The Honorable James Gordon: Okay. Great. Thank you very much. Now, I can't see your nametag, what is it?

Dave Butters: I'm sorry, I'm Dave Butters.

The Honorable James Gordon: Okay. Dave Butters. Just, once again, is either Bradford Weeks of Christopher Huson in the audience? Anybody know if they are here?

Male Participant: [Inaudible]

The Honorable James Gordon: Okay. If he reenters, ask him to come forward, please. David Butters.

David Butters: Good afternoon, my name is David Butters. I practice in the Seattle area. I am a chiropractor. I've practiced for over 25 years. I wish to thank all of you for inviting me here and giving me the opportunity to speak today.

Our population has voiced its desire for a new approach to healthcare with its unprecedented embrace of what has come to be known as alternative care. I see three key advantages for the public in expanded healthcare system with significant alternative care elements in this country. First of all, the definition of health in America has changed. And this change has resulted in the evolution of mind, body, spirit related healthcare. We have an opportunity to fashion a system for the 21st century and beyond that embraces the needs of this new definition. If the healthcare system fails to address these needs, it will be set aside as an anachronism of the 20th century. Second, healthcare must be delivered in an atmosphere of fiscal responsibility. Cost effectiveness must be examined in the context of quality of life as opposed to [inaudible] specific view of healthcare and its outcomes. The cost replacement value of alternative care must be evaluated and understood. Third, policy making and healthcare in America must reflect the spectrum of healthcare providers and of healthcare consumers. Healthcare in the 21st century will be a balanced equation, not a continuum of the patriarchal model we have known in America.

I am concerned about the future of healthcare in the United States, as you are. But, as a result of my role in healthcare delivery as an alternative provider, I think I can offer you some cautions regarding pitfalls that lie before you. Please consider the thought that healthcare equals the practice of medicine and that other systems and approaches can be reduced to a subset of medicine is falling. For all the good bio-medicine has accomplished, it has failed to meet the needs of healthcare consumers.

For example, if spinal adjusting or acupuncture are added to the armamentarium of medicine without understanding the systems that form the foundation for each approach, it will be a waste of time failing to capture the greatest good offered by either system.

The public is calling for recognition of different systems of healthcare and the delivery of that care by the most qualified within each system. A general surgeon could perform heart bypass but would you want to receive it from a generalist or from a specialist. Alternative

care providers have developed unique skills in applying specialized forms of care that should unquestionably be provided by the most qualified persons available.

Policy discussions must include providers of alternative care. Relying on medical physicians who generally do not understand and appreciate the interface of various forms of alternative care in which they are not primarily trained, will simply result in same song, different verse outcome.

On behalf of the men and women who long to have a greater opportunity to assist in improvement of the human condition in America and on behalf of the persons who desire that improvement in their own lives, I thank you all.

The Honorable James Gordon: Thank you. Tom, would you like to begin? Tieraona?

The Honorable Tieraona Low Dog: I guess my question, with the IBUS, are you networking with, like, the FDA, or the USP in the MedWatch programs and the reporting of adverse effects? Do you know what I'm saying? And the Poison Controls were trying to unite, it is like one more system of, another place for reporting. It seems like we are all trying to get the same thing done, but we are lots of different places.

Mitch Stargrove: Yes. I have presented information to the various groups. I have actually learned a lot from Poison Control in terms of how they handle reporting and their feedback systems and their follow-up. In terms of the FDA, I've provided information to the people who are in charge, but, essentially, they seem to take an attitude of they are not really supervising this anymore.

The Honorable James Gordon: I think, are you Christopher Huson?

Christopher Huson: Yes. My fault.

The Honorable James Gordon: You are not his alter-ego? [Laughter] Well, have you taken a deep breath or two?

Christopher Huson: In a minute.

The Honorable James Gordon: Okay. Because we can, it might be easier, from our point of view, if you could go ahead, and then we could ask questions of all three of you, so, if you feel comfortable, do you feel comfortable?

Christopher Huson: Yes. Absolutely.

The Honorable James Gordon: All right. We have some excellent healers here. [Laughter]

Christopher Huson: My name is Christopher Huson and I am the President of the Acupuncture Association of Washington. Thank you for letting me contribute my two cents.

Our experience in Washington State in the last four years, within the framework of conventional medicines access and delivery marketplace is that the primary function of the insurance or payment industry is making money off the patients, off the employers and off us, the providers.

Integration is truly the buzzword of the times. Integration? Into what? A healthcare system that isn't a system, but a marketplace. Isn't focused on healthcare but reductionist, illness-based disease management. Some healthcare system. Our experience of integration is that it is a euphemism for obedience training by an entrenched industry, seeking to enforce our compliance through competitive exploitation. Are we opposed to integration? Well, not really, no. Are we opposed to our own exploitation? Well, yes. Especially if we can see it coming. [Laughter]

Consider this, CAM, though undefined, has, itself, become a product to be marketed as its various practitioners are organized into panels, bundled into contracts and sold as the networks to the lowest bidder. Our experience tells us, those merchants pass the expense of their savings onto us, the providers, in the form of discounted fee schedules, delay and obstructionist gatekeeper policies. How then are we to puzzle out appropriate avenues of access and delivery for CAM when the models, the conventional medicines marketplace provide are so clearly inappropriate to the practice of medicine. It is abhorrent to us that our participation or integration in CM's medicine by actuarial decree serves to perpetuate such a gross imbalance between commerce and spirit in the society we seek to serve.

Make no mistake, we want to get paid for what we do. We want to be respected for the quality of our craft and we want our craft to be valued on the basis of its merit. The days of western medical elitism and ethnocentric bias have got to come to an end. After 90 years, it has finally become clear that the recommendations of 1910's FLEXNA [sp.] report were too restrictive and exclusionary and have hurt the development of American medicine by the marginalization and demonization of its truly traditional medical forms.

What steps do we recommend to address these wrongs? One, get the money changers out of the temple. Disentangle the insurance industry from its omnipotent role in medical access and delivery. Two, continue the evolution of community based CM, CAM collaborative models. And, three, dare to imagine how the work that we do today will effect access and delivery of American medicine 30 years from now. For the sake of our nation and its medicine, we must take the risk of dreaming the impossible.

Thank you. [Applause]

The Honorable James Gordon: We are glad you made it.

Female Participant: Now Tom has a question.

The Honorable Tom Chappell: Yes, now I have a question. Thank you. Great interpreter here.

The Honorable James Gordon: Effie we'll start with you and then we can come back and catch the two of you if you'd like. Effie, go ahead and then we'll come down this way and then circle back.

The Honorable Effie Poy Yew Chow: Oh, all right. Thank you for all of your input, but, especially the delightful interpretation of the spirit and the soul. This is part of what we've been driving for. And, I hope that if you have further comments on that part in terms of writing, or, whatever, to be sure that this is included, I ask you to do so. In actual practice, then, how do you propose to keep this spirit up front? And, I like your ideas about not to sell CAM into, you know, like sell CAM as a product.

