



White House Commission on Complementary and Alternative Medicine Policy

6701 Rockledge Drive, Suite 1010, MS-7707, Bethesda, Maryland, 20817-7707
tel: 301-435-7592, fax: 301-480-1691, e-mail: whccamp@od.nih.gov Website: whccamp.hhs.gov

October 4, 2000

Dear Commissioner:

Welcome to Washington, D.C. for our Meeting on the Coordination of Complementary and Alternative Medicine Research: Achievements, Opportunities, Obstacles and Solutions!

Enclosed is your briefing book for our meeting. Please note the final Agenda has a few speaker changes from the Preliminary Agenda you were sent last week. Please review the book using this short explanation:

- Tab 2: Please insert the material that was sent to you last week. Hopefully, you have taken advantage of the early compilation of information to make notes and begin to formulate your own questions to ask speakers. We will have a few extras if you have forgotten to bring yours; please see me in the morning for another copy.
 - Tab 3: This is an alphabetical listing of each speaker with their organizational titles and affiliations for your reference. Bio-sketches are provided in the next Tab.
 - Tab 4: At the direction of the Research Work Group, we have asked speakers to provide summary information about their projects or organizations so that their 10 minute presentations may focus directly on policy issues and questions, rather than be narrative iterations of programmatic information. Speakers are arranged in the order of their appearance, by Session. You are encouraged to review this material before the meeting, if possible, to begin to familiarize yourself with the speakers you will meet over the next two days.
 - Tab 5: While only a few people have pre-registered to provide oral statements at this meeting, we expect many more to register on-site. This Tab provides you with information that we have thus far, as well as space for your note-taking. All comments will be recorded for your review later.
 - Tab 6: This Tab contains discussion topics on the Town Hall Meetings and Work Groups for our lunch on Thursday. We hope to finalize the list of sites for Town Hall Meetings at this time and discuss possible attendance at each. Please note the sample "dear colleague" letter and announcement for the upcoming Seattle meeting that you can share with your constituents. We will also discuss Work Group assignments for the upcoming Commission meetings.
 - Tab 7: Tom Andrews of Fenton Communications is now our PR contractor, and he will be joining us for lunch on Friday to discuss his plans for outreach and communications. Your thoughts and suggestions are welcome.
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- Tab 8: Please check the contact and biographical information contained in this Tab. If there are any corrections to be made, please note them on your copy and return it to me. Please note that this roster contains direct contact information for each of you and should not be distributed to the public.
- Tab 9: Note the newest Executive Order, expanding the Commission to 20 members. We regret that the 6 new Commissioners have still to be appointed and will not be joining us at this meeting.
- Tab 10: The beta-WHCCAMP website is now active! Check us out live at <http://www.whccamp.hhs.gov> and let us know if you find any errors or have difficulty navigating through the site. Please note that the graphics are being improved and will be updated in the next few weeks.

Other news! We have two additional new staff on board: Dr. Joe Kaczmarczyk, on a detail to us from Health Resources and Services Administration's Bureau of Primary Health Care. Dr. Joe will be taking the lead on the development of our second Commission meeting on Access, Delivery and Reimbursement of CAM Services.

Doris Kingsbury is our new program assistant, responsible for the daily activities of our office and for keeping you, and us, in good form.

We will again arrange for an informal, no-host dinner on Thursday night to provide you with the chance to socialize with one another and with several of our out-of-town speakers. We have made reservations for 7:15 p.m. at the Red Tomato, a popular restaurant located across from the St. Gregory Hotel.

Happy reading and happy resting. Please be prompt for the shuttle pick-up and we look forward to seeing you!

Sincerely,

Stephen C. Graft, Pharm.D.
Executive Director

Michele M. Chang, CM7, MPH
Executive Secretary

Chang, Michele (NCCAM)

To: David Bresler (E-mail); Donald Warren (E-mail); Linnea Larson (E-mail); Veronica Gutierrez (E-mail)
Cc: Doris Kingsbury (E-mail); Stephen Groft (E-mail); Geraldine Pollen (OD) (E-mail)
Subject: Your briefing materials

Commissioners:

Several unanticipated problems in our office have resulted in a regrettable delay of your packages of background information. However, they are now complete and will be overnighted to you; please look for them to arrive at your offices tomorrow morning.

I realize that you already are being asked to provide input on our Dec 4-5 agenda and are anxious to be brought up-to-speed. For this reason, I am attaching here the DRAFT minutes from the planning meeting and the October 5-6 meeting for your immediate reference. Normally these documents would be carefully reviewed by staff against the transcript of the meeting before becoming available on the website for review by all the Commissioners. However, given your request to be provided with as much available information as quickly as possible, I am releasing these unedited DRAFT versions for your eyes only. Please be sure to review the final versions again when they are released in the next few weeks and do not distribute or cite these unedited DRAFT versions.

If you have any questions or concerns, please do not hesitate to contact me. For your convenience, hard copies of these documents will be included in the packages being overnighted to you.

Thank you for your patience.

Michele M. Chang, CMT, MPH
Executive Secretary
White House Commission on
Complementary and Alternative Medicine Policy
tel: 301-435-7592
fax: 301-480-1691

Tab 2: Session Overview and Commissioner's Notes

SESSION I	SPEAKER/PANEL	FOCUS	DISCUSSION QUESTIONS
Research Priorities and Public Input	Dr. Leon Rosenberg, IOM	Sets the tone for this two-day meeting by stimulating a review of the factors influencing the prioritization of research, specifically CAM research. See your copy of the Institute of Medicine's publication, "Scientific Opportunities and Public Needs."	• What role should the public have in setting research priorities for CAM research? • How can public input regarding CAM research be increased?

Your Notes:

SESSION II	SPEAKER/PANEL	FOCUS	DISCUSSION QUESTIONS
Federal (NIH) Support for CAM Research	Dr. Jeffrey White, NCI Dr. Claude Lenfant, NHLBI Dr. Marvin Cassman, NIGMS Dr. Steven Hausman, NIAMS Dr. Paul Coates, ODS	To review the overall environment at NIH for CAM research, including what may be needed to improve or accelerate the growth of such research, and how coordination with other governmental and non-governmental entities can be facilitated.	• What is needed to expand current Federal efforts to bring CAM products and practices into mainstream biomedical research; for example, mechanisms of research support, research methodologies, incentives, education and the training of investigators? • What can CAM perspectives and approaches contribute to investigations where there is overlap with conventional biomedical research (e.g., wellness/health promotion and disease prevention, pain management, self-care, treatment, care for the terminally-ill)? • Where are the overlapping areas of investigation between CAM research and conventional biomedical research (e.g., wellness/health promotion and disease prevention, pain management, self-care, treatment, care for the terminally-ill)? • What additional areas of opportunity exist for research on CAM interventions? • What are the obstacles (conceptual and otherwise) and possible solutions to accomplishing the goal of integrating CAM products and practices into mainstream biomedical research? • What role should the public have in setting research priorities for CAM research?

SESSION III	SPEAKER/PANEL	FOCUS	DISCUSSION QUESTIONS
Academic Centers and Support for CAM Research	Dr. Alfred Fishman, University of Pennsylvania Dr. Daniel Federman, Harvard University Dr. Joseph Pizzorno, Bastyr University Dr. William Meeker, Palmer College of Chiropractic	To review the overall environment at academic centers for CAM research, including what may be needed to improve or accelerate the growth of such research, and how coordination with other research entities can be facilitated.	• How did you manage to create your CAM program, what were the obstacles you faced, how successful were you in overcoming the obstacles, and what solutions would you offer? How would you proceed to integrate CAM research with mainstream research? • What is needed to expand current Federal efforts to bring CAM products and practices into mainstream research; for example, mechanisms of research support, research methodologies, incentives, education and the training of investigators? • What can CAM perspectives and approaches contribute to investigations where there is overlap with conventional research (e.g., wellness/health promotion and disease prevention, self-care, pain management, disease treatment, care for the terminally-ill)? • Where are the overlapping areas of investigation between CAM research and conventional medical research (e.g., wellness/health promotion and disease prevention, pain management, self-care, disease treatment, care for the terminally-ill)? • What additional areas of opportunity exist for research on CAM interventions? • What are the obstacles (conceptual and otherwise) and possible solutions to accomplishing the goal of integrating CAM products and practices into mainstream research? • What role should the public have in setting research priorities for CAM research?

SESSION IV	SPEAKER/PANEL	FOCUS	DISCUSSION QUESTIONS
Research Support and Collaborations	Dr. Stephen E. Straus. Director, NCCAM (NIH)	To review the efforts of the National Center for Complementary and Alternative Medicine for CAM research within a broader research environment, including what may be needed to improve or accelerate the growth of CAM research, particularly how coordination with other research entities can be facilitated.	• What continue to be the primary obstacles faced by NCCAM and how are you overcoming such obstacles; what solutions would you offer to other agencies in setting up CAM-focused programs? How are you integrating CAM research with mainstream research? What is needed to facilitate your efforts? • What is needed to expand current Federal efforts to bring CAM products and practices into mainstream research; for example, mechanisms of research support, research methodologies, incentives, education and the training of investigators? • What can CAM perspectives and approaches contribute to investigations where there is overlap with conventional research (e.g., wellness/health promotion and disease prevention, self-care, pain management, disease treatment, care for the terminally-ill)? • Where are the overlapping areas of investigation between CAM research and conventional medical research (e.g., wellness/health promotion and disease prevention, pain management, self-care, disease treatment, care for the terminally-ill)? • What additional areas of opportunity exist for research on CAM interventions? • What are the obstacles (conceptual and otherwise) and possible solutions to accomplishing the goal of integrating CAM products and practices into mainstream research?

SESSION V	SPEAKER/PANEL	FOCUS	DISCUSSION QUESTIONS
Facilitating CAM Research and Regulatory Challenges	FDA Panel: Dr. Janet Woodcock, Center for Drug Evaluation and Research Dr. David W. Feigal, Center for Devices and Radiological Health Dr. Joseph A. Levitt, Center for Food Safety and Applied Nutrition (CFSAN) Dr. Christine Lewis, Office of Nutritional Products, CFSAN	To review the overall regulatory environment for CAM research, including what may be needed to better facilitate such research in order to more quickly identify safe and effective products, treatments and devices.	• How are current regulations being applied to CAM? • How can research methods and approaches be expanded to address the safety and efficacy of CAM products and practices, and what are the obstacles? • What resources are needed at FDA to accommodate anticipated increases and diversity of CAM research activities? • Should changes, if any, be made in the regulations? If so, what should these be and can you project the impact of such changes on CAM research?

Your Notes:

SESSION VI	SPEAKER/PANEL	FOCUS	DISCUSSION QUESTIONS
CAM Research in a Regulatory Framework	Dr. Floyd Leaders, Botanical Enterprises, Inc Mr. Robert McCaleb, Herb Research Foundation Dr. Anthony Rosner, Foundation for Chiropractic Education and Research Dr. James R. Winn, Federation of State Medical Boards	To review the overall regulatory environment for CAM research, including what may be needed to better facilitate, or even stimulate such research in order to more quickly identify safe and effective products, treatments and devices.	• How do current regulations applied to CAM affect your efforts to facilitate research for botanicals, herbal products, and other interventions or devices? • How can research methods and approaches be expanded to address the safety and efficacy of CAM products and practices, and what are the obstacles? • Should changes, if any, be made in the regulations? If so, what should these be and what impact might they have on your support of CAM research?

