

Withdrawal/Redaction Sheet

Clinton Library

DOCUMENT NO. AND TYPE	SUBJECT/TITLE	DATE	RESTRICTION
001a. supporting docs	Doreen Chen's testimony to WHCCAMP, birth announcements and photos (6 pages)	nd	b(6)
001b. supporting docs	Doreen Chen's testimony to WHCCAMP, handwritten letter, Morris Samuels (partial) (1 page)	12/01/00	b(6)
001c. supporting docs	Doreen Chen's testimony to WHCCAMP, handwritten letter, Marian Samuels (partial) (1 page)	11/28/2000	b(6)

COLLECTION:

Federal Records

White House Commission on Complementary and Alternative Medicine Policy [WHCCAMP]

OA/Box Number: 43238

FOLDER TITLE:

WHCCAM Meeting Testimony, December 4-5, 2000 [1]

2011-0568-S

kc885

RESTRICTION CODES

Presidential Records Act - [44 U.S.C. 2204(a)]

- P1 National Security Classified Information [(a)(1) of the PRA]
- P2 Relating to the appointment to Federal office [(a)(2) of the PRA]
- P3 Release would violate a Federal statute [(a)(3) of the PRA]
- P4 Release would disclose trade secrets or confidential commercial or financial information [(a)(4) of the PRA]
- P5 Release would disclose confidential advice between the President and his advisors, or between such advisors [(a)(5) of the PRA]
- P6 Release would constitute a clearly unwarranted invasion of personal privacy [(a)(6) of the PRA]

C. Closed in accordance with restrictions contained in donor's deed of gift.

PRM. Personal record misfile defined in accordance with 44 U.S.C. 2201(3).

RR. Document will be reviewed upon request.

Freedom of Information Act - [5 U.S.C. 552(b)]

- b(1) National security classified information [(b)(1) of the FOIA]
- b(2) Release would disclose internal personnel rules and practices of an agency [(b)(2) of the FOIA]
- b(3) Release would violate a Federal statute [(b)(3) of the FOIA]
- b(4) Release would disclose trade secrets or confidential or financial information [(b)(4) of the FOIA]
- b(6) Release would constitute a clearly unwarranted invasion of personal privacy [(b)(6) of the FOIA]
- b(7) Release would disclose information compiled for law enforcement purposes [(b)(7) of the FOIA]
- b(8) Release would disclose information concerning the regulation of financial institutions [(b)(8) of the FOIA]
- b(9) Release would disclose geological or geophysical information concerning wells [(b)(9) of the FOIA]

White House Commission on Complementary and Alternative Medicine
Commission Meeting, DC
December 4-5, 2000

Name	Roster No	Presentation Title	Status
Andrews, Jeanne, Patient, Cancer			
Atkins, Robert, MD, Private Practice			No Copy
Awang, PhD, SCIC, Herbs/Botanicals		Characterization of Herbs/Botanicals for Clinical Trial	Received
Banks, Courtney			No Copy
Barnard, Neal D., Physicians Committee for Responsible Medicine		Testimony before the White House Commission on Complementary and Alternative Medicine	Received
Bedell, The Honorable Berkley, The National Foundation for Alternative Medicine			
Bhut, Bhavna P, OJAS Cancer Care Institute			
Bielinski, Lori, LMP		Access and Delivery of CAM Services	Received
Blaiwas, David Murray, Maryland Acupuncture Society		White House Commission Testimony (attachment: Maryland Acupuncture Society Patient Satisfaction Survey)	Received
Brannon, Patsy, PhD, RD, Nutrition		Testimony on Nutrition	Received
Brinkley, Dannion, Hospice Care			No Copy
Butler, Francine, PhD, Association for Applied Psychophysiology & Biofeedback		Presentation to the WHCCAMP	Received
Campbell, Candace, American Preventive Medical Association			
Chambers, Diana, Friends of Health		Comment on the Access and Delivery of Complementary and Alternative Medicine Services: Use, Effectiveness and Delivery Systems	Received
Chen, Doreen, Chinese Medicine Council, AAOM		No Title	Received
Collins, Richard MD, Heart Disease			
Culliton, Lac, Acupuncture			Will e-mail
Czaplewicz, Walter, Patient of Collins			
Dillard, James, MD, DC, CAC, Managed Care Organizations			No Copy
D'Onofrio, Salvatore A., Natural Health Practitioners Board			
Dooley, Bruce R., MD (Not listed on Agenda)		Topic: The Federation of State Medical Boards: Efforts to Suppress and Discipline CAM Physician's and, thus, the Public's Access to CAM	Received /

White House Commission on Complementary and Alternative Medicine
Commission Meeting, DC
December 4-5, 2000

Name	Roster No	Presentation Title	Status
Drayton, Denise, Patient of Josepher			
Duggan, Robert, MA, MAc, Traditional Chinese Medicine			No Copy
Egorov, Natalia, California Oriental Medical Association			
Eliopoulos, Charlotte, RNC, MPH, PhD, Nursing			No Copy
Field, Tiffany, PhD, Massage Therapy			
Forley, Michele, DO, American Chiropractic Association			Will e-mail
Freund, Danny, Pennsylvania State University			No Copy
Frye, Joyce, DO, MBA FACOG, Homeopathy			
Gaby, Alan, MD, Dietary Supplements			
Giannini, Melinna, Alternative Link			No Copy
Goldberg, Harley, DO		Integrated Overview	Sent previously
Golden, Kathleen, LAc, Acupuncture Society of New York		Insurance Parity in the Field of Acupuncture and Oriental Medicine	Received
Hammerly, Milton, MD, Catholic Health Initiatives			Sent Previously
Hersey, Jane, Feingold Association		No Title. Subject matter "A simple elimination diet..."	Received
Hobbs, Christopher, LAc, AHG, Herbs/Botanicals		Characterization of Herbs/Botanicals for Clinical Trial	Received
Hudson, Tori, ND, Naturopathic Medicine			No Copy
Josepher, Howard, CSW, Addiction & HIV/AIDS			
Kail, Konrad, ND, PA, Naturopathic Medicine			
Kendall, Donald, OMD, PhD, LAc, Office of professional and Employees International Union			
Kolenda, Nancy Dolores, Center for Frontier Sciences			

White House Commission on Complementary and Alternative Medicine
Commission Meeting, DC
December 4-5, 2000

Name	Roster No	Presentation Title	Status
Kurtz, Paul, MA, PhD, Committee for the Scientific Investigation of Claims of the Paranormal		Untitled Comments (Expanded version submitted prior to meeting)	Received
Landry, Boyd, The Coalition for Natural Health			No Copy
Meeker, William, DC, MPH, Palmer Center for Chiropractic Research		Questions for Session II: Clinical and Cost-Effectiveness of Selected CAM Services	Received
Merrell, Woodson, MD Academic Centers			Sent Previously
Miles, Richard, Health Frontiers			
Miller, Diane			No Copy
Molony, David Edgar, American Association of Oriental Medicine		Untitled testimony	Received
Nordstrom, Bruce, American Chiropractic Association		Testimony Of the American Chiropractic Association Before the White House Commission on Complementary and Alternative Medicine Policy, December 4, 2000	Received
Plumlee, Lawrence Auburn, National Coalition for the Chemically Injured		No Title. Subject matter "A simple elimination diet..."	Received
Quevedo, Sylver, MD, Hospital-based Centers		The Center for Integrative Medicine at O'Connor Hospital	Received
Rohrbacher, Michael John, Certification Board for Music Therapists, Inc		Oral Statement on Behalf of the Certification Board for Music Therapists, Inc.	Received
Rosenthal, Mort, MBA, Stand-Alone CAM Center			No Copy
Roy, Rustum, University of Arizona		Comment on the Access and Delivery of Complementary and Alternative Medicine Services: Use, Effectiveness and Delivery Systems	Received
Rubman, Andrew L., American Association of Naturopathic Physicians			No Copy
Sager, Marshall H., American Academy of Medical Acupuncture		Re: December 4-5 Commission Meeting on Guidance for Access to, Delivery of, and Reimbursement for Complementary and Alternative Medicine Practices and Interventions	Received
Sandman, Gary, Integrative Medicine, LLC			No Copy
Schneider, Robert MD, Ayurveda			No Copy

**White House Commission on Complementary and Alternative Medicine
Commission Meeting, DC
December 4-5, 2000**

[illegible]

HOW DO YOU CHOSE AN ALTERNATIVE PROVIDER?

•
Ask about their credentials, license
and if they have successfully treated
someone with similar conditions.

•
Select a practitioner who listens
and communicates well with you.

•
Most importantly - whether you use
a conventional or alternative provider
- trust yourself and feel confident
about the practitioner you use.

•
Educate yourself about your illness
and all available treatments.

•
Health care is each individual's
responsibility - healing can begin
when you choose to get well and
ask for help.

•
Communicate with your medical
doctor and inform them of every-
thing that you do which is alternative.

•
Unproven alternative treatments
should never replace medical care.

*The USA was ranked 15th
in health care by the
World Health Organization.*

*The fundamental problem
that all patients face is
to learn to love themselves.*
- Bernie Siegal, MD

CREATING GREATER HEALTH.

- Honor your self and your individuality
- accept yourself unconditionally.
- Remove toxic food, thoughts, environ-
ments, beliefs, relationships, and work.
- Support and nourish yourself several
times a day with good nutrition,
actions, thoughts and feelings.
- Connect with & trust your inner spirit.
- Develop and practice the relaxation
response several times a day.
- Ask your higher self what purpose
your illness serves
- listen quietly for your answer.
- Balance work and play.