Christopher Huson: The best way for us to retain the spirit of medicine is to get all practitioners of medicine at the table trying to puzzle out where it is going to go in the future. Conventional medicine, CAM medicine, practitioners in medicine, we need to be chatting together.

The Honorable Effie Poy Yew Chow: Thank you.

Female Participant: I know Dr. Butters to be an activist in the chiropractic profession and I'd like to know, Dr. Butters, how do you feel under useful, reliable and more accessible information? How can we educate the public about the vitalistic aspect of the chiropractic adjustment as opposed to manipulation, manual therapy, joint mobilization and so forth?

David A. Butters: Well, I think that what we need to do is educate the public as to the paradigm or the package that goes along with chiropractic, which is a subluxation complex. And, its impact on health and wellbeing, because it fits beautifully into the body, mind and spirit model of healthcare. I think people need to understand that we don't examine, detect subluxation, and adjust subluxation of the spine solely because someone has a backache, or because someone has a headache or a neck ache. They need to understand its implication into the health and wellbeing of the body because of the relationship of the nervous system to the spine and the relationship of the brain, to the nervous system and the function of the body. And that chiropractic care can help the body to function more normally, to enhance its healing abilities and capacities, to enhance its ability to stay well.

And I think that that is the message we have to somehow get to the public. I feel that chiropractic, in this process of integration, I'm concerned that we are being pigeon-holed into a low-back pain model of care. And, nothing could be farther from the truth. I have been in practice for 25 years. I have had an opportunity to work with, I just tried to figure this out the other day, probably 12,000 or 13,000 different people. And the kinds of things that I have seen respond to chiropractic care are just incredible. And, people need to have the opportunity to experience that response if that is the thing that is going to help them. And, I hope that answered your question.

Female Participant: Thank you.

The Honorable James Gordon: Thank you.

Male: Is it Huson? Yes, Mr. Huson, thank you for your well-written and articulate comments. Some of us were talking about the FLEXNA report last night. And, I think it really just is a, it is very helpful to think about that because it was really a fundamental change in consolidation of medical practice into an allopathic model as an internist, as an allopathic practitioner. I think it had value 100 years ago, to sort of solidify diagnostics. But now, with diagnostics in place, we can begin to think more broadly about therapeutics. But, I think the point that you bring up is something that we really need to think about as a Commission, as the role of the history of medicine, and how these trends and the sociology emerged. Because paradigm shifts are only as good as long as there is that paradigm. And, I think we are seeing something completely different. I'm just wondering what your study and what your consideration of the FLEXNA report, how did it, how does it look to you now? And, what would be the new FLEXNA report? You know, is our report the new FLEXNA report?

Christopher Huson: My understanding of the FLEXNA report is that it was an effort by concerned individuals to formalize education process and to develop licensure loss. We've been doing that within CAM or disciplines under CAM for quite a while now. And, we have achieved a position of self-regulation through working with the structures that are, like the Department of Education, for example. There is concern that the White House Commission, that the material that is gathered by the White House Commission will be used by the forces of industry to co-opt that, which is [inaudible]. And, the only way that I believe we can work to prevent such a thing would be to keep all players at the table. I guess I am sort of repeating myself there. But, I really believe that that's the way that good stuff happens in this country. And, we got to work within the democratic model.

The Honorable James Gordon: Well, thanks for dialoguing with us, you've been very helpful. Tom?

The Honorable Tom Chappell: Christopher, thinking ahead 30 years, the consumer will drive this change. And, standing in the consumer's shoes today, trying to step out of our CAM practitioner's shoes or our medical doctor's shoes or our provider, our plan shoes. It seems to me is the greatest risk that we have as a Commission, is to be so steeped in the words of the individual constituencies that we forget the vision, the hopes and the aspirations of the consumers who have provided us this opportunity so far. What do you think they are asking for? What are they asking us to bring about, long-term?

Christopher Huson: Our people need healthcare. I believe that what's going on is truly a social movement and it is a question of the democratic experiment that is being bed. What is the higher question? At the outset of the Revolutionary War, the higher question was, are we the pawns of kings? And we answered them. In the Civil War, the question was, are all men free, not just white men? And we've almost answered that one. We came up with an answer and we are still wrestling with it. And this one, about healthcare, do we need to care

about our fellow human? Is this the question? We must puzzle out what the higher question is before we can truly make some progress along this realm.

The Honorable Tom Chappell: You are suggesting the consumer is asking what does my fellow human being need for care, or, what do I need for care?

Christopher Huson: No, it is not what the consumer is asking. It is what the body, what is the body physic of the nation? Why are all the consumers asking the same question at the same time? And, what is that question? Until we come up with the question, we won't be able to come up with an answer to it.

The Honorable James Gordon: Thanks. Tieraona, did you have another question?

The Honorable Tieraona Low Dog: No, no. No.

The Honorable James Gordon: I just want to say one, sort of, literally, it is an editorial comment and to thank you as well. There is a peace of mind, Joe, in new, coming out alternative therapies and health and medicine, which talks about the FLEXNA report. And, I see that what the FLEXNA report essentially, I won't spoil too much of it for you, but the FLEXNA report focused a narrow, a very narrow beam and said that everything that lies outside of that dimension is not really acceptable in the house of medicine. And that what lies within it was acceptable and was funded and moved ahead and made significant advances, meanwhile ignoring and usually disparaging everything that was outside. Which, of course, included natural medicine, medical, homeopathic medical schools, medical schools for women and minorities. I think the opportunity that we have is to rebalance the imbalance that has been created. To create a much broader perspective and to invite everybody, not only, you know, into the House, but, at the table, and to continually be at the table.

The other thing that I say in the article that I think is very important and I think is really our challenge is that it is not, that was a movement of experts. And, this is very much a popular movement, in which we, as experts, as all of us are, in one way or another, share the table with people who are coming, who don't pretend to be experts except in groping toward a sense of what they want for themselves.

Male Participant: If I can just add to it? The forces that promoted FLEXNA were forces from without, outside of medicine.

Male Participant: I'm sorry?

Male Participant: It was forces outside of medicine, the Carnegie Foundation. So, it has certain parallels, and, I think, that those who probably were proponents of FLEXNA then, would probably endorse this dialogue today.

The Honorable James Gordon: Yes, please,

Christopher Huson: I'm a medical historian by training. I might add that the FLEXNA report patrons Carnegie and Rockefeller in particular. Many of there -

The Honorable James Gordon: The FLEXNA report, what?

Christopher Huson: The patrons, essentially, it was created so they could direct funding. Many of them saw homeopathic physicians for their personal care. So we always see this slippage between what people do for themselves and where policy tends to go with its good intentions, but doesn't necessarily follow what people's daily lives and practices are.

The Honorable James Gordon: No, I understand, that's exactly what I was saying. The FLEXNA report was created with a particular perspective. And homeopathy was largely excluded from that perspective. And, the consequences were felt. So, I think, do we understand each other?

