- Thank you.

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

Brian Fennel

- 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 peered standards address some of the issues. Second, some of the economic and scientific models and assumptions used in determining funding and research need 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 has no scientific evidence to support effectiveness. With the NNIH 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 tending to emphasize serious and terminal illnesses, such as cancer and AIDS. While researching the effectiveness of CAM for these diseases is fine, the complaints about a lack of research for CAM everyday illnesses and injuries needs to be addressed as well. We'd recommend practical studies in the effectiveness of medical therapy for such illnesses as back pain or CORPORAL TUNNEL syndrome, both of which are serious causes of loss of productivity in the workplace. Secondly, we would like research to be conducted in a practical and pragmatic manner with effectiveness as the primary goal of any study. For example, when an acupuncturist treats a patient for coroporaltunnel syndrome we utilize all the tools in our bag, acupuncture, massage exercise, and perhaps internal herbal medicine. Studies need to be directed to the effectiveness of oriental medicine as a whole in the treatment. Later we study the pieces. We believe that access can be improved by education of existing healthcare professionals about CAM therapies and CAM professionals. There's a lot of ineffective CAM therapies that are being taught and there's aneed of basic education not only to the public, but to physicians, nurses and other medical staff, as well as hospital manage care administrators. So that we are not hauled off together as clax and oddities. We'd like to see more effort on the part of local hospitals, and medical clinics using organizational community resources to get together with the local CAM professionals and establish a healthy working relationship with them. We've been attempting to have acupuncture covered with their Medicare and federal employees insurance for the past 5 years but to no avail. Acupuncture, herbal medicine should be covered under these programs. Utilization,

management procedures, that are already well established minimize overteatment and ineffective treatment regardless of the procedure and the modality CAM therapies would fit right into the existing models. Licensing is not universal throughout the country nor are standards universal at this time. While license in all 50 states even the physicians have not a national licensing standard they had to discuss. Yet chiropractics have attained reciprocity in only 40 of the50 states. Acupuncturists have some sort of licensing in 38 states, massage therapists are being licensed in 29 states. Standardization is a way's off. One opposite option to consider is a regulation of unlicensed CAM therapies and therapists through laws such as the recently passed in Minnesota. The highest level of safety and accountability that could be achieved by the highest level of education and licensure that is to require professional doctorates and licensing as primary healthcare providers for chiropractic's, and acupuncturists. The 4-year, 4,000-hour professional doctorate training programs are achievable as a standard. However the appropriate level for massage therapists is perhaps 500 hours. These are the standards currently being promoted by the professionals themselves. All CAM therapists should have a core understanding of standard medical science and terminology. For example, a professional doctor in Oriental medicine should have a quorum of about1000 hours in standard medical sciences. This allows for intelligent communication and collaboration and treatment planning.

Veny Zamora

- Veny Zamora from the Commission on Aging, San Francisco County. I am with elderly and I work with elderly with different health agencies. And with my work I incorporate Tai-chi, Qigong in herbal medicine. I do not tell my agencies because they don't want me to be doing it. I'm only a CNA HHA in medical assistance, but I ask the permission of their children. And they let me go. Alternative medicine is not a new procedure or a new practice. In fact it has been practiced by our ancestors for thousand of years. Hypocrates has the insight that the elements which were need to produce and maintain health were natural, including hygiene, proper diet, exercise, calm, balanced mental state a sound work and enviroment. He taught that health depended upon living in harmony with the forces surrounding us as individuals. Studies of vitamins and minerals and other food supplements have been since discovered and by the quality of this science has grown tremendously. Herbal medicines have been neglected in the US but in Europe herbal medicine which is the oldest of healing arts has been the subject of tremendous and ongoing scientific interest. Why do we choose the natural treatments? There are three good reasons:

- Some herbs and supplements offer benefits that are not matched by any conventional drugs. Example, Vitamin E which helps Prostatic cancer and the heart disease. And also it works differently and may be able to complement many of the other approaches. Some natural therapies may offer benefits comparable to those drugs with fewer side effects. It feels better to use a treatment coming from nature instead of coming from a laboratory. In many cases it is possible to use a treatment both natural and pharmaceutical. We should integrate the most successful approaches to health maintenance, disease prevention and a treatment of chronic illness from both conventional and alternative medicine. And we should integrate now; we should be working with the White House to integrate all this alternative medicine. In the US there are two healthcare: the American Medical Association which practices by the book and is the multibillion pharmaceutical industry. Alternative medicine which works especially better for chronic, degenerative disease like arthritis, asthma, GI disorders, headaches, sinusitis. The side effects are lesser than the laboratory processed drugs, it's more cost effective over a long term. It emphasizes prevention and looks for causes rather than symptoms. More people are now turning to alternative medicine to address their needs. Alternative medicine blends body and mind, science and experience, and traditional and cross-cultural avenues of diagnosis and treatment. In my line of job which is taking care of the elderly, I not only do their activities of daily life but I require them to participate with me. After taking the vital sines they participate with me doing all functions so that they

can function throughout the day. In the "Raise and Motion" I incorporate either Tai-chi or the Qigong and it helps them in their movement. We can dissimulate information through the Internet, through the CEU (the Continual Education Unit), through brochures distributed by medical clinics and hospitals and senior center, Commission on the Aging and by word of mouth.

Cynthia Copple

I've been an Ayurvedic practitioner for 18 years starting in 1982. And Ayurveda is the traditional healing system from the country of India, which is said to have originated 5,000 years ago, perhaps longer. I'm here as a practitioner of the holistic system as well as one of the founding directors of the National Ayurvedic Medical Association. NAMA is a non-profit organization representing the Ayurvedic profession here in the US. And because this is a new organization and we have some important goals, I'm going to read what our mission statement in goals is. First of all, about myself I have a Bachelor's from UC Berkley, in 1966 in English literatures. So, I didn't come in to holistic healing through my original education. I became a journalist, I was a war correspondent in Vietnam, I was a freelance writer, photographer, and publicist. And round mid 70s I started practicing yoga and meditation. My chosen profession was very stressful, I did a lot of travelling, a lot of all-night trying to beat the deadline. And through yoga and meditation I started wondering, what's this connection between the body and the mind. This was in 1982. The way I discovered an answer to that was not in the books that I looked and read in western medical literature, I studied science in college as well, anatomy, physiology, had an interest in how the things work, how did this mind and body work. There was no explanation that was satisfactory or really the answer was, we don't know. I discovered Ayurveda and started studying it in 1982 at Mt Madonna Center in Watsonville, CA. Dr Vacentlad who is an Ayurvedic physician from India and also Dr Arpei Traveti, also an Ayurvedic physician with the equivalent of M.D. and Ph.D., seven-year course in India. Dr Traveti who just died a couple of years ago had written I think twelve Ayurvedic textbooks in Hindi. He had been a researcher in a hospital well as a noted practitioner. He came to the US in his late sixties, having retired basically, from taking part in the dialog on aeirvata Ayurveda. He was even a director of Ayurveda for his state in India. They had a director of medicine for Ayurveda and a director for western medicine. And in the hospitals in India to this day there are Ayurveda hospitals, strictly, there are western hospitals and there are those that work side by side. So, I was interested in how the mind and body worked, so that was really my curiosity. What I discovered was the herbs, the diet, the life style, all the holistic approach of Ayurveda had a much more profound effect than I ever imagined, specifically for myself, I had really bad cramps, once a month. You're not well so you take aspirin. I mean if western medicine can't address this, forget this India and these herbs which I didn't believe in, frankly. I was really more intellectually interested. Well, he gave me some herbs and he said you take these for 3 months and you won't have any more cramps. I said, you mean the pain, I'll just take an aspirin didn't really want to try these. But sure enough it happened. I took these particular traditional formulas, it's not something he even created on his own for 3 months and never had another cramp.

National Ayurvedic Medical Association. Mission statement.

The NAMA is a national organization representing the Ayurvedic profession in the USA. Its mission is to preserve, protect, improve and promote the philosophy, knowledge and science and practice of Ayurveda for the benefit of humanity. Its goals are to serve as a representative membership organization of the Ayurvedic profession, to serve as an official spokesperson and representative of Ayurvedic profession in the US. Towards the end of these goals is to maintain the science of Ayurvedic as separate and distinct healing arts' profession. So the main thrust of our response is that we are about to set up an organization. It's just starting this year. Our first national meeting is going to be in November in Austin, TX. And we are going to be working with the state organizations which are developing to license

Ayurveda in the States as a separate profession, setting up practice, education etc.

Alex Feng

I'm Alex Feng, Commission for the Certification of Acupuncture and Oriental Medicine (CC AOM). And CC is the national certifying ... that certifies acupuncture, herbal medicine and oriental bodywork. I'm also a practitioner of traditional Chinese medicine in the Bay area for the past 30 years. I'm currently a Professor at the Oakland Acupuncture School; I also serve as the chief acupuncturist at the Sunset Health Services, which is a branch of the Chinese Hospital in San Francisco. Thank you for giving me this opportunity to speak here, I also want to thank especially ... for inviting me here and for recognizing the importance for UCC AOM to be represented here.

UCC AOM is the national committee for certification of acupuncture founded in 1982. And the major purpose is to:

1) provide protection for public safety by establishing entry level standard for the safe and effective practice of acupuncture, Chinese herbology and Oriental bodywork therapy.

2) UCC AOM maintains a certification program that evaluates practitioner standards

3) It certifies candidates who meet those criteria

UCC AOM is a non-profit organization; it provides national certification in these specialties and is accredited by NOCA, which is a national organization for competence and insurance. The certification by UCC AOM is a measurement of a practitioner's knowledge based for practice. As such UCC AOM's certification serves as an indicator for quality and established standards of practice. 40 states have legislation governing that practice of acupuncture and oriental medicine. Some have herbal, some have acupuncture only, and most of those use UCC AOM's certification as a route to licensure. NCC AOM educational recommendation for practice that's set by the Accreditation Commission for Acupuncture and Oriental Medicine (ACOAM) and under ACOAM there are 40 schools accredited in the US. NCC AOM essentially recognizes 17-25 hours of formal education in acupuncture, of that 1,000 is didactic, 500 is clinical hours and there's also requirements for western medicine for the sake of referrals. Each person has to graduate from a 3-year program that's ACOM accredited or equivalent. Additional certification requirements for acupuncture include a successful result in a standard multiple-choice test. For additional certification in herbology and oriental bodywork, there are specific educational requirements and additional examinations. There are 3 separate certifications. NCC AOM currently certifies in 3 major areas of complementary and alternative medicine: acupuncture, Chinese herbal medicine and Oriental bodywork therapy. And the goal now is exploring the feasibility of incorporating other practice modality in Oriental medicine into the certification process, notably Qigong practice. This October UCC AOM is inviting experts from the country to participate in thee blue ribbon panel discussion, to discuss the practice definitions and boundaries for the potential standard staying of the Qigong practice. Once the certification requirements are met to maintain a professional development activity and recertify every 4 years. UCC AOM has standards for minimum competency and has been in use and tested over the last 15 years. With the expectation of educational achievement and demonstration of knowledge, UCC AOM certification process in history are rich resources for addressing this Commission's concern about insuring safety and quality services delivery to the public. UCC AOM supports the adaptation of UCC AOM certification as a basis for licensure nationally. The Commission is tested and tried organization as wide acceptance, expertise and certification process and is reflective of the current state of the practice. Thank you.

Richard Pavek

- The final speaker on this panel will be Richard Pavek

- I'm the developer of Shen physio emotional release therapy, a long-time serious investigator into the characteristics of physics of the bio-field, a long-time worker for alternative medicine and a former skeptic who was converted by a profound personal experience that I simply could not ignore. As I read through the lists of questions that were asked of us, I was keenly aware of and personally impacted by most of the issues that were raised. And as I looked at them, I saw how interrelated they are and also how they really sometimes are like the tip of an iceberg that has not yet fully emerged. In hearing most of the practitioners that spoke this morning, many of them were obviously very medically oriented, that is come from within the medical profession, are licensed and talk about absorbing alternative practices or complimentary practices into their system. I'm not one of those. I'm that kind of animal that stand, unfortunately or fortunately perhaps outside the medical profession, that doesn't have licensure to do many of the things I can do and in some cases more effectually than traditional, than conventional biochemical medicine.

- I would venture to say that every CAM practitioner in this room or who has been in this room at one time or another has treated or cured some medical ailment intentionally or unintentionally by application of their work and in doing so, became uncaught criminals. We have a situation in this country, where the American people do not have the fundamental freedom of choosing the practitioners they want to treat them as do other citizens in other countries. And most CAM practitioners are unable to state what they could doe with the therapies they currently use. And that's the way the situation is now. The research that is on the way and will be soon funded by NCAM will not only prove the worth of many of these complimentary and alternative practices that lie outside the pail of acceptance, the knowledge gained from the research will lead to an improvement of techniques, because research always does, and an expansion of treatment possibilities that will push these emerging therapies into direct conflict with established medical community which has a monopoly on medical treatment. The practitioners that have developed these treatment methods will not be able to practice them because they do not have a medical license and the medical professions will not use them because they could not be understood from under the current by a medical brain center model. And so the public may not have access to them. Now embedded into all of this are issues of certification and, obviously, proof. There are certification programs in place now for smaller therapies that are lesser known, that, as is the case in my work... We have an elegant little certification program. I know that it can be expanded, I know there's much more that we would like to do with it and I know that if did much more, the expense of it would be too great for people to bear, because after they're trained in it, they wouldn't be able to legally use many of the things that they could use. I work in the bio-field therapeutic mode and one of the things that the NCAM is not going to do is look into the basic physics of the bio-field, this is an area that... bio-field therapeutics is probably one of the fastest rising areas that we have in Complementary Alternative Medicine. And NCAM has no plans to be looking into the physics of this. This commission needs to look on going outside of bio-medical research in to the National Academy of Science which is more appropriately situated to do this kind of work. This is straight physics, we're on the edge of it and we know enough about it now to know how to proceed with the research but it's not under the purview or the comprehension at this time of NCAM. And I really think it should be left outside. And I want to thank you for having me here.

- In relating to the elder mobility and flexibility, is that an area of great concern and have you found that the complementary medicine is effective in that way and how?

- It is a great concern because the patients or the elderly people do not even want to move. So I incorporated some of my treatments, like hot and cold compress, Tai-chi and Qigong exercises, and then I let them move little by little, even if it takes forever. I'm very patient with them and they can move. Especially, my hard patient is now walking along the Promenade, and that's a long walk. Also on my herbal medicine I have this diabetic person, a hyper tense 89-year old man. When I got him from the agency, the big toe had a big wound and it was already kind of gangrenous. I treated him with antiseptic and regular neumoticing and it doesn't work. And then the doctor came, his psychiatrist came. He treated it, bandaged it. And then the next time that I went on duty for him it was already full of paste. So, what I did was go to my garden, took aloe vera, treated it with antiseptic, let it dry naturally by air and peeled aloe vera and put aloe vera gell on it. The next day when I went to report, it was dry. So I taught him how to deal with this wound. Three months after the wound is dry and healed. And the daughter was very grateful.

- Just one more question for Alex. You mentioned that there are 40 colleges...

- Under ACOM, accreditation...

- In your experience, is there a need for more colleges to be established or is it sufficient? What is the interest in...

- I would probably refer this question to the ACOM individuals and let them answer that.

- But in your experience... We know it is a growing field... Where has it reached in Chinese medicine?

- I think that for every field, for the growing you have to have educational standards, to have a place where people can go and learn the skill ...So I'm in favor of places of higher education, where these things are taught.

- Thank you...

- Ah, Wayne?

- We've heard a number of groups here talk about standards and certification and education and there are some who've been around for quite a long time and yet are an emerging profession, some are just starting and some that perhaps don't want to start... And I think of other types of groups that are also doing efforts in this area... It would be very nice to see if those could be connected or some examination of the spectrum of those emerging professions in terms of the standards, in terms of access and accountability to be formulated...I think that would be very useful... So if there are specifics in terms about what the standards you organizations actually have and I know some of you have provided a bit of that... I think that might be very useful.

- Thank you, Mike. Deane?

- I think to expand on the issues that Wayne raised. It is the whole question of the relationship among certification, licensure and reimbursement ... I think we need to collect information, so I would welcome any formulations any of you or anyone else might have about those issues... What does certification consist of? I don' t mean to be deprecating, we also certify people in our work and we are struggling with it too. What does it mean? What is it worth, certification? And than at what point does one have to move

from certification to licensure or is there no such point? I welcome any kind of document anyone could provide

- What I have not heard mentioned also, but I heard other people say is some of the downsides of getting certified, licensed credentialed and reimbursed in other words to get integrated into the medical system as we currently have it requires not only certain standards but than certain limitations as we see in conventional medicine. And I have heard a number of groups say, I don't really want to get integrated in that way. And to hear from you all your prospective on that I think would be very useful.

- My position on that for a very long time has been twofold. In the beginning I did not want to be too well observed, so that I could gather data put things together, make the theories whole, make the theory fit the practice, make the practice fit the theory. Do in my work which is involved with emotional growth and with the place where medicine really falls down which is in how emotions affect the physical body to make it work ineffectively, to make it malfunction. They have no theories for that. It is very difficult to do control studies... Two people who have anxiety disorder and two people who have anorexia. They are very hard to put into a control trial. In the beginning it's very helpful to not be under close observation because people who don't understand what you are doing if they are in a position of authority are gonna say, OK, that is the end of that. But once you get to a place ( and I think we are there) where we want to emerge into the main stream, then we need to move forward into all of these areas, into more legitimate more accepted proof and into certification and ultimate licensure and as far we need to go to be able to practice and be responsible in our practice

- I think we see even in conventional medicine a tightening of evidence based medicine standards and limitations even of things that were accepted in conventional medicine. And that occurs because of data collection and it would be useful to have a perspective from those kinds of pressures and whether that something the emerging professions will be willing to accept, move into and provide that type of data.