*Overextending myself is not
stretching myself, caring for myself
is not self indulgence, it is self
preservation and that is an act of
political warfare for some people.*
- Andrea Lord

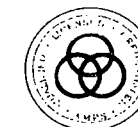
*The Alternative Medicine Referral Service can
help match you with a qualified practitioner in
Maryland, Virginia & Washington, DC who has
been successful in treating conditions similar to
what you are experiencing. Licensing and
credentialing standards vary from state to state.*

Acupuncturists
Allergists
Anti-Aging Doctors
Ayurvedic Practitioners
Biofeedback Practitioners
Body Workers
Chelation Therapists
Chiropractors
Environmental Doctors
Holistic Dentists
Holistic Medicine Doctors
Homeopaths
Hypnotherapists
Massage Therapists
Mind/Body Therapists
Naturopaths
Nutritionists
Oriental Medicine Doctors
Osteopaths
Preventive Medicine Doctors
Physical Medicine Doctors
Physical Therapists
Psychotherapists
Reflexologists
Stress Therapists
Support Group Leaders
Yoga - Qi Gong - Tai Chi Teachers

**For Free Referrals to
Qualified Alternative Medicine Practitioners,
Vitamin Information, & Educational Seminars
Matched to Your Health Issues
888-560-HEAL(4325) (301)610-9445
338 Hungerford Dr. Rockville, MD 20850**



Alternative Medicine Consumer Guide®



"Employing the Highest Standards"

Your Personal link to Better Health:

- **Free Referrals for Practitioners**
 - Credentialed & Licensed
- **Standardized Natural Products**
 - Customized Vitamins,
Herbs & Supplements
- **Certified Educational Programs**
 - Seminars
 - Tapes

888-560-HEAL

A FREE Consumer Service

WHAT IS COMPLEMENTARY & ALTERNATIVE MEDICINE?

Complementary medicine is **alternative medicine** that supports and benefits conventional medicine (ie. hypnotherapy used before surgery to help relieve pain, control blood flow and benefit patient recovery.) Conventional medicine treats a specific group of symptoms based on a successful standardized treatment that may or may not be appropriate for your unique health needs.

According to the US Office of Technology Assessment, doctors rely on scientifically proven medical treatments about 25% of the time .

Alternative Medicine literally means medicine outside of the mainstream. Many therapies are grouped under **Alternative Medicine** making it even more important to distinguish between many reliable treatments & “quack cures.” Within the health care community, alternative medicine is health care provided by credentialed practitioners with appropriate licenses using non medical treatments. It differs with conventional medicine philosophically as to how one defines health, the cause of an illness, how healing occurs, and who performs the healing. The effectiveness of **alternative** treatments range from those scientifically proven to those which have been historically effective and those which have no proof. Unlike conventional medicine, a lot of alternative therapies have a rich history of use that span hundreds of years.

Bodies are inherently self healing.

- Christiane Northrop, MD

WHAT IS HOLISTIC OR WHOLE PERSON HEALTH CARE?

Conventional health care is focused on biochemistry with less appreciation for the effects of emotions, thoughts or the environment on our health. **Holistic** medicine is based on different concepts. We are affected by the interaction of our biochemistry, emotions, thoughts, body mechanics, energy, relationships and our spiritual nature. Our state of wellness is a part of our inner guidance system which knows when we are off the mark in our life path. We are interconnected through our mind, body and spirit, each affects the other. Many chronic illness survivors relate to the life changing aspects of getting well, and find themselves not only healthier but also more fulfilled, in harmony with themselves, and happier.

The difference between standard medical care and holistic care is one treats the disease the other treats the person with the disease.

The **holistic** practitioner is similar to the old family doctor who took into account what we ate, our relationships, our work & our mood to determine what caused our dis-ease or imbalance. We are also treated with greater respect for our uniqueness; “as one man’s dessert can be another’s poison.”

WHAT IS INTEGRATIVE MEDICINE? **Integrative Medicine** is the blending of both **alternative** and conventional practices. More doctors and **alternative** practitioners are working together to provide patients with the best of both worlds. An **Integrative** approach to your health provides a full range of services from Wellness to Sick care, using **Alternative** to Conventional therapies. **Integrative medicine** means better health care for us all by using the best treatments for our unique health needs.

40% of all Adults use Alternative Medicine. - Journal of the American Medical Association, May 20, 1998

WHY ARE LICENSES AND CREDENTIALS IMPORTANT?

Society uses licenses and credentials to identify people who have achieved a high level of knowledge and skill in their area of expertise. **Alternative** practitioners, just like medical doctors, must graduate from accredited schools, pass exams showing competency and maintain appropriate licenses to practice. Not all states require a license for every type of **alternative** practitioner.

A 1992 State of Maryland Report revealed that alternative medicine is cheaper and more effective than conventional medicine in the treatment of several illnesses.

Acupuncture, Herbs, Ayurvedic Medicine, Chinese Medicine, and Diet are based on thousands of years of use by over 80% of the world's population.

WHAT IS THE DIFFERENCE BETWEEN STANDARDIZED MEDICINE & INDIVIDUALIZED WHOLE PERSON HEALTH CARE?

HMO and Insurance covered medicine provides the care and treatments that are supposed to work for everyone. (research can prove a drug is effective for a majority of people with a defined illness - so everyone with that illness receives that drug.) Your Insurance or HMO is in charge of your treatment options and determines who you see, for how long and what treatments they provide. When you see an **holistic** provider, both you and your practitioner are in charge of your health care. You pay more for the extra time and the **alternative** services provided for your unique health needs. You both create a health plan for your mind, body and spirit. Holistic practitioners are more willing to spend more time with you, listen to your health story and provide specific treatments for your specific needs. Some **alternative** treatments are covered by health insurance.

It's a trade secret but I'll tell you anyway, all healing is self healing.
- Albert Schwietzer, MD

—
C. M. L.
The Gospel
—



White House Commission on Complementary and
Alternative Medicine Policy

Meeting on the Access and Delivery of
Complementary and Alternative Medicine Services

December 4-5, 2000

Hubert H. Humphrey Building, Room 800, Washington, DC

FINAL AGENDA

DAY ONE: MONDAY, DECEMBER 4, 2000

- 8:00 a.m. Registration
- 9:15 a.m. Welcome and Introductions
- ♦ Dr. Stephen C. Groft
Executive Director, White House Commission on Complementary and Alternative Medicine Policy
 - Cliff ♦ Dr. James S. Gordon
Chair
- 9:25 a.m. Session I: Overview of CAM Utilization
- ♦ Dr. James S. Gordon
 - ♦ Commission Discussion
- 10:00 a.m. Session II: Clinical and Cost-Effectiveness of Selected CAM Services
- ♦ Mind-Body Approaches
 - ✓ ♦ Chiropractic Practice
William Mecker, DC, MPH
 - ✓ ♦ Naturopathic Medicine
Konrad Kail, ND, PA
 - ✓ ♦ Acupuncture
Patricia Culliton, LAc
 - NO COPY - WILL E-MAIL
 - ✓ ♦ Homeopathy
Joyce Frye, DO, MBA, FACOG
 - ✓ ♦ Massage Therapy
Tiffany Field, PhD
 - ♦ Panel Discussion

11:00 – 11:15 a.m. 15-MINUTE BREAK & PANEL CHANGE

11:15 a.m.

♦ Herbs/Botanicals

✓ *COPY* ✓ Dennis Awang, PhD, SCIC ✓

✓ Christopher Hobbs, LAc, AHG ✓

♦ Dietary Supplements ✓

Alan Gaby, MD

✓ *COPY* ✓ ♦ Nutrition ✓

Patsy Brannon, PhD, RD

✓ ♦ Integrated Overview ✓

Harley Goldberg, DO

- SENT TO WHCC AND

♦ Panel Discussion

12:15 – 1:35 p.m. LUNCH BREAK

1:35 – 2:35 p.m.

Public Comment (Open Session, as pre-registered)

✓ *E-MAIL* 1. ✓ Francine Butler, Association for Applied Psychophysiology & Biofeedback

✓ 2. ✓ Nancy Dolores Kolenda, Center for Frontier Sciences

3. ✓ Diana Chambers, Friends of Health

✓ 4. ✓ Rustum Roy, University of Arizona-PIM

♦ Panel Discussion

✓ *BLALWAS* 5. ✓ David Murray Blalwas, Maryland Acupuncture Society

✓ 6. ✓ Kathleen Golden, Acupuncture Society of New York

✓ 7. ✓ Natalia Egorov, California Oriental Medical Association

✓ 8. ✓ David Edgar Molony, American Association of Oriental Medicine

♦ Panel Discussion

9. ✓ Elaine Marie Wallzer, Henry M. Jackson Foundation

10. ✓ Bhavna P Bhut, OJAS Cancer Care Institute

11. ✓ Neeta Kunai Suryavanshi, Aspen Systems

12. ✓ Salvatore A. D'Onofrio, Natural Health Practitioners Board

♦ Panel Discussion

2:35 – 2:50 p.m. 15-MINUTE BREAK & PANEL CHANGE

2:50 p.m.

Session III: Use of CAM for Selected Health Conditions

- ♦ Addiction & HIV/AIDS
✓Howard Josepher, CSW
✓Denise Drayton, Patient
- ♦ Cancer
✓Jeanne Andrews, Patient
- ♦ Heart Disease
Richard Collins, MD ✓
Walter Czaplewicz, Patient ✓
- ♦ Hospice Care
J. Donald Schumacher, PsyD ✓
- ♦ Panel Discussion

3:55 – 4:10 p.m. 15-MINUTE BREAK & PANEL CHANGE

4:10 p.m.