Christopher Huson: Yes. Just that, Carnegie and Rockefeller saw homeopaths for their own personal –

The Honorable James Gordon: I understand. They saw homeopaths but they also had a major role in eliminating homeopathy. Interesting paradox. Anyway, the idea is that we are hoping to expand and we want to continue the discussion with all of you at the table. And, I think the issue, Tom, that you raised, is a very important one for us as well, is, exactly how do we include all the input from and all the opinions and all the experiences of all the patients? Because it's really not just about those of us by any means. And it is not even mostly about those of us who are practitioners. It is about those of us whom we serve.

So, thank you all very much. [Applause]

We are going to ask, we have 11 people who are going to be speaking. And, I think we'll ask, why don't we ask the first six, Michelle to come to the table now? Erica Oberg, Caycie Rosen, John Briganti, Brian Fennen, Donald Downing and Richard Warner.

So, I think what we'll do is we'll listen to all of them and then we'll have an opportunity to question and have a discussion with these six and then we'll go on with the next. So, let's begin.

Male Participant: Mr. Chair, at 5 minutes to 2:00 I'll have to leave. Just so that you know, I may walk out on –

Female Participant: [Inaudible].

The Honorable James Gordon: So, thank you, thank you for being with us, we are sorry, he has to make a plane. We are sorry to see you go. See you next time.

Male Participant: Maine is a long way.

The Honorable James Gordon: Yeah. Erica Oberg.

Erica Oberg: Good afternoon. My name is Erica Oberg and I'm a second year student at Bastyr University, pursuing my degree in naturopathic medicine. I had the opportunity to meet a couple of you last night.

I want to share with you a deep concern I have for my education. Specifically, the possibility that I may not be able to obtain a complete education, due to the lack of funding, for residency programs for naturopathic physicians.

Currently, my education in naturopathic medicine includes four years of high quality classroom and clinical experience to prepare me to serve as a primary care provider. Upon completion of those four years, most students must continue their education, independently, without mentorship or the experiences that come from a residency program. While I feel confident that the quality of my education is preparing me to be the best physician I can be, I think we can all agree that there are immeasurable benefits that one gains while working side by side with experienced physicians in a residency situation.

Yet, the reality is, there are few residency programs offered for naturopaths. Far fewer positions are available than there are graduating students each year. Residencies clearly improve the quality of healthcare and create better doctors, so why aren't we all completing such programs? As you might imagine, it comes down to money.

The few residency positions that are available for naturopathic physicians are funded privately by schools, generous individuals and physicians themselves. There are no federal subsidies to help administrate residencies nor is there funding to give [inaudible] to residents.

As many of you know, MD residency programs are funded by Medicare. These funds subsidize over 7,700 residency programs for students training to be MD's. There are currently no funds allocated for ND's.

As we all know, the public demand for alternative healthcare providers is growing. The public is telling us that they want naturopathic care to be a primary healthcare option. Doesn't it make sense that the public's money should be funding the education of the healthcare providers they want? Doesn't it make sense that the healthcare providers be trained to the highest level, ensuring consistent quality public healthcare services?

There are two simple actions that can be taken to remedy the situation. While MD and ND students are both recognized by the same federal agencies, such as the Department of Education, large differences exist in how we are treated. I ask that you level the playing field. ND's from accredited schools must be permitted to qualify for residency programs, subsidized as they are offered to MD students. Secondly, naturopathic residents must be able to defer interest on loans during residencies, like MD participants. Both groups of physicians take out the same federal student loans, both participate in programs approved by their respective accrediting agencies in the Department of Education.

The solution is simple. ND residents should receive the same benefits and access as MD residents. After all, we all want the same thing, to provide excellent healthcare to the public and to be the best physicians we can be.

The Honorable James Gordon: Thank you. Kaycie Rosen.

Kaycie Rosen: Happy Halloween. My name is Kaycie Rosen. I am a student at Bastyr University, as well, in my second year of naturopathic medicine. Although it can mean many things to call oneself an herbalist, I come to this profession with a background in clinical herbalism, having received training from both constituent based and field work based perspectives. For this reason, I'm aware not only of how plants can change our chemistry to improve health, but that there is also an alliance that can exist between the practitioner and the plant used as medicine.

It is this concept of alliance that brings me to this profession. I hope to be able to foster alliances both between people and the Earth they live on. As well as between people to help those in professions we lump together as complementary and alternative medicine, dialogue with those in allopathic fields to achieve what is all of our primary goal, again, health for the people in which we interact. So it is as a naturopath that I choose to pursue this. Firmly seated in a philosophy that makes use of the diagnostic tools of western science while utilizing natural modalities and our own inherent ability to heal. I chose this transition from herbalism because I know it is to my greatest personal benefit to obtain the diagnostics and treatment skills offered from a four-year professional medical program, both for myself and for the safety of those I treat. Because ultimately, the successful alliance for which we strive is that between doctor and patient.

However, there is one major problem in this path of which my herbalist colleagues are potently aware. In order to pursue naturopathic medicine, one must heavily invest both time and money. I and many others are readily willing to invest the time to improve our medicine, however, the financial burden is more than many of us can bear. This year, I will taking 86 quarter credits, the tuition of which will cost $17,322.00. This, plus fees for books and equipment brings the total to $19,477.00 for this year alone. The maximum federal loan we are offered is $18,500.00 per year, minus a loan fee of $550.00 per year, which brings us to a negative balance of over $1,500.00, without even starting to account for personal expenses. Because I attend a school that is tuition driven, there are few other options.

The other end of this issue is that once we leave school, even with this level of loans, we will have a loan repayment of nearly $1,000.00 per month as beginning physicians. For those of us who are not independently wealthy upon entrance, or supported by other generous people in our lives, this type of training becomes almost impossible.

This is particularly distressing because it is creating a situation in which both receiving the training to become the most qualified natural healthcare professional and accessing that level of care becomes a luxury only afforded to the wealthy. Those who cannot afford healthcare are those who are most in need of good preventative health, as we've heard over

and over these last few days. As an herbalist, I can have less training than I want, but more ability to access under served populations. It is an unfortunate dichotomy.

So, today, in striving for alliances between healthcare practitioners and those who we give our lives to serve, I'm asking you to support any measures that would make it more financially feasible for us to get this training. As well as lower reimbursement programs to ease the burden and expand our range of influence once we leave.

The Honorable James Gordon: Thank you. John Briganti.

John Briganti: Good afternoon. I am the West Coast coordinator for the Maharishi Vedic Approach to Health, including the transcendental meditation technique.

For the past six months, I have been looking into getting our technologies and providers licenses or certified and covered by insurance here in Washington State. I have found the barriers to the introduction of new alternative healthcare systems quite significant and would like to share with you some of my observations and recommendations.

Maharishi Vedic Approach to Health comes from the ancient Vedic tradition of India and provides a holistic program of both time-tested and scientifically verified techniques for the maintenance of good health and prevention of disease and also for the diagnosis and treatment of disease.