- Briefly I think it's a great philosophical question. Certainly certification and licensure are for the protection of the public. Even you mentioned in the western medical framework. For example the AAMA (the American Academy for Medical Acupuncture) The subgroup of physicians who do acupuncture and they are having trouble being accepted in the medical world. Does that mean they are not legitimate? Does that mean they have no standards, no research material? I don't think so. It's a developing field the model of research has to be looked at information at how to standardize the practice and most important to protect the public.

- We also believe that it's important to certify and license professions. And there is a bit of concern looking at all of alternative medical fields, alternative practices as perhaps being considered as a whole whereas they are individual systems that are holistic systems within them, and our belief is that something like Ayurveda should have a board in each state should be licensed in each state and the board members should be Ayurvedic practitioners or professionals, and those standards should be created and perhaps in time and that the practitioner should be held to account but more by the profession itself within the state licensing situation.

BEGINNING OF TAPE

XI - WCH - (Side B)

....industry that they were all moving toward this dietary supplement classification, it didn't really take but there were a number of people that organizations that support of this including people like CSPI and

Henry Waxman, which were very, very strong opponents of the Duchee classification , they were very much in favor, as well Senator Hatch and all the proponents of Duchee were very much supportive of this traditional medicines category, FDA also expressed strong support for a traditional medicines category because that would give them the mechanism to call these things drugs and regulate them as drugs which is the way they want to do it.

I, just, I for myself, would be very interested to see those recommendations and also and see some of the certification guidelines that you all are coming up with for western medicine.

We can provide that, I would if I could Dr. Jonas real quick just also answer your question, you asked what hasn't been proven, and what we tend to have lost track of here is a tremendous amount in conventional medical practices that has not been proven or have been proven to be ineffective and often times held to a higher standard and without acknowledging the fact what is it 50 -60% of medical interventions have not been proven safe and effective by the scientific method, so I really feel that is an important part of this discussion right here.

I'd like to make just a couple of comments, one I'd one and second would win so that we would very much appreciate whatever guidelines your coming up with for certification of herbalist. So I think its very important and we can bring that into our thinking as well. Ah a couple of other things that I wanted to address, one is a, we very much welcome your input Mr. Underdown, and we will make sure in the future this is our first meeting and I think our publicity altogether was imperfect although we did I am glad 51 of you signed up come and speak here, so we will let you know and you now have the schedule of all meeting, and we welcome speakers who present a variety of points of view about complementary and alternative medicine.

Do I understand correctly that when you read in Washington that you will be hand picking certain people to come in and .....

That is right, and we already; we are expecting to invite Dr. Samson in particular, I believe that you work with him, to come and talk about some of his concerns, to come and talk about his concerns in terms of scientific, specifically for the research panel. So it'll either be for this research panel or for second research panel that we have in Washington, and to have him come and express his and yours and your organizations reservations about research. We're interested in looking at everybody concerns about how the research is being done, how it should best be done and we are also interested in for example if you are talking about homeopathy and you might mention this to Dr. Samson, we're interested in your evaluation of those, I think some 150 controlled studies that have been done, placebo controlled studies, and why you make the kind of statement that you do about think why they don't hold. The process is meant to be a fault full scientific process and we welcome anyone who wants to engage in that dialogue. The other point I wanted to make about the Eisenburg study, and I think Wayne covered some of these issues is that the study, although I understand some reasons for expecting that certain practices perhaps should not be included as alternative, the study interestingly cuts both ways, I think in some ways it's a gross underestimate of the use of some of the practices, and I think it speaks a little bit of what Carla Wilson is talking about. The study is basically about a phone survey of English speaking people, and that eliminates large numbers of people who, for whom what we call complementary or alternative is in fact primary care. People who come from other cultures, people who don't phones, people who are migrant workers in this country, and that was noted actually, Eisenburg did note that in this second iteration of the study, and I'm concerned about that not so much because I'm concerned about the statistics, I think that's ah. But I'm concerned about reaching that population and ah it's a population with which I've worked for 30 year now, and I'm very interested in any of your suggestions about ways and any of your

suggestions, about ways to bring those people who are not ordinarily included in kind of the public discourse on science, to bring them into this process, to bring in their concerns about the kind of care they are getting, the kind of care they would like to get. Ah so I welcome suggestions now, and I also I welcome suggestions in writing and I also welcome all efforts and we were talking about this again at the break to bring those people into the discussions, and the commission has both in Washington and around the country. I just wonder if you wanted to respond, Effie as well. Carla did you want to say something.

I wanted to just respond to that a little bit in that often times its an excess ability issue. I mean there are large groups of people of other cultures who certainly would be taking part in CAM therapies if they knew that they were available. You know and perhaps the commission could look into how to go into the different cultures of this country and seek out that input, and perhaps that could be done in public health base settings from a public health perspective. I think that there is, would be an eagerness of response, and a whole new start of information that would come forward that could be helpful.

Yeah, Thank you. This is related to what you were saying in that looking at different cultures and how they relate to the medicine here and how they relate to the research and the research studies. I wanted to comment for the indigenous medical systems of different countries that I think would be very important for this commission, to review the research that has been done in those countries that has been done on those people from those countries as well. I know in the innovative field that, universities, large universities such as Bernards Hindi University, and Gushurat Ayurat University have enormous volumes of research that have been done over a 100 year period of time and much of it on the herbal side of Innovative medicine, but also on the broader picture related to Innovative medicine. So I'd like to encourage you to work in conjunction with these other organizations in other countries as you form your policies.

If you would be helpful to us in bringing that research to our attention that would be a great assistance.

I'd be very happy to work with you, on that project, I just returned from a visit to those universities and was reviewing a lot of the research.

Great. Thank you. Effie.

I just have a, hi, hello.hi

I just have a comment that this very discussion brings to mind the very heavy responsibility I think, we as members of the commission have, I think every one of us have this commitment to look at the pros and the cons and we appreciate the pros and cons presentation and ah, Mr. Underdown , your comments, your concerns about good research I think that has been really underscored by many of their people, but I think we're looking, we are looking for ways, and we certainly would appreciate your help as Jim said, and as though, and I just wanted apprise the people, because coming into town hall meetings, and not knowing where we are coming from sometimes well is this another group that's just kind of there you know. We really want to make some changes in the health care system, to really be more effective and more cost effective and more creative and innovative, whatever that means, but certainly more effective for the people than it is now.

Thank you very much we appreciate the input and look forward to continuing to work with you.

Perfecto Munoz is in the hall and we'd like for you to come up to the table now. Thank you.

We don't want you to be lonely, so why don't you come over here.

So this will be the final panel of the day. First will be Howard Moffet.

I am so glad I could be here today, can you hear me. Speaking of physics thank you, I suspect that the theory of relativity defied the laws of physics. Of course that was in the last century, and I think even though the law, even though, even though relatively, relativity, excuse me has not been entirely proven yet, I think, I hope we'll continue to accept it as a plausible theory. I would like to bring us to public health. What is the role or the place of CAM in public health? I got involved in public health I think in '92 I started going to meetings of the American public Health association and was involved in founding the alternative and complementary practices SPIG. Special interest group, at APHA, I think that was in '94 or '95 and in fact Dr. Persourno let me know about this meeting and asked me to come, I was glad that I could be here. I know its very unscientific but I'd like to share and anecdote. When I was getting interested in public health and looking at schools of public health, I had a conversation with a faculty member of E.C. Berkley who was on the admissions or had been on the admissions committee and he just asked me frankly what was does acupuncture have to do with public health. I would have referred him to Dr. Jonas, I said well NIH has an office of alternative medicine now perhaps Berkeley would like to prepare people to enter the policy field in this area, and he thought that was a great answer, but then he told me he was no longer on the admissions committees, so that didn't help. I was in fact rejected by Berkley, twice, fortunately Harvard took me and I had a great experience and I thank Berkeley everyday for that. So what is the place of CAM in public health, I think there is some areas that come out to the fore. I think of palliative care for cancer or AIDS patients, treatment of addictions, we continue to see a some interesting research in that area, and in the area of stroke rehabilitation which is the area that I am working in now. I think we always are seeing the references that current updated listings of which medical schools are offering a survey course in CAM, I'd like to see that list of schools of public health, what schools of public health are taking any interest in this. I would be very interested to know if any schools of public health are taking any interest in this. The only on that I am aware of is at Boston University and regrettably the late Alan Meyer was the man who had a lot of interest in this area. Alan passed away in May; he was also one of the program co-chairs of our group at APHA. So without Alan, it be you, I really don't know anybody at any school of public health interested in this area, unless we really do take the broadest perspective and we have people who are interested in the social aspects of disease and you know, the importance of social support structures and so forth, in helping people. I want to add that I feel that Chinese medicine has a good connection to public health and the correlative thinking which is so central to TCM philosophy and practice is to me an allergist to an epidemiological approach which is really looking at the strengths of association between events and not simple at mechanisms of causation. So I think to me there is a beautiful congruence between TCM thought and an epidemiologist. So my request to this commission what things to look at, is to look at the role of CAM in public health and particularly looking at the schools of public health. Thank you.

Thank you very much. Len Saputo.

I want to thank you for putting this whole event on, because I think there is a real pandemic of disease, the cost of disease has become unaffordable and the safety has become a big issue as well. And so it's a time when we should all be bonding together, finding ways to work together as a team. So the whole idea of a unified approach to health care is really appealing to me and I think that is what we should strive to do. I want to personally thank you for writing the book A Manifestive for New Medicine, because it was something that really opened my mind, and I could see why President Clinton selected you to do this particular job, because you uniquely suited to do it. The idea of prevention, wellness,

nutrition, natural therapies, finding meaningful purpose in life is exactly what you talk about, its exactly what we need and we all need to try to find that. We're too busy trying to treat diseases instead of human beings and that's where the technologies gets us all screwed up, in what we are trying to do. We are trying to throw dollars and technology at health care problems that we should be solving using the primary care approaches that you write about. What I am asking you to do in this presentation is to find a way to fund the grass roots organizations that are coming up with novel ways to look at how to solve our health care problem, we need some models, we need funding for new models. I became inspired after 20 years of being an internist, that there had to be a better way to practice medicine, when my wife got sick and I didn't know how to solve it, and over the course of a couple years learning alternative approach was marvelous, and as it turns out, today she is a healthy person taking no medications or as at one time she was on large doses of steroids. I've developed a foundation called the Health Medicine Forum, it's a 501 C3 educational foundation, and our goal has been to define what health medicine is, and we've come up with 4 principals that would be integrative, holistic, person centered and preventive when possible. We've devised a clinical model where we bring different clinicians of different disciplines to the same table at the same time with our patients, so we'll bring acupuncturist and homeopaths and psychologist and MD's and shamans and whatever other kind of disciplines there is that our patient wants and we meet with those patients with the health guide prior to our meeting so we can decide who should be included, and we'll meet for a couple of hours. A couple of things happen. First we exchange a lot of information, and that usually happens about the first 45 minutes and incidentally we've done about 75 of these panels and no practitioner has yet been paid, nor yet requested it, nor has it been something that we thought is appropriate to do because we are doing a study. So during the first part of this we exchange a lot of information, but the most important thing that happens is the connection between the group, we're getting back to Texas village to raise a child that takes a community to heal an individual, we'll take all the disciplines that are possible and we'll bring them together for this period of time, and we've seen some transformations in our patients that are mind boggling. What we need is funding to be able to do a study, because all we can do is report our opinion of having done 75 of these panels, we think we got some outstanding results, a lot of people have been inspired, but we haven't got the proof that we that need, because that is what you require, that's what the whole scientific community requires, and yet at the same time, I'd like to point out that we talk about evidence based medicine, western based medicine is not so evidence based, I mean this has been studied by the office of technology assessment, by the British Medical Journal and by UCSF and they've all come up with a number that says 15% is what we are evidence based. And when they look at the literature that is published, they come up with the number of 1% of the articles and our peer reviewed literature are articles that are evidenced based articles, so what are we sitting in this arrogant position, demanding that all the other disciplines are going to be required to have a 100% or something that is a lot more rigorous that what we do. So what I would like to see you do is find ways to help organizations like ours that are self funded that have not been able to find any kind of support from the outside that amounts to much, so we find ourselves handcuffed, unable to do the studies that we'd like to do, so thank you hearing me.

Thank you very much. Burton Goldberg.

I ah have a magazine called Alternative Medicine with a 100, 000 readers, I have a web site alternativemedicine.com with 10,000 pages, 20,000 physicians, so you can find the yellow page and about 238,000 monthly visitors to the site and I am intoned with between 75 and 150 e-mails a day that we answer. So I am intoned with the public, I know what the public wants, and I have my finger on the pulse of what's going on alternative medicine and I've studied it now for 25 years. I am in favor of reducing the amount we spend for research, because the research is in the field, all you have to do is go out and talk to the doctors who are treating stroke victims with hyper-barrack oxygen, with intravenous feeding, with keylation therapy. Cancer, I know of a clinic in Tijuana where cancer is melting using

Dendredic cells, using Cyderkines, I've seen it, I was there this week. So go to these clinics, talk to them, because alternative medicine is a casual phrase for 50 different therapies, 60 different therapies, and not one of them alone can be used. You have to detox, you have to use homeopathy, and herbs and dentistry is so important. My master, a Catholic priest by the name of Schidel, a German says that as much as 50% in the reverse of degenerate disease, particularly cancer is dental, and most physicians ignore it. The relationship between the meridian system and the nervous system, every tooth in our mouth and head is connected to an organ and system and is totally overwhelmed. As far as Wayne Jonas wanting time, he is right. Alternative medicine is not a wham bam thank you mame shot in the deiraire. Nurse practitioners have to be used, physicians assistance, naturopaths and the problem with naturopathic medicine is, you have the male school and then you have the 4 year school and they don't like each other and then the state of California you have constipation, they can't get the law through because the 4 year students don't want the 2 year students included. So this is something we must address. But we must change the paradigm of medicine, because conventional medicine if failing. The paradigm of research is totally corrupt with the double blind, one size shoe fits all, one size bra fits all, it doesn't work that way. You and I can be diagnosed with the identical cancer yet the causes are completely different. Mine can be 90% mental, I got a bad marriage, yours, toxins. And we have the research, they don't pay attention to the research. Israel, 1973, they define the relationship between female breast cancer and pesticides and herbicides. They do a 10 year study, but they reduce pesticides and herbicides and the feed of only two things, milk cows and cattle. At the end of 10 years '76 to'86 the female breast cancer rate plummets in Israel 34%, in women under 40 for all ages it drops 8%, while we in this country go up 8%. We know what causes cancer. I did a book on cancer, it has 33 categories of the causes of cancer. Conventional medicine pays no attention to it, so every one of these things have to be removed from the body, keylated, pulled out, massaged, fed, the immune system has to be fed. Many of our clinics are working on the level of micoplasm, this stuff is all available, all that you have to do is go into the field, most of us here can guide you to where to go, because just studying one herb or one system, which are all vital, mind, body, all vital, it is the amalgamation of these synergistically used and so this doctors system of having this panel is really what its about. We need generalist, and these generalist don't have to be doctors they have to understand, and they can become educated. The medical schools are teaching cursory alternative medicine, probably 60 to 70% are now giving courses because the students demand it, but the cursory, the acupuncture that's kind of accepted, but they are not telling the people that you don't have to have heart disease. Most people don't even understand what is the cause of heart disease and yet, the mainstream medicine head of the American Heart Association came up with a book, its infection, 85% is infection the herpes infection, the s?????virus, the commitea and so all these things are available, all's you have to go and oh and I want you to study food, our food supply is denuded. Farmers ??? that food doesn't have the richness, I want you to study the ecology because it's the poisons in our bodies that create this holocaust known as cancer. Almost everything is reversible using the system of alternative medicine. Chinese medicine has their system, Arvedict has their system but it is a system and not one thing alone and I thank you.

Thank you very much. Next is Karen Ehrlich.