Your Notes:

SESSION VII	SPEAKER/PANEL	FOCUS	DISCUSSION QUESTIONS
Outcomes Research Part I--Interface Between CAM Research and Regulatory Agencies	Dr. Nicholas Gonzalez, Private Practice Dr. Ann McCombs, Private Practice AND Dr. Devi Nambudripad, Private Practice Dr. Jeffrey White, National Cancer Institute	To review the overall environment for CAM research, including what may be needed to better facilitate, or even stimulate such research in order to more quickly identify safe and effective products, treatments and devices. Particular focus on reviewing practice-based outcomes research.	• How do current regulations applied to CAM affect your research efforts? • How can research methods and approaches be expanded to address the safety and efficacy of CAM products and practices, and what are the obstacles? • Should changes, if any, be made in the regulations? If so, what should these be and what impact might they have on your support of CAM research?

Your Notes:

SESSION VIII	SPEAKER/PANEL	FOCUS	DISCUSSION QUESTIONS
Guiding Principles of CAM Perspective and Practice ("World View" Discussion) ONE HOUR	Roundtable discussion led by Chair: 2 minutes per Commissioner* (this discussion will continue in each subsequent meeting)	To initiate a discussion on the basic principles and values of CAM therapies and develop an underlying framework to shape the Commission's report to the President and Congress.	• What do you consider to be fundamental, profoundly integral aspects of CAM practice and research that must be reflected in any policy recommendations we make? • What are the perspectives (values, principles, etc) that should shape and guide the integration of CAM into our health care system?

Your Notes:

SESSION IX	SPEAKER/PANEL	FOCUS	DISCUSSION QUESTIONS
Not-for-Profit Sector Support for CAM Research	Dr. John M. Templeton, Jr., Templeton Foundation Dyanne M. Hayes, Conrad N. Hilton Foundation Dr. Daniel Callahan, Hastings Center Ms. Teri Ades, American Cancer Society	To review the overall environment for CAM research in the not-for-profit sector, including what may be needed to better facilitate, or even stimulate such research in order to more quickly identify safe and effective products, treatments and devices.	• How can the Not-for-Profit Sector stimulate CAM research? • What are the obstacles/barriers and possible solutions to accomplishing this goal, e.g., incentives? • How can Not-for-Profit Sector CAM research be better coordinated with Federally-supported CAM research?

Your Notes:

SESSION X	SPEAKER/PANEL	FOCUS	DISCUSSION QUESTIONS
Private Sector Support for CAM Research	Mr. Randy Burkholder, Advanced Medical Technology Association Dr. Raymond Ruddon, Johnson and Johnson Dr. Frank C. Sciavolino, Pfizer, Inc. Mr. Mark Blumenthal, American Botanical Council Dr. Annette Dickenson, Council for Responsible Nutrition	To review the overall environment for CAM research in the private sector, including what may be needed to better facilitate, or even stimulate such research in order to more quickly identify safe and effective products, treatments and devices.	• How can the private sector stimulate CAM research? • What are the obstacles/barriers and possible solutions to accomplishing this goal, e.g., incentives? • How can private sector CAM research be better coordinated with Federally-supported CAM research?

Your Notes:

SESSION XI	SPEAKER/PANEL	FOCUS	DISCUSSION QUESTIONS
Outcomes Research Part II--CAM Research and Experimental Study Design	Dr. Elaine Cramer, Medical Epidemiology, CDC (By Phone) Dr. Leanna Standish, Bastyr University Dr. Lydia Segal, Kaiser Permanente, Mid-Atlantic Dr. Douglas Lloyd, Association of Schools of Public Health	To review practice-based outcomes research, including how such research fits into the overall research environment, and what may be needed to better facilitate, or stimulate such research in order to more quickly identify safe and effective products, treatments and devices and increase what is known about effective CAM practices and products.	• Based on your work, what are your major conclusions as to the value and effect of practice-based outcomes research? • What obstacles/limitations would you identify as common for all practice-based outcomes research? • What is the next step for practice-based outcomes research? What is needed to move such research forward? • What intrinsic differences do you observe between CAM and conventional medical research, and how might these affect how we approach practice-based outcomes research? • What is the greatest value gained from practice-based outcomes research? • How can such research best fit into existing research methodologies?

Your Notes:

SESSION XII	SPEAKER/PANEL	FOCUS	DISCUSSION QUESTIONS
Federal Agency Support for CAM Research.	Dr. William Dietz, Centers for Disease Control and Prevention (By Phone) Dr. James Burris, Veterans Affairs Dr. W. Craig Vanderwagen, Indian Health Service	review the overall environment in the Federal Sector, including what may be needed to improve or accelerate the growth of such research, and how coordination with other governmental and non-governmental entities can be facilitated	• What is needed to expand current Federal efforts to bring CAM products and practices into mainstream medical research; for example, mechanisms of research support, research methodologies, incentives, education and the training of investigators? • What is needed for the Federal sector to coordinate CAM research efforts between the Federal and private sectors? • What can CAM perspectives and approaches contribute to investigations where there is overlap with conventional medical research (e.g., wellness/health promotion and disease prevention, pain management, self-care, treatment, care for the terminally-ill)? • Where are the overlapping areas of investigation between CAM research and conventional medical research (e.g., wellness/health promotion and disease prevention, pain management, self-care, treatment, care for the terminally-ill)? • What additional areas of opportunity exist for research on CAM interventions? • What are the obstacles (conceptual and otherwise) and possible solutions to accomplishing the goal of integrating CAM products and practices into mainstream medical research? • What role should the public have in setting research priorities for CAM research?

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White House Commission on Complementary and Alternative Medicine Policy

Meeting on the Coordination of Complementary and Alternative Medicine (CAM) Research: Achievements, Opportunities, Obstacles and Solutions

October 5-6, 2000
Hubert H. Humphrey Building, Room 800
Washington, D.C.

Agenda

DAY ONE: THURSDAY, OCTOBER 5, 2000

7:30 a.m. **Registration**

8:30 a.m. **Welcome and Introductions**

- Dr. James S. Gordon, Chair
White House Commission on Complementary
and Alternative Medicine Policy

8:45 a.m. **Session I: Research Priorities and Public Input**

- Dr. Leon Rosenberg, Chair ✓
Institute of Medicine Committee on the NIH Priority-Setting Process

Panel Discussion



9:30 a.m.

Session II: Federal (NIH) Support for CAM Research

- Dr. Jeffrey White, National Cancer Institute ✓
- Dr. Claude Lenfant, National Heart, Lung, and Blood Institute ✓
- Dr. Marvin Cassman, National Institute of General Medical Sciences ✓
- Dr. Steven Hausman, National Institute of Arthritis and Musculoskeletal and Skin Diseases ✓
- Dr. Paul Coates, Office of the Director/Office of Dietary Supplements ✓

Panel Discussion

10:45am – 11:00am BREAK

11:00 a.m.

Session III: Academic Centers and Support for CAM Research

- Dr. Alfred Fishman, University of Pennsylvania
- Dr. Daniel Federman, Harvard University
- Dr. Joseph Pizzorno, Bastyr University ✓
- Dr. William Meeker, Palmer College of Chiropractic ✓

Panel Discussion

12:15 p.m. – 1:30 p.m. LUNCH

1:30 p.m.

Public Comment (Open Session)

2:15 p.m.

Session IV: Research Support and Collaborations

- Dr. Stephen E. Straus, Director
National Center on Complementary and Alternative Medicine

Panel Discussion

3:00 p.m. – 3:15 p.m. BREAK

3:15 p.m.

Session V: Facilitating CAM Research and Regulatory Challenges

- Dr. Janet Woodcock, FDA, Center for Drug Evaluation and Research ¹
- Dr. David W. Feigal, FDA, Center for Devices and Radiological Health ²
- ~~Dr.~~ Joseph A. Levitt, FDA, Center for Food Safety and Applied Nutrition ³
- Dr. Christine Lewis, FDA Office of Nutritional Products ⁽⁴⁾
- Mr. David Dorsey, FDA Office of Chief Counsel ⁽⁵⁾

Panel Discussion



- 4:15 p.m. **Session VI: Research in the Regulatory Framework**
- Dr. Floyd Leaders, Botanical Enterprises, Inc ✓
 - Mr. Robert McCaleb, Herb Research Foundation
 - Dr. Anthony Rosner, Foundation for Chiropractic Education and Research ✓
 - Dr. James R. Winn, Federation of State Medical Boards
- Panel Discussion*

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5:15 p.m. - 5:30 p.m. BREAK

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- 5:30 p.m. **Session VII: Outcomes Research Part I - Interface Between CAM Research and Regulatory Agencies**
- Dr. Nicholas Gonzalez, Private Practice
 - Dr. Ann McCombs and Dr. Devi Nambudripad, Private Practice
 - Dr. Jeffrey White, National Cancer Institute
- Panel Discussion*

- 6:30 p.m. **Adjourn**

DAY TWO: FRIDAY, OCTOBER 6, 2000

- 8:30 a.m. **Session VIII: Guiding Principles of CAM Perspectives and Practice**
Commission Discussion led by the Chair
- 9:30 a.m. **Session IX: Not-for-Profit Sector Support for CAM Research**
- Dr. John M. Templeton, Jr., Templeton Foundation ✓
 - Dyanne M. Hayes, Conrad N. Hilton Foundation
 - Dr. Daniel Callahan, Hastings Center
 - Ms. Teri Ades, American Cancer Society
- Panel Discussion*

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10:50 a.m. - 11:05 a.m. BREAK

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- 11:05 a.m. **Session X: Private Sector Support for CAM Research**
- Mr. Randy Burkholder, Advanced Medical Technology Association
 - Dr. Raymond Ruddon, Johnson and Johnson
 - Dr. Frank C. Sciavolino, Pfizer, Inc.
 - Mr. Mark Blumenthal, American Botanical Council
 - Dr. Annette Dickenson, Council for Responsible Nutrition
- Panel Discussion*



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12:25 p.m. - 1:30 p.m. LUNCH

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1:30 p.m. Public Comment (Open Session)

2:30 p.m. Session XI: Outcomes Research Part II- CAM Research and Experimental
Study Design

- Dr. Elaine Cramer, Medical Epidemiology, CDC (By Phone)
- Dr. Leanna Standish, Bastyr University ✓
- Dr. Lydia Segal, Kaiser Permanente
- Dr. Douglas Lloyd, Association of Schools of Public Health

Panel Discussion

3:30 p.m. Session XII: Federal Agency Support for CAM Research

- Dr. James Burris, Veterans Affairs
- Dr. William Dietz, Centers for Disease Control and Prevention (By Phone)
- Dr. Craig Vanderwagen, Indian Health Service

Panel Discussion

4:40 p.m. Wrap-up and Adjournment

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White House Commission on Complementary and Alternative Medicine Policy

Meeting on the Coordination of Complementary and Alternative Medicine (CAM) Research: Achievements, Opportunities, Obstacles and Solutions

October 5-6, 2000

Hubert H. Humphrey Building, Room 800
Washington, D.C.