More than 600 scientific studies conducted at over 200 independent research centers in 30 countries have verified the benefits of these technologies. In the past eight years, our institutions have received almost $18M in research grants from the NIH because of the effectiveness our programs have shown in eliminating stress and reducing hypertension and cardiovascular disease. Approximately 40,000 have benefited from technologies of Maharishi Vedic Approach to Health in the state of Washington over the past 35 years. Yet, none of our technologies currently qualify for licensure or certification and therefore consideration for insurance coverage in Washington State. The reasons are twofold.

Fist, licensure and certification, prerequisites for insurance coverage in Washington State, both require that we must prove that our system of healthcare would be potentially harmful to the public if left unregulated by the state. Our programs have not been shown to be potentially harmful to the public. More significantly, being a potential threat to the public seems an odd and undesirable requirement for insurance coverage. We recommend that laws for licensure and insurance coverage be based on cost effective benefits provided and educational training required, rather than on potential harm to the public and the need for state regulation. Existing laws that discriminate against new alternative health systems should not effect the future availability of federal funding for scientific evaluation of health systems such as Maharishi Vedic Approach to Health which has such a good track record.

Secondly, we have been told by many sources, including administrators at the State Department of Health and members of the Senate and House Committees on health and representatives of the insurance commission industry, that an application for licensure

certification would be vigorously opposed by the insurance industry which sees any new healthcare system as an added cost. And, also by some other healthcare providers, including some CAM providers because of issues of scope of practice and competition for scarce insurance dollars. We recommend to the Commissioners that you acknowledge the sometimes fierce competition that exists at the state level between healthcare providers over these two issues. And, that you make recommendations that these local turf wars not be allowed to interfere with the availability of federal funds for the proper and needed scientific examination of the benefits and cost-effectiveness of Maharishi Vedic Approach to Health or other scientifically validated health practices not currently regulated by state governments.

Thank you.

The Honorable James Gordon: Thank you. Brian Fennen.

Brian Fennan: Okay. I've got to be speedy here. Thank you, Commissioners. After hearing all the testimony in the past two days, I am excited and fearful all at once. Some look at official recognition as validation and support. Others look at it as assimilation and servitude. When, in fact, resistance may be a futile gesture. I have previously submitted specific recommendations and will further revise and amend them based upon further input from others and testimony given at this quorum.

I am here today to represent the acupuncture and oriental medicine profession as well as massage therapy. Officially, I am representing the American Association of Oriental Medicine and the Counsel of Acupuncture and Oriental Medicine Associations. Unofficially, I am representing the Associated Bodywork and Massage Professionals which aren't a number.

I prepared a brief packet for you, not a beef sandwich. First, you will find a spreadsheet summary of licensing and certification of various CAM therapies, a map and licensing of massage therapy. And, there is more in there. Next, I have included a copy of the Regulation of Massage Bodywork and Semantic Therapies Profession, published by the ABMP. This document summarizes their perspective regarding massage therapists, reservation and support for licensing and regulation. Keep in mind that regulating the various forms of massage and bodywork is like regulating cats. You can de-claw, de-fang and neuter them, but, most will still not give up their free spirits and belief in their independence. Both the ABMP and American Massage Therapy Association are well respected organizations that represent the bodywork and massage profession well.

Next, I have included a summary of the new Minnesota law allowing for the regulation of unlicensed CAM practitioners. I believe this could be a successful model for many CAM therapists. The law holds them to certain professional standards including informed consent procedures, without setting unnecessary or burdensome educational examination requirements.

Next I have included a map of acupuncture licensing in the United States. This map indicates that some states still require referral or supervision by a physician before treatment.

The map does not indicate the wide variety of licensing standards and scopes of practice that exist. We have registered acupuncturists who prescribe only acupuncture with a referral. Licensed acupuncturists, who may or may not use herbs, and primary care doctor [inaudible] medicine, who practice acupuncture herbal medicine and manual therapy without any need for referral.

I have an information packet from the IIOM here. The IIOM is in the midst of preparations for its annual convention in Alexandra, Virginia in two weeks, November 10th through 12th and was unable to complete comments for this Commission at this time. We invite you to visit our convention where there will be not only seminars for our members, but public meetings held by the National Certification Commission, Accreditation Commission, Counsel of Colleges, Teachers Association, Counsel of State Presidents and, of course, the AA's own house of delegates.

Lastly, I've included a copy of the California State Oriental Medical Association's Peer Review Manual. The issue of safety responsibility, liability and oversight has come up a few times at these hearings. Peer review is a commonly accepted model used for accountability at various health professions and hospitals in clinical situations, settings. This is a first level mechanism to deal with breaches of ethics or standards of practice. These could include minor injuries sustained during treatment, as those are given risks, and not necessarily violations of law and regulations. Flagrant scope of practice violation, sexual assault or server bodily harm, are licensing or criminal matters and are not suitable for simple peer review must be referred to appropriate governmental agencies.

The accompanying documents also published in 1995, Standards of Care and Scope of Practice is still under revision. I could not provide draft revisions to you at this time. We expect them to be published early next year.

I'd be glad to address the issues of standard medical training for oriental medicine practitioners, vice versa, or the issue of herb/drug, herb/herb interactions or direct you to experts who can answer the questions better.

Thank you for your time. Our hearts and spirits are with you in this endeavor.

The Honorable James Gordon: Thank you. Donald Downing.

Donald Downing: Good afternoon. My name is Don Downing and I represent the Washington State Pharmacist Association and also the University of Washington as Director of the Community Pharmacy Residency Program.

I want to thank Director Groft, the fellow pharmacist, and the White House Commission for this opportunity to speak. I've spent most of my professional career as a pharmacist provider care for the urban under served at the Seattle Indian Health Board and for the Peolop [sp.] Indian Tribe.

I am concerned that the most accessible, most often visited healthcare professional in the United States, the pharmacist, is not being acknowledged as a CAM provider, nor recognized by the federal government as an allopathic healthcare provider. While our healthcare interventions result in the savings of billions of healthcare dollars in the improvement of the quality of life for millions of Americans, the quality and cost-effectiveness a pharmacist monitoring in co-management of chronic medical conditions such as asthma, diabetes, dislepademias [sp.], hypertension, pain and depression, among other maladies are well documented in the medical literature. Pharmacists also provide needed preventative services such as influenza, pneumococcal and hepatitis immunizations. We use behavioral modification, techniques and education to help people and their tobacco usage and to help manage their nutrition, weight and improve their level of physical activity and, ultimately, their quality of life. Even in Washington State, where we are fortunate enough to have the every category of provider law, it has been an uphill struggle to have pharmacists invited to the table. Up until now, the efforts of the Washington State Office of the Insurance Commissioner have not included pharmacists, even though this law speaks to access to "any category a provider licensed in the State of Washington." Yesterday's testimony by the Insurance Commissioner's Office failed to mention pharmacists even though we are licensed healthcare providers in the State of Washington and have worked for months to be recognized as such under this law.