Hello, I am a midwife, I would like to first say that I honor you on the panel for after this whole day being awake, alert and oriented. I barely am myself. As a midwife, I would first like to talk about the Flexner report that keeps getting tossed around here. Midwifery was one of the modes of care in our country that was quite suppressed because of the Flexner Report. The midwifery schools closed. And it was a part of a real effort on the part, a consorted effort written up in their medical journal in the part of them the western medical doctors trying to eliminate the midwife. We are still operating on that suppression, trying to reverse it, yet only about 6% of the births in this country are currently in the hands of midwives, and those countries that use midwives for 70 to 75% of their births, the infant and neonatal

mortality rates are far, far lower than they are here. The United States has a shameful record tied for the last place among the industrialized countries of the world in neonatal mortality. I wrote a presentation I that I was going to give to you, it is on a pink page that I see that Effie Poy Yew Chow has in front of her right now, and I am not going to speak it, because as I sat here today listening to all of these talks, there were other things that came to my mind that I felt was important to say to you. We keep hearing people say that the practitioners that are involved in their health care systems must be involved in the regulation of their practitioners, of setting up the principals of practice and codes of ethics. Here in California the California Midwives are regulated by the Medical Board of California, there is not one midwife who sits on that board. We are completely regulated without representation, I don't think is necessarily true in most of the other states in the United States, but I can see this happening not only for midwives but for others who are considered alternative practitioners or complementary practitioners. It doesn't work very well for us to be regulated by people who have no training in our discipline, no understanding, true understanding in our discipline, no experience in our discipline and who mostly don't even want us to exist. In our case the medical board prosecuted midwives for 20 years and now they are indeed the fox watching the hen house as somebody else spoke earlier. So this is one thing that I think has to happen for any complementary medicine, is that the practitioners must be in charge. In talking about setting up principals of practice and codes of ethics the Midwives Alliance of North America close to 20 years ago really set about trying to set these processes up and these codes for ourselves and what we found was that the best way to do that was to first of all establish our values. Figure out what we value and our codes of ethics will follow from that, if we try to set up a code a ethics that does not meet our values, that does not work either. So this would be another place that I really would hope that complementary medicine can look at what we value, before we try to establish anything more artificial about, that are going to determine our scope of practice. In terms of midwifery itself, this is a mode that is generally really looking to try to be simple, when at all possible. Certainly those of us who work in out of hospital settings, have that opportunity to do it more, than those who either choose to or must work in hospitals in order to work in our profession. However, in trying to be simple what we have to realize, is that we imprison women in our culture today who give drugs to their babies' utero. We dare to keep our children off drugs and give them huge anti-drug training and yet pregnant women are offered medication like water. We are drugging our babies utero and we really don't know what that does to them. There is some evidence that things like opiates that are used in labor, can be a beginning of drug addiction for that child later in life. During this enormous increase in the amounts of drugs that have been used in labor we've had huge increases in ADD, ADHD and autism in our country, I believe partly because how we are dealing with labor. Our families are in trouble; children and parents are not well bonded in our culture. It could be partly because of how birth is being manhandled in conventional obstetrics. The mother is separated from her labor and the baby is then separated from her breast all too often. We are not clearly looking what is safe in this incredible primal event in life and I believe midwives are here to try to correct some of that. Thank you.

Thank you, Robert Leppo

Thank you very much, I also appreciate this panel, I should first say that I am neither an alternative health practitioner nor a physician nor a scientist nor journalist. I focus on selfishness and greed, I am a venture capitalist. Second anything the commission can do that increases the freedom of individuals to make their medical decisions I support. Third I prefer to see you do that, take actions that will increase the freedom of individuals to make their own medical decisions, I prefer to see you do that not by getting more government power, and or money to promote an alternative medical agenda, but rather to use your influence to reduce current government control and regulation and money in medicine. And then the final thing that I wanted to say is that based on the venture capital opportunities that I see and am investing in, in biotech, including alternative medicine, I agree that a revolution is coming and a large

part is mediated by the Internet power to give the individual access to information. Again thank you very much.

Thank you. Questions of comments, Effie or Wayne.

I am interested in your comment, Robert about reducing the government control, are you talking about funding or are you talking about regulations or what, can elaborate on that?

In general I believe that when the government is involved in an activity the effectiveness of the people involved in that activity goes down because there are complications, they can't focus just on the research or just on whatever there also are so often political involvement's that they appropriately have to pay attention to. By contrast out in the private industry and the free market, one of the reasons that I find things can be more effective is because they can be more focused, they don't have that political agenda which is so often appropriately part of government, so that I think what I am mostly talking about.

Is competition part of the factor?

Yes, yes I think also that very often, and I know of some cases where a government agency or an effort that controlled in part by government you will tend to have an interest group built up as we have seen so often, that is then resistant to any new developments and I am not myself as I said a doctor, but I have seen evidence of this in medicine, different professions within the medical community that have government sponsorship to see that. So then my solution would be to by reducing the influencing of government across the board you can then open up that in a general sense. And since you bring it up I would give one example of where I thought this worked. In the 1986 tax bill where there were so many special interest, that were interested in maintaining their tax benefits, whether it was oil tax shelters or so and so forth, and they came in and influenced the senators that were involved in writing the legislation until it just caused gridlock and what happened in that case, there is a good book called the The Show Down At Gucci Gulsh, about this experience, was that finally all the senators came in and said lets just scrap all of the special interest and that worked, and I think the '86 tax bill was a good tax bill because there was a reduction all across the board in such government regulation as tax breaks for a number of industries.

A question to you reflects kind of my own interest in the fact that we don't have in CAM particularly, we don't have a lot of good business people involved in it, you know and so that we are all heart and no business, or few, and also, and therefore to progress there needs to be some management and business sense to it, and I think their need for government but as you say less, but if there are more influence on people like yourself on helping to develop the business sense of it, your venture capitalist.

Well as I said.

But if you could.

Well I am making investments in this area, both in biotech in general and alternative medicine, I see some interesting ideas, so that's part of why I see a revolution coming and I'd be happy to be available, I've left my card, I'd be happy helpful with you.

If you have some specific ideas, models or whatever, I'd be interested to receive from you. Thank you.

I guess I am going to ask a question. First of all let me say to Dr. Saputo, I really appreciated the four

principals that you put out, I think that we need to understand complementary medicine in a positive light and understand what its underlying principals are. And how those principals are and how those principals might impact our current medial organizations and that may in fact result in the elimination of some of the types of practices that we put under the rubric of CAM, so there is a risk of that, I think is important. I had a question really for Mr. Goldberg, because I think represents sediment that actually we heard several times here, and that is that and I guess I want to get a clear message. Do you believe that double bind placebo control trials should not be done, I mean there is not circumstances in which they are necessary.

In holistic medicine there are moral and they're ineffective, because they don't work. The ??? doses for my me could 50 grams and for you could be 20. So it doesn't work, and so in double blind studies you are acquired to use one product and one product only but perhaps selenium would be 6 did the job. And one of the things that are very important is the ability to see early diagnoses with physics, this business of electro-durmo screening, the business dark field microscopy where you can see disease coming as much as 10 years down the line, with the competent physician, is no different than the stethoscope, and than you have thermo-imagine, because I don't know if you know it mammograms cause cancer, why do think they run out of the room, they're not running because they don't want to have they're photograph taken, they're running because it kills the cells. Ductal Carcinoma Citu is now up 238% from 1983, because of, 200% is because of annual mammograms or the thrust for annual mammograms. Thermo-imaging is much better, so early diagnoses plays an enormous role.

How would you suggest a huge collection of multiple practices with lots of different opinions from different doctors and different practitioners then be evaluated to determine what value they have.

Because they require....

Then how would you suggest they be evaluated?

Because it require different strokes for different folks. Lets take heart disease, lets take cancer, Lou Gerigh Disease, who in this community has treatments that work? I do, so we go out to Newport Beach, I do, we go out to Wichita Kansas, or we go wherever there are people, and I know these people, I eat live and sleep in the trenches everyday, and its there. But you do not know about it. It may be in Mexico, it may be in Germany, it may even be in Russia, and you go out and you look at it. Berkley Bidell is doing a thing like this and Berkeley is the one that started this whole thing and he ran away because the National Institute of Health had an attitude, " how dare you prove us wrong, we've been killing people all these year" so they tide your hands when they ran it.

So you suggest a field investigation approach, in other words you go out.....

Major, major big time, and see the variations, because there is no cut and dry situations. I was in Mexico and I saw tumors melting, as a matter of fact they were going away too fast, most people of cancer die of toxemia they don't die of cancer.

May I follow up on that a little bit. I mean I assume that we will address this more in the research panels, so I don't want to belabor it too much, but I a number of field investigations actually myself, personally while I was at the NIH, and I saw tumor melt away, in one case it was attributed to one thing and in another it was attributed to something completely different, including thought therapy, with no medical intervention what so ever, and so I began to look into the literature a little bit to see what was reported where people attempt to collect data on these areas, and found out well, appeared to me that you could

find almost any claim for almost any disease cured about 80% of the time, I call that the 80% role and I wrote a little article on that and it still left me in this dilemma of differentiating whether when the next person who walks through my door with cancer that was spread or that there was no conventional approach or that was not for some reason wanted or good, what would I do with that individual, should I send them over to the thought field practitioner or should I send them down to Mexico or should I suggest that they go over to Europe or should I suggest that they begin to take electro-magnetic waves to kill fungi, for example that was an underline cause. And I still found myself in a dilemma needing some data, that would tell me something more that everything works 80% of the time for everything, and I don't know how to solve this problem, and I think maybe perhaps this is one of the things for those that would like to do field investigations.

YOU know there are certain people that don't want to get well. The mind has to be approached, and so there is no set rule, and you are right, its confusing and that is why the holistic approach, the doctors treat the patients not the disease, because, as I said my cancer can be 90% mental and yours due to pesticides and herbicides and heavy metals and mercury and cadmium and lead. These succors are really pulling down on our society, that's why we have this holocaust called cancer, and we're poisoning ourselves, and that's why I suggest you pay attention to the ecology. It is major and you got everybody against you. You're gonna have to have steal you know what, the food supply is denuded the pesticides and herbicides on them, hormone in the animals and then estrogenic pesticides and herbicides that become estrogen dominant which with so many reason fiber-such diseases, endometriosis and all the cancer, we are a mess, we are chemical cocktails plus all kinds of pathogens that you can't believe. You've got to treat the individual, it is not easy, but you talk about stroke, there's doctors now with hyper-baric chambers who are feeding intravenously that have as much as 10 years of dragging a leg, the face distorted or unable to speak, many of the cells are dormant or sleeping, and they'll come alive with multiple therapies, I know its hard to believe, and there are many, many clinics, you just put out the word, and I strongly recommend you do that.

I think perhaps one of the, I still have not given up hope that it is possible to do, to investigate practices, complex multiple practices.

Its easy just look at the charts though, you can read the x-rays, you could see the charts, you could see the progress, you could see stage 4 and the guy survive, how does he survive, what did they do to survive, but each case is different.

So I couldn't use that for the next patient, perhaps one approach, Hi? Mentioned, is to bring in the epidemiological approach which really doesn't, is less concerned with cause and effect than it is with associations and looking at these kind of multiple types of outcomes and interventions, so I would encourage us to look toward some of the public health schools as helping to perhaps develop some of these observational types assessments.

Thank you, it's a great discussion, its so great to have you here.

Couple of really challenges that I would like to issue or request for help, you can look at it either way. One of the issues that we face and Karen Ehrlich your testimony brought this up, I Doris Hare and I did some work together 25 years ago looking at the literature on child birth. It was clear then and its clear now that midwifery gets better results than obstetrician/gynecologist in low risk deliveries, the literature seemed quite clear, the question was how to make the change in practice, how to make that on a social/political/economical level you talking, Robert Leppo about removing some of the rules, some of the regulations government regulations and that somehow some of these approaches will blossom, Burt

Goldberg, you're talking looking at different therapies, doing field investigations and its obvious to you, its obvious to me and obvious to Berkeley, its hard to move government of private money in that direction, so I am asking you where there are different situations where things look like, they make sense, look like they make eminent sense, how do we change, what do we do to change the political process, the scientific process, the government process in those directions.

You have the bully pulpit, you now have something that we never had before and its vital. You must use the media that is paid for by the pharmaceutical industry. Whether its viagra that you are watching, that your nose will turn black and you hair will turn red and fall off all the side effects of their drugs, they will not report honestly on our work. The New York Times will not report honestly on alternative medicine you have the bully pulpit, and you gentlemen and ladies have authority to make a statement, let see if they'll publish it, so I think its really important, good opportunity……..

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…….to come to these meetings.

Yeah, I'll do it on the web site if Steven sends me all the information, we'll do the editorial.

That'll be great. And, and other suggestions that any of you again come up with, where it is obvious, or painfully obvious that something should happen and especially with the data as pointing in that direction, how do we make that shift, how do we use what ever data there is to make that shift.

Yes.

In Washington state the insurance people finally realized that they were going to save money if they started having midwives and encouraging even out of hospitals and home births and free standing birth center home births. They actually wrote up leaflets that were given to every pregnant woman when she first entered care in whatever setting she began, where ever she got her pregnancy test, perhaps is where she was given this piece of paper and it said " you could have a home birth with a midwife". There is no compromise in safety, it will save all of us money, you will have personalized care, it's a single sheet of paper. I could imagine something like that being mandated or encouraged or pressured or bully woped ??? ……the out of hospital birth rate is rising in the state of Washington, with no compromise in outcomes. You could look into more of this in Seattle. I will be letting my colleagues in Seattle know to come to your meeting.

……Great, that'll be great. We'd really like to hear about that.

Yes. And I will ask that they bring those documents with them when they come so that you can see that, but if this could come with some kind of government pressure, some kind of bully pulpit saying this is crazy to be spending the kind of money we are spending for no improvement in anything, in fact if anything we are hurting things by having you hospitalized for your births, this is, people have to begin to hear it, it is not getting through to the public. It is a really slow process. People currently, they seem to think that the biggest fanciest hospitals and the sharpest needles is where they need to go. In Santa Cruz we have a new hospital absolutely gorgeous, it looks like a resort, and people say " I think I'm going to have my baby there!" And you start asking them why and its because it looks pretty. So they don't realize that this is fluff this is cosmetics, until we really get this information out, and its been really difficult to do.

I'd also just ask you and your colleagues, to think about how we can bring information about Mid-Wifery into the curricula, suffices to say that at Harvard Medical School I don't remember the word Mid-Wife having been breathed. How can we can bring that into the curricula for the various professional schools, I think that could be very helpful.

I cannot imagine any midwife in our country who would not be eager to come and speak at any of these training programs. I personally offered myself, and I know many many, many of my friends all over the country who would drop anything in order to do this.

I think that I am asking another question. I know that, I believe that, I understand that. I am asking another question. What strategies to create the invitation for you to come? You don't have to answer that now, but just to think about that and just when we meet again in Seattle with your colleagues, we'd love to have that kind of information.

Yes.

Well let me make two comments. One, many of my investments are involved in the Internet and as I mentioned the internet can be very useful in terms of improving the access of the individual to information and so I am happy to a off line or anywhere you want, you have my cards be of help to you with ideas or contacts about how the internet can be helpful to you. The second thing I would like to say is that I am more in inclined to go with more the carrot than the stick so maybe one possible thing you might do is as you are looking at various alternative therapies as you find some that, where you think the evidence is the best that there is a positive, a benefit, that you could use a bully pulpit to publicize that and to encourage people to try that and the counter that I have seen a lot in government is not just in government, but if people perceive that you are threatening them then you are going to get much more resistance, but if you are just talking about, here is a success, and the threat to other people now I may be naive here, but I think might be less that would be a though, but I am happy to be more helpful to you later.

Thank you. Lynn and then Burton again.

One of the problems we really face is that we are trying to solve a problem that we are not prepared to solve because the culture isn't ready for it. We can't go about changing the medical system in a really drastic way by going from a financially oriented system to one that service based until the culture sees it that way. And the culture isn't going to see it that way until the individual sees it that way. The individual isn't going to see it that way until he is taught that by his parents. And as long as we have these problems where the parents are both working. And kids are being taught be nannies and television sets, we are done. We are caught in a materialistic paradigm that is locking the door. So to point the finger at any particular aspect of the society, whether it be the medical piece or any other piece as long as we think in terms of me and my and mine we are dead in our tracks.

Thank you. Burton.

First of all the US population now using some form of alternative medicine according to the New England Medical Journal is 69%. That is vitamins and minerals and chiropractic and on and on and on. 69% and that is a pretty nice journal. The state of Washington demands that alternative medicine be paid for equally as conventional. Deverson ??? commissioner on insurance has gone up to the supreme court and is withheld . That will make the biggest difference. I got a hundred thousand dollar donation from a clinic in Mexico to do a foundation that will go state by state working that the insurance companies in

every state, we may have to do signatures and petitions. Its going to be dirty work, but that is going to make a difference, because as I speak before an organization, people can't afford alternative medicine, they have to pay for it out of their pockets, so the insurance picture is big. And I just wanted to remind you all of what Niels Borr said, the physicist " Science advances funeral by funeral".

Ha ha ha..... I suppose that is appropriate

Although I always think of the last scene in Don Giovani goes to Hell. Six people come out and sing this wonderful joyous song together. So I feel we are advancing and hopefully moving in the right direction. Thank you all again and thank you everybody whose come, and all those who have left, and especially thank you to my fellow commissioners and to Effie who has put so much effort out here to make things happen, and to our staff. We look forward to seeing you again. Please get the word out, we want all of you, and all of your colleagues and friends to come and meet with us.

APPLAUSE!!

SINGING.....Oh no here comes the sun again, that means another day.....

IX - WCH

Side A

.....but which don't necessarily make a good fit for the sort of medical care that increasingly needs to be practiced in the future. Ah, so, at that I will leave it at that and again thanks very much and I'd be happy to explain upon these comments in the future.

Thank you. Tony Martinez please.