Speakers Roster (alphabetical order)

Teri Ades, RN
Director of Health Content
American Cancer Society
1599 Clifton Road, NE
Atlanta, GA 30312

Mark Blumenthal
Executive Director
American Botanical Council
6200 Manor Road
Austin, TX 78723

Randy Burkholder
Associate Vice President
for Public Affairs
Advanced Medical
Technology Association
1200 G Street, NW, Suite 400
Washington, DC 20005

James Burris, MD
Deputy Director
Veterans Affairs Research
and Development
VA Headquarters
810 Vermont Avenue, NW
Washington, DC 20420

Daniel Callahan, PhD
Director
International Programs
The Hastings Center
21 Malcolm Gordon Road
Garrison, NY 10524-5555

Marvin Cassman, PhD

Director
National Institute of General
Medical Sciences, NIH
45 Center Drive, Room 2AN12B
Bethesda, MD 20892-6200

Paul Coates, PhD

Director
Office of Dietary Supplements, OD/NIH
31 Center Drive, Room 1B29
Bethesda, MD 20892

Elaine Cramer, MD, MPH

Medical Epidemiologist
Vessel Sanitation Program
National Center for Environmental Health,
Centers for Disease Control
and Prevention (CDC)
4770 Buford Hwy., NE, Mailstop F-16,
Atlanta, GA 30341-3724

Annette Dickenson, PhD

Vice President
Scientific and Regulatory Affairs
Council for Responsible Nutrition
1875 I Street, NW
Washington, DC 20006

William H. Dietz, MD

Director
Division of Nutrition
and Physical Activity, CDC
4770 Buford Hwy, NE, Mailstop K-24
Atlanta, GA 30341-3717

David Dorsey, JD

Associate Chief Counsel
Office of the Chief Counsel
Food and Drug Administration (FDA)
5600 Fishers Lane, Room 657, GCFI
Rockville, MD 20857

Daniel D. Federman, MD

Senior Dean for Alumni Relations
and Clinical Teaching
Harvard Medical School
25 Shattuck Street, A-101
Boston, MA 02115

David W. Feigal, Jr., MD, MPH

Director
Center for Devices
and Radiological Health, FDA
9200 Corporate Boulevard
Room 100E
Rockville, MD 20850

Alfred P. Fishman, MD

Senior Associate Dean, Program
Development
University of Pennsylvania
School of Medicine
423 Guardian Drive, 1320 Blockley Hall
Philadelphia, PA 19104-6021

Nicholas J. Gonzalez, MD

Private Practice
36 E Street, Suite 204
New York, NY 10016

Dyanne M. Hayes

Vice-President, Programs
Conrad N. Hilton Foundation
10100 Santa Monica Boulevard
Suite 100
Los Angeles, CA 90067

Steven J. Hausman, PhD

Deputy Director
National Institute of Arthritis and
Musculoskeletal and Skin Diseases, NIH
31 Center Drive, Room 4C32
Bethesda, MD 20892-2350

Floyd Leaders, PhD

Chairman and CEO

Botanical Enterprises, Inc.
15200 Shady Grove Road, Suite 350
Rockville, MD 20850

Joseph A. Levitt, JD
Director
Center for Food Safety
and Applied Nutrition, FDA
200 C Street, SW
Washington, DC 20204-HFS-1

Claude Lenfant, MD
Director
National Heart, Lung, Blood Institute, NIH
31 Center Drive, Room 5A52
Bethesda, MD 20892-2486

Christine Lewis, PhD, RD
Director
Office of Nutritional Products Labeling
and Dietary Supplements, FDA
200 C Street, SW
Washington, DC 20204-HFS-800

Douglas S. Lloyd, MD
ASPH Scholar
Association of Schools of Public Health
1101 15th Street, NW
Suite 910
Washington, DC 20005

Robert McCaleb
President
Herb Research Foundation
1007 Pearl Street, # 200
Boulder, CO 80302

Ann McCombs, DO
Private Practice
801 Market Street
Kirkland, WA 98033-5429

William C. Meeker, DC, MPH

Director of Research
Palmer Center for Chiropractic Research
Principal Investigator, Consortial Center
741 Brady Street
Davenport, IA 52803

Devi Nambudripad, DC, LAc, RN, PhD
Private Practice
141 Biola Avenue
LaMirado, CA 90638

Joseph E. Pizzorno, Jr., ND
President Emeritus
Bastyr University
14500 Juanita Drive, NE
Kenmore, WA 98028-4966

Leon Rosenberg, MD
Department of Molecular Biology
Lewis Thomas Laboratory, Room 253
Princeton University
Princeton, NJ 08544

Anthony L. Rosner, PhD
Foundation for Chiropractic
Education and Research
1330 Beacon Street
Suite 315
Brookline, MA 02446-3202

Raymond W. Ruddon, MD, PhD
Corporate Vice President and
Chief Scientific Officer
Johnson and Johnson
410 George Street
New Brunswick, NJ 08901-2021

Frank C. Sciavolino, PhD
Director, Clinical Research
Pfizer, Inc.
1 Eastern Point Road
Groton, CT 06340

Lydia S. Segal, MD, MPH
Regional Manager

Complementary and
Alternative Medicine
Kaiser Permanente (Mid-Atlantic)
6501 Loisdale Court
Springfield, VA 22150

Leanna Standish, ND, PhD, LAc
Director of Research
Bastyr University Research Institute
14500 Juanita Drive, NE
Kenmore, WA 98128

Stephen E. Straus, MD
Director
National Center for Complementary
and Alternative Medicine, NIH
31 Center Drive, Room 5B37
Bethesda, MD 20892-2182

John M. Templeton, Jr., MD
President
The John Templeton Foundation
5 Radner Corporate Center, Suite 100
100 Matsonford Road
Rador, PA 19087

W. Craig Vanderwagen, MD
Director
Division of Clinical and Preventive Services
Indian Health Service
5600 Fishers Lane
Rockville, MD 20857

Jeffrey D. White, MD
Director
Office of Cancer Complementary
and Alternative Medicine
National Cancer Institute, NIH
Executive Plaza North, Suite 102
Bethesda, MD 20892-7302

James Winn, MD
Executive Vice President
Federation of State Medical

Boards of the United States, Inc.
400 Fuller Wiser Road
Suite 300
Eules, TX 76039

Janet Woodcock, MD
Director
Center for Drug Evaluation
and Research, FDA
Woodmont Building 2
1451 Rockville Pike
Room 6027
Rockville, MD 20852

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White House Commission on Complementary and Alternative Medicine Policy

Meeting on the Coordination of Complementary and Alternative Medicine
(CAM) Research: Achievements, Opportunities, Obstacles and Solutions

Public Comment Speakers Roster

DAY ONE: THURSDAY, OCTOBER 5, 2000

1:30 p.m. Each speaker has 3 minutes to provide oral testimony, followed by BRIEF questions from Commissions. In the interest of time, please ask questions only, and refrain from making statements.

Thomas Glonek
American Academy of Osteopathy
Indianapolis, Indiana

:

✓ Suzanne Scurlock-Durana
The Upledger Institute
Palm Beach Gardens, Florida

:

Phillip Shinnick
Research Institute of Global Physiology
New York, New York



Christoph Von Keudell
CMI-Centers for Medical Innovation
Munich, Bayern, Germany



 for On-Site Registrant Speakers:

DAY TWO: FRIDAY, OCTOBER 6, 2000

1:30 p.m. START

Charles (Rick) Levy
Levy Center for the Healing Arts
Rockville, MD

:

Bruce Nordstrom
American Chiropractic Association
Arlington, VA

:

 for On-Site Registrant Speakers:

Steve Gropf

Suzanne Scurlock-Durana

From: Kathy Lewis-Woll [KATHY@upledger.com]
Sent: Thursday, October 05, 2000 9:43 AM
To: Suzanne Scurlock-Durana
Subject: DC

#2 Public Speaker
The Upledger Int.

I never got directions (or a person to actually speak to), but the information I have from the website is as follows:

Hubert Humphrey Bldg
Room 800
200 Independence Ave SW
Washington, DC

I put in your address and the meeting site address on an internet directions page, and came up with some. I have no idea how good or reliable they are, but being a local, figured you would. I hope so! and I hope they are helpful! Let me know what else I can do for you. I am very thankful that you can take advantage of this opportunity.

The following is the vet information. I included it in the email so you wouldn't have any difficulty with an attachment. I'll fax the graphs (I tried to last night, but didn't know until this morning that your machine didn't answer).

The Use of CranioSacral Therapy as a Treatment for Post Traumatic Stress Disorder

The Veterans

Between June 7 and December 17, 1999 The Upledger Foundation (a 501-C3 Corporation) conducted four intensive two week treatment programs for Vietnam veterans all of who were diagnosed by the U.S. Veteran's Administration (V.A.) as suffering from Post Traumatic Stress Disorder (P.T.S.D.). All had been under (V.A.) treatment for at least 10 years. All were on permanent disabilities and were considered incurable by the V.A. None had manifested any improvement in P.T.S.D. related symptoms within the past few years. The majority of these veterans were manifesting progressive deterioration physically, psycho-emotionally and spiritually. Suicide was a constant consideration by the majority of them. Clearly the quality of their lives was poor. Each of the four programs treated six veterans for two consecutive weeks. Of the total of 24 veterans entering the programs 22 remained through the entire treatment process. One veteran had to leave early to attend the funeral of a family member who died at the end of the first week. Another left during a manic phase which is discussed below.

The Treatment Program

This is a two week treatment program composed of two five-day segments with a rest weekend positioned between. The treatment day begins at 10 a.m. and continues through at least 5 p.m. daily. The treatment processes on the first and last days of the program are compromised for the administration of the psychological test battery by Richard Zonderman, Ph.D., Psychologist, and for the one-on-one entry and exit interviews by Barry S. Kaplan, M.D., Psychiatrist.

The veterans were all given lodging at a small, local, oceanside motel by

The Upledger Foundation. Transportation to and from the motel was furnished by The Foundation van. Buffet breakfasts and lunches were also furnished at the treatment facility (The Upledger Institute HealthPlex) for veterans and therapists for convenience, to promote camaraderie, conserve on time, and because most of the veterans had very little money.

The treatment day begins with a group discussion which flows freely and typically lasts about an hour. This is followed by a brief group meditation for about 10-15 minutes. Immediately after meditation the hands-on table work is begun. Lunch break is at the convenience of each veteran. There are multiple therapists working with each veteran until at least 5 p.m. The ratio of therapists working on veterans is 2 to 5 to one at all times. At times when the therapists deem it beneficial the hands-on work may be interrupted for one-on-one treatment sessions with one of our psychotherapists, Dr. Kaplan, M.D., Psychiatrist, Dr. Bourne, Ph.D., Psychologist or Lee Nugan, M.A., Psychotherapist.

The treatment process focuses primarily on CranioSacral Therapy and its derivatives, Energy Cyst Release, SomatoEmotional Release and Therapeutic Imagery and Dialogue. The goal is the integration of the body with the mind and the spirit.

In that the therapists represent a wide variety of backgrounds (M.D., D.O., R.N., D.C., P.T., O.T., D.O.M., M.T., and Ph.D.) in addition to their skills as CranioSacral Therapists a very wide range of body work modalities are used as deemed appropriate. The additional modalities most often used are spinal manipulation, myofascial release, acupuncture, acupressure, visceral manipulation and therapeutic massage techniques. On more rare occasions hypnotherapy is also put to use.