How ironic that a state that is so progressive repeatedly positioned the pharmacy profession, the state of purgatory, between CAM and allopathic medicine. The reception is that pharmacists count poor pills. The reality is that they are university trained for a minimum of six years in the treatment and management of the whole patient. We are well positioned to assist the co-management a patient is taking herbal as well as other treatments and to refer patients to other providers for comprehensive care.

A health system that compensates such a highly skilled and accessible provider of healthcare, only when they sell one more prescription, is missing an opportunity to provide accessible cost-effective care. Patients deserve to have access to our country's medication experts.

I would ask three things of this Commission. One, include pharmacists in all your discussions and decisions related to complementary and alternative medicine. Two, assist the profession of pharmacy in being recognized by the federal government as a healthcare provider. And, number three, take the message home that pharmacists are complementary providers, well positioned to help integrate the best of CAM and allopathic care.

Thank you.

The Honorable James Gordon: Thank you. We appreciate hearing that perspective. Richard Warner.

Richard Warner: Hi. My name is Richard Warner. I am the President of the Seattle Chapter of the Citizens Commission on Human Rights which was founded in 1969 by the Church of Scientology to investigate and expose psychiatric violations of human rights and to

clean up the field of mental healing. At present, we have 130 chapters in some 31 countries, worldwide.

I'd first just like to thank you for being here and thank you for the considerable work that I'm sure lies ahead for you.

I'd like to address the subject of mental health treatment. We believe this is a field in which standard medical practice and alternative medicine could effectively complement each other. A large percentage of the people who get labeled mentally ill, actually have a physical condition which has not been properly diagnosed. There are well over 100 physical conditions, which can produce symptoms such as anxiety, depression, hallucinations and other mental and emotional disturbances. Unfortunately, due to decades of mental illness marketing, these symptoms are immediately identified as symptoms of a sick mind, rather than symptoms of diabetes, brain tumors, thyroid disorders, mild epilepsy or symptoms of nutritional deficiencies, hormonal imbalances or toxic and allergic reactions.

Accompanying my testimony, you will find information on psychiatric misdiagnosis. Studies indicate that 40% to 75% of mental patients are suffering from undiagnosed and untreated physical illness.

Individuals with mental or emotional symptoms are quite likely to simply be stamped with the psychiatric label, with no attempt made to determine what is actually producing their symptoms. They are told they have an incurable illness and they need to take psychiatric drugs for the rest of their lives. These drugs, far from correcting alleged chemical imbalances, actually produce them. They also, in many instances, produce permanent irreversible brain damage.

In his recent book, Blaming the Brain, Elliot Ballenstien [sp.], Professor Emeritus of Psychology and Neuroscience at the University of Michigan writes, "the evidence and arguments supporting all these claims about the relationship of brain chemistry to psychological problems and personality and behavioral traits are far from compelling and most likely wrong." If what are known as mental illnesses are chronic, it is only because their actual cause is never searched for, never found and never treated. Individuals with mental and emotional disturbances should be giving thorough and searching physical exams to determine what is actually wrong with them. This would include an investigation of nutritional deficiencies. Treatment would be targeted at whatever condition was uncovered by the exam and might well include treatments with vitamins, minerals, amino acids, essential fatty acids and other nutrients.

The marketing of mental illness continues, to this day, and often, government institutions work hand in hand with psychiatry and the psychiatric drug institute to ensure that the first thoughts of anyone with mental illness or with a mental or emotional difficulty are mental biochemical imbalance in the name of a well advertised psychiatric drug.

Turning this around will not be easy, but, I think with your help, we can change that message and get the government to send out a message that wellness is achievable and with proper medical attention it can be achieved.

Thank you.

The Honorable James Gordon: Thank you very much. Let's begin from this end. Joe?

The Honorable Joseph Fins: I have like questions for lots of folks, but, I'll go to Mr. Downing, Professor Downing. What thoughts have you had about, and I agree with you, I mean, the pharmacist really is the interface of so many things that happen, and it is a really insightful comment for us to think about. What about the formulary issue? Others were talking about the essential formulary, have you had a chance to think about that?

Donald Downing: What aspect of the formulary issue?

The Honorable Joseph Firs: Well, botanicals and then also how managed care hospitals have formularies, how might we integrate a botanical formulary into the allopathic formulary and formulary committees and all that sort of stuff?

Donald Downing: I can speak from my personal experience, spending 13 years with the Indian Health Service. And, in fact, integrating a homeopathic and herbal pharmacy in with our allopathic pharmacy. Three times a year, actually, us and the pharmacy department, along with the medicine men and women for the tribe, went out and gathered herbs and used them along with them in their spiritual help. We found it to be very useful and certainly culturally sensitive to our

[END OF SIDE B]

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[SIDE A]

Donald Downing [cont.]: Specific scientific understanding and I think that's happening. I think that we, pharmacists have done a good job. [Inaudible] Tyler, who has written a lot about herbal medicine, is a former fellow professor at the University of Washington School of Pharmacy. And, has helped take a lot of the German research and put it into terms that I think, that hospitals are starting to understand, can be integrated and I certainly am working towards that direction.

Male Participant: I have a question for John regarding the OOOAM or OOAM and the question is, as an acupuncture professional association, do you have any comment or suggestion how do we improve or reeducate acupuncture improve the service? Do you have any plan, any suggestions?

John Briganti: In improving, education to improve the service?

Male Participant: Yes.

John Briganti: Is that what? Well, I think that is the basis of it. Right now we are kind of in a situation where we are attempting to raise our educational standards. There is a doctorate being developed. We are hoping that the doctorate will be a standard across the board in all of the states. Part of the drive, there is people who say, well, safety is not a real issue. But, efficacy could be. The better educated, I mean, you know a physician could go through three years of training and probably do some of the things they do now, a lot of it, but not very competently. The idea is, if you increase some education, and we want to do that, it will raise the levels of competency. Now, that also, ultimately, should lower the costs of treatments because if someone is more competent, you need to treat your patient less frequently. You are better [inaudible] teach time, and so you lower the cost. Yes, it costs a little bit more for the education. So, we are trying to address that right now.

Male Participant: Thank you.

Female Participant: My question is directed to John Briganti. And, I'm wondering, you talked about barriers. I'm wondering what kind of barriers you are facing, specifically. Legislative barriers, the AMA, WSMA, Medical Quality Assurance Commission, what specifically are you running into?

John Briganti: Well, specifically, we are running into laws that require that one proves that there are harmful, potential harmful effects or harm that could result in the public being damaged if the profession isn't properly regulated by the state, with specific examples

of where that has occurred in the past. We don't have those examples. What we do have is a vast amount of research on the benefits that our programs provide. So, that is number one. It is a legal stipulation that is part of that licensure and certification process.

The other part of it is that there are organized efforts to prevent new technologies or new systems from reaching the public market place. We are all aware, everyone that has been involved with alternative health programs, have gone through certain battles and many, many years of fighting those battles to be heard and finally get the recognition that that particular discipline deserves. So, there are battles from the western allopathic medicine. There are battles from other providers of alternative medicine. And, very often, the battleground is the scope of practice.