Session IV: Issues in Integrating CAM in Service Delivery

- ♦ Richard Miles ✓
Health Frontiers
- ♦ The Honorable Berkley Bedell ✓
The National Foundation for Alternative Medicine
- copy → ♦ ✓ Paul Kurtz, MA, PhD ✓ ~~THIS SENT~~ EXPANDED VERSION
Committee for the Scientific Investigation of Claims of the Paranormal
- ♦ Panel Discussion

5:00 – 5:10 p.m. BREAK (Panel Change only)

5:10 p.m.

- ♦ Donald Kendall, OMD, PhD, LAc ✓
Office of Professional and Employees International Union
- ♦ Candace Campbell ✓
American Preventive Medical Association
- ✓ ♦ Michele Forzley, JD ✓
American Bar Association WILL E-MAIL
- ♦ Panel Discussion

6:00 p.m. ADJOURN

DAY TWO: TUESDAY, DECEMBER 5, 2000

8:00 a.m. Charge for the Day
Dr. James Gordon, Chair

8:05 a.m. Session V: Meeting Public Needs/Systems of Delivery

- ♦ ✓ Private Practice
Robert Atkins, MD
- ♦ Nursing
✓ Charlotte Eliopoulos, RNC, MPH, PhD
- ♦ ✓ Stand-Alone CAM Center
Mort Rosenthal, MBA
- ♦ ✓ Hospice Care
Dannion Brinkley
- ♦ Panel Discussion

9:00 – 9:15 a.m. 15-MINUTE BREAK & PANEL CHANGE

- ♦ ✓ Community Health Clinics
✓ Tom Trompeter, MPA
- COPY* ♦ Hospital-based Centers
Sylver Quevedo, MD
- ♦ Academic Centers
✓ Woodson Merrell, MD – SENT COMMENTS
- ♦ Panel Discussion

10:00 – 10:15 a.m. 15-MINUTE BREAK & PANEL CHANGE

- 10:15 a.m.
- ♦ Managed Care Organizations
✓ James Dillard, MD, DC, CAC
BIELINSKI
✓ Lori Bielinski, LMP
✓ Anna Silberman, MPH
 - ♦ Panel Discussion

11:00 – 11:05 a.m. BREAK (Panel Change Only)

11:05 a.m.

- ♦ Ayurveda
✓ Robert Schneider, MD
- ♦ Naturopathic Medicine
✓ Tori Hudson, ND
- ♦ Traditional Chinese Medicine
✓ Robert Duggan, MA, MAC
- ♦ Panel Discussion

12:00 – 1:30 p.m. LUNCH BREAK

1:30 p.m.

Public Comment (Open Session– as pre-registered)

1. ✓ Bruce Nordstrom, American Chiropractic Association
2. ✓ Neal D. Barnard, Physicians Committee for Responsible Medicine
3. ✓ Doreen Chen, Chinese Medicine Council, AAOM
4. ✓ Gary Sandman, Integrative Medicine, LLC
- ♦ Panel Discussion
5. ✓ Danny Freund, Pennsylvania State University
6. ✓ Melinna Giannini, Alternative Link
7. ✓ Jane Hersey, Feingold Association
8. ✓ Boyd Landry, The Coalition for Natural Health
- ♦ Panel Discussion
9. ✓ Lawrence Auburn Plumlee, National Coalition for the Chemically Injured
10. ✓ Michael John Rohrbacher, Certification Board for Music Therapists, Inc.
11. ✓ Andrew L. Rubman, American Association of Naturopathic Physicians
12. ✓ Marshall H. Sager, American Academy of Medical Acupuncture
- ♦ Panel Discussion

DIANE ~~DEBORAH~~ MILLER * + Courtney Banks

2:30 – 2:45 p.m. 15-MINUTE BREAK & PANEL CHANGE

2:45 p.m.

Session VI: CAM Integration in Existing Delivery Systems

- ♦ ✓ Alan Trachtenberg, MD, MPH
Substance Abuse and Mental Health Administration (SAMHSA)
- ✓ ♦ ✓ Milton Hammerly, MD E-MAILED
Catholic Health Initiatives
- ♦ Panel Discussion

3:30 – 3:45 p.m. 15-MINUTE BREAK

3:45 p.m.

Session VII: Commissioners' Discussion

5:00 p.m. WRAP-UP AND ADJOURNMENT

Clinton Presidential Records Digital Records Marker

This is not a presidential record. This is used as an administrative marker by the William J. Clinton Presidential Library Staff.

This marker identifies the place of a tabbed divider. Given our digitization capabilities, we are sometimes unable to adequately scan such dividers. The title from the original document is indicated below.

Divider Title: Brannon

White House Commission on Complementary and Alternative Medicine
Testimony on Nutrition
Patsy M. Brannon, Ph.D., R.D.
December 4, 2000

Introduction:

Nutrition as a component of health care represents a broad continuum of approaches from self-selected diet or dietary supplement choices by consumers, in a free-living setting, without consultation with any health care professional to medical nutrition therapy within the conventional health care ambulatory or acute care settings. Distinguishing among the breadth of approaches is difficult. Further, the research on clinical effectiveness or cost effectiveness is variable across this continuum.

The IOM study (referenced below) identified two tiers of nutrition services. First is basic or general nutrition education or advice. Such care includes educating on basic diet principles and screening and reinforcing counseling provided by a nutrition professional. This may be incidental to other health services and may be provided by a variety of other health care professionals with a small amount of training in nutrition, such as physicians, nurses, dentists, pharmacists, chiropractors or others. In addition to general education by these nutrition and health care professionals, considerable nutrition information and education comes to the average consumer from mass media. The quality and accuracy of information through the mass media varies significantly.

Second is nutrition therapy (also known as medical nutrition therapy). This tier of nutrition service includes the assessment of nutritional status, evaluation of nutritional needs, intervention that ranges from counseling on diet prescriptions to the provision of enteral and parenteral nutrition, and follow-up care as appropriate. The IOM study recognizes registered dietitians as the single identifiable group with standardized education, clinical training, continuing education, and national credentialing requirements necessary to be directly reimbursed as a provider of nutrition therapy. Particularly in acute care settings, however, the dietitian functions as a part of a multi-disciplinary care team that includes physicians, nurses, pharmacists, psychologists, clinical social workers and others.

My remarks will focus primarily on nutrition therapy because this is the tier of nutritional services for which we have the most research-based evaluation of clinical effectiveness and cost benefit. However, the need to evaluate basic nutrition education remains high.

1. Please provide references that best describe the clinical and cost-effectiveness data for access to and delivery of nutrition-based approaches.

A. Basic Nutrition Education:

www.reeusda.gov/f4hn/efnep/tncba2.pdf

The cost-benefit of a nutrition education program through Cooperative Extension has been conducted in Tennessee. This community nutrition education program (Expanded Food and Nutrition Education Program; EFNEP) targets low-income families with children. Its goal is to change behaviors related to improve the nutritional quality of diets, handling food safely and stretching limited food dollars. Nutrition professionals and paraprofessionals in home and group community settings provide nutrition education. Ten nutrition-related chronic and acute diseases were evaluated in Tennessee for adults and infants. A cost-benefit ratio was found of \$10.64 saved for each \$1.00 invested.

B. Nutrition Therapy

1. Institute of Medicine, Food and Nutrition Board, Committee on Nutrition Services for Medicare Beneficiaries. The Role of Nutrition in Maintaining Health in the Nation's Elderly: Evaluating Coverage of Nutrition Services for the Medicare Population. 1999.

The Institute of Medicine (IOM) of the National Academy of Sciences conducted the study in response to a provision of the Balanced Budget Act of 1997. The IOM found that nutrition therapy has been shown to be effective in the management and treatment of many chronic conditions, which affect Medicare beneficiaries, including dyslipidemia, hypertension, heart failure, diabetes and chronic renal insufficiency. Medicare beneficiaries undergoing cancer treatment may also benefit from nutrition therapy aimed at controlling side effects or improving food intake.

Further, because of the comparatively low treatment costs and ancillary benefits associated with nutrition therapy, expanded coverage will improve the quality of care and is likely to be a valuable and efficient use of Medicare resources. Expanded coverage is likely to generate economically significant benefits to beneficiaries, and in the short term to the Medicare program itself, through reduced health care expenditures. IOM recommends that these services be reimbursed given the reasonable evidence of improved patient outcomes associated with nutrition care, whether or not expanded coverage reduces overall Medicare expenditures

The study estimates that the cost of providing nutrition therapy to Medicare beneficiaries for all diagnoses (physician referral required) for a five-year period, 2000 to 2004, would be \$1.43 billion. For low utilization the estimated cost is \$873 million while the high utilization estimated cost is \$2.63 billion. Some of these costs will be passed on to Medicare beneficiaries through associated premium increases. Initial estimates indicate that savings could range from \$52 to 168 million for hypertension, \$132 to 330 million for diabetes and \$54 to 164 million for dyslipidemia.

2. The Lewin Group, Inc. The Cost of Covering Medical Nutrition Therapy Under Medicare: 1998 through 2004, Final Report. 1997.

A study conducted in 1997 for The American Dietetic Association by The Lewin Group estimates net seven-year costs for coverage of medical nutrition therapy for all Medicare beneficiaries of \$370 million. Savings from decreased hospitalizations and physician visits would be \$1.2 billion from patients with diabetes and cardiovascular disease only. After the third year, savings were projected to exceed costs in each year. The study looked at the experience of Group Health of Puget Sound, which provided nutrition therapy based on self-referral.

3. The Lewin Group, Inc. The Cost of Covering Medical Nutrition Therapy Services under TRICARE: Benefit Costs, Cost Avoidance and Savings, Final Report. 1998.