Good afternoon.....I am happy to be back in front of the commission again. I think we've had a very good a very impressive turnout of today here and the central themes that I've heard really is that this community wants recognition, professionally and economically, and I think and I would say this that the modalities of various professions they need to be more politically active, I think there are some things that you'll be able to do to recommend from a federal stand point to encourage licensure, for example. But the professions need themselves need to take it upon them because it really does come to that. When there is enough collective political will there will of whatever the modality, there will be licensure of whatever the modality or the profession. I mean the great historical footnote for this is homeopathy when Senator Royal Copeland one of the officers of Food and Drug Ad was himself a homeopathic physician and he made sure that the act included and recognized homeopathic medicine, which is why still has a homeopathic pharmacopoeia. Economically everybody wants reimbursement, or and poverty with other professions, so as this commission continues its work and formalizes recommendations, the challenge will be to prioritize what the greatest changes the government can do to actually facilitate access and coverage, and I submit to you that its probably very challenging in this environment to remain focused but you all should do your best to remain focused on this because that is ultimately what the public is been asking for with complementary and alternative medicine. I will also submit that the audience that you need to be hearing from in the future is really the insurance industry. Should literally all the health plans the trade associations should be before you explaining to you or engaged in a dialogue discussing what changes are needed to facilitate access to coverage, because its very clear, the patience wants coverage, the providers want coverage or want more coverage, want more reimbursement, so we need to get the insurance people in and get engaged in that dialogue. I also submit some analysis with what is

going on that there will be an increase in the use of CAM among the elderly population due in large part when there is a prescription drug benefit because the cost of drugs are going to increase. There is going to be a greater reliance's, greater consumption in this area, I believe people are going to be looking at CAM more seriously because of the high cost and the limits we will get to see the limits of pharmaceuticals intervention, and we will be looking at there will greater reliance of CAM, and I think that is sort of a silver lining in that whole debate, depending on which program gets inactive, the one that is more generous will actually stimulate even greater reliance on CAM I submit. And finally I want to stay within my time, I encourage the commission to look at the various models that establishing what they have done in access for example in Minnesota legislation is very interesting because that state has essentially accomplish what people are asking for, thus creating a model for people to have access to all the various forms of complementary and alternative medicine, so I am glad to be here and I look forward to answering your questions.

Thanks so much again for being so informative. Deane Hillsman, please.

Deane Hillsman

Yes, thank you commission members ladies and gentleman, and I am Dr. Hillsman and I speaking for the union of American Physicians and Dentist. I think you characterized UAPD as a quite conservative rather stuffy mainstream organization a number of our member's practice one or another aspect of alternative medicine, but we are position neutral on the various controversies of alternative medicine. Where we do join with the alternative medicine campo is in the question of medical innovation or perhaps lack of in California. Now this focuses on the very provident, very controversial prosecution of the American Board of Dr. Robert Sonaiko. Dr. Sonaiko worried about him, he is a mainstream doctor by all regards he is board certified of allergy, internal medicine he is controversial in that he likes to deal with such things as Attention Deficit Disorder, Chronic Fatigue and Saw???? However he has a good deal of pre-recognition, he has been asked to give ground rounds at UC San Francisco and I think it should be noted that UC San Francisco has note prone to inviting quacks to give ground rounds. Also I would mention that at the medical board trial of Dr. Sonaiko, the California Medical Association, the UAPD and the center for public interest law all wanted to give him ??? briefs all of which were refused that would give some insight as to how insular the medical board is in regarding the various questions of alternative medicine practice. I would emphasize that all of the modalities that Dr. Sonaikos is accused of being a quack about were modalities he learned from the preview of American literature various conferences of a respectable nature and so on and also the use of off label drugs. It should be emphasized that none of his patience were injured that either there were questions or others or to the contrary that the records demonstrate improvement of these patients he did very well indeed. For practicing in this matter he was labeled a quack who experimented on patients and he was driven out of practice, he is no longer practicing, it is kind of doubtful if he ever will practice. Now shifting gears a bit, I would like to point out that he California legislature has mandated continuing medical education as part of license renewal. The licensing division of medical board supervises this. Presumably this requirement is to have physician remain current and to bring these new medical practices and modalities back to the citizens of California. However the division of Medical quality which is the unfortunate arm. If you bring those modalities back for the conference or whatever where we traditionally learn about new things your in danger of the prosecution based on the Sonaiko example. I think there is very little question that the question of medical invasion in California is very much in limbo and very much in danger, the Medial Board of course will deny all this about medical invasion being suppressed it's a motherhood and apple pie type issue. But they're actions speak I would say much louder than words and words or actions coming from the Sonaiko matter are very, very disturbing. If this can happen to Dr. Sonaiko who is a mainstream doctor, goodness knows what is going to happen to the alternative medicine doctors. I see

alternative medicine as very endangered. Now following your word about the legislative activity in this arena. Senate bill 2100 by Senator Vasconcellos has recently gone through the assembly in the senate it is now stalled in the end of the legislature, yet it appears to have no opposition in the amended forum. What this will do, and presumably it'll come back next year and be acted on, is it will place the medical board in charge of within the next two years, forming disciplinary guidelines for alternative practice medicine. Very this they don't specify guidelines for practice or standards or that kind of thing or potentially disciplinary actions are going to be defined by the medical board, and this appears to us to be the fox watching the hen house based upon the Sonaiko matter. The prognosis for alternative medicine as we see it is rather endangered and we are suggesting the perhaps some federal activity maybe guidelines, maybe legislations might be in order. Thank you very much.

Thank you very much. Sally Lamont.

Thank you, as executive director of the California Association of Naturopathic Physicians, my comments today will focus on naturopathic medicine but I want to emphasize that all licensed CAM systems and their educational models and standards are extremely important for the government to study and replicate into the mainstream healthcare system. Naturopathic physicians are family care doctors who specialize in integrated natural medicine and these incorporated variety of CAM modalities into the Naturopathic system of health care include nutrition, botanical medicine, homeopathic and physical medicine among others and these attend 4 year post graduate accredited naturopathic medical schools where we are trained to diagnose prevent and treat disease with the use of safe and effective natural therapies. Effie Nickel spoke of the importance of principals well naturopathic practice and methods for integrated modalities were built around a set of guiding principals and most important in central of which is a profound respect for the healing power of nature or the v's medical trick and nutori others include identifying and treating the cause of disease, teaching the principals of health optimization, practicing prevention adhering to hypocrites dictum first do no harm and treating the whole person. With its unique integration of vitalistic scientific, academic and chronically training the naturopathic medical paradigm is a potent factor in an import resource in the renaissance that is presently occurring in complementary and alternative medicine. One of the present questions of this commission is how do we improve access to safe and effective CAM practices and interventions. Well I have the answer from our profession the key is to support licensure of naturopathic physicians in all 50 states, starting with California, and these are licensed to practices primary care doctor of natural medicine and it dozen state, including most of California neighbors. Though I trained 20 years ago in Oregon to become a naturopathic doctor I must limit my practice in California to that of a licensed acupuncturist because in these have yet to be licensed here. This is an unworkable approach and it is a waste of well-trained clinicians who are available to join the work force. To remedy this situation the California Association of Naturopathic Physicians is preparing to submit legislature to recognize and these. Recognition will create access to care by well-trained qualified naturopathic doctors it provides accountability by a government public and peer-review system. Lack of recognition means that anyone regardless of their training can call themselves a naturopathic doctor with little or no recourse if the outcome is negative. A tragic case occurred in North Caroline last year when a person called himself a naturopath persuaded a mother of an eight year old girl, insulin dependant diabetic to discontinue insulin injections and treat her with herbs instead. She died soon after. North Carolina like California has no recognition system in place regarding Naturopathic medicine. Now this Naturopath was not a graduate of one of the accredited 4 year naturopathic medical schools, and yet was able to use that title gaining the confidence of that mother with a tragic outcome. To prevent other incidences like this one it must be mandated that those call themselves doctors of naturopathic medicine have met rigorous standards in education, primary care, and testing and safe practice. The existing model of modern naturopathic medical education has resolved the problem of accreditation, credentialing licensure and scope of practice. It has defined standards for

primary care natural medicine; this model can be easily and efficiently articulated with existing medical and CAM educational models into the mainstream health care system. So a key action step is to provide federal funding to accredit naturopathic and CAM academic institutions and defend residency and exchange programs between CAM and conventional medical schools. As most of you know accountability is a key, naturopathic profession has data and research accreditation, licensure, national and state board exams, practice standards, codes of ethics, credentialing, continuing education, benchmarks in place. Another important thing is access to reimbursement by naturopathic services and these should be uniformly reimbursed in all 50 states. We have one of the lowest incidences of malpractice claims of all health professions. I really encourage you to look at the whole systems approach and develop practice guidelines, which respect these whole systems. As the town hall move you have my topics on.

Thank you very much. We have some time for questions, Dean, would you like to begin.

Sure. I had just really one question for Dr. Azarow. You mention in your testimony that as part of a number of things that I found interesting, the need to come up with new research models that involve more than just one independent one dependant variable, and its certainly something I've struggled with in my research career trying to explain why we change more than one aspect of lifestyle at the same time, and for that matter how its often a myth to think that you can really particularly in lifestyle or behavioral alternative approaches, that you can keep everything constant except for one thing and so often people think they are only changing one thing when they are really changing many others, only they just don't recognize it. So it sound like you have given some thought to this issue and I am just curious to know how would you do studies like that and how would you address the criticisms that go along with that about you don't know the relative contribution on each component.

I think it's the toughest question of all, and I know its one you have been wrestling with for a long long time. I think, my perspective start with as a first and foremost a practitioner, lets get an outcome, lets find an effect, and in subsequent work lets desegregate that effect if that seems to be a good thing to do to see what might be more beneficial and what might be less beneficial. You know there is an old principal in organizational change efforts, which was part of my previous career, to load for success and I think that principal needs to be applied in clinical activity and in clinical research as well. Certainly when someone would come in for example with a difficult disease, like chronic fatigue syndrome any practitioner worth his or her salt, would typically not start with only one intervention, and I think we've search for paradigms that need to be adjusted to view research on a particular topic as following a sequence of activities.

And as a corollary to that, how would you control for the other problem people often run into doing settings in this area, is that so many of these techniques become more increasingly in the public domain become more practice by more people, its hard to get a non-intervention control group...you are right...so how do you address that issue?

It is a very, very difficult issue, and we just finished a pilot study with fibro-myalgae patients with a group therapy intervention that incorporated spegal style support of expressive therapy with a more conventional cognitive behavioral therapy, building skills under part of these individuals to cope with the illness. When we looked at the participants, you know all of them at one time or another had practices Gilga all of them had learned some deep relaxation techniques, all of them had been exposed in some fashion or another to cognitive reframing activities and so it's a very very complicated situation, there really is no good answer for that other than a least in the qualitative way initially to gather as much information as you can, as subjects experiences and then try to incorporate that into a design.

With so much information being available on the Internet it just becomes more of an issue.

That is a very good point.

On the other had the internet is a terrific resource for the dissemination of health information, and even for health behavior oriented information as well, there's some ethical problems there, but that is another topic.

When you say ethical problem, what do you mean?

Well I am thinking for example of web-base psychotherapy, which is actually happening. There is a colleague of ours at Stanford a psychologist, Tom Nagee who is a national authority on psychological ethics and has been documenting this phenomenon, its increasing tremendously to my way of thinking it inherently absurd to think of meaning psychotherapy taking place through e-mails kinds of encounters, once the band with exists where there is actually some visual and auditory input as well, that is something different but nevertheless its happening, I think it's a very troubling phenomenon. I think we need to gather more information on its prevalence and see what's happening with it.

Thank you, Wayne.

The whole issue, I don't want to go into detail discussions of the whole issue of looking at complex interventions I think is a very complex issue and in our research meeting hopefully we'll discuss this some more. Now anytime you do something compared to doing nothing you get an effect and usually it's a positive effect sometimes a negative effect and that necessarily help you much in terms of should you do that or should you not do that. And so of course as soon as you set up a control then you've already decided what aspects of that are important to look at. However I want an address a different issue and that is the issue of time. I think it would be very useful to have some suggestions as to how complementary medicine might contribute to this universal dilemma that we have in Western medicine of lack of time. There is a recent book out on the history of medical education by Ken Letermier, called time to heal, in which he documents in a great amount of detail the increasing time pressures that have squeezed out the ability not only train physician, but also to interact appropriately with patients. This is something that has been brought up every decade for the last 50 years at least since the Frexnor Report????? Including in the Frexnore Report and there has been no solution, it has gotten worse and worse and now with managed care we have another pressure economic on top of that, and I think it would be, if complementary medicine can address this in some way, I think this would be useful, whether it can or not, I don't know but some suggestions as to how that might occur I think would be useful. I have one more item.

I have a thought on your comments. The problem is that our health care system waits for people to get sick and intervenes and the way its structure and all the time pressures, I submit that if the reward, the economic rewards were reversed where people were rewarded for staying healthy, staying healthy, you would see practitioners spending much more time with the patients to keep them healthy, because that is where the reward would be. So we need, that is going to take a major, we are on our way but there is a paradigm shift we're almost there but its going to take a major transformation in the health care system.

Well I have a real question about whether the public wants that as opposed to getting the quick and dirty fix. I think a lot of the public does want the quick and dirty fix and for reasons that can't necessarily be argued against. And so the issue of providing time and what benefit would this type of time is a real

question, and again since we are focusing on complementary medicine and is not necessarily all medical education, what is the role of complementary medicine in terms of addressing these issues would be important, perhaps we are on the verge of a paradigm shift and going more towards rewarding preventative and health promotion.

We are not going to have...we are getting to the point where we don't have a choice because when the government assumes more and more of the cost and that's clearly an agenda there's they are going to have no choice but to start looking at keeping people healthy preventing, by putting the focus there.

I'd like to ask the Minnesota model has been mentioned also several times, and I am just wondering is anyone actually looking at the potential impact looking at the potential impact, social outcomes and other of this as it gets implemented I assume it will actually get implemented and out people in Minnesota of any type, will be able to practice in any type will be able to practice any type.

It's still too early.

I know its too early to access, but is there someone actually accessing it or are we going to end up with a new model, but not really be able to know what has happened with that.

It probably sounds like a good idea for the commission to follow up with Governor Ventura's office.

That is what I am thinking. We'd appreciate if you have somebody in particular that you feel we should be in touch with.

We can encourage them to do that, and then have an ongoing dialogue with them about what is happening. So if you, Tony, if you find let us know, that'd be great.

Effie.

There is an old saying in Chinese that says that if a doctor keeps a patient well than he's a respected person, and if he looses his patient to illness than there is no respect. In fact they are paid to keep them well. However being a practitioner, speaking from a practitioner's standpoint right now. In your discussion about keeping people well I am finding that the people who are seeking CAM is basically wanting that, and the conferences that we've held in all. People are changing their ideas about coming in for a tune-up instead of waiting until they are sick and I think that is where our educational challenges are is that we begin to educate the people toward that wholeness. And I have a question, or comment, a question I guess to Dr. Azarow. You mention acupuncture as research or used in a western medical type, are you talking about kind of a formula a standard or you know not like the traditional Chinese medicine, and I think this is where we are concerned the traditionalist that the effectiveness of traditional systems medicines whether its homeopathy or invective medicine or Chinese medicine that begin to loose some of the effectiveness. Do you have any comments? Do you have concerns in that area?

I do. I share your concerns but not based on any particular data, but just based on my personal experience dating back 25 years with, as recipient of acupuncture, and ah discouraged a bit by the I think excessive emphasis in all the policy oriented attention being paid to acupuncture in the last couple of years purely from the point of view of pain relief, not that acupuncture can't be a very powerful pain relieving modality, but it is much more than that and its original context, and you know I have experienced benefits much broader than that, many people I know have. And so the there I go so far as to say the excessive medicalization of acupuncture, while it can bring some blessings, it could bring some loses as

well.

Yes, well we know it has been effective in so many things, in cancer we can't speak of its effectiveness treating cancer and in being effective in helping cancer come into remission, because in California we can't say we're treating cancer in any form except in chemotherapy radiation and surgery. So it is restricting some of the traditional systems from being as effective as it can be.

Along those lines. I have had discussions with people getting involved in acupuncture research excuse me, who had difficulty coming out of a western mainstream medical paradigm, and thinking in different points being used for different patients with the same condition from an American or western medical point of view. And of course the traditional Chinese medical point of view is two individuals who might share some similarities in presentation could be very different in other respects, and would receive substantially different treatments, both with acupuncture and with herbal medicine, but these researchers had great difficulty.

Yes and you mentioned about body and mind concepts that in the Chinese medicine, the body mind spirit is intracal into the physical work with the person, but I just wanted your impression because you know, you are from a very notable research institute. And I just wanted to acknowledge Antonio that I think that it is very exciting your recommendation about more political know-how, savvy lets say, you didn't say it in those terms, but political representation and I feel that is really where is very important.

It really comes down to that.

Yes.

I'd like to point out in 1970 when I started to practice in California, acupuncture was a back alley operation and you got arrested if you got caught. A lot of people wanted the services and in 1976 they are licensed. Currently our mange-care movement is just as stingy as everybody else maybe more so, but they are taking on more alternative medicine aspects, for example chiropractic and various other things, because to do so they have to be competitive. People want it. Its economic.

I wanted to ask Dr. Hillsman, this California bill 2100 is this directed towards medical regulation of CAM only, or is it?

Its strictly complementary alternative medicine or yes.

Specifically targeted toward regulating complementary medicine practitioner or practitioners or physicians who practice?

Both

Ok so it is not general guidelines for regulatory.

They are not general regulatory guidelines, they are disciplinary guidelines, they are out to catch you if they don't like you, and in the hands of the medical board with their example of the Sinaiko case...this is bad new for anyone interested in CAM.

One thing I'd like to add on from a legal stand point on the Sinaiko matter cause that was really a heart wrenching case, and Dr. Sinaiko had the support of Dr. Phil Lee who was a former assistant secretary

of...I mean, he had stellar support, yet they destroyed this man. There needs to be some kind of balance provision in terms of medical boards. We have to give some thought on how we can motivate the states to do that, but there need to be situation, if people aren't hurt, if a medical board has just a problem with the doctors practice if the people aren't getting hurt in fact, people are being helped, they don't have the right to take away a physicians license to practice, it doesn't make, its not good public policy. And now people get hurt ultimately, cause now people are deprived of the services of Dr. Sinaiko and others who have lost their license, similar.

