One comment also I'd like to make is we not only welcome you at our meetings, but those of you who are here, we encourage you to let other people know about the meetings that we are going to be having in the future. That's one of the reasons we gave you the schedule. And we encourage other people let other people know to let the public generally know and to circulate word of our

meetings in whatever ways you possibly can, we want as many people as possible to come forward and to share with us their experience. Thank you. We move ahead with the next panel and the first speaker is Jan Dederick... OK, we're going to bring up the first group of people who were speaking... on site speakers...

- These are the people who registered for on site: Roma Russel, Garry Gordon, Tolley McCarel and Silvia Margolis...

- Jan Dederick, please.

- I'm not here with any organization, I'm here as a mother. I do have credentials, I was licensed in chiropractor, I'm certified in biofield therapeutics and I'm pretty trained in homeopathy. I raised two wonderful kids on solely complementary medical care. I'm a little embarrassed to say that a lot of it has been my own which I know goes against everyone's... I find myself in my community of friends being someone whom people call up when they want support in kind of taking charge in their kids' medical problems. They don't want to run to Kaiser right away, they want...you know...a lot of what I want to say has already been said this morning about research, I feel it's very very, so important when setting up the research on CAM to make a space for each of these alternative therapies to express their own individual selves. Within the research environment it is not necessary to demonstrate the validity according to the criterion that control clinical and pharmaceutical trials ultimately the test has to be what helps people mostly in their lives. Clinical research is highly valid and should be at least as respected as the instrumentation quantitative kind of research and this has come up this morning; the Qingong, the homeopathy, I mean, centuries of clinical evidence should count for a lot, I think that CAM people may be hesitant to join in research with the medical community because of that history. Osteopaths were pretty much absorbed into the medical community in the thirties, the chiropractics are struggling to maintain their autonomy now, so I think there may be a little element of trepidation among these small people that... and I include myself in that... most of my time I spend doing biofield work and you know I just go ahead and I do what I do to help as many people as I can help. And it would be wonderful if it could be incorporated in the medical system and I am really pleased that this is happening today but there is part of me also that is kind of suspicious because of the history. About the uniform standards... I believe that the UK Council and complementary medicine set up for defining alternative therapies and certifying them and so, and forth. And just about everything over there is reimbursed, even the spiritual healing. So you folks might well just look at their model and see how adaptable it is. Performing standards on CAM of course are necessary but again must be defined internally according to their own values not subject to the medical big brother and finally the work I do is all about emotion in the body and how it affects us. And I think that it is crucial for all of us to remember healthcare as a highly charged issue. We all have lots of emotion about it and to try to forget it or deny it is silly. The point is not to convince each other who is right or wrong but to establish an environment of tolerance within which people are most free to pursue their optimum health as they define it and we need each to look at own biases with as much humility as we can muster. And finally, a little hiccup which came up this morning while listening to everyone and I'll just share it with everyone with a little quavering voice: The eye watches itself looking through lenses of various colors.

- Carole Ceresa

- My name Carole Ceresa. I have a Master's in Health System's Leadership and I'm a registered dietician. I have been a full-time practicing dietician over the last 30 years. One of the most

gratifying things that I've been involved in is initiating, implementing and maintaining a wellness program for both patients and for staff at the Medical Center. I currently work at a well-respected 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, 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 wellbeing. We advocate the delivery of high-quality nutrition services to all citizens using nutrition Services as not the only but the primer 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 5 the pre-selected areas, which are on the documents you've been provided. The responses are noted to correspond to the following numbered topic headings listed on the Town Hall registration form. Topic 2: "Guidance for access to delivery of and reimbursement of complementary and alternative medicine, practices and interventions". Our recommendations for improving access to safe and effective complementary and alternative medicine, practices and interventions are :

- include registered dietitian provided nutrition services specifically MNT as part of universal healthcare 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 startup companies of which we have a few in the Bay area that provide and purport CAM. There actually are some dietitians working for these companies. Groups offering services at CAM provider should be required to check credentials. Credentialing standards should meet the American Accreditation Healthcare Commission quality standards for credential provider in each category.
- Promote the option of a healthcare policy writer for defined CAM benefits or promote the inclusion of CAM benefits incorporated into the CORE benefit
- Our recommendations for types of CAM's practices and interventions that should be reimbursed through federal programs or other healthcare coverage systems
- Include CAM practices , only CAM practices that show some level of efficacy through clinical trials or scientific studies.
- We encourage the coverage of MNT nutrition therapy as CAM coverage service.
- Next is Ann Kolker