A study completed by The Lewin Group for the Department of Defense estimates annual net savings of \$3.1 million if medical nutrition therapy was included as a covered benefit in the TRICARE contracts (care provided to DOD beneficiaries of all ages by civilian health care organizations). The study showed that nutrition therapy is associated with a substantial reduction in health care spending for inpatient and outpatient services for persons with diabetes, cardiovascular disease, and/or renal disease. Cost of providing nutrition therapy for all nutrition-related diagnoses would be more than offset by reductions in health care spending for diabetes, cardiovascular disease and renal disease.

4. Focus on nutrition to improve chronic disease outcomes. Healthcare Demand & Disease Management. December 1997;3:177-184.

Following a successful pilot program in Brooklyn, NY, in which the health plan realized a tenfold return on investment, Oxford Health Plans broadened its nutrition program for at-risk elderly patients to all 160,000 Medicare members in New York, New Jersey, Connecticut, and eastern Pennsylvania. Oxford reported that for every dollar spent, it recognized \$10 in savings.

5. Franz MJ, Splett PL, Monk A, Barry B, McClain K, Weaver T, Upham P, Bergenstal R, Mazze RS. Cost-effectiveness of medical nutrition therapy provided by dietitians for persons with non-insulin-dependent diabetes mellitus. J Am Diet Assoc. 1995;95:1018-1024.

The cost-effectiveness for nutritional care based on practice guidelines (averaging 151 min. with dietitian) compared to basic nutrition care (averaging 65 min.) was determined in a randomized clinical trial at the International Diabetes Center in Minnesota and related clinics in Florida and Colorado. The net cost effectiveness was \$28.36 per patient per year (based on medication charges). Even such a small savings

per year becomes significant when applied to the 5-6 million American known to have Type II diabetes.

6. Gallagher-Allfred CR, Voss AC, Finn SC, McCarnish MA. Malnutrition and clinical outcomes: The case for medical nutrition therapy. J Am Diet Assoc 1996;96(4): 361-6.

This review summarizes the research available on malnutrition in hospitalized adults. In eight studies, 40 to 55% of hospitalized adult patients were found to be malnourished or at risk for malnutrition with as many as 12% severely malnourished. Nutrition support provided to malnourished patients across a broad range of medical conditions reduces complications, morbidity, length of hospital stay and mortality. The need for more clinical outcome studies is also highlighted. Estimate of cost savings through a team-care nutrition support approach was \$4.20 benefit for every \$1.00 invested.

7. McGehee MN, Johnson EQ, Rasmussen HM, Sahyoun N, Lynch MM, Carey M. Benefits and costs of medical nutrition therapy by registered dietitians for patients with hypercholesterolemia. J Am Diet Assoc. 1995; 95: 1041-1043.

This study of 474 outpatients with a primary diagnosis of hypercholesterolemia who were not taking lipid-lowering drugs and who were seen by a dietitian (at one of 20 hospitals or 3 HMOs) for at least 2 visits in a three year period were studied. There was a significant correlation of the reduction of serum cholesterol and the time spent with a dietitian ($r=0.118$; $p<0.001$). The more time spent with a dietitian, the greater the decrease in the patient's serum cholesterol. Mean total cost per patient for nutrition intervention by a dietitian was \$163.

8. The Nutrition Care Management Institute. Cost Containment through Nutrition Intervention. Deerfield, Ill: Clintec Nutrition Company; 1996.

Tacker HN, Miguel SG. Cost containment through nutrition intervention. Nutrition Reviews 1996; 54:111-121.

This meta analysis of 22 published studies involving data from 70 hospitals over 15 years. The results suggest that nutrition therapy for patients at risk for malnutrition can decrease the length of stay and reduce costs.

2. Relative to the clinical effectiveness of nutrition-based approaches, please summarize data regarding the following measures:

Specific health conditions

Strong evidence (IOM report, McGhee et al.) from observational studies, consensus documents, systematic review and extensive clinical trials supports the value of nutritional therapy for:

- dyslipidemia
- hypertension
- diabetes
- osteoporosis.

Evidence (IOM report, Gallagher-Allfred et al., Tacher & Miguel) from observational studies, consensus documents, systematic review and some clinical trials (for heart failure and kidney failure) supports the value of nutritional therapy for:

- heart failure
- pre-dialysis kidney failure
- undernutrition for Medicare beneficiaries.

The IOM report on The Role of Nutrition in Maintaining Health in the Nation's Elderly includes a critical and extensive review of the evidence supporting nutritional therapy in the above conditions. Multicenter clinical trials are included, such as the DASH studies and many others. Obesity, per se, is not addressed, but was considered in the review of evidence concerning dyslipidemia, hypertension and diabetes.

The IOM report concludes that limited evidence is available concerning the health benefits of nutrition related approaches, such as dietary supplements, botanicals, particular dietary regimens etc. for conditions such as Alzheimer's disease, osteoarthritis, and cancer.

Other critical reviews examine the data to support these conditions in specific populations as detailed below.

1. A position statement of the American Dietetic Association cites significant evidence that nutrition is a critical component of risk reduction and treatment, and must be included in clinical and preventive services for women (Women's health and nutrition -- Position of ADA and Dietitians of Canada. J Am Diet Assoc. 1999; 99:738-751.). The statement examines cardiovascular disease, cancer, osteoporosis, weight, and diabetes mellitus as significant health problems among women.

2. The ADA position statement on Nutrition services for Children with Special Health Needs -- Position of ADA (J Am Diet Assoc. 1995; 95:809) states, "Evidence of the benefits of nutrition intervention to the health and development of children with special health needs continues to accrue. This evidence is derived from treatment of conditions as diverse as metabolic disorders in which nutrition problems are primary,

and conditions in which the nutrition problems or risks result from biological, environmental, or psychosocial stressors. Improved nutrient and energy intakes, resulting in amelioration of growth and other nutrition markers, have been extensively documented. Economic benefits are derived from preventive and habilitative nutrition services.”

3. Data supports the integration of nutrition education and nutrition intervention into the team treatment of patients with anorexia nervosa, bulimia nervosa, and binge eating during the assessment and treatment phases of outpatient and/or inpatient therapy. (Nutrition intervention in the treatment of anorexia nervosa, bulimia nervosa, and binge eating -- Position of ADA. J Am Diet Assoc. 1994; 94:902-907.)

Populations (age, sex, occupation, etc)

Evidence exists for the above disease conditions on the efficacy of nutritional therapy in both sexes across the adult life span (ages 17 to the elderly). The strength of the data varies for adults of different ages.

Practice setting, including whether nutrition-based approaches only, or in conjunction with conventional medicine

Evidence indicates that nutrition therapy is largely accepted as a component of conventional medicine in the treatment and management of many diseases and conditions. Most often nutrition therapy provided by a Registered Dietitian (RD) is currently provided as part of a team approach in conjunction with other therapies. The practice settings of the multitude of primary research reports summarized by these references include acute and ambulatory care.

The ADA position statement on medical nutrition therapy and pharmacotherapy (Medical nutrition therapy and pharmacotherapy -- Position of ADA.” J Am Diet Assoc 1999;99:227-230.) cites evidence that “medical nutrition therapy and lifestyle counseling are integral components of medical treatment for the management of selected conditions for which pharmacotherapy is indicated. The Association promotes a team approach to care for clients receiving pharmacotherapy and encourages active collaboration among dietetics professionals and other members of the health care team.”

Type of Practitioner

The reports and studies discussed above have largely focused on the registered dietitian as the primary provider of nutritional therapy. As discussed above, evidence supports the role of the dietitian as a member of the multi-disciplinary health care team. The IOM report recommends that the registered dietitian is “currently the single identifiable group with the standardized education, clinical training, continuing education, and

national credentialing requirements necessary to be directly reimbursed as a provider of nutritional therapy.”

Many health-care practitioners in a wider variety of settings do basic nutritional education. These can include: physicians, nurses, pharmacists, dentists, chiropractors, nurse practitioners, physician assistants, and clinical social workers. The depth of training in nutrition varies tremendously among these health care providers

3. Describe the cost-effectiveness of dietary supplements provided as a stand-alone therapy with nutrition-based approaches that are provided in conjunction with conventional medicine as part of an integrative approach.

Little information is available on the cost-effectiveness of dietary supplements either as a stand-alone therapy or as a part of conventional medicine or nutritional therapy. Further, significant scientific consensus is lacking on the efficacy and safety of many dietary supplements.

Intriguing and frequently contradictory evidence is emerging on bioactive food components and botanicals. The potential impact of omega 3 fatty acids, gamma linoleic acid, flaxseed, green and black tea, flavonoids, antioxidants, supplemental vitamins and minerals, and many others needs to be evaluated. Efficacy, cost-effectiveness and safety need to be evaluated. As these studies are conducted, designs need to include a dietary assessment component. The interaction of nutrients and bioactive components has not been well-considered, but needs to be.

A cogent example illustrates this need. With the finding from epidemiological studies that the consumption of fruits and vegetables reduced the risk of cancer, the initial mechanistic hypothesis focused on beta carotene. However, results of several intervention trials with beta-carotene (and vitamin A) failed to support a role of beta-carotene in high risk populations and have suggested that there may in fact be an adverse effect of high levels of beta-carotene. We still do not know the active component(s) in fruits and vegetables in preventing cancer.

This example points out the need to study whole foods and dietary patterns. Recognition is growing that many bioactive components of foods and botanicals, whether nutrients or not, might interact to effect a particular health outcome. Understanding the mechanisms whereby dietary components or supplements act is important; but even in the absence of understanding such mechanisms, clinical effectiveness demonstrated through rigorous double-blind (when possible), random and placebo-controlled trials can be helpful in recommending healthy dietary patterns and practices.