CranioSacral Therapy and its progeny, as listed above, seem very effective in the rapid development of rapport and the merging or blending of the consciousness of the patients with all of the therapists. All the hands-on work, meetings, meditation and the taking of meals are done in one large room which facilitates group consciousness. This development of consciousness then seems to facilitate the release of traumatic energies that have been retained by cells, tissues, organs, etc. so that these cells and the tissues and organs that they compose can return to health and higher quality function. As relief of physical dysfunctions occurs and foreign energies are released and disorganized energy patterns are assisted in reorganization, the integration of body, mind and spirit begins and is facilitated by the therapists using any means that seems appropriate resulting in a decrease in PTSD related symptoms.

No drugs are used; nutritional supplements are often offered. Several of these veterans are obviously malnourished and are toxic from prescribed drugs. Many of the veterans begin our treatment program on 10 or more medications for sleep, anxiety, depression, impending psychotic behavior, pain, etc. It is our goal to enable the veterans to either greatly reduce or eliminate completely their dependency upon these prescribed medications.

The Results

Twenty-four veterans began the program. The positive results that were obtained by 22 of the veterans who completed the program were quite astonishing. One veteran left at the end of the first week due to a death in the family. Another veteran left on Thursday morning of the second week. He had stopped all of his medication quite suddenly and went into a manic episode during which he went to Orlando, Florida to be with his wife and son who were visiting there. He said that he wanted to show them how well he

was and to demonstrate that he loved them. He did not return in time for the last day interview, craniosacral system evaluation and the psychological test battery.

the 22 (out of 24) veterans who entered and completed these two week intensive treatment programs all showed significant improvement in craniosacral system function, reduction of symptoms as attested to during the exit interviews by Dr. Kaplan (see attached summary) and extremely significant improvement on all 13 parameters measured by the psychological tests (see attached statistical analysis and graphic representation of data) at the 95+% of reliability. It is of special interest that the average pre-treatment score on the "hopelessness" parameter was 11. The average post-treatment score was 3. In general a score over 9 is considered severe with real danger of suicide, the national average is 4.

Integration of body, mind and spirit was universal amongst the veterans as well as the therapists. The level of consciousness blending and love in the treatment room was consistently palpable and extremely healing. These programs offer powerful demonstrations of what can be accomplished for "incurable" and "hopeless" persons suffering from P.T.S.D., as well as excellent educational experiences for participating therapists.

For the Future

This clinical research program clearly demonstrates that CranioSacral Therapy and the other non-pharmaceutical modalities that were used during our four two week intensive treatment programs as described above, offer positive results to severely disabled patients/clients suffering the agonies of P.T.S.D.

Our goals for the future include:

1. The offering of follow-up treatment at a much lower intensity, perhaps an hour treatment weekly or as needed, for the veterans who have gone through the intensive programs.
2. Continuation of two week intensive programs for new veteran patients.
3. A social skills development program for veterans who have lived in relative isolation for many years. We envision this prototype as a live-in facility where needy veterans can live for weeks or a few months after the intensive treatment experience. We envision members of the community coming in for group discussions dealing with socialization issues.
4. Once we have achieved recognition that CranioSacral Therapy et al offers an efficacious treatment approach for P.T.S.D., we will offer it to all persons not only veterans. We see this approach as especially appropriate for child victims of abuse, kidnapping, etc. It is our firm belief that we can offer these children a much higher quality of life by the use of our intensive programs. Our clinical observations thus far suggest that children respond well and require less follow-up.
5. We envision our programs and the facility to be developed as a residential social skills development center as all contributing to the training and development of therapists in order to spread the work across the country and around the world. We offer our facilities and programs as prototypes and training centers for therapists so that veterans and other P.T.S.D. sufferers may be treated, salvage their lives and grow.

What Do We Need

To continue our work with veterans and all other P.T.S.D. sufferers we need financial support as well as help in gaining recognition so that we may be allowed to work with the adults and children who will benefit.

described above our costs per veteran for the two week intensive program was \$10,000 each. This included all therapy, the facilities, the lodging and the two meals daily for patients and therapists

All things considered, \$240,000 does not seem excessive for the salvaging of 22 of the 24 veterans who were considered incurable by the U.S. V.A.. That amount was probably spent by the V.A. within a year or two for each veteran without the achievement of a satisfactory therapeutic result.

The Upledger Foundation

Vietnam Veteran Intensive Program*

Pre-Post Data Summary

Graph B

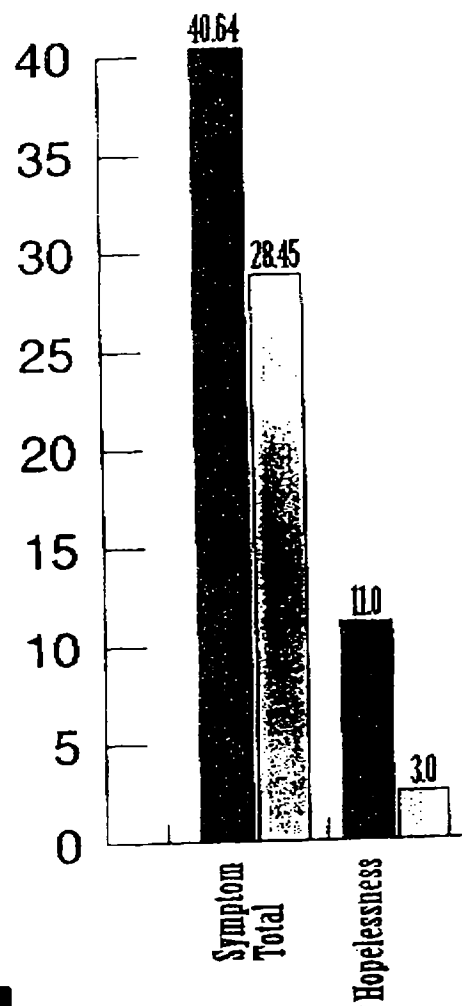


Table A

Test Scale	$p \leq .05$
Somatization	X
Obsessive-Compulsive	X
Depression	X
Hostility	X
Paranoid Ideation	X
Psychoticism	X
Global Severity	X
Symptom Distress	X
Interpersonal Sensitivity	X
Anxiety	X
Phobic Anxiety	X
Symptom Total	X
Hopelessness	X

* Program Dates:

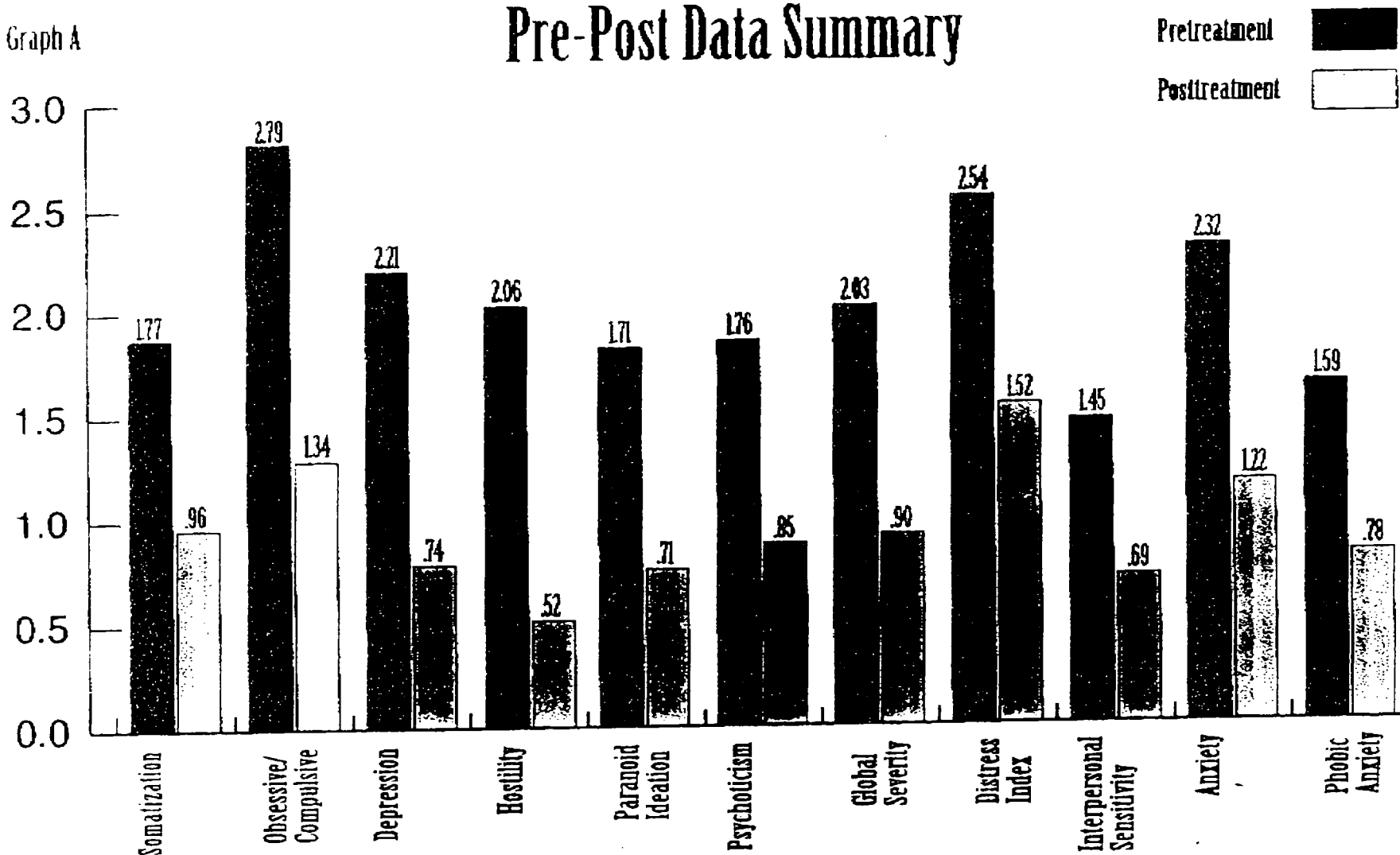
e 7-18; 30-Sept 10; Oct 18-29; and Dec. 6-17 1999

The Upledger Foundation

Vietnam Veteran Intensive Program*

Pre-Post Data Summary

Graph A



* Program Dates:

June 7-18; Aug 30-Sept 10; Oct 18-29; and Dec. 6-17, 1999

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White House Commission on Complementary and Alternative Medicine Policy

Proposed Meeting Schedule*

DATE	SITE	TYPE	TOPIC
September 8, 2000	San Francisco, CA	Town Hall (1)	West Coast/Region IX
October 5-6, 2000	Washington, D.C.	WHC (2)	RESEARCH Part I
October 30-31, 2000	Seattle, WA	Town Hall (2)	Pacific Northwest/Region X
December 4-5, 2000	Washington, D.C.	WHC (3)	ACCESS & DELIVERY Part I
January 25-26, 2001	New York, NY	Town Hall (3)	North/Region II
February 19 -20, 2001	Washington, D.C.	WHC (4)	INFO DISSEMINATION
February 23, 2001	Atlanta, GA or Miami, FL	Town Hall (4)	South/Region IV
March 5-6, 2001	Washington, D.C.	WHC (5)	EDUCATION/TRAINING
March 12, 2001	Minneapolis, MN	Town Hall (5)	Mid-West/Region VII
March 16, 2001	Houston, TX	Town Hall (6)	SouthWest/Region VI
April 9-10, 2001	Washington, D.C.	WHC (6)	RESEARCH Part II
May 14-15, 2001	Washington, D.C.	WHC (7)	ACCESS & DELIVERY Part II
July 5-6, 2001	Washington, D.C.	WHC (8)	REVIEW INTERIM REPORT DRAFT
November 5-6, 2001	Washington, D.C.	WHC (9)	REVIEW FINAL REPORT
December 6-7, 2001	Washington, D.C.	WHC (10)	FINAL FULL MEETING
March 2002	Washington, D.C.	WHC (11)	CLOSING EVENT

* The number and locations of Town Hall Meetings may change based on recommendations from the Commission

DISCUSSION TOPIC: Proposed Town Hall Meeting Attendance

Commissioners were requested to express their preferences to attend the Town Hall Meetings. The following are suggested Commission attendance based on those responses. One-day meetings will include up to 4 Commissioners; two-day meetings may include up to 6.