I just want to mention a bit of my history and back in the 1970's where there were people that were jailed and there were many acupuncturist were jailed and homeopathies and wholelistic practitioners were jailed and we were there getting them out of jail, so I'm an oldster her, and so the thing is, my question is Dr. Sinaiko, where does your union of American Physicians and Dentist, they don't have the strength to do anything about this situation. This is where I am wondering about the politics of the association and you know. Well, we're trying, but I emphasize there's California Medical Association, the UAPD, and the center for public interest law all wanted to give a meekest brief on this. And the medical boards said, "ah we're not even going to even listen you" They went right ahead and they hung this man high and dry. And the, I'd like to emphasize this is not just another doctors tragedy, with the prominence of this case made a bench-mark case, if you will to read the philosophy of the medical board, whatever they say they've done it. We should look at what they've done in a very landmark case. The case by the way is going up for appeal whether or not it can be financed is a big question. Even if he wins, its hard to say where this is going to go.

One thing I'd like to say is that we are going to pursue from our point of view, Dr. Sinaiko's case and look at it and try to see it as a benchmark and try to understand what the implications are and try to bring out the facts as best we can, and invite the various participants before the commission.

We'd be glad to participate, and I'd urge you to look at the citizens web site, www.treatmentchoice.com they have a huge website with all the raw documents on it. It is appalling.

We will check it out. This is a very important issue we are going to begin to address this at the next meeting, not his issue in particular, but we are going to begin to address the issue of the relationship between doing innovative research in CAM therapies federal regulations and state medical boards , and we're going to be looking at this on October 5th and 6th with some case examples. And again we invite you to come. We invite any your participation to give us information about Dr. Saniaikos case and also other of you that have other cases that you feel would be helpful. We need to move along, but I did want to say something to Sal and to again would be helpful we have a very dedicated staff, but the numbers of our staff are limited so in sense all of you are a part of our staff, a part of our commission, and I'd like from you and perhaps from other professions as well some documentation about some of the efforts that have been made, and I know Minnesota is one of the states as well, to bring licensure to naturopaths to understand some of the reasons why it has been denied some of the obstacles from your point of view, some of the strategies for making it happen and any reasons you can also have, any counter arguments for why naturopaths shouldn't be licensed, if there are either from your point of view or other peoples points of view. Because we are really trying to look at these examples and see how the kinds of recommendations that we can make. As I think you know our charge is to make recommendations through the secretary of Health and Human Services to the President, who ever the next president is and also to the congress and also by next summer to begin to make those recommendations, so please send us your information.

Thank you very much, we appreciate it.

We are going to have one more panel now and then we'll take a bit of a break after that panel, so lets begin with Evelyn Lee.

If Ricky Polacoby is here if you want to go ahead and take your seat up at this panel please.

Good afternoon, welcome to San Francisco, last weeks local newspaper indicated for the first time that Asian in the majority of San Francisco, we out number any other groups, including whites, so welcome a city that hopefully more people understand what we are talking about. And have more people that have even before they arrived in this city and this country has experienced alternative medicine. Ah I have three hats to wear. One is I'm a professor at medical school at UCSF, Dept. of Psychiatry, but I am not representing university today. But also I have two hats. One is I am executive director outpatient clinic, so I'd like to talk about from the public health / mental health point of view how they integrate with the alternative medicine. Also another hat, I am the president of the Chinese Health Coalition represent more than 35 human service agency in San Francisco. And we diminish on the assessment, health needs assessments and for 1800 subjects, two weeks ago, two years ago and last number of the subject used traditional medicine, so we are in a city that people kind of have the same language talking about what we need. I just want to address 4 major areas. One the whole area of accessibility, affordability, appropriateness of service and accountability issues in this whole area. First of all accessibility, for me I have been in the field for more that 35 years, the strangest thing for me is the consumer particular specialized in Asian and western population, immigrant and refugee, they came into a clinic with extreme expectation, which is I want this kind of alternative medicine. I want acupuncture, I want spiritual counseling you know, in fact when I travel in China, they can have they're alternative, they will be seen by herbal medicine doctor, and acupuncture will be available when you go to Japan, the hospital I visited they have a herbalist subscribe medicine, then when I went to Russia, Russia keep on complaining they don't have money to buy bandages but when you walk in they have huge rows, rooms of foot massager all over the place in spa. So people I treat want certain things, but the public health system cannot deliver that. We can saying that yes, as a nice intellectual people we all say that we believe in what Dr. Jars said the whole thing about integration and mind body and spirit, but under care .....go funding. We cannot integrate no matte how much the consumer try. I think its funny, yesterday when a pushing me to do this thing, I tried to do this thing, I tried to explain...well we cannot do this thing because we have no proof yet, we have not prove yourself, most of the physicians tell me we have no prove yourself. You know a Chinese patient tells me what do they want. Chinese have used that for thousands of years, we have not killed a lot of people with that, so what else do they want. So I think to really have to put a lot of energy into just prove it, prove it, prove it, but need to do something to change the system. I think a lot of reason why service is not accessible, I think that the whole issue of funding, I think mental health is extremely funding .....instead of consumer driven, clinically driven, and I think that a lot of time that, I cannot hire acupuncture in my clinic because I don't have a professional category for acupunctures. In China Town in San Francisco, more than 25 years ago we hired an acupuncturist to deal with psychiatric patient, we still have him today, but we have to hide him, sneak him in under the health worker four category you know, we loose ary??/ So I think that since I in San Francisco we still do not know what to do about the nee of the consumer and the c.....funding conflict, with the mainstream funding. Definitely the medical building is a huge problem, what's this public health the HMO started July 1 this year, one moment, let me move on. For the building definitely we have a large number of people cannot afford that kind of treatment a lot of people, my kind, who believe that they have to self pay, they pay their own money to do that and many of them are urban poor and I don't; know how they can continue to do that. With one minute, maybe I can just say that one of the major reason as a mental health administrator cannot do that is mainstream agency tremendous concern about liability, for example, I am constantly being challenged if I bring someone in, insurance, liability,

licensing all those things create barriers in implementing this thing. I want to recommend, from the federal government point of view. I really think we nee more research, but I think that research would be more real research to the community, should be more community base would be much more culturally competent instead of academic kind of intellectual discussion. I think that your commission will be very helpful to get funding to fund not just research but innovative program, we think that there is a lot of program can be done. Dr. Chow and I talk a great deal about innovative all the integration, my spirit kind of thing, and really try to have some funding to try out this kind of concept.

It's a time.

Ok, so I have six more recommendations.

Please feel free to send those to us in writings. Thank you. Next is Jennifer Bolen.

Jennifer Bolen

Thank you, thank you for being here today, I want to start with a quick story, when I graduated high school a little while ago, a good friend of mine got very sick with what he thought was a flu, but he stayed sick for about seven or eight years, he fortunately came from a very wealthy family and ended up spending upwards of $150, 000 to try to get treatments to try to figure out what was going on and none of his traditional western doctors could figure out what was happening. In 1995 he ended up finding out about ozone therapy, which is commonly practiced in many countries in Europe, but is illegal in all but 10 states in our country and considered quackery for the most part, ended up going to Germany and getting treatment for what was recognized as chronic fatigue syndrome, and came back and was able to enroll in college and go full time where as before he'd been sleeping 16 to 17 hours a day. It was the first treatment aments many a treatments he'd tried traditional treatments that helped him. I've had a similar experience, I've been sick for 13 years and I've spent a lot of my own money, as well as insurance money trying to find out what is going on. I have vacillated between traditional and alternative medicine and have found pros and cons about both. So listening to everybody today it seems I think there is an overall feeling of trying to bring alternative medicines up to par or up to standard or regulations with traditional medicines and I want to challenge that in part. I think that is definitely valid in part but I want to challenge part of that and say that in a system, in our system in our country which has a capitalist economic system based on profit our medical system has become based on profit as well, and when you bring out the time issue I think its completely entwined with the fact that we are based on profit and healing and profit don't necessarily go hand in hand. I think it's an incredibly complicated issue to deal with this, but we need to begin to address the fact that our system has become based on profit, and you were talking about Dr. Sanaiko, actually my family helped represent him in the beginning of his case, we ended up forming a company to defend doctors like Dr. Sanaiko who are in trouble with the FDA or the state medical boards or the AMA , who generally have not patient complaints whatsoever, but are being investigated or persecuted for their work, because they are so alternative or they are partially alternative and I am not a professional in this field, I'm a writer, I'm a college graduate and I will say from my own personal experience, for having been sick and having to try so many different things, and then from working in the field, just because my heart has called me to it I have begun to see through my research a system of people being persecuted for working outside methods of treatment that are not immediately profitable and we have represented people across the country who are offering alternative treatments or trying to offer alternative treatments or even teach people to empower themselves and they are being investigated and persecuted. That is a huge issue, though I know that our California state medical board does deny that. And, basically the three things I wanted to conclude with was...it's a complicated trying to integrate all these therapies into this profit based system, so we need to examine not only what we are

integrating, but the system we have now and secondly I would encourage you guys to examine the FDA, the current FDA and possibly, hopefully replace it with an agency that is genuinely neutral, because in the research that I've come up with it doesn't' t appear to be a neutral agency and it seem s to support, I know I have one minute. It seems to support pharmaceutical companies and block or stall efforts of other modalities from being approved and accessed.

APPLAUSE

Thank you, Richard Hansen please.

Richard Hansen

I'm a practicing dentist in Southern California and have been such for 25 years, I'm on faculty at UCLA at dental school, and also the director of Downs Health Research Institute which is a 501 C3 devoted to research of the alternatives and integration with dentistry. You know we are in a rather unique position, at our dental center because we receive almost exclusively referrals from alternative health practitioners of all kinds from both medical as well as other licensed or non licensed professionals all over the country, and as such we've kind of observed some of the practices of alternative medicines from the inside out if you will. One of the things that bothers me about some of the way alternative is presently practiced is that many practitioners look at their own individual specialty as the it that is going to cure the patient and there is no such thing, there is no one thing that will cause a cure, because there in no one thing that produces the disease or the ailment in the first place. I find with dentistry that I've become last resort dumping ground for a lot of practitioner. When they can't fix it, with their IT, or their practice of medicine whether regular or alternative, they refer to have the amalgams or some of the heavy metals taken out because they recognize the toxic elements in the dental materials, they do test to verify those, they know the electro magnetism produce voltage currents hundreds of times greater than what the brain produces within the mouth and there is a lot of bio-mechanical aspects to dentistry that affects a persons overall health, but unfortunately by its self doesn't do it either, and so we are at a dilemma because they are looking to us to solve a problem that they can't address. And the problem I see is that this is shedding a negative light on a lot of the alternative medical fields, just as the snake oil syndrome.....

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Side A

.....produce voltage and currents hundreds of times greater than what the brain produces within the mouth and there's a lot of biomechanical aspects to dentistry that effects a persons over all health, but unfortunately dentistry by itself doesn't do it either, and so we are at a dilemma because they are looking for us in many cases to solve the problems that they can't address. And the problem I see is that this is shedding a, a kind of a negative light on a lot of the alternative medicine field, just as the snake oil syndrome happened in the 1800's, snake oil in the orient is and snakes in general are used as a therapeutic treatments, yet you take something that's very very good and when its prostituted by people who misuse or abuse or try and use it out of it's perspective it then gets a very bad reputation that will stick with it forever, and that is the position that a lot of the alternative now face themselves with, because unfortunately alternative when they are integrated with many modalities of therapy, not just one by themselves, but when you look at the entire body as a unit, and try and treat everything in its own perspective, they are very effective when used with other things that support them then we have a great effect, unfortunately when they are yet just used out of their element, misused if you will, then they're not going to work and it will bring the whole field down. The sad reality is unfortunately, right now that's how a lot of practitioners are practicing alternatives because of the way the regulatory agencies have made them go under ground. Their living in an atmosphere of fear as are normal physician are living in fear because they do not want to reach out and look at other alternatives or look the entire field the whole philosophy of medicine I think has to change to accept all the alternatives. Medicine and doctors and practitioners, such as myself or such as yourselves, we don't really cure the body we don't fix anything all we do is help take burdens off the body, so the body can function on its own, because if we don't leave the body that is in a self-functioning, self-regulatory, self-maintain state, it will eventually die, even if we take a temporary burden off, if our 00000000 of therapies are such that hurt the bodies own ability to withstand the insults of treatment then that body will not survive, just temporarily. So I think what we need is unbiased research, unbiased education that is going to help put everything in perspective and then unbiased public information and practitioner information systems that will provide a very good integrative unified approach for this field, hopefully by doing that we won't ruin the field.

Thank you

Thank you very much. The last person to speak on this panel is Ricki Pollycobe.

Thank you very much.

It's a pleasure to be here, I come from basically about as linear western scientific discipline background, I think as one can find, growing up in the bay area. I'm a graduate of UCFS. The UCSF OB/GYN program, and I also have participated prior to medical school in immunology research with breast cancer at UC Berkeley's clinical research labs. My perspectives after 20 years of practicing medicine in the beautiful bay area, as an OB/GYN now just GYN menopause breast cancer, and I do a lot of alternative therapeutic integration in my private practice is that of a very mindful and appreciative physician for the passive change which, you know is kind of slow on a human scale, on the other hand it's kind of slow since I was a medical student. I happen to read a little bit about homeopathy as an undergraduate, and I was a little disappointed when I finished my studies at UCFS, the few times I'd asked professors questions about homeopathy it was like that's flaky, so you know it's a wonderful thing, I teach at UC, and I see an integration of educational opportunities for medical students, but as a clinical researcher and I'm principal investigator on a Tibetan medicine study that is collaborative with UCFS, I see how

difficult it is to innovate first of all these studies are grossly under funded, we're excited they are funded at all, but of course to bring this kind of alternative care, which is a supplementary program for standard western care, it is very difficult to bring it to women of color and minorities and low income groups, because their access is limited for a variety of reasons, that are difficult for regular western care. I have prepared some written comment which I already gave your staff, so I won't go into detail regarding the research, but I have some suggestions in terms of funding and to be sure that we are more inclusive as we fund studies so that we do not just collect information as to how other alternative complementary modalities affect upper middle class white women. The access to delivery and reimbursement for complementary and alternative medical practices and interventions is something that I feel very passionate about and I have written some comments but I just wanted to say, that I think it needs to be spoken as much as I love my colleagues I also see the turf battle element and ah I think that's significant, I think we need to pay attention to that, I think that doctors need to be healed as well, and I think that is a large part of our problem with the MD sector in health care today, it's a pretty bruised and limping group of colleagues. And lastly I wanted to make some comments about the delivery of reliable and useful information, because I do think that it takes an enormous effort , first of all to read outside of your field, and second of all to read in a way that's meaningful that actually will influence your practice and I think to be a critical thinker and subscribe to journals from the alternative and complementary literature is very frustrating, because the kinds of studies that are done, twelve patients in a homeopathically trial, this is something that is not statistical significant data. The reason I am passionate about providing an integrative practice to my patients is for the same reason that Jennifer spoke about her experience personally and her friend, which is that and I also appreciate Dr. Hanson's comments that a its everything together that boys up, supports and nurtures the individual, and our systems is not geared to take the time, it is a money issue, but also it has to do with being open because your personally not threatened, I do feel optimistic that if we can provide information to the more standard centers groups of doctors they will be much more comfortable to be embracing alternative and complementary modalities of healing. The point made by the previous panel about some of the medical/legal aspects just in the, you know the brief time I have been here and in private practice for 20 years, there have been a number of physicians who have been disciplined for questionable practice, just for putting electrical stimuli through their patience body. Its very scary, so I want to encourage the committee to ah particularly focus on information dissemination, my wish list is internet access to journals with the complete articles, CD ROMS, audio tapes, fax networks, and also you know if we can distribute bombquats and Medicare bulletin updates we can distribute them to include thoughtful reviews, and I think that to have sort of expert panels that are integrated to themselves, let the struggles occur distant from us and come to us in a way that our government provides. Thank you

Thank you very much, thank you all.

Dean do you want to begin?

....but .I don't have any questions, thank you.

Effie...

Effie Poy Yew Chow:

...Really great points have been brought out here. For example well Evelyn, hi Evelyn. That You talk about real research or innovative research and that is something that the commission has been thinking about, for example do we have a proper research protocol etc, and I think as these points that I put out, I really ask for each of you to put in more details about what you mean about these comments, because

that is really important, I think we need research, but we need a different type of research and just like ah, ah, Jennifer, Jennifer saying, that you sense that a lot of the talk has been trying to squeezing CM CAM into a medical model, that's been one of our passion too, take a look at it and not to just you know band-aid it, and sort of still keep it, the medical model, and these things just floating around, we're really looking at recreating something, a system that is based on health and wellness, creating an optimism, not pessimism, and not money oriented and human oriented and I'd like to get more, and if you can help us by writing more of these things in, as Jim said the staff is real busy and you are part of our staff. And then, ah I'm sorry, Richard has some ah, your comment about fighting or you know like a jealous of one another. Its fine to say hey I'm a great, you know something I'm a great practitioner too, but I don't belittle other people, and there needs to be a lot of education for these people because it is an existing from fear, I think, and we need to face that aspect, and that is something that we are dealing it by itself, in developing organizations that are to foster the interrelationships and integration of all of this. So in this panel a lot of really important factors have been brought out that I would love to get some more information. I know Poly -you know your aspect on research is innovative too, and so please I want more written information from you people. Thank you.