Another example comes from weight-loss nutritional approaches. Clearly from decades of research, dietary caloric reduction and physical activity caloric increases are effective means of losing weight. Particularly in combination, the lost weight can be predominantly body fat as opposed to undesirable losses of lean body mass or ineffectual temporary losses of body water. What dietary patterns, however, are most effective in reducing calories and effecting weight loss is much more controversial. Many popular diets, prominently marketed in the mass media, have not been rigorously tested, but need to be. Importantly the weight loss needs to be evaluated relative to body fat loss.

4. Compare the costs of nutrition-based approaches with those of conventional medicine for the same or similar health conditions.

Nutrition therapy is increasingly recognized as an integral component of conventional medical treatment that can result in lower health care costs through reduced hospitalizations and physician visits, fewer complications and lower utilization of medication and more costly interventions/treatments.

Nutrition therapy has been incorporated into the treatment protocols for controlling diabetes, high blood pressure and elevated cholesterol, all of which often require the use of expensive drug treatments. Studies indicate that medical nutrition therapy provided by nutrition professionals, such as registered dietitians, can be used to help individuals successfully manage their disease conditions through dietary lifestyle changes. As a result, the need for drug treatments can often be substantially reduced or eliminated. Reducing the need for intensive drug therapy may also result in reduced cost and fewer side effects for the patient. This could improve adherence to the overall treatment program.

5. Summarize patient satisfaction data, if available.

Limited data exist. Results from Schiller et al. suggest a high degree of positive outcomes and patient satisfaction from nutrition counseling provided by dietitians. Nutrition counseling gives patients a greater sense of understanding and control of their conditions and helps meet emotional and interpersonal needs. (Schiller, M.R., Miller, M., Moore, C., Davis, E., Dunn, A., Mulligan, K., Zeller, P., Patients report positive medical nutrition therapy outcomes. J Am Diet Assoc 1998; 98: 977-982.)

6. Describe current significant barriers to the access and delivery of nutrition-based approaches.

Lack of recognition of dietitians and nutrition professionals as providers of nutrition therapy in Medicare/Medicaid and the private sector health plans remains a barrier to

nutritional care in the acute and ambulatory settings. The net impact is that consumers are currently not able to receive the life saving nutrition therapy as a benefit in many circumstances. Current factors contributing to this challenge are multiple. There is no consistent definition of nutrition services within the insurance industry. Coverage varies from state to state, making it a challenge to implement nutritional therapy. We lack a universal procedure for payment of nutrition services. Claims/billing examiners lack sufficient familiarity with dietitians and their services and are unable to distinguish which parts of nutrition care are reimbursable. Insurers lack adequate cost/benefit and cost-effectiveness data to justify the benefit of nutrition treatment.

Other health care providers do not understand the expertise or training of the dietitian. A recent study examined the practice of chiropractors concerning nutrition counseling and referrals to registered dietitians (Walker B et al. Provision of nutritional counseling, referrals to registered dietitians and sources of nutrition information among practicing chiropractors in the United States. J Am Diet Assoc 2000; 100:928-933). Although 90% of responding chiropractors provided nutrition counseling, most were not aware of the educational requirements for registered dietitians and did not refer their patients to registered dietitians. Compounding the problem is the inadequate training received by other health care professionals to identify potential nutrition problems and determine when to refer patients to dietitians for comprehensive nutrition services. The position paper of the American Dietetics Association ("Nutrition education for health care professionals -- Position of ADA." J Am Diet Assoc. 1998;98:343-346) states, "The shift in health care to earlier intervention and increased ambulatory care services makes it necessary that health practitioners be able to identify nutrition risk and recognize when it is necessary to refer a patient to a registered dietitian for medical nutrition therapy and intervention. The majority of health care providers need initial and continual lifelong learning about comprehensive nutrition services to enhance the nutritional health of the public." The IOM report concurs.

In terms of basic nutrition education, consumers regularly turn to sources other than dietitians, nutrition professionals and health care providers when it comes to information about health and nutrition. In fact, ADA's 1997 Nutrition Trends survey found that most Americans get their nutrition information from mass media outlets—57% from television, 44% from magazines, and 23% from newspapers. Only 5% of people surveyed received nutrition information from dietitians.

News media are the most visible messengers of health and nutrition information. Consumers are relying on information provided in audiovisual or print media to make food purchasing decisions. Nutrition misinformation is compounded by the Internet and food advertising in magazines, which tend to promote foods that are not necessarily have nutritional or health value. Advertising media contain health and nutrition claims, which influence consumers food choices. Consumers are not relying on dietitians to provide them with expert nutrition advice and services. (For more details, see "Comparison of food groups and health claims appearing in food advertisements in 3

popular magazines” J Am Diet Assoc 2000; 100:1396-1398. and “Status report on nutrition in the news” J Am Diet Assoc 2000: 100:1298-1299.)

The importance of the food or supplement label as a source of nutritional information to the consumer must be recognized. The impact of the Pearson decision on health claims on labels is yet to be determined. Many contradictory results can be selectively cited to validate a claim. An example would be supplemental vitamin E use to reduce the risk of cardiovascular disease. A consensus view is not available, leading the IOM to conclude that insufficient agreement exists in the present data to evaluate the clinical effectiveness of this practice.

7. Discuss whether nutrition-based approaches should be delivered as stand-alone care or should be integrated with more conventional therapies.

Nutrition therapy works best when utilized in an integrated approach to the prevention, management and treatment of disease. Most of the evaluation of nutritional therapy presented in my testimony focuses on the management and treatment of disease.

A major concern for the future is the focus of nutrition approaches on disease prevention. Growing evidence is highly suggestive that diet and nutrition is one of the key risk-reducing factors for cancer, osteoporosis, cardiovascular disease and hypertension under an individual's control. Understanding how to motivate individuals early in their life to adopt healthy dietary and nutritional practices that will prevent the chronic diseases discussed remains a major challenge in nutrition. Simply put, we understand too little about diet and behavior. Public health and community nutrition need a greater focus. The U.S. Dietary Guidelines represent a strong, albeit not unanimous, consensus on the key aspects of a healthy diet. The cost-benefit analysis of the Tennessee EFNEP program suggests considerable benefit to be gained by preventative nutrition education.

8. Please suggest specific policy recommendations that would improve the access and delivery of nutrition-based approaches to consumers, including legislative or regulatory recommendations.

Legislative Recommendations:

Legislation is currently before Congress to provide outpatient Medicare coverage of medical nutrition therapy. The bills, H.R. 1187 and S.660, have gained the support of 292 Representatives and 37 Senators. A limited medical nutrition therapy benefit to cover individuals with diabetes or kidney disease is included in the package of Medicare Balanced Budget Act revisions and enhancements approved by the House of

Representatives. Passage of this legislation would increase access to nutritional therapy.

Depending on the outcome of this Medicare legislation in the current Congress, efforts need to be renewed to gain Medicare Part B coverage of medical nutrition therapy. If passed, efforts to expand coverage beyond diabetes and renal disease to cardiovascular disease, osteoporosis, cancer and HIV/AIDS need to be pursued.

The IOM recommendation to reevaluate existing reimbursement systems and regulations for nutrition services in acute care, ambulatory care, homecare, skilled nursing and long-term care would greatly expand access to nutritional therapy to vulnerable populations.

Regulations:

Health claim labels on dietary supplements and foods should be evidence based. If health claims are permitted that do not meet the current standard of 'significant scientific agreement', such claims must be truthful and not misleading. Regulations need to find a way to ensure that a single study is not the validation of a health claim when contradictory evidence exists in the literature.

Policy:

NIH should stimulate and support nutrition research to evaluate the efficacy, safety and cost-effectiveness of various nutrition and dietary interventions, especially those related to dietary supplement use and the interaction of nutrients and bioactive food components.

NIH, with other relevant federal agencies such as USDA, should stimulate and support nutrition research on diet and behavior so that theoretically based and sound research can inform nutritional education and nutrition therapy for the most effective clinical outcomes.

Coordinate nutrition research occurring within NIH and other government agencies with efforts in the private sector.

Develop programs to educate the public and health care providers about the importance of nutrition and nutrition services in the prevention, treatment and management of chronic diseases.

Clinton Presidential Records Digital Records Marker

This is not a presidential record. This is used as an administrative marker by the William J. Clinton Presidential Library Staff.

This marker identifies the place of a tabbed divider. Given our digitization capabilities, we are sometimes unable to adequately scan such dividers. The title from the original document is indicated below.

Blaiwas

Divider Title: _____

White House Commission Testimony
David Blaiwas

My name is David Blaiwas, I am a Nationally Board Certified, Licensed Acupuncturist, practicing in Maryland. I would like to thank the Commission for this opportunity to testify. I am here today representing State Associations of Licensed Acupuncturists from all across the country.

My testimony concerns two important points:

1. To present the Commission with data concerning delivery of services, and patient satisfaction from a written survey of Acupuncture patients conducted in the state of Maryland. I have copies of the survey results for the Commissions' full consideration.
2. In light of this evidence, to convince the Commission to recommend nationwide 'outcomes based' research studies on Acupuncture and Oriental Medicine as performed by fully-trained Licensed Acupuncturists. And to have this research be the foundation for the formal governmental recognition of Acupuncture and Oriental Medicine as a medically effective, separate and distinct system of medicine in America today.

This survey was created and conducted by professional Medical researchers. The written questionnaire was designed to provide journal quality 'outcomes based' research data on the care provided by fully-trained, Licensed Acupuncturists. The researchers received 1004 completed patient surveys. To our knowledge, this is the most extensive Acupuncture survey conducted in the nation to date.