Please note: After our discussions on October 5, the sites may change; dates are pre-set based on calendars provided in July-August. Other sites, including Los Angeles, are likely to be added to the schedule AFTER the interim report is released in July 2001.

If you would like to add yourself to any of the sites, please indicate your preferences in that cell and return this form to Michele Chang, or e-mail your selections to Michele at changm@od.nih.gov

DATE	SITE	REGION	COMMISSIONERS' PREFERENCES*
September 8, 2000	San Francisco, CA	West Coast/Region IX	Gordon, Chow, Ornish, Jonas
October 30-31, 2000	Seattle, WA	Pacific Northwest/Region X	Gordon, Fins, Low Dog, Chappell, Chow, Jonas
January 25-26, 2001	New York, NY	North/Region II	Gordon, Fins, Jonas, Fair, Chow
February 23, 2001	Atlanta, GA or Miami, FL	South/Region IV	Gordon, Fair, Jonas
March 12, 2001	Minneapolis, MN	Mid-West/Region VII	Gordon
March 16, 2001	Houston, TX	SouthWest/Region VI	Gordon, Bernier, Jonas

* These indicate preferences and are NOT confirmed assignments for attendance.



White House Commission on Complementary and Alternative Medicine Policy

Work Group Self-Selections

Commissioners were requested to rank their preferences to serve on work groups to help develop the meeting agenda and identify speakers. The following are the assignments made based on those self-selections.

If you would like to add yourself to any of the work groups, please complete the form and return it to Michele Chang, or e-mail your selections to Michele at changm@od.nih.gov

WORK GROUP 1. Coordinated research to increase knowledge about complementary and alternative medicine practices and products.

[First meeting held October 5-6; Part II scheduled for April 9-10]

Chose this topic as Preferred Work Group Assignment	Chose as 2 nd Choice	Chose as 3 rd Choice	Chose as 4 th Choice
Bill Fair Buford Rolin Dean Ornish Wayne Jonas Effie Chow	Joe Fins Effie Chow Tom Chappell	Julia Scott George DeVries George Bernier	Conchita Paz

WORK GROUP 2. Guidance for appropriate access to and delivery of complementary and alternative medicine.

[Part I scheduled for December 4-5; Part II scheduled for May 14-15]

Chose this topic as Preferred Work Group Assignment	Chose as 2 nd Choice	Chose as 3 rd Choice	Chose as 4 th Choice
Julia Scott George DeVries Conchita Paz	Dean Ornish Bill Fair	Joe Fins Effie Chow Tom Chappell	Tom Chappell Buford Rolin George Bernier

WORK GROUP 3. The provision to health care professionals of reliable and useful information about complementary and alternative medicine that can be made readily accessible and understandable to the general public.
[Part I scheduled for February 19-20; Part II not yet scheduled]

Chose this topic as Preferred Work Group Assignment	Chose as 2 nd Choice	Chose as 3 rd Choice	Chose as 4 th Choice
George Bernier George DeVries Julia Scott Conchita Paz Tieraona Low Dog	Buford Rolin Bill Fair	Dean Ornish Joe Fins Effie Chow Tom Chappell	

WORK GROUP 4. The education and training of health care practitioners in complementary and alternative medicine.
[Part I scheduled for March 5-6; Part II not yet scheduled]

Chose this topic as Preferred Work Group Assignment	Chose as 2 nd Choice	Chose as 3 rd Choice	Chose as 4 th Choice
George Bernier Effie Chow Tom Chappell Joe Fins	Buford Rolin	Conchita Paz Dean Ornish	Julia Scott George DeVries Bill Fair

return to Michele

Please add _____ (your name) to the following work groups:

- ☐ **WORK GROUP 1.** Coordinated research to increase knowledge about complementary and alternative medicine practices and products. *[First meeting held October 5-6; Part II scheduled for April 9-10]*
- ☐ **WORK GROUP 2.** Guidance for appropriate access to and delivery of complementary and alternative medicine. *[Part I scheduled for December 4-5; Part II scheduled for May 14-15]*
- ☐ **WORK GROUP 3.** The provision to health care professionals of reliable and useful information about complementary and alternative medicine that can be made readily accessible and understandable to the general public. *[Part I scheduled for February 19-20; Part II not yet scheduled]*
- ☐ **WORK GROUP 4.** The education and training of health care practitioners in complementary and alternative medicine. *[Part I scheduled for March 5-6; Part II not yet scheduled]*



White House Commission on Complementary and Alternative Medicine Policy

6701 Rockledge Drive, Suite 1010, MS-7707, Bethesda, Maryland, 20817-7707
tel: 301-435-7592, fax: 301-480-1691, e-mail: whccamp@od.nih.gov Website: whccamp.hhs.gov

October 4, 2000

Dear Colleague:

We are pleased to announce that the work of the White House Commission on Complementary and Alternative Medicine Policy (WHCCAMP) has begun. The Commission has been charged to submit a report to the President and Congress by March 2002, providing policy recommendations to help guide the nation's use of complementary and alternative medicine (CAM) practices and interventions.

In recognition of the many policy issues raised by CAM use in this country, and to assure a broad and diverse discussion of those issues, we are inviting your comments and suggestions. Your participation in this important process is critical.

Executive Order 13147, signed by the President on March 7, 2000, outlined four broad topic areas for consideration by the Commission: (1) coordinated research to increase knowledge about CAM practices and products; (2) the provision to health care professionals of reliable and useful information about CAM that can be made readily accessible and understandable to the general public; (3) guidance for appropriate access to and delivery of CAM; and (4) the education and training of health care practitioners in CAM.

To maximize the opportunity to receive public input, the Commission will hold a series of Town Hall Meetings throughout the country over the next several months. The first Town Hall Meeting was held on September 8th in San Francisco, California, and we now are preparing for another Town Hall Meeting in October 30-31st in Seattle, Washington. Additionally, the public will be invited to present comments during Commission meetings held in Washington, D.C. throughout the coming year. Commission meetings are scheduled for October 5-6, and December 4-5, 2000.

Registration has now begun for the Commission's Town Hall Meeting in Seattle. The public is encouraged to consider questions, listed on our registration form, which are critical to policy development for CAM, and present their comments. An announcement of the meeting has been enclosed for your reference, and may be copied and distributed freely. To attend the Town Hall Meeting in Seattle, please register no later than October 23rd. You may call 1-800-953-3298 or logon to our website: <http://whccamp.hhs.gov> to register to attend. If you have general questions, or need to contact us, please call Ms. Michele Chang, at 301-435-7592, or send us an e-mail at WHCCAMP@od.nih.gov.

We invite you to inform others about our work and hope that you will encourage your colleagues and constituents to participate in this critical process, particularly by attending our Town Hall Meetings.

Sincerely,

James S. Gordon, M.D.
Chair

Stephen C. Groft, Pharm.D.
Executive Director

• ANNOUNCEMENT •



White House Commission on Complementary and Alternative Medicine Policy Town Hall Meeting October 30-31st, 2000 in Seattle, WA

The White House Commission on Complementary and Alternative Medicine Policy is sponsoring a town meeting on complementary and alternative medicine (CAM) practices and products. Members of the community are invited to present comments and suggestions to the Commission about the coordination of CAM research, information dissemination, access to and delivery of CAM practices and products, and training and education of CAM practitioners and other health care providers.

NOTE: The event is free and space is limited on a first come, first serve basis. **Registration to speak must be received by October 23rd, 2000.**

WHEN AND WHERE:

Monday, October 30, 9:00 a.m. – 6:00 p.m.
Tuesday, October 31, 8:30 a.m. – 2:00 p.m. at the
Town Hall, Seattle
1119 Eighth Avenue
Seattle, WA (206-652-4255)

HOW TO REGISTER: (DEADLINE IS OCTOBER 23rd!)

Call 1-800-953-3298 or register on-line at <http://whccamp.hhs.gov> To contact the Commission, e-mail us at whccamp@od.nih.gov or call 301-435-7592.

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Divider Title: _____

Media Advisory For:
October 5, 2000

Contact: Helen Szablya, Lisa Magnino
Fenton Communications (202) 822-5200

Press Briefing: Thursday, October 5, 2000 at 12:30 p.m.

New White House Commission on Complementary and Alternative Medicine Policy Launches Public Hearings

Focus on Research

The White House Commission on Complementary and Alternative Medicine Policy will hold public hearings on October 5 and 6. A press briefing will take place on Thursday, October 5 at 12:30 pm. This special White House commission will report to the President and Congress on how U.S. public policy can maximize the benefits of complementary and alternative medicine (CAM) to the American public. The purpose of the hearing is for the White House Commission to take a look at the latest research in complementary and alternative medicine and how public policy might enhance and apply the findings of this research to modern medical practice.

The two-day hearing will be held on Thursday (8:30 a.m. - 6:00 p.m.) and Friday (8:30 a.m. - 5:00 p.m.) - Oct. 5 & 6 in Room 800 of the Hubert Humphrey Building, Washington D.C. The hearing will feature leading experts in complementary and alternative medicine as well as officials from the National Institutes of Health, the Food and Drug Administration and other federal agencies.

The public is encouraged to attend the hearings. Public comment will be heard from 1:30 - 2:15 p.m. on both October 5 and 6.

Press Briefing

Who: Dr. James Gordon, Commission Chair -- a Harvard-trained physician and former research psychiatrist at the National Institute of Mental Health;

Dr. Dean Ornish -- a clinical professor of medicine at the University of California (San Francisco), best-selling author and a member of the White House Commission on CAM Policy;

Dr. Nicholas J. Gonzalez -- a New York-based physician, a pioneer in pancreatic cancer research using alternative therapies and a panel member at the White House Commission hearing

Dr. Leanna Standish -- Director of Research at Bastyr University, a trained practitioner of alternative treatments and a panel member at the White House Commission hearing;

Dr. Floyd Leaders -- CEO of Maryland-based Botanical Enterprises and a panel member at the White House Commission hearing.

When: Thursday, October 5 at 12:30 p.m.