I think one of the points was brought out is that and I'm going to turn it just a little bit to look at it slightly differently is that we don't have enough information, in many ways we have too much and in the information age we are barraged by information, the issue is the quality of the information and whether it communicates accurately and appropriately to different audiences that need different and are looking for different types of information and also have different levels of understandings, and in many cases different values. Data is not information, so, whether its in a medical journal or whether its in a magazine and so the question of how to provide information that is both useful, addresses particular audiences and is valid and incorporates good critical stands or perspectives on it, is a major questions, in fact is one of the four tasks that the commission has specifically asked to make recommendations on, so if anyone has any suggestions as to how to go about doing that, I am familiar with kind of standard evidence based approaches where by they provide best clinical evidence and guidelines and things like that and that's important, and I think that forms a good basis for things but it not enough, it's doesn't necessarily provide what other types of groups need or provide it in a way the public can interpret it, and I think those are issues that we'd like to have some suggestions on how to go about doing.

Thank you, when your comments, and Ricky your comments made me think that one of the things that when it came time to address information issues we need to talk about a balance or benefits of either public presentation of the information and the way its being presented privately now, because there are a number of companies on the internet that are presenting some of the information, so I think we need to really sort of to expand and deepen that discussion so I appreciate your bringing that up.

Thank you all very much. We are going to now take a 15 minute break, and then after the break there will be about another hour and a quarter and then we will conclude.

15 min. BREAK - Background music

.....patience, some of you I know have been here all day, and I appreciated having you and thank you for being willing to wait until the end of the day. So lets begin with Roy Upton.

Roy Upton -

First I want to say thank you to the commission for inviting me here today to present on behalf of the American Herbal Skill and the American Herbal Pharmacopoeia-

Bring the mick a little closer - OK

First off regarding reimbursement of CAM interventions, you have to differentiate between CAM practitioners as well as herbal medicines specifically which is our interest or my interest, minimally reimbursement programs should be established for all approved CAM practitioners, just as a starting basis line, which specific interventions are going to be reimbursed you're gonna have to go to those particular practitioners to determine which interventions have merit for reimbursements, most importantly the approval of reimbursement of non-approved CAM therapies that's going to be the topic of future investigations, you are not going to have any answers for non-approved CAM interventions right now. Most importantly or more prevalent is the reimbursement or discussions of reimbursement of dietary supplements and herbal medicines, whether it be as supplements or directly as medicines. In one case you are going to look at reimbursements for specific botanicals for a specific indications, this is actually for a relatively easy task, because there is already a lot of authoritative sources that identify the specific indications for the specific botanicals and the characterization for those botanicals for safe and effective medicine or individual indication, so that would be relatively easy. There have been a few works like this in the natural pathetic community as well as in other countries, in which they have approved of specific indications for herbs. Second though is a reimbursement of custom blended preparations, predominant by nature pathetic physicians, arrogated practitioners, and traditional Chinese practitioners who literally compound in their clinics and in some cases they are going to dispense directly rather than prescribing out, that is going to require a whole different set of rules, guidelines, with regards to which types of formulas, custom formulas, are going to be reimbursed. On the traditional systems of Innovative and Chinese medicine this is very well established, as far as what indications for which classical formulas. Most importantly, maybe is something you have to look at is Regulatory Approval Process for botanicals. As you know right now, there is no mechanism for which herbal medicine can be approved for the treatment of disease, yes we can use them for dietary supplement even among the traditional Chinese medical community, in the state of California they can only be dispensed as herbal supplement not as herbal medicine. That's a big difference, so its going to be very difficult to change the rules and regulations regarding approval of herbs, I don't think it is undoable, most of the world live with the system that is based on traditional medicines, which lies somewhere between dietary supplements and pharmaceutical approved medicines. Now we try to push this through during the Dietary Supplement Health & Education Act debates and there was significant amount of political support on both sides of the isle, democrats and republicans and Trade As organizations as well as consumer advocacy groups for the development of the traditional medicines category and again this does exist in most other countries. Lastly you have to look at the reimbursement of botanicals being contingent upon adherence of quality control guidelines for the manufacturers of those botanicals. You can't just expect to go and get any valerian product off the shelf and it be equivalent in safety and efficacy, as one that adheres to very specific quality control guidelines, again these guidelines have been established in other countries and in international, national pharmacies appears and authoritative compendia. On the education side, you ask specifically about education of CAM practitioners, well each of the representative herbal organizations mostly represented by Naturopaths, Acupuntioners, Western Herbalist, and Innovative practitioners, they are already in the process of developing educational standards, or already have well developed standards of education, so has to be determined by the specific CAM practice in of in itself. We also recommend that the commission convene a focus group of these different representatives organizations in order to determine what the core competencies require in western medical sciences should be regardless of the CAM affiliation. Lastly and of primary importance to us is access. That's access, the ability of the public as well as practitioners to obtain herbal medicines and/or to dispense herbal medicine. We really look at herbal medicine as being the medicine of the people, which has and always will be and always should be, we oppose, strongly oppose any efforts by

any professional, organization or economic interest to claim exclusive right to either the dispensing or the obtaining of herbal medicines, we believe that its every right, from every mother, every father, every grandmother, always has been able to dispense these as their families health care and this is especially true for traditional cultures, most of whom we don't see represented here. We're happy to work with the commission on these things and appreciate the time of making these comments.

Thank you very much. James Underdown

James Underdown-

My name is James Underdown, I am the executive director for the center of the Inquiry West, in Los Angeles, I represent between 10 and 20 thousand readers of the Western Inquirer Newsletter in southern California and the over 100 thousand readers of Skeptical Inquirer and Free Inquiry Magazines. I noticed that a this has been rather one sided all day today, out of the forty-four speakers, as I am the 44th speaker today I am the only prescheduled one who is here advocating spending less money and less energy on the general idea of alternative medicine. Ah....and I was not like many of the people here invited to this, I just found it out through other means. Ah there is great concern among our readers, concerning two basic issues the first issue is that tens of millions of dollars being spent on the office of alternative medicine in based on the false belief that over 40% of all Americans are using alternative methods of treatment. Two studies that appeared in the Journal of American Medicine in which influenced the large increase in funding for alternative medicine were both done by Dr. David Eisenburg and financed by the Fetzer Institute. A group which sponsors and promotes mind bodied programs and various alternative methods. In my opinion, Fetzer sponsoring such a study is a kin to Firestone sponsoring a study on tire safety. Eisenburgs studies are flawed and are greatly over estimated the use of alternative medicine in this country, they have influenced the press, the public, and money spent on this commission and on the office spent on alternative medicine. Dr. Timothy Gorsky, professor of gynecology of the University of North Texas State, reported on errors in studies in 1999. I will not go into the details about the errors and miscalculations of the Eisenburg studies, but Gorsky did in his paper, and the paper is available and has been peer review. Dr. Pete Parlov, professor of psychology at University of California Davis reported similar areas in Eisenburgs similar errors in Eisenburgs study. A third report published in JAMA by Bidross and R. Rosenhag of Yale also confirmed Grosky's criticism. The point is that it is incorrect to assume that 30 to 40% of the people surveyed had used alternative methods to treat their illnesses. Dross and Rosenheg surveys show that the figure was 10% or fewer, spending tens of millions of dollars to study and promote alternative medicines is simply not warranted for such a small percentage of use. That is the first point. The second great concern of our thousands of readers is that many alternative treatments have been thoroughly discredited by scientifically conducted peer reviewed investigation. It is a huge waste of time and money to discuss the integration and training of practitioners of treatment methods proven to have no demonstrated efficacy. We are concerned that there is little government regulation a gigantic industry based on little more than anecdotal evidence and the placebo effect. On the day he appointed this commission, President Clinton said, speaking of alternative medicine " there is no doubt that these therapies should be held to the same standard to scientific rigor as more traditional health care interventions". The 60 thousand member federation of American societies for experimental biology agrees and requested in a letter that the federal funding be redirected to standard and more promising basic and clinical research rather than to repeating studies already done on implausible methods. There have been reams of research already published on a wide range of alternative treatment from therapeutic touch to homeopathy. Most findings seriously question the efficacy of treatment and the credibility of calamities. I urge this commission to consider setting up a dialogue with the kinds of doctors and scientists who have brought humanity away from the primitive and unscientific treatments so many alternative medicines are based on. Set up a dialogue with experts who can truly evaluate

medical claims and sift the fantasy from the science. If a treatment works, let it stand up to the same scrutiny we demand of our surgeons, our drugs and our researchers, no claim of efficacy should get a free pass, simply because we fail to ask the right question. Lets test and regulate these claims for all our safety. Thank you very much.

Thank you. Marc Halpern

I want to thank you all for being here, and giving us all the opportunity to have a voice in the future policy that takes place in our country. I recognize the enormity of task that you have before you and I hope that the comments that I'll make, at least in someway will make to help your job a little easier. I'd like to begin by addressing some of the comments that you had requested in the written literature that you had provided. To begin with -what can be done to expand research environment so that practices and interventions that lie outside the sciences are, conventional science are adequately and appropriately addressed. Basically I believe that funding should be made available to support research conducted by experts in each individual field, these experts are capable of understanding how to design research so that it addresses the complete approach of the discipline and not its individual components. Several people have made this comment throughout the course of the day, that the tendency in research is to tear apart an individual science, take a look at a small piece of it outside the whole, I believe that only an expert in that given field will be able to understand the paradigm from which that therapy comes from. Set up a research design to address that particular paradigm. How can we more efficiently integrate CAM and conventional research communities? Integration in important, the conventional research community often possesses the more skilled researcher than greater funding, so they're responsible for most of the research that is published, however, conventional research is generally lack the understanding of the CAM disciplines beyond the allopathic approach of isolated out of treatment or of therapy, testing it to a particular measurable parameter. CAM research is likely to be more complex and its design is going to have to be based on a whole picture and not on an individual component. How can access the safe and effect CAM practices and interventions be improved? Access can be improved by requiring an insurance companies to cover CAM practices, safety can be improved by working with individual disciplines via their national and state associations to establish proper testing of practitioners, accreditation's of schools and standards of practice. I want to emphasize that it is very important for any agency that has created through the Federal Government to work with the individual associations that a regulate the profession, individual profession and not to impose a set of unified standards on a particular discipline. How can uniform standards of education, training licensing and certification be applied to all CAM practitioners? Again uniform standards should not be created, rather the Federal Government should work with the individual, national and state associations to establish guidelines for each profession. Each discipline when it meets a basic standard, such as the formation of national and state associations, school accreditation's councils and practice guidelines should then be supported by the federal government in its quest to establish an individual license for that profession. Uniformity does not take into consideration the individual histories complexities, and scopes of practice of different disciplines. Some of the practices right now lumped under CAM, have a wide a scope of practice as mainstream medicine does today, these are usually the indigenous medical systems, whether it's the native American traditions, the Innovative tradition, which I represent or the Acupuncture or the Chinese medical community. These scopes of practice are far more extensive than other scopes that may have a more limited application. What training should be required of all health care providers to assure safe and effective CAM practices? For this question if you mean already licensed health care practitioners then, those practitioners should receive an overview of the individual discipline in their education, including a review of the research into that discipline. However, licensed, currently licensed health care providers, medical doctors particularly should not be administrating or administering CAM practices and interventions, unless certified to do so the regulatory administrations, established by that discipline. And

finally to answer the most useful answer for you, what role should the federal government have? I believe a federal web site could be created as an informational center on CAM practiced with brief descriptions of each practice. Input would be required from each additional discipline, national and state associations for each discipline must be intimately involved, links to each association could be provided and the web sites would be able to, would need to be approved, the web site entries would need to be approved by a panel of CAM providers representing each discipline and appointed individual approved profession. I just wanted to mention that I am here representing California Association of Ayurveda Medicine and the California College of Ayurveda Thank you very much.

Thank you. Carla Wilson please.

Carla Wilson - Thank you, I'd like to thank the commission for their presence today, and allowing us all to share some really important and deep thoughts on the practice of complementary and alternative therapies. I am in my 28th year of practice of traditional Chinese medicine and I also represent a professional organization acupuncture know as the National Organization on Acupunctural Medicine. On a day to day basis, I also serve as director for Quan-Yin Art Center, which is a 16 year old non-profit complementary health care clinic and its in a public health setting located in the center of San Francisco, this clinic started out in response to the AIDS epidemic 16 years ago, and as a result of having a specialty in chronic disease, has evolved into addressing many other conditions. The thing I'd like to address today, I believe is to perhaps review some of the works that is currently going on in addressing public health and some of the things that take place at Quan-Yin , and just to sort of shed a little bit of light on some of the numbers that accumulate over a year. At Quan-Yin Healing Art Center we see a lot of people who are low income, 80% of the people that we serve are low income, and often times its been thought that CAM therapies are primarily enjoy by people of upper or middle class, and I can tell you that in the practice of Chinese medicines there have been those of us who have been very committed to taking CAM therapies into setting where people traditionally would not have access to them. So some of the programs that currently serve peoples, and I'll give you a little bit of insight into that is on a weekly basis, we serve approximately 50 women and provide child care on sight, so that low income women can come and have treatment for HIV, substance abuse and Hepatitis, we do that on a shoe-string. We work with urban health study, which is research that goes on with HCV and intravenous drugs users in the city. We do that on a shoe-string charging $5.00 a person, so that people can come and have acupuncture and work with their addictions. We work with a number of welfare programs, so that people who are coming off of welfare can start to change their lives, address a number of issues that may have currently stood in the way from being able to stay in treatment programs, specifically substance abuse and also untreated medical issues. Help Welfare serves approx. 100 patients in a week. We have a drop-in detox clinic that happens at $5.00 a person that is used by more than 100 people a month, we have a senior citizens program and that is not covered by Medicare, which means that senior citizens are served at whatever cost they can come in and afford, we are addressing arthritis, chronic pain, and situations where seniors are looking for new ways to treat conditions that might other wise be addressed through medications. We also have a trans-gendered help clinic, the majority of trans-gendered patients in San Francisco are not covered by insurance and so its either at a very low cost and sometimes its for free. Cancer support clinic, many people who are seeking support services when they are working with cancer are very taxed financially, often times their insurance will not cover treatment, but nonetheless, we have a low cost clinic so that people can have support during their treatment time. We also have a stroke and brain injury clinic, again most of the time it's not covered by insurance coverage and so people pay a low fee for that, and we also have an after prison project, for people with HIV and HCV who are transitioning from prison to living in San Francisco. Approximately 600,000 people plus a year get treated for these of programs alone as well as another almost 2000 that are particularly covered by the San Francisco Department of Health AIDS office. So my goal is just o have that on record that lots and

lots of poor people and people who are under insured are getting services, its done because it need to happen, and so my request of you as a commission would be to focus on a couple of things, one would be to add your support to the legislature that's currently unfolding around including coverage for patients with Medicare, that would be senior citizens and people who are disabled, as well as to perhaps works towards developing an advisory council that could work specifically to find to develop those in roads within public health so then complementary medicine can find its way and continue to address people who are most in need of health care. Thank you for your time today. I appreciate it.

Thank you very much. I think what we'll do is ah, have questions for this group of 4 so that we don't stretch our memories too much or spread or selves too thin. Go ahead Effie, would you like to begin?

No questions.

Yes I have a couple of questions.

I want to address the issue that James Underdown brought up, because I think,, as you pointed out, you are one of the few individuals that has called for less funding, in these areas everybody else has called for gee we need more money, need more money, need more money, and I think that is an important issue to address, the importance and the issue of the prevalence that is used to justify often spending more money is really one of definition and if you think, a little trick that we frequently play in the federal government, that if congress, the folks up on capital hill ask us well what are you spending on this and the first thing we want to know well do you want a big number or do you want a small number and we want to define that , and that is one of the unfair, I think disadvantages of this hoge poge of practices that are all thrown together is that you can get at bigger number or a small number, and so one of the things that I hope we can get some assistance is with more decisive defining of what we mean by CAM, I mean is it exercise which is available in lots of cardiac rehab programs, is it you know psychotherapy and behavioral medicine, which are a large part accepted in medicine and I think this is a problem because you can get a big number or a small number and if you are using it to leverage your particular interest, obviously that is something that requires a particular addressing. Go ahead.

Yes I think the definition is a pretty loose, we have seen a huge variety here today, so I don't envy your task, to narrow this down some way and start addressing some of these individuals. I am not here to say that all these medicines are bad, or all these treatments are bad, all I am saying is lets use the type of science and methodology that has gotten us from the enlightenment to here to wintle this down a little bit, because we could be spending billions of dollars testing every single one of these treatments.

I think it would be useful if we could come up with a non-negative definition. We currently have one that is not available in here and that does keep it kind of loose. The other issue that I think would be kind of useful in this is run through a theme of a number of methods is we need scientific evidence and I think that is absolutely correct, we do need scientific evidence and we do need to use standard methods for getting that accepted, quality methods to make sure we get valid information. The ah, one of the ah, issues, and I'd like again, your input. To what weight should we put on the issues of plausibility as opposed to lets say clinical evidence, some things are looked at clinically and looked at plausible and some things are plausible and are accepted without being looked at very much clinically and part of evidence based medicine is about trying to look at them clinically. You have a sense of what kind of what kind of balance you think should be seen in those areas.

I think some of , I think a lot of it is on the books already, I mean we know the power, and a lot of people I alternative medicine know the power of the placebo affect, how much you want to trade on that is one

question. Much has been written about a lot of these medicines already, there are certain areas like homeopathy for instance that is - defies the laws of physics, the ideas that homeopathy are based on are not consistent with scientifically agreed upon principals, so I would put much less weight, much less research effort in something that on the surface of it has little chance of succeeding, now I'd like to add one more thing. I realize that some of these herbs and some of these medicines we get a lot of our scientific based medicines from herbs, roots and plants and things, they're may very well be plenty of things out there that we'll find has scientific value, in that case as far as I am concerned, it becomes a part of scientific medicine but lets test it and prove it and make sure it's not hurting people and find out the mechanism by which it working and not attribute it to something like the chi or meridians that nobody seems to be able to find.