For instance, we come with a system of medicine, which is probably the oldest system of medicine in the world, the Vedic tradition of India. It provides technologies that probably overlap every scope of practice that is around. So, there will be some opposition for, perhaps, from, perhaps, all of those different areas. We have, for example, a Vedic massage technology that is not taught in schools of massage therapy here in the United States, but, probably, massage therapists would object to licensure of that particular modality. We have diagnostic methods that have been shown to be very effective, and yet, people who have that as their scope of practice, would, obviously, take some offense or pose some opposition to that. So, wherever we touch on some other person or other profession, scope of practice, or, perhaps, threaten to take away patients or insurance dollars, that becomes some impetus for opposition. And, we mention this, because of one particular opposition of obstacles that we have found to be there, even though the Department of Health here in the state of Washington has been very cooperative and very supportive. And, the politicians that we have talked to, heads of the senate committees on health and the house committee on health, very, very positive and supportive, but, they all point to the lobbyists and the opposition that exists.

The Honorable James Gordon: Effie?

The Honorable Effie Poy Yew Chow: I think the area of mental health is, sort of, also trying to gain its professional status. It is, but, it is still looked upon as, and, what are some things that you feel that you are doing now and can recommend to accelerate, to bridge this gap, still?

Male Participant: Well, I didn't get to my recommendations, they are on the paper that I gave you. One thing I'd like to see, you know, currently, even the experts admit that this theory of mental illness is just that, a theory. And, it has not led, even, according to the experts, to any identifiable causes of this so-called mental illness. They say they don't know what the cause is and they say we don't have any cures. After 50 years, nevertheless, the government spends billions of dollars promoting this theory, on a daily basis, to all Americans. So that the first thing they think of when they have some sort of emotional problem or mental problem is, gee, I must be mentally ill, where can I go to get the latest psychiatric drug? Why can we not, if we can spend billions on a theory that has produced no causes and cures, why can we not spend billions educating the American public? And, educating primary care physicians about the mental and emotional effects of the wide range of

physical illnesses that can produce these effects? And, how they can be treated, either with standard allopathic medicine or with alternative practices.

Also, we need research into CAM treatments for mental illness, in terms of the effectiveness and the cost. How much does it cost to keep somebody in psychiatric treatment for the rest of their lives, versus something that can actually produce wellness? There is a huge educational bridge that has to be crossed here, obviously, but, I see no reason we shouldn't be able to get the government behind doing that other than certain vested, obviously very powerful, vested interests. We are talking about a multi-billion, if not a trillion dollar industry here.

The Honorable James Gordon: Thank you. Tieraona?

The Honorable Tieraona Low Dog: Yes, well, first, this is for Erica and Kaycie. One thing that has just amazed me with the students that we were talking with last night, was, I think it takes tremendous passion, spirit and a commitment to undertake $100,000.00 worth of debt, not knowing how you are going to repay it. I'm serious. Because, as a medical student, I mean, we had options for loan repayments and I think that is just a testament to your commitment and your passion. So, I really want to commend you for that.

And, Mr. Downing, we all love pharmacists. Okay. We do. And, we were fortunate enough to have the pharm-d's [sp.] round with us when I was a resident. My question is, one of the issues that's constantly raised is that, at this point, most pharmacists don't have the training in pharmacy schools, though some are moving towards that, to really provide information about botanicals and dietary supplements that are, sort of, amino, we can't hardly keep up with them. Would you say that that is an accurate statement? That schools are moving towards that? But, do you think most pharmacists actually were adequately trained in botanicals, and, that to be able to provide, adequate counseling?

Donald Downing: I think it depends on what school they went to. At the University of Washington, we've had a required pharmacognacy [sp.] course, a full-year program minimum, in order to graduate. So, maybe it is because we've had a lot of leaders in herbal care coming out of Washington state, but, that has certainly been a requirement. I really can't speak for the other schools. I can tell you this, though, that schools that have not traditionally had these courses, are now reinstituting them into the schools, as you've acknowledged. But, you know, I think that they certainly have the background to investigate the herbal medicines that we are learning more about today. I think they certainly have continuing education, after they graduate, that probably leads to, for any of us healthcare providers, to most of our knowledge that occurs after we graduate anyway. So, I wouldn't say that just because the schools don't provide it, doesn't mean that we certainly can't provide that background.

The Honorable James Gordon: I want to thank you all, particularly Erica and Kaycie for coming, but all of you for coming and sharing. This is, really, it actually makes me very happy. It is funny, it makes me happy to sit here listening to problems, I must be a psychiatrist. Because, you are not only telling us about the problems, you are making very clear and concrete suggestions for solutions. So, we welcome, for all of you, elaborating on

those suggests, any thoughts that come to you, whether it is about issues related to mental health or barriers to a holistic system or issues related to student loans. Specific suggestions you may have, we very much welcome. So, thank you all.

This will be the final panel. Jane Saxton, Judy Zeigler, Tucker Meager, Doug Nordstrom and Merrily Manthey.

And, also, by, more or less unanimous agreement here, we also would like Sheila Quinn, Pam Snider and Lori Bielinski just to come sit on this final panel. We are asking you, we are asking them, because they are the ones who really pulled this all together. So, we think it is only fitting, since they were really the beginning, there at the beginning that they should be here at the end. [Laughter] And, maybe when the other panelists are finished, if you wanted to share a couple of thoughts with us about what you've experienced, what you've observed, and then we can ask some questions after that. So, let's begin with Jane Saxton.

Jane Saxton: Hi. I'm Jane Saxton, Director of Library Services at Bastyr University. It was very nice seeing all of you in the library last night. And, I'm going to skip the first part of my presentation, which was an impassioned explanation of why libraries are at the very heart of the body of CAM research and I will email that to you and get to more practical matters.

In Seattle, we are lucky to have integrated library services already in place. Our library works closely with the medical reference specialists in the King County Library System, sharing research expertise. We recently completed a website together, Health Infoquest, with funding from the National Library of Medicine at the NIH. Health Infoquest teaches people how to find reliable health information, including CAM information on the Internet. This site has been wildly successful because it contains information on both allopathic and CAM information resources.

Another example of integrated library services is the newly established advisory group for scientific information literacy in the Pacific Northwest. This group will include Hispanic American herbalists and Native American healers, as well as librarians from the Bastyr University library, and those from the National Library of Medicine's regional medical library at the University of Washington. The purpose of this group is to advise the National Library of Medicine on how to increase access to CAM and mainstream health information for all people, especially those in traditionally under served populations.

In both of these cases, the public benefits greatly from the expertise of librarians working in the CAM field. Because many public and academic librarians, including those at the NIH's National Library of Medicine, are not sufficiently familiar with the field of complementary and alternative medicine and do not have access to many of its resources.