Where: Hubert Humphrey Building, 200 Independence Avenue SW, Room 634 F
Washington DC



White House Commission on Complementary and Alternative Medicine Policy

6701 Rockledge Drive, Suite 1010, Bethesda, Maryland 20817-7707

tel. 301-435-7592 fax. 301-480-1691 • whccamp@od.nih.gov;

• website: www.whccamp.hhs.gov •

A Fax Message

DATE: October 2, 2000

TO: Helen Szablya for Tom Andrews

FROM: Michele M. Chang, CMT, MPH
Executive Secretary
tel: 301-435-6232
fax: 301-480-1691
E-mail: changm@od.nih.gov

PAGES (including this cover):

13 7
0

Message:

Please find attached the following materials-

- Preliminary Agenda for 10/5-6 meeting
- Fact Sheet on WHCCAMP
- Fact Sheet on CAM
- Commissioners' Bio-sketches
- Examples of key policy questions

THANKS FOR YOUR INTEREST!

(If there is any problem with this fax, please call Doris Kingsbury at 301-435-7592)

For Immediate Release:
October 5, 2000

Contact: Helen Szablya, Lisa
Magnino
Fenton Communications (202)
822-5200

White House Commission on Complementary and Alternative Medicine Policy Launches Series of Public Meetings

Research is Focus of Inaugural Meeting

Washington – The White House Commission on Complementary and Alternative Medicine Policy opened a two-day public meeting today to examine the latest research in complementary and alternative medicine and how public policy might enhance and apply the findings of this research to modern medical practice. The meeting features leading experts in complementary and alternative medicine as well as officials from the National Institutes of Health, the Food and Drug Administration and other Federal agencies.

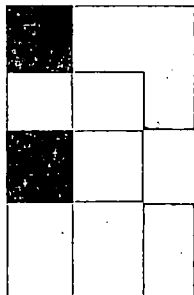
The Commission was created this year by President Clinton to report to the president and Congress how to maximize the benefits of complementary and alternative medicine (CAM) to the American public.

In the last decade there has been an estimated 50 percent increase in the number of times Americans visit alternative medical practitioners (according to a 1998 study in the Journal of the American Medical Association). In total, Americans made over seven hundred million such visits last year, two hundred million more than the number of visits to primary care physicians.

The commission is headed by Dr. James Gordon, an internationally recognized expert in CAM therapies and a Georgetown University Medical School professor. “Within five to ten years complementary therapies will be a part of the care in every major hospital and clinic across the country and our definition of medicine will be far larger than it is today” said Dr. Gordon. “The questions are not ‘if’ or even ‘when’ this will happen. The questions that must be answered, and the ones the Commission will address, are how we can find out which of these therapies are truly effective; how clinicians can be trained in using them and the public educated about them; and how therapies that do prove effective will be safely integrated into a truly comprehensive and humane care for all Americans.”

The Commission will hold a series of similar public meetings in Washington and a series of Town Hall meetings in locations around the country. Additional information on the White House Commission can be found on at www.whccamp.hhs.gov

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C O M M U N I
C A T I O N S

1320 18TH ST. NW
FIFTH FLOOR
WASH. DC 20036
TEL:202/822-5200
FAX:202/822-4787

260 FIFTH AVENUE
10TH FLOOR
NEW YORK, NY 10001
TEL:212/584-5000
FAX:212/584-5045

I N T E R N E T
fenton@fenton.com
www.fenton.com

**White House Commission on Complementary and Alternative
Medicine Policy Launches Series of Public Meetings**

Research is Focus of Inaugural Meeting

**Thursday, October 5, 2000
Hubert H. Humphrey Building, Room 800.**

<u>Name</u>	<u>Affiliation</u>	<u>Phone #</u>
Mary Harris	ABC News Medical Unit	781-455-6010
Maggie Fox	Reuters Health and Science	202-898-8452
Todd Zuillich	Reuters	202-232-0827
Lee Bowman	Scripps Howard	202-408-1484
Eileen Dempsey	Koahnic Broadcast	703-314-9755
Dave Cureton	Cancerpage.com	703-287-9424
Phon Hudkins	Ethology News Service	202-387-5271
Barbara Berman	Health24news.com	703-860-1412x145
Elizabeth Tracey	Onebody.com	410-343-2819
Ori Tuesskn	WebMD.com	202-662-7487
Abby Green	Well Planet	410-659-1880
Mark Hoeflich	Well Planet	410-659-5979x31
Seth Hurwitz	Well Planet	410-659-5979
Joanna Kyd	Washingtonfax.com	508-994-9366

White House Commission on Complementary and Alternative Medicines

Press Briefing Panel

Dr. James Gordon -- a Harvard-trained physician and former research psychiatrist at the National Institute of Mental Health. Professor at Georgetown University Medical School, he is the founder and director of the Washington, DC based Center for Mind-Body Medicine. Dr. Gordon is an expert in mind body medicine and other CAM therapies such as acupuncture, nutrition, herbal remedies and musculoskeletal manipulation. He is co-author of the recently released book, Comprehensive Cancer Care: Integrating Complementary and Alternative Therapies, and author of Manifesto for a New Medicine.

Dr. Dean Ornish -- a clinical professor of medicine at the University of California (San Francisco) and a member of the White House Commission on CAM Policy. Dr. Ornish has conducted pioneering research into the positive effects of a calibrated diet and low-stress lifestyle. He was the first to establish that heart disease is reversible through changes in diet and stress. A best-selling author, he was recognized by Life magazine as "one of the 50 most influential members of his generation."

Dr. Nicholas J. Gonzalez -- a New York-based physician and a panel member at the White House Commission hearing. Dr. Gonzales has treated pancreatic cancer with a nutritional regimen of large doses of vitamins, enzymes and diet restrictions. Dr. Gonzalez's treatment has won a five-year, \$1.4 million research grant from the National Institutes of Health, in partnership with the National Center for Complementary and Alternative Medicine.

Dr. Leanna Standish -- a trained practitioner of alternative treatments and a panel member at the White House Commission hearing. Dr. Standish, a naturopathic physician, is director of research at the Seattle-based Bastyr University where she has developed innovative and highly effective CAM programs for HIV positive patients. She has become well versed in the regulatory issues of CAM research, including the role of the Food and Drug administration

Dr. Floyd Leaders -- a panel member at the White House Commission hearing. He is CEO of Botanical Enterprises Inc., a Maryland-based company specializing in plant-based dietary supplements and plant-based drugs.

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White House Commission on Complementary and Alternative Medicine Policy

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CHAIRPERSON

James S. Gordon, M.D.
Director
The Center for Mind-Body Medicine
2934 Macomb Street, N.W.
Washington, DC 20008
TEL: 202-537-6837
FAX: 202-363-7247
E-MAIL: jsgordon@mindspring.com

Effie Poy Yew Chow, Ph.D., R.N.
DiplAc(NCCA), Qigong Grandmaster
President, East West Academy of
Healing Arts
P.O. Box 31211
San Francisco, California 94131
TEL: 415-788-2227
FAX: 415-788-2242
E-MAIL: eastwestqi@aol.com

COMMISSIONERS

George M. Bernier, Jr., M.D.
Vice President for Education
University of Texas Medical Branch
301 University Boulevard, Suite 1.116
Galveston, Texas 77555-0113
TEL: 409-772-1362
FAX: 409-772-1390
E-MAIL: gbernier@utmb.edu

George T. DeVries, III
CEO/President
American Specialty Health Plans
777 Front Street
San Diego, California 92101
TEL: 619-557-2205
FAX: 619-237-3838
E-MAIL: georged@ashn.com

Thomas Chappell
Co-Founder and President
Tom's of Maine, Inc.
P.O. Box 710
Kennebunk, Maine 04043
TEL: 207-985-2944
FAX: 207-985-3982
E-MAIL: Tom@toms-of-maine.com

William R. Fair, M.D.
Attending Surgeon, Urology (Emeritus)
Memorial Sloan-Kettering Cancer Center
435 L'Ambiance Drive, #806
Longboat Key, Florida 34228
TEL: 941-383-3240
FAX: 941-387-1346/631-267-0175
E-MAIL: DrFair@haelth.com

Joseph J. Fins, M.D., F.A.C.P.
Associate Professor of Medicine
Weill Medical College of Cornell University
Director of Medical Ethics
New York Presbyterian Hospital-Cornell
Campus
525 East 68th Street, F-173
New York, New York 10021
TEL: 212-746-4246
FAX: 212-746-8738
E-MAIL: jjfins@mail.med.cornell.edu

Wayne B. Jonas, M.D.
Department of Family Medicine
Uniformed Services University of the
Health Sciences
F. Edward Hebert School of Medicine
4301 Jones Bridge Road
Bethesda, Maryland 20814-4799
TEL: 301-295-9461
FAX: 301-295-3100
E-MAIL: wjonas@usuhs.mil

Charlotte R. Kerr, R.S.M.
Traditional Acupuncture Institute, Inc.
American City Building
10227 Wincopin Circle, Suite 100
Columbia, Maryland 21044
TEL: 410-997-3770, ext. 614
FAX: 410-964-3544

Tieraona Low Dog, M.D., A.H.G.
4840 Pan American Freeway, N.E.
Albuquerque, New Mexico 87109
TEL: 505-875-1312
FAX: 505-855-7725
E-MAIL: lowdogmd@aol.com

Dean Ornish, M.D.
President and Director
Preventive Medicine Research Institute
Clinical Professor of Medicine
University of California, San Francisco
900 Bridgeway, Suite 2
Sausalito, California 94965
TEL: 415-332-2525
FAX: 415-332-5730
E-MAIL: deanornish@aol.com

Conchita M. Paz, M.D.
1510 Altura Avenue
Las Cruces, New Mexico 88001
TEL: 505-522-5205
FAX: 505-522-9746
E-MAIL: cmapaz@totacc.com

Buford L. Rolin
Poarch Band of Creek Indians
308 Forest Avenue
P.O. Box 19
Atmore, Alabama 36504
TEL: 334-368-9136
FAX: 334-368-3757
E-MAIL: buford@netlinc.net

Julia R. Scott
President
National Black Women's Health Project
600 Pennsylvania Avenue, S.E.
Suite 310
Washington, DC 20003
TEL: 202-543-9311
FAX: 202-543-9743
E-MAIL: julias@nbwhp.org

EXECUTIVE STAFF

White House Commission on
Complementary and Alternative
Medicine Policy
6701 Rockledge Drive
Suite 1010, MS-7707
Bethesda, Maryland 20817-7707
TEL: 301-435-7592
FAX: 301-480-1691
E-MAIL: WHCCAMP@od.nih.gov
WEBSITE: <http://www.whccamp.hhs.gov>

Stephen C. Groft, Pharm.D.
Executive Director
TEL: 301-435-6199
E-MAIL: GroftS@od.nih.gov

Michele M. Chang, C.M.T., M.P.H.
Executive Secretary
TEL: 301-435-6232
E-MAIL: changm@od.nih.gov

Joseph M. Kaczmarczyk, D.O., M.P.H.
Senior Medical Advisor
E-MAIL: KaczmarJ@od.nih.gov

Doris A. Kingsbury
Program Assistant
E-MAIL: WHCCAMP@od.nih.gov

Geraldine B. Pollen, M.A.
Senior Program Analyst
TEL: 301-435-6233
E-MAIL: gpl3b@nih.gov



White House Commission on Complementary and Alternative Medicine Policy

6701 Rockledge Drive, Suite 1010, MS-7707, Bethesda, Maryland 20817-7707 tel. 301-435-7592,
fax 301-480-1691; e-mail whccamp@od.nih.gov Website www.whccamp.hhs.gov

Commissioners' Biographical Sketches

Dr. James S. Gordon, of Washington, DC, who will serve as Chair of the Commission, is currently the Director of the Center for Mind-Body Medicine. Previously, he chaired the Program Advisory Council at the Office of Alternative Medicine of the National Institutes of Health. In addition to maintaining a private practice in Psychiatry and Medicine, Dr. Gordon has been a Clinical Professor at the Georgetown University School of Medicine in the Departments of Psychiatry and Family Medicine since 1980. He is a member of the National Institute of Health's Cancer Advisory Panel and was the Director of a Special Study of Alternative Services for the President's Commission on Mental Health. He has written extensively on the subjects of psychiatry and alternative and holistic care, and serves on the Editorial Boards of *Alternative and Complementary Therapies* and *Alternative Therapies in Health and Medicine*. He received his A.B. from Harvard College and his M.D. from Harvard Medical School.