OK

So plausibility in some areas where it is very impassible you would give it larger weight than in others in clinical areas, yeah. Is there, I'm trying to think of an example but is there been an area where something has been proven not to work, clearly proven not to work, not that it has been understudied, I'm not talking about that, that 's most things actually.

Well you know its tough, because a two things contaminate the whole process, the placebo effect partially contaminates the process and also the effect that people are using lots of these medicines in conjunction with scientific medicines. So you are not real sure what is actually causing the cure, and some things like in the case of our good friend Edgar Casey, diseases just took 6 months, or a year or 5 years to cure themselves and sometimes its just the body doing it by itself, so some of these things we need to look at, but if a common cold is going to go away in two in a half weeks anyway, and the herbs cure it in two and a half weeks, lets move on to the next medicine.

So I think then hopefully in our research discussions will address some of these issues. I did want to ask one other item on herbal medicine. Both on the product and the regulation. As I understand it, there are a number of practitioners that are certified to deliver herbal care within the context of particular medical system like the oriental medicine for example. But there is no herbal certification in this country for herbal therapy similar to what there is in England for example, is that correct.

Not for western herbalist at this time, for Chinese herbalist yes, through NCCA and through the state laws that govern the practice of traditional Chinese medicine , as a of Fall of 2001 the American Herbalist Guild in conjunction with another organization the American Botanical Medicine Academy will be having their first examination which will lead to bullet certification and botanical medicine that'll be open to medical doctors, pharmacist and herbalist....

So there is a process in development for western herbal certification and these kinds of things. I would be very interested in any recommendations you sat through all, many of the supplement types hearings and I'd be very interested to know how should herbals be treated that are used to treat diseases? I mean, do they fall into a drug category and should be made sure to hold those kind of standards, or do they know should we keep them as dietary supplements, is there some specific things that you think that the federal government could do to properly regulate these in your field?

We had an official proposal that was submitted to congress at the time of the Duchee hearings that was suggesting development of the traditional medicines category of therapeutic goods.

Where? I'm sorry where would that be developed?

In the United States. But it is already in development and in action in most other countries. Virtually every other country on the face of the earth regulates their herbal medicines as medicines, but differently than pharmaceuticals medications because the long history of use of those botanicals of those countries like the UK, Belgium, France, Germany, all have a traditional medicines category.

Was the recommendation be that this be placed within the FDA or something like that ?

At the time there was a small, a very small a voice contingency that wanted this to take of the a dietary supplement classification, but because of the just the share momentum of industry that they were all moving toward, this dietary supplement classification, it didn't really take on, but there were a number of people that organizations that supported this, including people like CSPI and Henry Waxman, and very, very strong opponents of the Dushee classification, they were very much in favor as well as Senator Hatch and all the proponents of Duchee were very much supportive of this traditional medicine category FDA also expressed strong support for traditional medicines category because that would give them the mechanism to call these things drugs and regulate them as drugs, which is the way they want to do them.

I for myself would be very interested to see these recommendations and to see some of the certification and guidelines that you all are coming up with for Western....

We can provide that, I would if I could Dr. Jonas just real quick to answer your question what hasn't been proven, and what we tend to have lost track of here, there is a tremendous amount in conventional medical practices has not been proven or have been proven to be ineffective and often times held to a higher standard and without acknowledging the fact that what is at 50 to 60 percent of medical interventions have not been proven safe and effective by the scientific method, so I really feel that is an important part of this discussion right here.

I'd like to make.....

BEGINNING OF TAPE

XI - WCH - (Side B)

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important part of this discussion right here.

I'd like to make just a couple of comments, one I'd one and second would win so that we would very much appreciate whatever guidelines your coming up with for certification of herbalist. So I think its very important and we can bring that into our thinking as well. Ah a couple of other things that I wanted to address, one is a, we very much welcome your input Mr. Underdown, and we will make sure in the future this is our first meeting and I think our publicity altogether was imperfect although we did I am glad 51 of you signed up come and speak here, so we will let you know and you now have the schedule of all meeting, and we welcome speakers who present a variety of points of view about complementary and alternative medicine.

Do I understand correctly that when you read in Washington that you will be hand picking certain people to come in and .....

That is right, and we already; we are expecting to invite Dr. Samson in particular, I believe that you work with him, to come and talk about some of his concerns, to come and talk about his concerns in terms of scientific, specifically for the research panel. So it'll either be for this research panel or for second research panel that we have in Washington, and to have him come and express his and yours and your organizations reservations about research. We're interested in looking at everybody concerns about how the research is being done, how it should best be done and we are also interested in for example if you are talking about homeopathy and you might mention this to Dr. Samson, we're interested in your evaluation of those, I think some 150 controlled studies that have been done, placebo controlled studies, and why you make the kind of statement that you do about think why they don't hold. The process is meant to be a fault full scientific process and we welcome anyone who wants to engage in that dialogue. The other point I wanted to make about the Eisenburg study, and I think Wayne covered some of these issues is that the study, although I understand some reasons for expecting that certain practices perhaps should not be included as alternative, the study interestingly cuts both ways, I think in some ways it's a gross underestimate of the use of some of the practices, and I think it speaks a little bit of what Carla Wilson is talking about. The study is basically about a phone survey of English speaking people, and that eliminates large numbers of people who, for whom what we call complementary or alternative is in fact primary care. People who come from other cultures, people who don't phones, people who are migrant workers in this country, and that was noted actually, Eisenburg did note that in this second iteration of the study, and I'm concerned about that not so much because I'm concerned about the statistics, I think that's ah. But I'm concerned about reaching that population and ah it's a population with which I've worked for 30 year now, and I'm very interested in any of your suggestions about ways and any of your suggestions, about ways to bring those people who are not ordinarily included in kind of the public discourse on science, to bring them into this process, to bring in their concerns about the kind of care they are getting, the kind of care they would like to get. Ah so I welcome suggestions now, and I also I welcome suggestions in writing and I also welcome all efforts and we were talking about this again at the break to bring those people into the discussions, and the commission has both in Washington and around the country. I just wonder if you wanted to respond, Effie as well. Carla did you want to say something.

I wanted to just respond to that a little bit in that often times its an excess ability issue. I mean there are large groups of people of other cultures who certainly would be taking part in CAM therapies if they knew that they were available. You know and perhaps the commission could look into how to go into the different cultures of this country and seek out that input, and perhaps that could be done in public health base settings from a public health perspective. I think that there is, would be an eagerness of response, and a whole new start of information that would come forward that could be helpful.

Yeah, Thank you. This is related to what you were saying in that looking at different cultures and how they relate to the medicine here and how they relate to the research and the research studies. I wanted to comment for the indigenous medical systems of different countries that I think would be very important for this commission, to review the research that has been done in those countries that has been done on those people from those countries as well. I know in the innovative field that, universities, large universities such as Bernards Hindi University, and Gushurat Ayurat University have enormous volumes of research that have been done over a 100 year period of time and much of it on the herbal side of Innovative medicine, but also on the broader picture related to Innovative medicine. So I'd like to encourage you to work in conjunction with these other organizations in other countries as you form your policies.

If you would be helpful to us in bringing that research to our attention that would be a great assistance.

I'd be very happy to work with you, on that project, I just returned from a visit to those universities and was reviewing a lot of the research.

Great. Thank you. Effie.

I just have a, hi, hello.hi

I just have a comment that this very discussion brings to mind the very heavy responsibility I think, we as members of the commission have, I think every one of us have this commitment to look at the pros and the cons and we appreciate the pros and cons presentation and ah, Mr. Underdown , your comments, your concerns about good research I think that has been really underscored by many of their people, but I think we're looking, we are looking for ways, and we certainly would appreciate your help as Jim said, and as though, and I just wanted apprise the people, because coming into town hall meetings, and not knowing where we are coming from sometimes well is this another group that's just kind of there you know. We really want to make some changes in the health care system, to really be more effective and more cost effective and more creative and innovative, whatever that means, but certainly more effective for the people than it is now.

Thank you very much we appreciate the input and look forward to continuing to work with you.

Perfecto Munoz is in the hall and we'd like for you to come up to the table now. Thank you.

We don't want you to be lonely, so why don't you come over here.

So this will be the final panel of the day. First will be Howard Moffet.

I am so glad I could be here today, can you hear me. Speaking of physics thank you, I suspect that the theory of relativity defied the laws of physics. Of course that was in the last century, and I think even though the law, even though, even though relatively, relativity, excuse me has not been entirely proven yet, I think, I hope we'll continue to accept it as a plausible theory. I would like to bring us to public health. What is the role or the place of CAM in public health? I got involved in public health I think in '92 I started going to meetings of the American public Health association and was involved in founding the alternative and complementary practices SPIG. Special interest group, at APHA, I think that was in '94 or '95 and in fact Dr. Persourno let me know about this meeting and asked me to come, I was glad that I could be here. I know its very unscientific but I'd like to share and anecdote. When I was getting

interested in public health and looking at schools of public health, I had a conversation with a faculty member of E.C. Berkley who was on the admissions or had been on the admissions committee and he just asked me frankly what was does acupuncture have to do with public health. I would have referred him to Dr. Jonas, I said well NIH has an office of alternative medicine now perhaps Berkeley would like to prepare people to enter the policy field in this area, and he thought that was a great answer, but then he told me he was no longer on the admissions committees, so that didn't help. I was in fact rejected by Berkley, twice, fortunately Harvard took me and I had a great experience and I thank Berkeley everyday for that. So what is the place of CAM in public health, I think there is some areas that come out to the fore. I think of palliative care for cancer or AIDS patients, treatment of addictions, we continue to see a some interesting research in that area, and in the area of stroke rehabilitation which is the area that I am working in now. I think we always are seeing the references that current updated listings of which medical schools are offering a survey course in CAM, I'd like to see that list of schools of public health, what schools of public health are taking any interest in this. I would be very interested to know if any schools of public health are taking any interest in this. The only on that I am aware of is at Boston University and regrettably the late Alan Meyer was the man who had a lot of interest in this area. Alan passed away in May; he was also one of the program co-chairs of our group at APHA. So without Alan, it be you, I really don't know anybody at any school of public health interested in this area, unless we really do take the broadest perspective and we have people who are interested in the social aspects of disease and you know, the importance of social support structures and so forth, in helping people. I want to add that I feel that Chinese medicine has a good connection to public health and the correlative thinking which is so central to TCM philosophy and practice is to me an allergist to an epidemiological approach which is really looking at the strengths of association between events and not simple at mechanisms of causation. So I think to me there is a beautiful congruence between TCM thought and an epidemiologist. So my request to this commission what things to look at, is to look at the role of CAM in public health and particularly looking at the schools of public health. Thank you.

Thank you very much. Len Saputo.

I want to thank you for putting this whole event on, because I think there is a real pandemic of disease, the cost of disease has become unaffordable and the safety has become a big issue as well. And so it's a time when we should all be bonding together, finding ways to work together as a team. So the whole idea of a unified approach to health care is really appealing to me and I think that is what we should strive to do. I want to personally thank you for writing the book A Manifestive for New Medicine, because it was something that really opened my mind, and I could see why President Clinton selected you to do this particular job, because you uniquely suited to do it. The idea of prevention, wellness, nutrition, natural therapies, finding meaningful purpose in life is exactly what you talk about, its exactly what we need and we all need to try to find that. We're too busy trying to treat diseases instead of human beings and that's where the technologies gets us all screwed up, in what we are trying to do. We are trying to throw dollars and technology at health care problems that we should be solving using the primary care approaches that you write about. What I am asking you to do in this presentation is to find a way to fund the grass roots organizations that are coming up with novel ways to look at how to solve our health care problem, we need some models, we need funding for new models. I became inspired after 20 years of being an internist, that there had to be a better way to practice medicine, when my wife got sick and I didn't know how to solve it, and over the course of a couple years learning alternative approach was marvelous, and as it turns out, today she is a healthy person taking no medications or as at one time she was on large doses of steroids. I've developed a foundation called the Health Medicine Forum, it's a 501 C3 educational foundation, and our goal has been to define what health medicine is, and we've come up with 4 principals that would be integrative, holistic, person centered and preventive when possible. We've devised a clinical model where we bring different clinicians of different disciplines to the same

table at the same time with our patients, so we'll bring acupuncturist and homeopaths and psychologist and MD's and shamans and whatever other kind of disciplines there is that our patient wants and we meet with those patients with the health guide prior to our meeting so we can decide who should be included, and we'll meet for a couple of hours. A couple of things happen. First we exchange a lot of information, and that usually happens about the first 45 minutes and incidentally we've done about 75 of these panels and no practitioner has yet been paid, nor yet requested it, nor has it been something that we thought is appropriate to do because we are doing a study. So during the first part of this we exchange a lot of information, but the most important thing that happens is the connection between the group, we're getting back to Texas village to raise a child that takes a community to heal an individual, we'll take all the disciplines that are possible and we'll bring them together for this period of time, and we've seen some transformations in our patients that are mind boggling. What we need is funding to be able to do a study, because all we can do is report our opinion of having done 75 of these panels, we think we got some outstanding results, a lot of people have been inspired, but we haven't got the proof that we that need, because that is what you require, that's what the whole scientific community requires, and yet at the same time, I'd like to point out that we talk about evidence based medicine, western based medicine is not so evidence based, I mean this has been studied by the office of technology assessment, by the British Medical Journal and by UCSF and they've all come up with a number that says 15% is what we are evidence based. And when they look at the literature that is published, they come up with the number of 1% of the articles and our peer reviewed literature are articles that are evidenced based articles, so what are we sitting in this arrogant position, demanding that all the other disciplines are going to be required to have a 100% or something that is a lot more rigorous that what we do. So what I would like to see you do is find ways to help organizations like ours that are self funded that have not been able to find any kind of support from the outside that amounts to much, so we find ourselves handcuffed, unable to do the studies that we'd like to do, so thank you hearing me.

Thank you very much. Burton Goldberg.

I ah have a magazine called Alternative Medicine with a 100, 000 readers, I have a web site alternativemedicine.com with 10,000 pages, 20,000 physicians, so you can find the yellow page and about 238,000 monthly visitors to the site and I am intoned with between 75 and 150 e-mails a day that we answer. So I am intoned with the public, I know what the public wants, and I have my finger on the pulse of what's going on alternative medicine and I've studied it now for 25 years. I am in favor of reducing the amount we spend for research, because the research is in the field, all you have to do is go out and talk to the doctors who are treating stroke victims with hyper-barrack oxygen, with intravenous feeding, with keylation therapy. Cancer, I know of a clinic in Tijuana where cancer is melting using Dendredic cells, using Cyderkines, I've seen it, I was there this week. So go to these clinics, talk to them, because alternative medicine is a casual phrase for 50 different therapies, 60 different therapies, and not one of them alone can be used. You have to detox, you have to use homeopathy, and herbs and dentistry is so important. My master, a Catholic priest by the name of Schidel, a German says that as much as 50% in the reverse of degenerate disease, particularly cancer is dental, and most physicians ignore it. The relationship between the meridian system and the nervous system, every tooth in our mouth and head is connected to an organ and system and is totally overwhelmed. As far as Wayne Jonas wanting time, he is right. Alternative medicine is not a wham bam thank you mame shot in the deiraire. Nurse practitioners have to be used, physicians assistance, naturopaths and the problem with naturopathic medicine is, you have the male school and then you have the 4 year school and they don't like each other and then the state of California you have constipation, they can't get the law through because the 4 year students don't want the 2 year students included. So this is something we must address. But we must change the paradigm of medicine, because conventional medicine if failing. The paradigm of research is totally corrupt with the double blind, one size shoe fits all, one size bra fits all, it doesn't work that way. You

and I can be diagnosed with the identical cancer yet the causes are completely different. Mine can be 90% mental, I got a bad marriage, yours, toxins. And we have the research, they don't pay attention to the research. Israel, 1973, they define the relationship between female breast cancer and pesticides and herbicides. They do a 10 year study, but they reduce pesticides and herbicides and the feed of only two things, milk cows and cattle. At the end of 10 years '76 to'86 the female breast cancer rate plummets in Israel 34%, in women under 40 for all ages it drops 8%, while we in this country go up 8%. We know what causes cancer. I did a book on cancer, it has 33 categories of the causes of cancer. Conventional medicine pays no attention to it, so every one of these things have to be removed from the body, keylated, pulled out, massaged, fed, the immune system has to be fed. Many of our clinics are working on the level of micoplasm, this stuff is all available, all that you have to do is go into the field, most of us here can guide you to where to go, because just studying one herb or one system, which are all vital, mind, body, all vital, it is the amalgamation of these synergistically used and so this doctors system of having this panel is really what its about. We need generalist, and these generalist don't have to be doctors they have to understand, and they can become educated. The medical schools are teaching cursory alternative medicine, probably 60 to 70% are now giving courses because the students demand it, but the cursory, the acupuncture that's kind of accepted, but they are not telling the people that you don't have to have heart disease. Most people don't even understand what is the cause of heart disease and yet, the mainstream medicine head of the American Heart Association came up with a book, its infection, 85% is infection the herpes infection, the s?????virus, the commitea and so all these things are available, all's you have to go and oh and I want you to study food, our food supply is denuded. Farmers ??? that food doesn't have the richness, I want you to study the ecology because it's the poisons in our bodies that create this holocaust known as cancer. Almost everything is reversible using the system of alternative medicine. Chinese medicine has their system, Arvedict has their system but it is a system and not one thing alone and I thank you.

Thank you very much. Next is Karen Ehrlich.