In conclusion, I recommend that you strongly support increased funding for libraries everywhere. And, especially funding for projects encouraging this type of cooperation between mainstream libraries and libraries with strong CAM collections. I also recommend

that funding be provided to the National Library of Medicine and to the Library in the NCCAM at the NIH, in order for them to increase their holdings of CAM resources in their journal, print, audio-visual and database collections. More specifically, I recommend that as new CAM journals are added to the National Library of Medicine's collection, they also be added to the Medline Biomedical Database which is produced by the National Library of Medicine so that a great variety of CAM research becomes widely available.

And, last night it occurred to me that it's not enough just to add the journals to the collection. Because their indexing of certain subjects, in particular, their indexing of the botanical medicine research, is so inconsistent that lay people, in particular, but even researchers, would have a great deal of difficulty getting to the information. One example is milk thistle. If you are looking for articles on milk thistle and liver disease in Medline, and you put milk thistle in the search box of Medline, you'll come up with three citations. And, you might think, well, there isn't very much research. But, if you enter the term sillimarin [sp.], which is an active constituent of milk thistle, you get 431 substantive research studies. And there is no way to get from milk thistle to sillimarin. And, so, there are other instances that I can email you about.

The Honorable James Gordon: Okay. Thank you.

Jane Saxton: You're welcome.

The Honorable James Gordon: Judy Zeigler, I take it, is not here? Okay. Tucker Meager.

Tucker Meager: Hi. My name is Tucker Meager. I'm a fourth year naturopathic medical student at Bastyr University, as well. I'm blessed to be one of the last presenters here at this forum. I must say that it has led me to change my testimony, to some extent, as most of my concerns regarding federal legislative support for state licensure and increased funding and access to CAM research have been addressed eloquently by other speakers. So, I'd like to focus my testimony on the heart of this medicine.

I would like to request that you keep in mind the heart at all times and all points of this process. Remember that it is the truth that the consumer seeks. It is why we are here. Complementary and alternative medicine are on the rise again because of their incorporation of the heart, because they are answering the call of the consumers to be heard. It is my hope that these proceedings will carry out the demands of the public for safe, effective heart-based alternative and complementary care now. I cannot say that I have not been fearful in this process. I have worried about the forces that play in these proceedings and it is time to serve the public as they are asking to be served. Let us rise above our own biases and get clear that politics and economics are not serving this cause. My fear comes with hope.

If the attempts of this hearing are not successful and the now recognized CAM professions are co-opted as previous attempts such as the osteopathic medicine have been, I won't be disappointed, but I have faith in the natural laws of play. This issue will rise again, the balance will be reset, the public demand for heart medicine will overcome and the system

will change in another way. I'm confident that the heart were attune to the mainstream of medicine. It is its time. The balance will return. And the people are no longer going to put up with the issues of medical bureaucracy at the cost of their wellness.

I yield the rest of my time.

The Honorable James Gordon: Thank you very much. Thanks for the reminder. Doug Nordstrom.

Doug Nordstrom: Thank you. I'm Dr. Doug Nordstrom, chiropractor who has been in practice in [inaudible] Washington for the past 25 years. I know you've had testimony from several chiropractors in the past two days, many of whom I'm personally acquainted and I value their input. I also acknowledge that I am personally acquainted with Dr. Ketaris [sp.] we practice in adjoining communities.

I'm finishing my term as President of the Washington State Chiropractic Association. And, at the same time, have assumed the position as delegate from Washington to the American Chiropractic Association. It is that position that I am here to address you today. [Inaudible] provided a copy of a written format of the submittal, I'll do my best to summarize that quickly so that we can end the proceedings.

In reviewing our comments, I think that we are looking, specifically, at the second question that was proposed by the Commission and concern, and that is in guidance for access to delivery of and reimbursement of complementary and alternative medicine practices interventions.

A professional association forms to do more than just meet the needs of its common members. It assumes a mantle of also representing a profession, and, particularly in the legislative and legal arenas. The presentation covers the history that chiropractic has had. I think, and being one of the larger and longer standing CAM groups, we have had our problems in establishing some acceptance on the federal level. And, it has only perhaps been in the last half century since the '50's, and since, in this state that we became recognized for labor and industry work and compensation coverage. It was the '70's, of course, that Medicare, we finally got legislative recognition. But, there again, only on a limited basis for delivery of, care of a, correction of a subluxation by manual manipulation. It did not cover the aspect of the need for covering cost of examinations for diagnostic such as radiology. So, our history in that area, Medicare, Veterans Administration coverage, Department of Defense situations is a long history, which we can give you, certainly, the detailed information.

In summary, our concerns, then, of course, are that although various statutes call for providing the conclusion of chiropractic care in federal programs, federal agencies, such as VA and HICVA [sp.], they continue to drag their feet in providing chiropractic care to the constituencies in advocating for the profession and the chiropractic consumers. The ACA has been forced to file suit in federal court, as well as work with members of Congress in passing stronger mandates to ensure the chiropractic services already mandated by law, are actually provided to the consumers. In developing recommendations to Congress, the Commission

needs to consider what the real problems are. In the case of chiropractic, there are laws that have been passed, it continues to [inaudible] federal agencies, it continues to provide access problems for consumers. And, for other complementary alternative groups as they enter this arena, we have great sympathies.

The Honorable James Gordon: Thank you very much. Merrily Manthey.

Merrily Manthey: Thank you, and thank you Chair Gordon, for allowing me to speak today. And, a special thank you to all of the Commission members and congratulations on being selected for this all-important role. You are going down in history and that is a marvelous experience.

I guess by now you realize you've been exposed to ground zero for 21st century medicine. These two days must have been truly remarkable in your experience. I know as I've been present, I've been just astonished to listen to the talent and brilliance that have come forward out of this Commission.

I am the initiator, some refer to me as the Godmother of the Landmark, King County Natural Medicine Clinic project. I assembled the original team of experts that testified before the King County Council that provided for the, to set the wheels in motion, that created the first publicly funded, now integrated clinic, in the nation, a model for others to follow. I'm very proud to say that I did that as an activist, not from any role that I may have held, such as, I sat on the Board of Bastyr University at the same time at Harbor View Medical Center. I am now in my ninth year of service to the Mainstream Medical Center. And, have encouraged such things as recent antioxidant studies, the use of antioxidant in the ER, with trauma victims. So, we are making progress. And, it takes the public activists to sometimes step forward without perhaps a specific perspective in mind, except to reduce human suffering.

And I hope that in your deliberations, as you create your recommendations, that you allow room for the non-affiliated activist role. I have found myself in unusual positions. Creating handbooks for the public, so that they can see that research has already been done on the major chronic illnesses that plague our country, research that is cited in mainstream medical journals. So, I have included that for you. I have also included a videotape that has won a Tele [sp.] award that speaks to natural treatments for medical, for mental illness. And, I want to tell you that I was responsible for bringing Margot Kidder before the King County Council four years to the day that we saw her image flashed around the country with what had been untreatable 30-year mental illness that had been successfully treated with orthomolecular psychiatry and other natural treatments. And so, I want to encourage you to include natural treatments for mental health in your recommendations. And I urge you to allow many modalities, such as you've heard, both here and that which has already been studied by pioneers such as Dr. Abram Hoffer [sp.] to be included in your recommendations.