Dr. George M. Bernier, Jr., of Galveston, TX, is a hematologist/oncologist and is currently the Vice President for Education at the University of Texas Medical Branch. Previously, he was Vice President for Academic Affairs, Dean of Medicine, and a Professor of Medicine at the University of Texas. Dr. Bernier has held academic appointments at the University of Pittsburgh, Dartmouth-Hitchcock Medical Center in Hanover, New Hampshire, and at Case Western Reserve University in Cleveland, Ohio. He has published numerous articles and abstracts, and several books. He received a B.A. degree from Boston College and a M.D. degree from Harvard University.

Mr. Thomas Chappell, of Kennebunk, ME, is the co-founder and CEO of Tom's of Maine, which he co-founded with his wife Kate in 1970. It is a company that produces innovative, natural personal products and natural wellness products in a caring and creative work environment. Mr. Chappell is founder and CEO of the Saltwater Institute, a learning institute of leaders seeking to integrate their values into their personal and professional lives. He is active in many philanthropic organizations, among them an Advisory Council member for the Center for Study of Values in Public Life at Harvard Divinity School, Harvard Divinity School Dean's Council, and a Board Member of the Nature Conservancy of Maine. He has written two books,

The Soul of a Business and Managing Upside Down. Mr. Chappell received his B.A. from Trinity College and his Master's in Theology from the Harvard Divinity School.

Dr. Effie Poy Yew Chow, of San Francisco, CA, is the founder of the East West Academy of Healing Arts in 1973 and, more recently, The EWAHA Qigong Institute, the American Qigong Association, and the World Qigong Federation. She is the recipient of over twenty awards including "The Humanitarian of the Year 1999" and the "Visionary of the Decade 2000" awards. She has been the only Qigong Grandmaster and acupuncturist involved in the development of national health policies within DHHS. She was also involved in the first Ad Hoc Advisory Panel of the Office of Alternative Medicine at NIH. She has made over two hundred and fifty media appearances and interviews in the area of complementary and alternative medicine. Dr. Chow received her training in Traditional Chinese Medicine and Qigong in China, Hong Kong, Taiwan, Canada, and the United States. She is a registered public health and psychiatric nurse and has received a Master's degree and a Ph.D.

Mr. George Thomas DeVries, III, of Rancho Santa Fe, CA, is Chairman, President, CEO and co-founder of American Specialty Health and its subsidiaries, American Specialty Health Plans, American Specialty Health Networks, and American Specialty Health & Wellness. In his position, he manages complementary and alternative health care benefits, networks and services for over 60 health plans covering over 25 million Americans. American Specialty Health Plans is a licensed specialty health plan covering over 3.7 million Californians for chiropractic and acupuncture. American Specialty Health Networks is a national health services organization serving over 21 million Americans and offering a provider network of over 19,000 chiropractors, acupuncturists, massage therapists, dietitians, naturopaths, and fitness clubs. American Specialty Health & Wellness is an alternative healthcare consumer products company offering e-commerce and mail order. Mr. DeVries has published a number of articles and has lectured on alternative health care in managed care and third-party reimbursement. He received a B.A. from the University of California at San Diego.

Dr. William R. Fair, M.D., of Longboat Key, FL, was, until recently, the Florence and Theodore Baumritter/Enid Ancell Chair of Urology, and was Chief of the Urology Service at Memorial Sloan-Kettering Cancer Center in New York City. Currently, he is Emeritus Professor of Urology at the Joan and Sanford I. Weill Medical College of Cornell University and Member Emeritus at Memorial Sloan-Kettering. Dr. Fair serves on the Cancer Advisory Panel for the National Center for Complementary and Alternative Medicine. He is the Editor-in-Chief of Molecular Urology and the Associate Editor of Alternative Therapies in Health and Medicine, and on the editorial boards of other highly respected journals. He has published extensively in the areas of urology and oncology. He chairs the Committee on Complementary and Alternative Medicine of the American Urological Association, and is Chairman of the Clinical Advisory Board of Haelth, LLC. Dr. Fair received his B.S. from the Philadelphia College of Pharmacy and Science and his M.D. from Jefferson Medical College.

Dr. Joseph J. Fins, of New York, NY, is an internist and Director of Medical Ethics at New York Weill Cornell Medical Center of New York - Presbyterian Hospital, Associate Professor of Medicine and Medicine in Psychiatry at the Joan and Sanford I. Weill Medical College of Cornell University, Associate Professor in the Program in Clinical Epidemiology and Health Services Research at Weill Cornell Graduate School of Medical Sciences, and Associate for Medicine at

The Hastings Center. He lectures extensively and has written widely in the field of Medical Ethics. Dr. Fins received his B.A. from Wesleyan University and his M.D. from Cornell University Medical College.

Sister Charlotte Rose Kerr, R.S.M., of Baltimore, MD, is a Registered Nurse, a Practitioner of Traditional Acupuncture and, since 1977 a Senior Faculty Member at the Traditional Acupuncture Institute. Previously, she was an Assistant Professor of Nursing at the University of Maryland School of Nursing. Sister Kerr has been a member of the Advisory Council of the National Institutes of Health (NIH) Alternative Medicine Program. She has spent several summers in Europe, studying such subjects as Theology and Healing. In her work, Sister Kerr emphasizes the integration of Western traditional medicine and complementary healing methods. Sister Kerr received her B.S.N. from the University of Maryland School of Nursing. She received her Master's Degree in Public Health from the University of North Carolina and another Master's Degree in acupuncture from the College of Traditional Chinese Medicine, U.K.

Dr. Tieraona Low Dog, of Corrales, New Mexico, currently serves as the Medical Director for the Tree House Center of Integrative Medicine in Albuquerque. With more than twenty years in the field of botanical medicine, she was recently elected to serve as Chairperson for the Dietary Supplements and Botanicals Expert Panel for the United States Pharmacopoeia. Dr. Low Dog received her medical degree from the University of New Mexico School of Medicine. She is part of the core faculty for Columbia University's Botanical Medicine Course for Physicians. Dr. Low Dog is currently working with Beth Israel on the development of a continuing medical education program on herbal medicine for physicians. She frequently lectures on the subject of herbal medicine. In 1998, she received the International Martina de la Cruz award for her work with indigenous remedies.

Dr. Wayne B. Jonas, of Alexandria, VA, is currently a member of the Department of Family Medicine of the Uniformed Services University of the Health Sciences F. Edward Hebert School of Medicine. Previously, Dr. Jonas served as the Director of the Office of Alternative Medicine for the National Center for Complementary and Alternative Medicine at the National Institutes of Health. Prior to that, he served as the Director of the World Health Organization Collaborating Center for Traditional Medicine. He has authored and co-authored numerous publications on alternative and homeopathic treatment and care. Some of his current research includes projects in environmental toxicology, neurotoxicology, stroke, and biofield healing. Dr. Jonas received a B.A. from Davidson College and a M.D. from Bowman Gray School of Medicine.

Dr. Dean Ornish, of Sausalito, CA, is one of the founders, and the president and director of the non-profit Preventive Medicine Research Institute. He is Clinical Professor of Medicine at the University of California, San Francisco, and a founder of the Osher Center for Integrative Medicine there. He was the first to prove that heart disease is reversible by changing diet and lifestyle. He has published many books and academic papers and has received numerous awards in recognition of his work. Dr. Ornish received a B.A. from the University of Texas and completed his medical training at the Baylor College of Medicine in Houston, Harvard Medical School, and the Massachusetts General hospital. He was a clinical fellow in medicine at the Harvard Medical School. Dr. Ornish was recognized by Life magazine as "one of the 50 most influential members of his generation."

Dr. Conchita M. Paz, of Las Cruces, NM, has maintained a private practice, in which she

specializes in family medicine, for ten years. Currently, she serves as a part-time faculty member at the University of New Mexico School of Medicine and at the Southern New Mexico Family Practice Residency Program. She was Chairperson of the Family Practice Department and serves on a number of committees at Memorial Medical Center. Dr. Paz received her B.S. and M.D. degrees from the University of New Mexico.

Mr. Buford L. Rolin, of Atmore, AL, has been the Health Administrator for the Poarch Band of Creek Indians since 1984. He is a member of the State of Alabama Public Health Advisory Board and a member of the Board of Directors of the Creek Indian Heritage Memorial Association. Mr. Rolin is currently the Chairman of the Creek Indian Arts Council. He is the former Chairman of the National Indian Health Board, and he still serves as a member of the Executive Committee and as a Member-At-Large. He has received several awards from the National Indian Health Board, and he has also received a Lifetime Achievement Award from the Poarch Band of Creek Indians. Mr. Rolin attended the Health Services Administrators Development Program at the School of Community and Allied Health of the University of Alabama and Pensacola Junior College.

Ms. Julia Scott, of Washington, DC, is President of the National Black Women's Health Project (NBWHP), a national membership organization that focuses on wellness, self-help, and health advocacy. Previously, she was Director of the Public Policy and Education Office of NBWHP. Ms. Scott was Special Assistant to the President and Coordinator of the Adolescent Pregnancy Child Watch at the Children's Defense Fund. She has directed and administered to several foundations and community health agencies and has written numerous articles on African American Women's health. Ms. Scott was educated in nursing at the Waterbury Hospital School of Nursing.

To Contact WHCCAMP:

Stephen C. Groft, Pharm.D.
Executive Director

Michele M. Chang, CMT, MPH
Executive Secretary

6701 Rockledge Drive
Suite 1010, MS 7707
Bethesda, Maryland 20817-7707
tel. 301- 435-7592
fax 301 -480-1691
e-mail: whccamp@od.nih.gov
website: www.whccamp.hhs.gov

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For Immediate Release

March 8, 2000

EXECUTIVE ORDER 13147

WHITE HOUSE COMMISSION ON COMPLEMENTARY
AND ALTERNATIVE MEDICINE POLICY

By the authority vested in me as President by the Constitution and the laws of the United States of America, including the Federal Advisory Committee Act, as amended (5 U.S.C. App.), and in order to establish the White House Commission on Complementary and Alternative Medicine Policy, it is hereby ordered as follows:

Section 1. Establishment. There is established in the Department of Health and Human Services (Department) the White House Commission on Complementary and Alternative Medicine Policy (Commission). The Commission shall be composed of not more than 15 members appointed by the President from knowledgeable representatives in health care practice and complementary and alternative medicine. The President shall designate a Chair from among the members of the Commission. The Secretary of Health and Human Services (Secretary) shall appoint an Executive Director for the Commission.