Here is a small sample of the results from this survey:

When asked to rate the effectiveness of their acupuncture care

- 55% reported it very effective for back pain
- 49% reported very effective for arthritis
- 54% reported very effective for allergies
- 68% reported very effective for stress and tension

When asked, *"With acupuncture do you think you have been able to reduce your health care costs"...*

82% of patients responding said it reduced their visits to Medical doctors

73% said it reduced their use of prescription drugs

56% said they avoided surgery

69% said it reduced coverage demands from insurance companies

When asked about a variety of lifestyle outcomes associated with acupuncture ...

56% of patients strongly agreed that it helped them work better

56% strongly agreed they had less pain

49% strongly agreed that they were less susceptible to illness

When asked, *"Who do you consider to be your primary healthcare provider"*

44% of patients said "medical doctor"

39% of patients said "Acupuncturist"

$$kOM? \cdot 8 \text{ ch } 8 \} k=k$$

The 'outcomes based' format we used in this study makes it possible to capture the full-range of health benefits received by patients of Acupuncture. While single variable, double blind studies can provide data on a single effect, Acupuncture care has long been known to provide simultaneous, multiple physical and emotional healing benefits. We therefore strongly urge the Commission to recommend that future studies into the effectiveness of Acupuncture should take this 'outcomes based' form, which allows for the expression and evaluation of the full-range of health benefits patients receive from Acupuncture treatment.

Lastly, let me stress that Acupuncture and Oriental Medicine is a separate medical system. It is a form of medicine whose history, philosophical approach, and treatment techniques are wholly different from Allopathic care. It should not be viewed as simply a 'pain management technique' that can be incorporated into the Western medical system. It is a separate medicine that offers a much needed 'complement' to the Allopathic model.

Simply put, the preventive, restorative, and health maintenance medicine people receive from Acupuncture care is precisely what is missing from America's health care system today. Thank you.



**Maryland Acupuncture Society
Patient Satisfaction Survey**

Final Report

January 2000

For information contact:
Francine S. Gordon, Survey Director
MAS Vice President for Public Affairs
202-537-1610

EXECUTIVE SUMMARY

In October 1999, the Maryland Acupuncture Society (MAS) mailed out survey packets to all of the 183 practicing MAS members. The instructions asked acupuncturists to have up to 20 of their patients complete patient satisfaction surveys during the first two weeks of November. The anonymity of both patients and acupuncturists was guaranteed.

Over 1000 completed surveys were received from patients of 95 different acupuncturists, for a very respectable 54% practitioner participation rate. A total of 968 surveys were used in the descriptive analyses reported here (3 were incomplete, 33 surveys arrived too late to be included). This report also includes selected comments from the 52% of the sample who responded to the invitation to "write their own stories" or thoughts at the end of the survey.

The large majority of respondents were women. Most were also in their 40's and 50's, very well educated, employed outside the home, and living in households with incomes well over the median for this area.

Just over half of all respondents had been seeing their acupuncturists for more than a year. In addition to acupuncture with needles, large numbers of patients reported receiving moxa/moxibustion treatments (56%) and herbs (41%). Most also said that their acupuncturists offered advice concerning self-care, especially dietary changes.

Only one fourth of the respondents had any kind of insurance coverage at all – the rest paid the entire fee themselves. The typical fee charged by acupuncturists was in the \$60 to \$70 range. Although respondents stated that they would like to see better insurance coverage, the majority did not find restrictive plans acceptable. Even with most paying full price, 54% said that the cost of their treatment was excellent, considering the benefits they received. Only 25% were as positive about the cost/benefit ratio of their non-acupuncture care.

The reasons for seeking acupuncture care were varied, including "seeking care of my whole being" (59%) and "needed help dealing with stress" (38%), as well as the more conventional "seeking help for a specific illness or health concern" (70% - multiple answers were allowed). The specific conditions for which patients most often sought care included stress and tension (35%), back pain (18%) and other kinds of pain (21%), depression and moods swings (16%) and headaches (15%).

Ratings of the effectiveness of acupuncture in treating these conditions were very high. In the case of stress, for example, 68% said that acupuncture was a "very effective" treatment for this condition, and another 29% said it was moderately effective. With respect to pain, 55% and 62% respectively, said that acupuncture was very effective for

back and other kinds of pain, and only 12% said it was not all, or only mildly effective. Effectiveness ratings for other conditions were similarly positive.

A large section of the survey asked respondents to rate acupuncturists and other health care providers along a variety of dimensions related to their practices. Ratings for acupuncturists were overwhelmingly positive – 99% indicated that their acupuncturists spent enough time with them and really listened and tried to understand their concerns (the two most important factors for most patients). In contrast, only 71% were satisfied with the time they spent with non-acupuncture providers, although 81% said their conventional practitioners listened and tried to understand their concerns. In two other areas, the extent to which health care providers “motivate me to take care of myself” and “make me feel better about myself as a person,” 98% of the respondents gave positive ratings to their acupuncturists while only 61% to 69% said these statements were true of their non-acupuncture practitioners. Another area where acupuncturists markedly outperformed conventional practitioners was in the time patients spent waiting to be seen; 99% of the respondents were satisfied with the waiting time at their acupuncturists’ offices in contrast to only 62% for other practitioners.

Another set of question focused on patients’ personal experiences with acupuncture. Again, responses were extremely favorable. As a result of their treatments, 90% to 99% of the patients surveyed felt that they functioned better in the world, had more energy and focus, and were less susceptible to illness. Acupuncture patients find their treatments relaxing and enjoyable, and value the immediate feedback and sense of partnership with their acupuncturists. Acupuncturists also tend to be viewed as both holistic and spiritual practitioners.

The benefits of acupuncture also have health care cost implications. A large majority feel that because of acupuncture, they have been able to reduce their visits to medical doctors and limit their use of prescription drugs. A sizable number (14% of the entire sample) also indicated that acupuncture had helped them avoid surgery. It is noteworthy that in a field still dominated by allopathic medicine, over one third of the respondents (39%) considered their acupuncturist, *not* their MD, to be their primary health care provider. Among the 11% who could not choose one over the other, most indicated that both were important, they simply served different functions.

In summary, the specific questions about treatment effectiveness and personal experiences with acupuncture, as well as the more general questions about overall satisfaction with acupuncture cost, outcomes, quality of care, and interactions with practitioners, confirm that acupuncture is a highly valued, highly satisfying experience. The benefits include, but are clearly not limited to, the resolution of physical problems. In their acupuncturists, patients find a combination of skill, caring, and understanding that nurtures them on many levels, and is essential to maintaining the health of their bodies, minds, and spirits.

MAS Patient Satisfaction Survey: Final Report

TABLE OF CONTENTS

EXECUTIVE SUMMARY

INTRODUCTION

Background	1
Sample and Survey Administration	1
Response Rate	2
Data Analysis	2

BACKGROUND INFORMATION

History with the Acupuncturist	3
Techniques and Self-care Advice	4
Costs and Insurance Coverage	5
Why Acupuncture?	7
Health Concerns and Treatment Effectiveness	8

PERCEPTIONS OF YOUR ACUPUNCTURIST & OTHER PRACTITIONER

Non-acupuncture Practitioners	10
Perceptions of Acupuncturist and Other Practitioner	11
Satisfaction with Acupuncturist and Other Practitioner	13
Importance Ratings of Practice Factors	14

YOUR EXPERIENCE WITH ACUPUNCTURE

17

OTHER HEALTHCARE PROVIDERS

21

YOUR OWN STORY

23

PERSONAL INFORMATION

23

REPORT SUMMARY

24

APPENDIX I:

LIST OF ALL INSURANCE AGENCIES REPORTED BY SURVEY RESPONDENTS TO COVER ACUPUNCTURE

25

APPENDIX II:

CODING OF CONDITIONS AND HEALTH CONCERNS

26

I feel extremely fortunate to receive acupuncture. It has improved the quality of my physical and mental life, more than I ever thought possible. I know I will continue the treatment to ensure my older years will be golden years! Whenever I get the opportunity, I "teach" and "preach" about the wonders of acupuncture. It is truly the best medicine in the world, and if I had to choose only one medicine, as a nurse, I would still choose acupuncture!

Acupuncture has been the best health care experience of my life -- the treatments have been extremely effective both in helping me stay healthy after many upper respiratory problems and in giving me a new sense of balance and connection. My acupuncturist has created a caring, protected space that I look forward to before every visit. It's terrific.

There are many good things I would like to say about [name].... What I will say is that she is REAL in ways few medical practitioners are. She is PRESENT during treatments. She makes treatment decisions based on what is best for me with no thought about if it's convenient for her (and of time for example). She always REALLY HEARS ME. She has excellent boundaries. She is forthright. She has a good sense of humor. I look forward to seeing her at every visit. She is spiritual and self-actualized as a woman and practitioner and often, (perhaps without her knowing it), teaches and leads me toward health by sheer example of her being who she is. I am very fortunate to be [name's] client.¹

INTRODUCTION

Background

In November of 1998, the Maryland Acupuncture Society (MAS) contracted with Dr. Claire Cassidy and Dr. Martha Lappin to develop and analyze an acupuncture patient satisfaction survey under the direction of Board member Francine S. Gordon, Vice President for Public Affairs. MAS stipulated that the survey was to be comprehensive, and include questions about cost and insurance coverage for acupuncture, techniques used, satisfaction, effectiveness, self-care, perceptions, and experiences with both acupuncturists and other important health care providers. Initial versions of the survey were reviewed and revised by MAS Board Members (February 1999), and a draft was prepared for a pilot test. The pilot test was conducted by the Board in late March 1999 and a report was prepared and delivered to MAS in April 1999. The survey was revised to reflect feedback from both patients and Board members, and was finalized in September 1999.