- My name is Ann Kolker and I have a Master's in Nutritional Sciences and currently I am a dietetic intern. So I do have a vast interest in today's topic and specifically in regards to food and herbs and supplements. Today I'm addressing the training, education, certification, licensure and accountability of healthcare practitioners in Complementary and Alternative Medicines. In order to assure safe and effective CAM practices, the California Dietetic Association's supports required training, education and credentialing for nutrition practitioners. Standards for CAM credentialing should be established and registered dietitians who are most qualified to represent the science

Is a very safe and a very subtle, but a very powerful form of medicine. We've been lucky so far in terms of our access to herbal medicine, because it's been classified as nutritional supplement. I'm sure you've been aware of stories that have been happening in the media lately, where herbs have been slandered and such, and what I think is going to have to develop, and I hope this commission looks into this, is developing a separate classification between food supplements and drugs, for herbal medicines that might potentially be harmful to the public if they're not using them properly.

-Thank you very much.

-I have a comment to make. I really appreciate the diversity of opinion and the pros and the cons to set side by side and to be able to dialog. And I think more of this should be fostered and appreciate all the differences of opinion. That's the comment I have.

-I want to make a similar comment. I don't think you could have orchestrated a panel better than this if you had planned it. I do want to reiterate the importance of science and to emphasize that the history of conventional medicine has been one of repeated errors until we got to a place where we figured out methodology's to try to sort things out and many people were treated with frankly very dangerous and ineffective things for many years. Until really just in the last 50 years, I would say, certainly science as a basic science has only been around for about a hundred years and a randomized control trial first one was done, at least the first official one, in official history books, was only done 50 years ago. So we're really evolving these methods, these methods are still young in many cases, and so not only do we need to pay attention to them because of the benefit they've found but because we also need to make sure that we pay attention to their evolution, and their advancement, looking for how that occurs. And I really appreciate the comments that have been made by this panel along those lines.

- I have a question and a comment. The question is California the only state in which herbalism is tested as part of the licensure for the acupunctures?

- That is correct.

- Why was this decision made? What was the rationale behind?

- Chinese medicines actually have a fairly long history in California dating back to the gold rush. It was the only form of medicine available, it existed on the ground where Chinese practitioners were using acupuncture and herbs and when finally there was enough momentum to legalize the profession, the scope of the licensing act included herbal medicine.

- Nevada was the first state that legalized acupuncture, California was the second. So we have the preview of practicing herb and CHIgon and acupressure and all the ramifications of traditional Chinese medicine. But there is a licensing through the National Commission for Certification,

Acupuncture and Oriental Medicine (NCCAOM) and unfortunately Alex Feign is on the board of that. He was here, but has just left, but they license for acupuncture, so you get a national diplomat in acupuncture and they have just in the past few years have made a licensure in herbs. So, you have a national diplomat in herbology and they're now moving to a massage and touch therapy as well. They were also considering other aspects.

- One thing that I think we would welcome in the future is the whole question of what licensure should be in herbalism, whether it's Chinese or any other kind of herbal therapy. That's an issue that's come in a lot in questions people have raised. The other comment or really repast I would like to make is for people who are concerned about the use of proper research methodology. It includes certainly all of us on the Commission. I'd appreciate any kinds of thoughts or guidelines that you have about research methodology which you think are appropriate or which kinds of studies, which kinds of procedures, which kinds of diagnostic tests, which kinds of therapeutic approaches. Any contribution to that dialog will be very much welcome. I know a number of you have raised issues about that. We do want to ensure that research methodology is appropriate to the approaches being studied and the questions being asked. So we're very glad you brought up this issue and would appreciate any of your input over the next few months.

- I think the research is fine. I think first of all you have to define what you mean by research and model. As an engineer, a model means something entirely different to me than to you. I mean can you show me a meridian physically? I can show you a cell; I can show you a bacteria. Show me a meridian, show me stored energy, show me that a prayer will fix a broken arm with a compound fracture. I will say it's like perpetual motion. It's nonsense. If you spend our money for that when there are thousands of people dying every year because the Government is not doing their job in auto safety, like Firestone, should have been taken to court long ago if the Government was spending their money properly. Now I don't mind you guys coming here and doing research and setting up things, but I want my money to be used effectively, because I'm not throwing my money away like the tax people say, I'm giving my money away for a service.