Sec. 2. Functions. The Commission shall provide a report, through the Secretary, to the President on legislative and administrative recommendations for assuring that public policy maximizes the benefits to Americans of complementary and alternative medicine. The recommendations shall address the following:

- (a) the education and training of health care practitioners in complementary and alternative medicine;
- (b) coordinated research to increase knowledge about complementary and alternative medicine practices and products;
- (c) the provision to health care professionals of reliable and useful information about complementary and alternative medicine that can be made readily accessible and understandable to the general public; and
- (d) guidance for appropriate access to and delivery of complementary and alternative medicine.

Sec. 3. Administration. (a) To the extent permitted by law, the heads of executive departments and agencies shall provide the Commission, upon request, with such information and assistance as it may require for the purpose of carrying out its functions.

(b) Each member of the Commission shall receive compensation at a rate equal to the daily equivalent of the annual rate specified for Level 1V of the Executive Schedule (5 U.S.C. 5315) for each day during which the member is engaged in the performance of the duties of the Commission. While away from their homes or regular places of business in the performance of the duties of the Commission, members shall be allowed travel expenses, including per diem in lieu of subsistence, as authorized by law for persons serving intermittently in Government service (5 U.S.C. 5701-5707).

(c) The Department shall provide the Commission with funding and with administrative services, facilities, staff, and other support services necessary for the performance of the Commission's functions.

(d) In accordance with guidelines issued by the Administrator of General Services, the Secretary shall perform the functions of the President under the Federal Advisory Committee Act, as amended (5 U.S.C. App.), with respect to the Commission, except that of reporting to the Congress.

(e) The Commission shall terminate 2 years from the date of this order unless extended by the President prior to such date.

WILLIAM J. CLINTON

THE WHITE HOUSE,
March 7, 2000.

#

THE WHITE HOUSE

Office of the Press Secretary

For Immediate Release

September 15, 2000

EXECUTIVE ORDER

AMENDMENT TO EXECUTIVE ORDER 13147, INCREASING THE MEMBERSHIP OF
THE WHITE HOUSE COMMISSION ON COMPLEMENTARY AND ALTERNATIVE
MEDICINE POLICY

By the authority vested in me as President by the Constitution and the laws of the United States of America, including the Federal Advisory Committee Act, as amended (5 U.S.C. App.), and in order to increase the membership of the White House Commission on Complementary and Alternative Medicine Policy from not more than 15 members to up to 20 members, it is hereby ordered that the second sentence of section 1 of Executive Order 13147 of May 7, 2000, is amended by deleting "not more than 15" and inserting "up to 20" in lieu thereof.

Policy Questions outlined by Executive Order 13147:

- (a) the education and training of health care practitioners in complementary and alternative medicine;
- (b) coordinated research to increase knowledge about complementary and alternative medicine practices and products;
- (c) the provision to health care professionals of reliable and useful information about complementary and alternative medicine that can be made readily accessible and understandable to the general public; and
- (d) guidance for appropriate access to and delivery of complementary and alternative medicine.

Policy Questions developed by WHCCAMP to help focus oral statements offered by the public:

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

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

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

- (A) Do you have ready access to CAM practices and interventions?
- (B) How can access to safe and effective CAM practices and interventions be improved?
- (C) What types of CAM practices and interventions should be reimbursable through federal programs or other health care coverage systems?

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

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

- (B) What training and education should be required of all health care providers to assure access to safe and effective CAM practices and interventions?
- (C) What sources of funds exist for the education and training of CAM practitioners?
- (D) Are performance standards or practice guidelines needed to ensure the public will have access to the full range of safe and effective CAM practices and interventions?

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

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

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The White House Commission on Complementary and Alternative Medicine Policy

Commission Members

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A growing number of Americans are using alternative approaches to health promotion, disease prevention, and medical treatment. People are looking to their health care providers to treat the whole person not only the illness. Because of this public interest in and use of unconventional health care, the President established the White House Commission on Complementary and Alternative Medicine Policy. Executive Order 13147 authorizing the Commission was issued on March 7, 2000.

The Commission, which is composed of individuals knowledgeable in complementary and alternative medicine (CAM), has been charged with addressing: (1) the coordination of research on CAM practices and products; (2) delivery and public access to CAM services; (3) dissemination of reliable information on CAM to health care providers and the general public; and (4) appropriate licensing, education, and training of CAM health care practitioners.

The Commission's recommendations on public policy and legislation are due to the President through the Secretary of Health and Human Services in March 2002.

WHCCAMP News and Events

Commission meeting **Oct 5-6**

- Register to speak or attend

- Federal Register Notice

Seattle meeting **Oct 30-31**

- Register to speak or attend

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The White House Commission on Complementary and Alternative Medicine Policy

Commission Members

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Town Hall Meetings

All meetings of the White House Commission are announced in the Federal Register prior to the meeting date.

October 30 - 31, 2000
Seattle, WA

- **Register to attend**

September 8, 2000
San Francisco, CA

- **Federal Register Notice**
- **Agenda**

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The White House Commission on Complementary and Alternative Medicine Policy

Commission Members

Commission Members

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The Commission is composed of Presidential appointees who are knowledgeable in health care practice and complementary and alternative medicine.

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Dr. Tieraona Low Dog appointed to Commission

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White House Commission on Complementary and Alternative Medicine Policy

6701 Rockledge Drive, Suite 1010, MS-7707, Bethesda, MD 20817-7707
tel. 301-435-7592, fax 301-480-1691, e-mail whccamp@od.nih.gov, website: www.whccamp.hhs.gov

Fact Sheet White House Commission on Complementary and Alternative Medicine Policy

The White House Commission on Complementary and Alternative Medicine Policy (WHCCAMP) was established by Executive Order 13147 on March 7, 2000, to develop a set of legislative and administrative policy recommendations that will maximize the benefits of complementary and alternative medicine (CAM) practices and products for the general public. The Commission has been charged to submit a report to the President and Congress by March 2002.

The President's Executive Order 13147 outlined four broad topic areas for consideration by the Commission:

- (1) coordinated research to increase knowledge about CAM practices and products;
- (2) the provision to health care professionals of reliable and useful information about CAM that can be made readily accessible and understandable to the general public;
- (3) guidance for appropriate access to and delivery of CAM; and
- (4) the education and training of health care practitioners in CAM.

On July 13-14, 2000, 14 Commissioners were appointed by the President, representing a diverse range of expertise in medical, scientific and CAM fields. The 14 commissioners include the Chair, James S. Gordon, M.D., and George M. Bernier, Jr., M.D.; Thomas M. Chappell; Effie Poy Yew Chow, Ph.D.; George Thomas DeVries, III; William R. Fair, M.D.; Joseph J. Fins, M.D.; Wayne B. Jonas, M.D.; Charlotte Rose Kerr, R.S.M.; Tieraona Low Dog, M.D.; Dean Ornish, M.D.; Conchita M. Paz, M.D.; Buford L. Rolin; and Julia Scott. Eventually, the Commission will comprise a total of 20 members.

In response to its mandate, the Commission will focus on one or more of the four major topic areas during each of its full group meetings. A planning meeting was held on July 13-14th; the next meeting, focusing on Coordinated CAM Research, is scheduled for October 5-6th. All meetings are open to the public and will be held in Washington, D.C.

To maximize the opportunity to receive public input, the Commission will hold a series of Town Hall Meetings throughout the country over the next several months. The first was held on September 8th in San Francisco, California, and the second is scheduled for October 30-31st in Seattle, Washington. Additionally, the public will be invited to present comments during Commission meetings held in Washington, D.C. throughout the coming year. Written comments may be sent electronically, by fax or mail to the addresses below.

Contacting WHCCAMP:

Stephen C. Graft, Pharm.D.
Executive Director
OR

Michele M. Chang, CMT, MPH
Executive Secretary

6701 Rockledge Drive
Suite 1010, MS-7707
Bethesda, MD 20817-7707

tel: 301-435-7592
fax: 301-480-1691
e-mail: WHCCAMP@od.nih.gov

The WHCCAMP website can be found at: <http://www.whccamp.hhs.gov>



White House Commission on Complementary and Alternative Medicine Policy

6701 Rockledge Drive, Suite 1010, MS-7707, Bethesda, MD 20817-7707
tel. 301-435-7592, fax 301-480-1691, e-mail whccamp@od.nih.gov
website: www.whccamp.hhs.gov

Fact Sheet Complementary and Alternative Medicine

Complementary and Alternative Medicine (CAM) practices and products covers a broad range of healing philosophies (schools of thought), approaches, and therapies that mainstream Western (conventional) medicine does not commonly use, accept, study, understand, or make available. A few of the many CAM practices include the use of acupuncture, herbs, homeopathy, therapeutic massage, and traditional oriental medicine to promote well-being or treat health conditions.

People use CAM treatments and therapies in a variety of ways. Therapies may be used alone, as an alternative to conventional therapies, or in addition to conventional, mainstream therapies, in what is referred to as a "complementary" or an integrative approach.

Many CAM therapies are called holistic, which generally means they consider the whole person, including physical, mental, emotional, and spiritual aspects.

CAM's Growing Popularity in the United States

A published survey shows that the number of Americans using an alternative therapy rose from about 33 percent in 1990 to more than 42 percent in 1997.¹ People in this study reported using the following therapies most often: herbal medicine, massage, megavitamins, self-help groups, folk remedies, energy healing, and homeopathy.

In addition, Americans spent more than \$27 billion on these therapies in 1997, exceeding out-of-pocket spending for all U.S. hospitalizations.

A survey published in 1994 reveals that more than 60 percent of doctors from a wide range of specialties recommended alternative therapies to their patients at least once. In addition, 47 percent of the doctors in this study reported using alternative therapies themselves.²

Indeed, 75 out of 117 U.S. medical schools offered elective courses in CAM or included CAM topics in required courses, according to an article published in 1998.³

Another survey found that people used CAM not only because they were dissatisfied with conventional medicine, but because these health care alternatives mirrored their own values, beliefs, and philosophical orientations toward health and life.⁴

Health care professionals and the public need policies to help coordinate and stimulate rigorous research of CAM practices and products, as well as the access and delivery of such services, education and training of practitioners and the provision of evidence-based information to the public.

¹ Eisenberg, D.M., Davis, R.B., Ettner, S.L., Appel, S., Wilkey, S., Van Rompay, M., Kessler, R.C. "Trends in Alternative Medicine Use in the United States, 1990-1997: Results of a Follow-Up National Survey." *JAMA*. November 11, 1998. 280(18):1569-75.

² Borkan, J., Neher, J.O., Anson, O., Smoker, B. "Referrals for Alternative Therapies." *Journal of Family Practice*. 1994. 39(6):545-50.

³ Wetzel, M.S., Eisenberg, D.M., Kaptchuk, T.J. "Courses Involving Complementary and Alternative Medicine at U.S. Medical Schools." *JAMA*. September 2, 1998. 280(9):784-7.

⁴ Astin, J.A. "Why Patients Use Alternative Medicine: Results of a National Study." *JAMA*. May 20, 1998. 279(19):1548-53.

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DIETARY SUPPLEMENT STRATEGY

(10 Year Plan)

Center for Food Safety and Applied Nutrition

Food and Drug Administration

January 2000