And, I thank you, again, for allowing me to speak and I hope we can serve you in any way that you wish to provide additional information on how all of this has happened out here in Washington.

The Honorable James Gordon: Thank you, Merrily. And now, a few words from Lori Bielinski. We'll go in, should we just go in order like this? Are you up for that?

Lori Bielinski: In my comments yesterday, I told you that integrated medicine is a consumer demand. And, as policymakers, we have the responsibility to move the decision making into well-rounded, deliberate discussions about cost, access and outcomes. Two months ago, when we requested the Commission come to Washington, we agreed to deliver recommendations that would assist in these discussions. And, privately, we set out to write your report for you by putting together this program to allow you to have all these recommendations to leave with. We respect your attention, your questions, your honest interest in our State's process.

When you leave Washington State, please take each of us and our recommendations with you to other Town Hall meetings. Although we won't physically be present, or we might, we are completely available to assist you in your work and we recognize that when the Commission presents their report to Congress and to the President, that our work is only beginning. We hope that the tough issues continue to come forward, especially those like turf wars. And we want to thank all of the speakers, the 90 speakers that were here today, and Sheila Quinn for prepping them all to focus on recommendations for you. We look forward to that day when we can continue your work.

The Honorable James Gordon: Sheila.

Sheila Quinn: I want to thank the Steering Committee of King County Integrated Healthcare 2010 for providing incredible direction, support, advice, and also, bringing forward many, many of the speakers. The Executive Committee of that Group was also absolutely instrumental in giving me, personally, the support I needed to actually get the work done. And, I want to say that I think we are truly blessed in this region to have political leadership from people like Maggi Fimia and Kent Pullen. Who have shown such integrity, such dedication, and such vision in bringing material like this to the public's attention and never resting and pushing it constantly forward. And, finally, I've heard many healers say that true healing is always in relationship and it is in being heard. And so, I thank you for the healing that you have brought to us because the quality of your attention has made us all feel heard.

Pam Snider: Well, I'd like to extend our deep appreciation and warm thank-you to all of you Commissioners and your staff, Michelle and Steve and all of your other staff. Your collegiality, your openness and your incisive questions have left us warmed and with many things to think about. And, we appreciate that very, very much. The staff has worked extremely hard, and, you know who you are. Steve, the Executive Director, Michelle Chang, and also, our staff, who've also helped us on our end. We won't name everybody. I also wanted to say that we are heartened to see the issue of turf wars, for example, brought really to the surface in this discussion. Because, as you've said, Dr. Gordon, all of us need to be at the table to solve these problems in order to bring real good healthcare to the country. And, these national treasures of emerging bodies of knowledge, communities of practice and emerging professions are very important and we feel heard, that they are important to you.

So, as Sir Isaac Newton said, there is a whole ocean of undiscovered truths before us, and we are delighted to set sail with you on that sea.

Thank you.

The Honorable James Gordon: Thank you. Now, Tieraona, any final questions from this panel, or comments?

The Honorable Tieraona Low Dog: Just my brief closing comment, because I don't have any more questions. But, I think for the last two days it has just been a powerful experience to be on this receiving end up here. With, you know, energy workers and acupuncturists, massage therapists, midwives, naturopathic physicians, natural medicine, herbalists, political activists, lobbyists, medical doctors, administrators, I mean it just goes on and on, and patients and their stories, and just so much richness that has been brought. And, underneath all of it, what I have heard was what you closed with, actually, was the heart and the soul and the spirit. Which, I think, every single one of these people have, whether you are a medical doctor or you are an acupuncturist. I don't think anybody's co-opted, heart and soul, I think that's within each of us. And that I, I hope that for all of our sakes, that that's what we take with us on this journey, is that healing really isn't about curing, healing is a life-long journey and we have many partners in the process.

And so, I just want to thank all of you for your stories and for teaching me just more than you know. So, thank you.

Female Participant: I would like to ask for a last statement too. I don't have questions, but it has been very enlightening to hear the practical and the philosophical, the goals, the visions, and from a state and area that is ahead in the game. And, I appreciate all the cooperation and help there has been. And we look forward to really, we don't end here, as you said, you may be with us elsewhere. That we do hope that you are with us at all times until our duty is done and your input will be extremely important to continue to come into us with more details and all. So, I would want to thank you all.

Female Participant: I would like to say this is the first format that I've participated in on the Commission and that after the last two days, it reaffirms my pride in being a citizen of the State of Washington. And, I look forward to following the progress, the cooperation and the understanding that will be generated out of the information we've had in the last two days. Thanks.

Female Participant: I want to give a huge gratitude statement to all of the people who have participated in this. And, for giving us a depth of instruction regarding the length of time that this community has been at work together in coming to some kinds of resolutions about the implementation of CAM practices and/or integrating that within allopathic. Thank you.

Male Participant: I just want to add my thanks and say that I think that if the United States, as a whole, could be where Seattle was today, in 10 years, then we would have been

successful. And I was just really struck by the responsiveness of the entire community, the responsibility, the seriousness of purpose that everybody has had. And, just a real personal thrill and I have tremendous gratitude to have participated in the process of deliver of democracy. I mean, this is really what it is all about and it is really a pleasure to be part of your Committee for too brief a time, but to be part of it for part of the time. Thank you very much.

Male Participant: I just want to learn, tell you, I have learned a lot from you and I think this is very bright of a future. I will make my effort to work for you. And, also, I like this State, this City, I might want to move to this city in future. [Laughter] [Applause]

Female Participant: We are going to take some of you with us. [Laughter]

The Honorable James Gordon: Well, it's been a wonderful time and a time of knitting so much, together. I wanted to, first of all, thank my fellow, my sister and brother Commissioners. I really, I love the way we are working together. We are learning to work together and to inquire together. And, I wanted also to thank our staff because without the staff this wouldn't have happened. And, Steve Groft, first of all, who is our Executive Director [Applause], the strong silent type. And, Michelle Chang, who is in the back of the room, [Applause] our Executive Secretary. And, Doris Kingsberry and Nancy Kasback [sp.] [Applause], back there. And, Gerry Paullin, who has been sitting in the front row taking notes. [Applause] And, Joe Kizmarchek [sp.] who was sorry he couldn't be here, but he had to go to Hawaii instead. But, he helped us with the planning.

Anyway, it is wonderful for us to come here as a group and as a team and to feel so cared for and so, sort of, thoughtfully shown the in's and out's and the dimensions of what is happening in this area. So, I want to thank the three of you, Lori and Sheila and Pam, just for the extraordinary work that has gone into all of this. [Applause]

And I want to thank all of you who have come, who have spoken, who have shared with us your perspectives. Keep coming back, as they see. Keep on telling us what you think, what you think about what you are doing, what you think about what we are doing, what you feel in your heart and what you know we all need to do, together, to really create a healing in this country for all of us.

Thank you very much. [Applause]

[END OF SIDE A]