Sample and Survey Administration

In late October 1999, MAS produced and sent survey materials to every non-student member with a request that each practitioner have up to 20 patients complete the satisfaction questionnaire during a 14 day survey period in early November. Survey

¹ Survey respondent written comments.

materials included a) directions for practitioners, b) a small poster (suitable for posting in waiting room) to announce the survey c) 23 questionnaires, and d) a preaddressed return envelope. The survey was designed to be anonymous both for patients and practitioners and participation was entirely voluntary. Practitioners were instructed to return completed surveys as soon as possible to Dr. Lappin in the Priority Mail envelope provided by MAS. Once received, surveys were logged in, cover sheets were removed, and identification numbers were added to the questionnaires. A professional typist then entered the data into Ascii text files.

Response Rate

MAS sent packets to 183 practitioners. Six packets were returned unopened – four had outdated addresses and two were returned by acupuncturists no longer practicing in the state of Maryland. Out of the 177 MAS practitioners who received packets, 91 returned at least one completed survey (51% response rate) in time for inclusion in the database. The number of surveys returned per practitioner ranged from one to 21, with most returning eight to fourteen. The average number returned was eleven. In all, we received 971 surveys by the cut-off date (December 10). We dropped 3 surveys from the analyses (2 were largely incomplete, one was about a pet), leaving a final analysis sample of 968 acupuncture patients.

In the last two weeks of December, we received four additional packets, containing 33 completed surveys. Counting these surveys, we had an overall practitioner participation rate of 54% (95/177) yielding a total of 1004 patient surveys.

Data Analysis

The data were analyzed in SPSS/PC (version 7.0) after extensive cleaning and checking. Data cleaning was accomplished by checking for out-of-range values and discrepancies in the length and format of the six records that comprised each case. All discrepancies and possible data entry errors were resolved by referring back to the original surveys. The analyses reported here are descriptive statistics, primarily frequency counts and percentages for the different response alternatives for each item. In some cases, for example, the conditions for which respondents were seeking treatment, extensive recoding was required to generate lists from which we could compile frequencies.

Plan of Report

Survey results are reported sequentially following the order of the items in the questionnaire itself. Exceptions occur when items from different sections of the questionnaire are reported together to facilitate comparisons across related items. For example, ratings of the most frequently seen non-acupuncturist health care provider are reported with the identical items referring to the acupuncturist. Responses to the open-ended questions were recorded in a separate document, however, selected quotations from the “tell your own story” section are interspersed as appropriate to highlight key points and enrich the tabular data.

MAS Patient Satisfaction Survey: Final Report

BACKGROUND INFORMATION

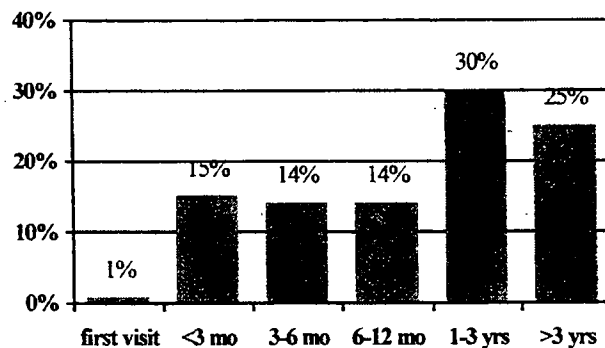
History with the Acupuncturist

The first section of the questionnaire asks patients: *How long have you been seeing your acupuncturist?* and *In the past three months, how often have you seen this acupuncturist?*

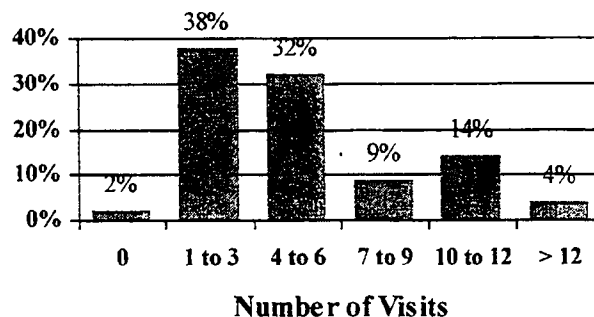
Responses to these two questions are shown in the figures below. Most respondents (55%) had been seeing their acupuncturist for more than a year. Only 16% were new patients (i.e., had been seeing their acupuncturist for less than three months).

Typically respondents had seen their practitioners either 1 to 3 times (38%) or 4 to 6 times (32%) in the past three months. The large majority (81%) of acupuncturists were women.

How long have you been seeing your acupuncturist?



How often have you seen your acupuncturist in the past 3 months?



Techniques and Self-care Advice

Questions 4 and 5 asked about treatment techniques and self-care advice the acupuncturist offered. For both questions respondents were presented with a list and instructed to circle all that apply. Table 1 reports the treatment techniques used by the acupuncturists in descending order of use. Predictably, the major traditional modalities of needles, moxa and Chinese herbs were the most frequently used.

Table 1. What treatment techniques has your acupuncturist used with you?

TECHNIQUE	FREQUENCY	PERCENT
Acupuncture needles	959	99
Moxa/moxibustion	536	56
Herbs	399	41
Acupressure/Shiatsu/Tuina	117	12
Zero Balancing/Cranio-Sacral	117	12
Allergy Elimination Technique	58	6
Magnets	56	6
Cupping	47	5
Polarity Balancing, Reiki, etc.	43	4
Electro & laser acupuncture	37	4
Gua sha (counter irritation)	26	3

Table 2 reports the results of the self-care question. The five options are shown in descending order of frequency. Over half (57%) of all patients indicated that their acupuncturists recommended dietary changes. Movement therapies or practices (e.g. tai chi, yoga, other types of exercise) were also commonly recommended by acupuncturists in the sample.

Table 2. What advice for self-care has your acupuncturist offered?

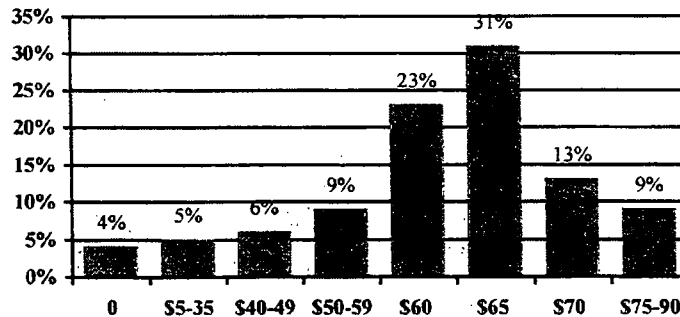
SELF-CARE ADVICE	FREQUENCY	PERCENT
Dietary Changes	542	57
Specific Types of Exercise	243	25
Tai chi, qi gong, yoga, etc.	239	25
Sitting Meditation	196	20
Other*	245	26

*Other: Included a wide range of recommendations reported as, e.g., take classes, factor rest / quiet time into daily life, do breathwork, avoid addictive substances, "trust my heart," quit smoking, see an astrologer.

Costs and Insurance Coverage

The question about acupuncture fees was phrased, “How much does your acupuncturist charge you per visit?” The typical fee reported was between \$60 and \$70 per visit (paid by 66% of the respondents), however, as the chart below indicates, 15% paid substantially less - only \$40 to \$55 a visit. Some of those who said that their acupuncturist charged between \$5 and \$35 appeared to be reporting what they paid in the form of a co-payment. Others noted that their practitioners allowed them to pay reduced fees because of financial constraints. Most of those who said they paid nothing were individuals whose insurance covered the whole cost, although a small number indicated that they did not pay because they had a bartering arrangement with their acupuncturist.

How much does your acupuncturist charge you per visit?



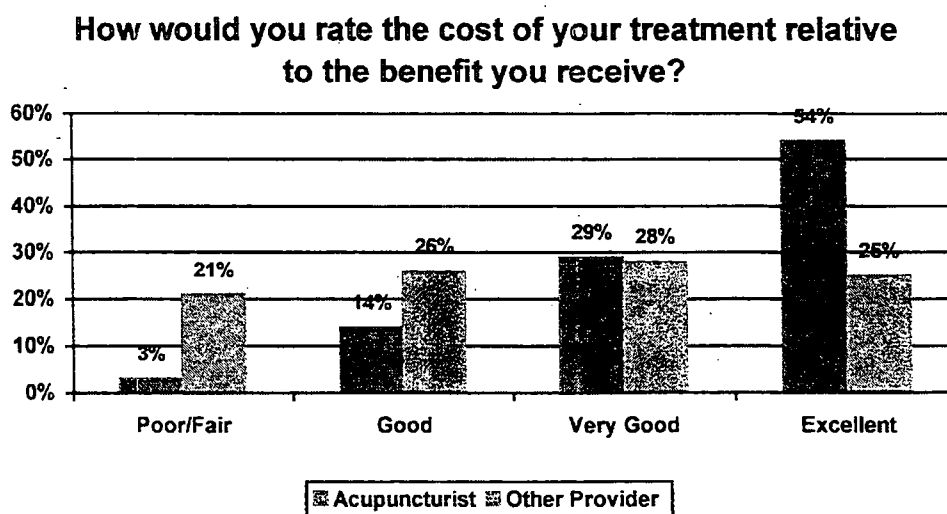
Just over one fourth (26%) of the respondents reported that they had some sort of insurance coverage for their acupuncture care. The majority (52%) of those with coverage used Blue Cross/Blue Shield. The next largest group (9%) reported that they were in a Preferred Provider Organization (PPO), but didn't specify which. Only 3.5% reported having other forms of reimbursement (e.g., Workman's Comp, automobile liability). The list of all insurance companies respondents reported is included in Appendix I.