- Thank you.

- So, let's begin now with Brian Fennel first.

- I'm Brian Fennel, President of Council of Acupuncturists and Oriental Medicine Association. We're the largest representative organization of licensed acupuncturists of the US. The Council promotes high standards of training and practice in our profession which includes the procedures and modalities of acupuncture, herbal medicine, manual therapy etc, exercise, breathing techniques and various other adjacent therapies. While the majority of our profession practices license primary health providers in the US, three additionally classified is primarily treating physicians and their co-workers in California. We would like to comment that the composition of these additions seems odd and somewhat deficient in some massage and some modalities. One is perhaps an acupuncturist who specializes in traditional Chinese herbal medicine (I know you don't have the power to change the Commission). And the other one is... There are over 200,000 massage therapists which is the primary and the largest CAM modality there is and they are not represented on the commission either. In alternative pointing members would be to setup an advisory committee or individual advisors that would represent all of the CAM therapies and professions. You had an itemized check list, so I put these down and am just going to read them in order:

- Acupuncturists and massage therapists do not lie outside of conventional science. They've simply have not been well explained in conventional scientific terms yet. This is regarding research. Firstly, the only way to conduct studies in a practical manner is to encourage the employment of CAM professionals in existing medical institutions. That is happening more and more. The primary obstacle to overcome is one of trust in the school and training of CAM professionals. Educational and professional standards address some of the issues. Second, some of the economic and scientific models and assumptions used in determining funding and research needs changing. While the medical establishment has historically refused funding for the study of CAM therapies, the same medical establishment has admonished CAM therapists for lack of scientific research and ignored the fact that from 60-70% of standard medical procedures have no scientific evidence to support effectiveness. With the NIH CAM studies research funding some of the lack of funding problems we partially addressed. However the motto and focus of research funding is still biased and

Specifically in regards to foods and herbs and supplements. Today I'm addressing the training, education, certification, licensure and accountability of healthcare practitioners in complementary and alternative medicines. In order to assure safe and effective camp practices, the California dietetic association supports required training, education and credentialing for nutrition practitioners. Standards CAM credentialing should be established and registered dieticians who are most qualified to represent the science and practice of nutrition should be included in setting these standards. The registered dietician is the nutrition expert and is uniquely qualified to provide wellness, nutrition counseling as well as medical nutrition therapy. RDs are nationally credentialed by the Commission on Dietetic Registration. We are required to receive a 4 year degree in the science of nutrition from a nationally accredited university, followed by 900 hours of supervised experience in a clinical and community program. And finally, to successfully complete a national registration exam 75 hours of continuing education are also required every 5 years to maintain registration. This ensures RDs stay abreast of new developments in our field. In addition to national registration, 40 states including Washington DC and Puerto Rico license and certify dietitians. The California Dietetic Association supports the integration of CAM into continuing education of the nutrition profession and is also recommending that other healthcare professionals such as physicians, pharmacists and nurses do the same.

VI WHC (Side A)

9-8-00

.....think specifically in regards to food and herbs and supplements, today I am addressing the training education certification licensure and accountability of health care practitioners in complementary and alternative medicines. In order to assure safe and effective CAM practices the California Dietetic Association supports required train and education and credentialing for nutrition practitioners. Standards for CAM credentials should be established and registered dieticians who are most qualified to represent the science and practice of nutrition, should be included in setting these standards. The registered dietician is the nutrition expert and is uniquely qualified to provide wellness and nutrition counseling, as well as medical nutrition therapy. Our deeds are nationally credentialed by the commission on Dietetic Registration. We are required to receive a 4-year degree in the Science of Nutrition from a nationally accredited university, followed by 900 hours of supervised experience in a clinical and community program. And finally to successfully complete a national registration exam. Seventy-five hours of continuing education are also required every five years to maintain registration. This insures registered dieticians stay abreast of new developments in our field, in addition to national registration, 40 states including Washington, DC and Puerto Rico license or certify dieticians. The California Dietetic Association supports the integration of CAM into continuing education of the nutrition profession and is also recommending that other health care professionals such as physicians, pharmacists and nurses do the same. Thank you, Next is Andrea Garham.