Hello, I am a midwife, I would like to first say that I honor you on the panel for after this whole day being awake, alert and oriented. I barely am myself. As a midwife, I would first like to talk about the Flexner report that keeps getting tossed around here. Midwifery was one of the modes of care in our country that was quite suppressed because of the Flexner Report. The midwifery schools closed. And it was a part of a real effort on the part, a consorted effort written up in their medical journal in the part of them the western medical doctors trying to eliminate the midwife. We are still operating on that suppression, trying to reverse it, yet only about 6% of the births in this country are currently in the hands of midwives, and those countries that use midwives for 70 to 75% of their births, the infant and neonatal mortality rates are far, far lower than they are here. The United States has a shameful record tied for the last place among the industrialized countries of the world in neonatal mortality. I wrote a presentation I that I was going to give to you, it is on a pink page that I see that Effie Poy Yew Chow has in front of her right now, and I am not going to speak it, because as I sat here today listening to all of these talks, there were other things that came to my mind that I felt was important to say to you. We keep hearing people say that the practitioners that are involved in their health care systems must be involved in the regulation of their practitioners, of setting up the principals of practice and codes of ethics. Here in California the California Midwives are regulated by the Medical Board of California, there is not one midwife who sits on that board. We are completely regulated without representation, I don't think is necessarily true in most of the other states in the United States, but I can see this happening not only for midwives but for others who are considered alternative practitioners or complementary practitioners. It doesn't work very well for us to be regulated by people who have no training in our discipline, no understanding, true understanding in our discipline, no experience in our discipline and who mostly don't even want us to exist. In our case the medical board prosecuted midwives for 20 years and now they are indeed the fox

watching the hen house as somebody else spoke earlier. So this is one thing that I think has to happen for any complementary medicine, is that the practitioners must be in charge. In talking about setting up principals of practice and codes of ethics the Midwives Alliance of North America close to 20 years ago really set about trying to set these processes up and these codes for ourselves and what we found was that the best way to do that was to first of all establish our values. Figure out what we value and our codes of ethics will follow from that, if we try to set up a code a ethics that does not meet our values, that does not work either. So this would be another place that I really would hope that complementary medicine can look at what we value, before we try to establish anything more artificial about, that are going to determine our scope of practice. In terms of midwifery itself, this is a mode that is generally really looking to try to be simple, when at all possible. Certainly those of us who work in out of hospital settings, have that opportunity to do it more, than those who either choose to or must work in hospitals in order to work in our profession. However, in trying to be simple what we have to realize, is that we imprison women in our culture today who give drugs to their babies' utero. We dare to keep our children off drugs and give them huge anti-drug training and yet pregnant women are offered medication like water. We are drugging our babies utero and we really don't know what that does to them. There is some evidence that things like opiates that are used in labor, can be a beginning of drug addiction for that child later in life. During this enormous increase in the amounts of drugs that have been used in labor we've had huge increases in ADD, ADHD and autism in our country, I believe partly because how we are dealing with labor. Our families are in trouble; children and parents are not well bonded in our culture. It could be partly because of how birth is being manhandled in conventional obstetrics. The mother is separated from her labor and the baby is then separated from her breast all too often. We are not clearly looking what is safe in this incredible primal event in life and I believe midwives are here to try to correct some of that. Thank you.

Thank you, Robert Leppo

Thank you very much, I also appreciate this panel, I should first say that I am neither an alternative health practitioner nor a physician nor a scientist nor journalist. I focus on selfishness and greed, I am a venture capitalist. Second anything the commission can do that increases the freedom of individuals to make their medical decisions I support. Third I prefer to see you do that, take actions that will increase the freedom of individuals to make their own medical decisions, I prefer to see you do that not by getting more government power, and or money to promote an alternative medical agenda, but rather to use your influence to reduce current government control and regulation and money in medicine. And then the final thing that I wanted to say is that based on the venture capital opportunities that I see and am investing in, in biotech, including alternative medicine, I agree that a revolution is coming and a large part is mediated by the Internet power to give the individual access to information. Again thank you very much.

Thank you. Questions of comments, Effie or Wayne.

I am interested in your comment, Robert about reducing the government control, are you talking about funding or are you talking about regulations or what, can elaborate on that?

In general I believe that when the government is involved in an activity the effectiveness of the people involved in that activity goes down because there are complications, they can't focus just on the research or just on whatever there also are so often political involvement's that they appropriately have to pay attention to. By contrast out in the private industry and the free market, one of the reasons that I find things can be more effective is because they can be more focused, they don't have that political agenda which is so often appropriately part of government, so that I think what I am mostly talking about.

Is competition part of the factor?

Yes, yes I think also that very often, and I know of some cases where a government agency or an effort that controlled in part by government you will tend to have an interest group built up as we have seen so often, that is then resistant to any new developments and I am not myself as I said a doctor, but I have seen evidence of this in medicine, different professions within the medical community that have government sponsorship to see that. So then my solution would be to by reducing the influencing of government across the board you can then open up that in a general sense. And since you bring it up I would give one example of where I thought this worked. In the 1986 tax bill where there were so many special interest, that were interested in maintaining their tax benefits, whether it was oil tax shelters or so and so forth, and they came in and influenced the senators that were involved in writing the legislation until it just caused gridlock and what happened in that case, there is a good book called the The Show Down At Gucci Gulsh, about this experience, was that finally all the senators came in and said lets just scrap all of the special interest and that worked, and I think the '86 tax bill was a good tax bill because there was a reduction all across the board in such government regulation as tax breaks for a number of industries.

A question to you reflects kind of my own interest in the fact that we don't have in CAM particularly, we don't have a lot of good business people involved in it, you know and so that we are all heart and no business, or few, and also, and therefore to progress there needs to be some management and business sense to it, and I think their need for government but as you say less, but if there are more influence on people like yourself on helping to develop the business sense of it, your venture capitalist.

Well as I said.

But if you could.

Well I am making investments in this area, both in biotech in general and alternative medicine, I see some interesting ideas, so that's part of why I see a revolution coming and I'd be happy to be available, I've left my card, I'd be happy helpful with you.

If you have some specific ideas, models or whatever, I'd be interested to receive from you. Thank you.

I guess I am going to ask a question. First of all let me say to Dr. Saputo, I really appreciated the four principals that you put out, I think that we need to understand complementary medicine in a positive light and understand what its underlying principals are. And how those principals are and how those principals might impact our current medial organizations and that may in fact result in the elimination of some of the types of practices that we put under the rubric of CAM, so there is a risk of that, I think is important. I had a question really for Mr. Goldberg, because I think represents sediment that actually we heard several times here, and that is that and I guess I want to get a clear message. Do you believe that double bind placebo control trials should not be done, I mean there is not circumstances in which they are necessary.

In holistic medicine there are moral and they're ineffective, because they don't work. The ??? doses for my me could 50 grams and for you could be 20. So it doesn't work, and so in double blind studies you are acquired to use one product and one product only but perhaps selenium would be 6 did the job. And one of the things that are very important is the ability to see early diagnoses with physics, this business of electro-durmo screening, the business dark field microscopy where you can see disease coming as

much as 10 years down the line, with the competent physician, is no different than the stethoscope, and than you have thermo-imagine, because I don't know if you know it mammograms cause cancer, why do think they run out of the room, they're not running because they don't want to have they're photograph taken, they're running because it kills the cells. Ductal Carcinoma Citu is now up 238% from 1983, because of, 200% is because of annual mammograms or the thrust for annual mammograms. Thermo-imaging is much better, so early diagnoses plays an enormous role.

How would you suggest a huge collection of multiple practices with lots of different opinions from different doctors and different practitioners then be evaluated to determine what value they have.

Because they require....

Then how would you suggest they be evaluated?

Because it require different strokes for different folks. Lets take heart disease, lets take cancer, Lou Gerigh Disease, who in this community has treatments that work? I do, so we go out to Newport Beach, I do, we go out to Wichita Kansas, or we go wherever there are people, and I know these people, I eat live and sleep in the trenches everyday, and its there. But you do not know about it. It may be in Mexico, it may be in Germany, it may even be in Russia, and you go out and you look at it. Berkley Bidell is doing a thing like this and Berkeley is the one that started this whole thing and he ran away because the National Institute of Health had an attitude, " how dare you prove us wrong, we've been killing people all these year" so they tide your hands when they ran it.

So you suggest a field investigation approach, in other words you go out.....

Major, major big time, and see the variations, because there is no cut and dry situations. I was in Mexico and I saw tumors melting, as a matter of fact they were going away too fast, most people of cancer die of toxemia they don't die of cancer.

May I follow up on that a little bit. I mean I assume that we will address this more in the research panels, so I don't want to belabor it too much, but I a number of field investigations actually myself, personally while I was at the NIH, and I saw tumor melt away, in one case it was attributed to one thing and in another it was attributed to something completely different, including thought therapy, with no medical intervention what so ever, and so I began to look into the literature a little bit to see what was reported where people attempt to collect data on these areas, and found out well, appeared to me that you could find almost any claim for almost any disease cured about 80% of the time, I call that the 80% role and I wrote a little article on that and it still left me in this dilemma of differentiating whether when the next person who walks through my door with cancer that was spread or that there was no conventional approach or that was not for some reason wanted or good, what would I do with that individual, should I send them over to the thought field practitioner or should I send them down to Mexico or should I suggest that they go over to Europe or should I suggest that they begin to take electro-magnetic waves to kill fungi, for example that was an underline cause. And I still found myself in a dilemma needing some data, that would tell me something more that everything works 80% of the time for everything, and I don't know how to solve this problem, and I think maybe perhaps this is one of the things for those that would like to do field investigations.

YOU know there are certain people that don't want to get well. The mind has to be approached, and so there is no set rule, and you are right, its confusing and that is why the holistic approach, the doctors treat the patients not the disease, because, as I said my cancer can be 90% mental and yours due to pesticides

and herbicides and heavy metals and mercury and cadmium and lead. These succors are really pulling down on our society, that's why we have this holocaust called cancer, and we're poisoning ourselves, and that's why I suggest you pay attention to the ecology. It is major and you got everybody against you. You're gonna have to have steal you know what, the food supply is denuded the pesticides and herbicides on them, hormone in the animals and then estrogenic pesticides and herbicides that become estrogen dominant which with so many reason fiber-such diseases, endometriosis and all the cancer, we are a mess, we are chemical cocktails plus all kinds of pathogens that you can't believe. You've got to treat the individual, it is not easy, but you talk about stroke, there's doctors now with hyper-baric chambers who are feeding intravenously that have as much as 10 years of dragging a leg, the face distorted or unable to speak, many of the cells are dormant or sleeping, and they'll come alive with multiple therapies, I know its hard to believe, and there are many, many clinics, you just put out the word, and I strongly recommend you do that.

I think perhaps one of the, I still have not given up hope that it is possible to do, to investigate practices, complex multiple practices.

Its easy just look at the charts though, you can read the x-rays, you could see the charts, you could see the progress, you could see stage 4 and the guy survive, how does he survive, what did they do to survive, but each case is different.

So I couldn't use that for the next patient, perhaps one approach, Hi? Mentioned, is to bring in the epidemiological approach which really doesn't, is less concerned with cause and effect than it is with associations and looking at these kind of multiple types of outcomes and interventions, so I would encourage us to look toward some of the public health schools as helping to perhaps develop some of these observational types assessments.

Thank you, it's a great discussion, its so great to have you here.

Couple of really challenges that I would like to issue or request for help, you can look at it either way. One of the issues that we face and Karen Ehrlich your testimony brought this up, I Doris Hare and I did some work together 25 years ago looking at the literature on child birth. It was clear then and its clear now that midwifery gets better results than obstetrician/gynecologist in low risk deliveries, the literature seemed quite clear, the question was how to make the change in practice, how to make that on a social/political/economical level you talking, Robert Leppo about removing some of the rules, some of the regulations government regulations and that somehow some of these approaches will blossom, Burt Goldberg, you're talking looking at different therapies, doing field investigations and its obvious to you, its obvious to me and obvious to Berkeley, its hard to move government of private money in that direction, so I am asking you where there are different situations where things look like, they make sense, look like they make eminent sense, how do we change, what do we do to change the political process, the scientific process, the government process in those directions.

You have the bully pulpit, you now have something that we never had before and its vital. You must use the media that is paid for by the pharmaceutical industry. Whether its viagra that you are watching, that your nose will turn black and you hair will turn red and fall off all the side effects of their drugs, they will not report honestly on our work. The New York Times will not report honestly on alternative medicine you have the bully pulpit, and you gentlemen and ladies have authority to make a statement, let see if they'll publish it, so I think its really important, good opportunity.....

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.....to come to these meetings.

Yeah, I'll do it on the web site if Steven sends me all the information, we'll do the editorial.

That'll be great. And, and other suggestions that any of you again come up with, where it is obvious, or painfully obvious that something should happen and especially with the data as pointing in that direction, how do we make that shift, how do we use what ever data there is to make that shift.

Yes.

In Washington state the insurance people finally realized that they were going to save money if they started having midwives and encouraging even out of hospitals and home births and free standing birth center home births. They actually wrote up leaflets that were given to every pregnant woman when she first entered care in whatever setting she began, where ever she got her pregnancy test, perhaps is where she was given this piece of paper and it said " you could have a home birth with a midwife". There is no compromise in safety, it will save all of us money, you will have personalized care, it's a single sheet of paper. I could imagine something like that being mandated or encouraged or pressured or bully woped ??? .....the out of hospital birth rate is rising in the state of Washington, with no compromise in outcomes. You could look into more of this in Seattle. I will be letting my colleagues in Seattle know to come to your meeting.

.....Great, that'll be great. We'd really like to hear about that.

Yes. And I will ask that they bring those documents with them when they come so that you can see that, but if this could come with some kind of government pressure, some kind of bully pulpit saying this is crazy to be spending the kind of money we are spending for no improvement in anything, in fact if anything we are hurting things by having you hospitalized for your births, this is, people have to begin to hear it, it is not getting through to the public. It is a really slow process. People currently, they seem to think that the biggest fanciest hospitals and the sharpest needles is where they need to go. In Santa Cruz we have a new hospital absolutely gorgeous, it looks like a resort, and people say " I think I'm going to have my baby there!" And you start asking them why and its because it looks pretty. So they don't realize that this is fluff this is cosmetics, until we really get this information out, and its been really difficult to do.

I'd also just ask you and your colleagues, to think about how we can bring information about Mid-Wifery into the curricula, suffices to say that at Harvard Medical School I don't remember the word Mid-Wife having been breathed. How can we can bring that into the curricula for the various professional schools, I think that could be very helpful.

I cannot imagine any midwife in our country who would not be eager to come and speak at any of these training programs. I personally offered myself, and I know many many, many of my friends all over the country who would drop anything in order to do this.

I think that I am asking another question. I know that, I believe that, I understand that. I am asking another question. What strategies to create the invitation for you to come? You don't have to answer that now, but just to think about that and just when we meet again in Seattle with your colleagues, we'd love to have that kind of information.

Yes.

Well let me make two comments. One, many of my investments are involved in the Internet and as I mentioned the internet can be very useful in terms of improving the access of the individual to information and so I am happy to a off line or anywhere you want, you have my cards be of help to you with ideas or contacts about how the internet can be helpful to you. The second thing I would like to say is that I am more in inclined to go with more the carrot than the stick so maybe one possible thing you might do is as you are looking at various alternative therapies as you find some that, where you think the evidence is the best that there is a positive, a benefit, that you could use a bully pulpit to publicize that and to encourage people to try that and the counter that I have seen a lot in government is not just in government, but if people perceive that you are threatening them then you are going to get much more resistance, but if you are just talking about, here is a success, and the threat to other people now I may be naive here, but I think might be less that would be a though, but I am happy to be more helpful to you later.

Thank you. Lynn and then Burton again.

One of the problems we really face is that we are trying to solve a problem that we are not prepared to solve because the culture isn't ready for it. We can't go about changing the medical system in a really drastic way by going from a financially oriented system to one that service based until the culture sees it that way. And the culture isn't going to see it that way until the individual sees it that way. The individual isn't going to see it that way until he is taught that by his parents. And as long as we have these problems where the parents are both working. And kids are being taught be nannies and television sets, we are done. We are caught in a materialistic paradigm that is locking the door. So to point the finger at any particular aspect of the society, whether it be the medical piece or any other piece as long as we think in terms of me and my and mine we are dead in our tracks.

Thank you. Burton.

First of all the US population now using some form of alternative medicine according to the New England Medical Journal is 69%. That is vitamins and minerals and chiropractic and on and on and on. 69% and that is a pretty nice journal. The state of Washington demands that alternative medicine be paid for equally as conventional. Deverson ??? commissioner on insurance has gone up to the supreme court and is withheld . That will make the biggest difference. I got a hundred thousand dollar donation from a clinic in Mexico to do a foundation that will go state by state working that the insurance companies in every state, we may have to do signatures and petitions. Its going to be dirty work, but that is going to make a difference, because as I speak before an organization, people can't afford alternative medicine, they have to pay for it out of their pockets, so the insurance picture is big. And I just wanted to remind you all of what Niels Borr said, the physicist " Science advances funeral by funeral".

Ha ha ha…….. I suppose that is appropriate Although I always think of the last scene in Don Giovani goes to Hell. Six people come out and sing this wonderful joyous song together. So I feel we are advancing and hopefully moving in the right direction. Thank you all again and thank you everybody whose come, and all those who have left, and especially thank you to my fellow commissioners and to Effie who has put so much effort out here to make things happen, and to our staff. We look forward to seeing you again. Please get the word out, we want all of you, and all of your colleagues and friends to come and meet with us.

APPLAUSE!!

SINGING.....Oh no here comes the sun again, that means another day.....