Hi. My name is Andrea Garham and I am a dietetic intern at San Francisco State University, I'm addressing the delivery of reliable and useful information on CAM to health care professionals and the public. California Dietetic Association recommends, has some recommendations for how the public can receive useful reliable updated information about CAM practices and interventions.....

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It's a very safe, very subtle but very powerful form of medicine. We've been lucky so far in terms of our access to herbal medicine, because it's been classified as nutritional supplement. I'm sure you've been aware of stories that have been happening in the media lately, where herbs have been slandered and such, and what I think is going to have to develop, and I hope this commission looks into this, is developing a separate classification between food supplements and drugs for herbal medicines that might potentially be harmful to the public if they're not using them properly.

-Thank you very much.

-I have a comment to make. I really appreciate the diversity of opinion and the pros and the cons to set side by side and to be able to dialog. And I think more of this should be fostered and appreciate all the differences of opinion. That's the comment I have.

-I want to make a similar comment. I don't think you could have orchestrated a panel better than this if you had planned it. I do want to reiterate the importance of science and to emphasize that the history of conventional medicine has been one of repeated errors until we got to a place where we figured out methodology's to try to sort things out and many people were treated with frankly very dangerous and ineffective things for many years. Until really just in the last 50 years, I would say, certainly science as a basic science has only been around for about a hundred years, and a randomized control trial first was done, at least the first official one, in official history books, only 50 years ago. We're really evolving

these methods; these methods are still young in many cases. And so not only do we need to pay attention to them because of the benefit they've found but because we also need to make sure that we pay attention to their evolution, and their advancement, looking for how that occurs. And I really appreciate the comments that have been made by this panel along those lines.

- I have a question and a comment. The question is California the only state in which herbalism is tested as part of the licensure for the acupuncture?

- That is correct.

- Why was this decision made? What was the rationale behind?

- Chinese medicines actually have a fairly long history in California dating back to the gold rush. It was the only form of medicine available, it existed on the ground where Chinese practitioners were using acupuncture and herbs and when finally there was enough momentum to legalize the profession, the scope of the licensing act included herbal medicine.

- Nevada was the first state that legalized acupuncture, California was the second. So we have the preview of practicing herb and Qigong and acupuncture and all the ramifications of traditional Chinese medicine. But there is a licensing through the National Commission for Certification, Acupuncture and Oriental Medicine (NCCAOM) and unfortunately Alex Feign is on the board of that. He was here, but has just left, but they license for acupuncture, so you get a national diplomate in acupuncture and they have just in the past few years have made a licensure in herbs. So, you have a national diplomate in herbology and they're now moving to a massage and touch therapy as well. They were also considering other aspects.

- One thing that I think we would welcome in the future is the whole question of what licensure should be in herbalism, whether it's Chinese or any other kind of herbal therapy. That's an issue that's come in a lot in questions people have raised. The other comment or really repast I would like to make is for people who are concerned about the use of proper research methodology. It includes certainly all of us on the Commission. I'd appreciate any kinds of thoughts or guidelines that you have about research methodology which you think are appropriate or which kinds of studies, which kinds of procedures, which kinds of diagnostic tests, which kinds of therapeutic approaches. Any contribution to that dialog will be very much welcome. I know a number of you have raised issues about that. We do want to ensure that research methodology is appropriate to the approaches being studied and the questions being asked. So we're very glad you brought up this issue and would appreciate any of your input over the next few months.

- I think the research is fine. I think first of all you have to define what you mean by research and model. As an engineer, a model means something entirely different to me than to you. I mean can you show me a meridian physically? I can show you a cell; I can show you a bacteria. Show me a meridian, show me stored energy, show me that a prayer will fix a broken arm with a compound fracture. I will say it's like perpetual motion. It's nonsense. If you spend our money for that when there are thousands of people dying every year because the Government is not doing their job in auto safety, like Firestone, should have been taken to court long ago if the Government was spending their money properly. Now I don't mind you guys coming here and doing research and setting up things, but I want my money to be used effectively, because I'm not throwing my money away like the tax people say, I'm giving my money away for a service.