Among those who had some form of coverage, 27% had a co-payment. The most common co-payment amounts were \$10 (40%) and \$15-\$20 (32%). Among the 144 respondents who had insurance coverage but did *not* have co-payments, the largest group (n=55, 38%) reported 80% reimbursement, the next largest group (n=38, 26%) reported 50-75% reimbursement, and the remainder received either less than 50% (n=29, 20%) or full, 100% reimbursement (n=22, 15%).

In response to the question asking which payment option respondents preferred, almost half (45%) said that they preferred “No plan – I make my own choices and I pay the treatment costs each time I go.” Over a third (37%) selected a “Plan that covers 80% of

my costs and limits the number of treatments,” and only 18% preferred a “Plan that covers all my costs except for a co-pay, and limits my choice of acupuncturists”. In other words, most patients are willing to pay for the opportunity to choose their own practitioners, and would rather have “no plan” than a plan that limits their treatment options.

Although most patients pay out of their own pockets, they clearly believe they are getting a good value for their money (see Figure below). When we asked respondents to rate the cost of their acupuncture treatment relative to the benefit they received (Q 19), the majority (54%) rated it excellent. This is in sharp contrast to ratings for their primary non-acupuncture health care provider (Q 30), where only 25% indicated that they received an excellent value for their money.



Respondents offered various comments about cost and insurance issues in their response to the “tell your own story” question. For example:

How or what is MAS doing to educate insurance companies and the public about complimentary healthcare? Maybe MAS should survey insurance companies and Maryland employers. I'm already there!

I have had lower back problems most of my life. I had a discectomy and laminectomy in 1994. I was disabled for seven months and have permanent nerve damage as a result of that surgery. The resultant scar tissue is the diagnosed cause of my current condition, sciatica and disk herniation. The same course of treatment was attempted a second time with no effect. Acupuncture has prevented me from going on disability for my current problem. The orthopedic surgeon stated there was nothing outside of medication and PT that he could do for me. Even another surgery would not help the scar tissue problem. My insurance company, BCBS, informed us they would cover 10 visits per year with co-pay. They then rejected the claims for the reason that the acupuncturist is not an MD. This is an incredibly ludicrous

situation. I pay for all treatments out of pocket because they allow me to continue working and supporting my family. I think this situation is horrible.

I believe in acupuncture and had faith before I began. I think it can help everyone and wish it were better advertised. I believe in the future, the insurance companies will realize how effective it is and how they can actually save money by paying for it.

Why Acupuncture?

In Question 9, we asked, *Of all forms of health care, why did you choose acupuncture?* We listed ten possible reasons based on prior research in this area, and asked respondents to circle all that applied. The results are shown in Table 3 in descending order of popularity.

Table 3. Of all forms of health care, why did you choose acupuncture?

WHY CHOOSE ACUPUNCTURE?	FREQUENCY	PERCENT
1. I had a specific illness/health concern that I heard acupuncture could help	668	70
2. I was seeking care of my whole being.	561	59
3. I was dissatisfied with conventional care.	425	44
4. I needed help dealing with stress.	366	38
5. I was urged to go by a friend or relative.	344	36
6. MDs couldn't help my problem.	335	35
7. I wanted to reduce my use of prescription drugs.	269	28
8. I was basically healthy, and was seeking care to help myself stay well.	204	21
9. I felt something was missing from my life.	136	14
10. I had tried other alternative therapies without success.	114	12

The first reason--chosen by two-thirds of the respondents--is the one we might expect, starting from a biomedical or physical stand-point; patients had specific health concerns they thought acupuncture could help. The second most popular reason suggests something unique about acupuncture: over half of all respondents (59%) said they chose acupuncture because they were seeking care for their "whole being." The implication that acupuncture users are seeking something other than conventional, symptom oriented interventions is confirmed in the third and fourth most important responses – 44% said they were dissatisfied with conventional care, and 38% said they needed help dealing with stress. More than a third are apparently also seeking relief from unsuccessful conventional care, either through a new effort to address a resistant condition, or by a reduction in use of prescribed medications.

The eighth choice, seeking acupuncture in order to stay well, represents a recognition of the most overlooked aspect of acupuncture--as preventive care. Even in an environment which promotes the habit of seeking medical care only when "sick," one-fifth of the

respondents to this survey still felt they could use medical care (specifically acupuncture care) to stay well.

In November of 1998 I was diagnosed by MRI as having a pinched nerve in my back which was causing extreme pain in my leg and making it very difficult to walk. I was sent to an orthopaedic clinic where the only solution they gave me was to have fusion on my back. A friend advised me to try acupuncture first. Thank God I did. I have been pain free for many months and am again walking two miles almost every day.

It's funny how much it can help to get advice from someone who's NOT determined to tell you have a problem. My therapist wanted to put me on antidepressants. My cardiologist told me that my heart palpitations were nothing serious (and couldn't really be helped anyway). YOU try studying for midterms and waking up on time with a resting heart rate of 180 ... My gynecologist was concerned, but couldn't stop my yeast infections. My acupuncturist gave me some hints about diet and sleeping, some helpful advice about life, and some needles -- NOW where are all of my problems? Almost gone!

I think everyone should get acupunctured for stress -- it would make the country a better place. I have a markedly different outlook than most people I know, and they comment on it much. I attribute my positive outlook to my acupuncture. If my business takes off, I will offer it as a benefit to employees -- a good business decision.

Health Concerns and Treatment Effectiveness

Question 11 asked respondents to list up to four conditions for which they were seeking or had sought treatment from their acupuncturist. Next, they were asked to rate both the severity of the condition when they initially sought treatment (1=mild, 2=moderate, 3=severe), and the effectiveness of the treatment provided by their acupuncturist (0=no effect, 1=mildly effective, 2=moderate, 3=very effective).

In all, 904 respondents (93%) listed and rated at least one condition, 753 (78%) rated at least two conditions, 503 (52%) rated at least three conditions, and 295 (30%) rated four conditions. Those who failed to list or rate symptoms typically reported that they had not been under treatment long enough to make an assessment of effectiveness.

Table 4 lists conditions that respondents chose to mention when answering Question 11. We have grouped their many phrasings into a small list; the coding system is reported as Appendix II. Note that "stress and tension" (35%) was the most frequently mentioned reason for seeking acupuncture care. While nearly all illness has a stress/tension causative component, in physically-based medicines, respondents often do not feel free to mention this component. Part of the expression of seeking "whole body" or "holistic" care with acupuncture emerges with this freedom to express a need for care of the non-physical being. Depression or mood swings (16%), and fatigue (12%) are listed next in the table as they can be viewed as more specific manifestations of stress. The next group includes "pain" complaints. Back pain was the single most common problem (18%); the category "other musculoskeletal pain" includes hip, ankle, and other joint pain, and

accounts for 21% of responses. Arthritis was mentioned as a distinctly separate category by 6%. Fifteen percent of respondents mentioned some kind of headache, sometimes specifying "migraines." Other problems included female concerns, like menstruation, menopause, and PMS (10%), gastrointestinal problems (9%), allergies (8%) and asthma (4%). It is striking that eighty respondents (9%) indicated that they visited their acupuncturists to maintain their general health and well-being, or to find a sense of physical or spiritual wholeness.

The second column of Table 4 reports how severe the condition was when patients first sought treatment. Most ratings were in the 2.4 to 2.5 range, indicating they were between "moderate" and "severe". Note that ratings are similar for all complaints whether primarily physical or not. The last three columns show how acupuncture patients rated the effectiveness of the treatments they received for these conditions. In almost every area, the majority of patients rated their treatment as being very effective.

Table 4. Severity and effectiveness ratings of conditions for which respondents most often sought treatment

Condition*	Number, % Rating Symptom (base n=904)	Mean Severity Rating	Treatment Effectiveness Ratings		
			Very Effective	Moderately Effective	Mildly or Not Effective
Stress/Tension	315 (35%)	2.5	68%	29%	3%
Depression/Mood	145 (16%)	2.4	66%	28%	6%
Fatigue/Energy	112 (12%)	2.5	60%	32%	8%
Back Pain	160 (18%)	2.5	55%	32%	13%
Other Musc/Skel Pain	194 (21%)	2.5	62%	27%	11%
Arthritis	51 (6%)	2.3	49%	49%	2%
Migraine	52 (6%)	2.6	51%	35%	14%
Other Headaches	77 (9%)	2.5	47%	36%	17%
Female Concerns	94 (10%)	2.4	57%	30%	14%
Gastrointestinal	77 (9%)	2.4	56%	30%	14%
Allergies	75 (8%)	2.4	54%	36%	10%
Asthma	37 (4%)	2.2	49%	35%	16%
Health/Wholeness	80 (9%)	Not App.	75%	25%	0%

*The coding scheme used to group similar types of conditions is shown in Appendix II.

Many respondents provided comments concerning the great success they have had treating some very difficult health problems with acupuncture.

For two years I have been trying to lower and balance eye pressure and relieve optic nerve pain -- in one visit pressure was equal and optic nerve pain eliminated.

We were desperate for help with our son's behavior/emotional problems. It wasn't a parenting problem and we took him to a good psychologist with no results. He also had moderate virally triggered asthma and some allergies. We researched alternative treatments and tried a chiropractor/naturalist who does allergy desensitization, with minimal results and a rather high cost. The acupuncture treatment has had dramatic results for a much more reasonable cost, and we are very relieved, even though we have to come from Virginia to Rockville for the treatments.

I can't begin to say enough about how acupuncture has "changed my life." Approximately 18 months ago I came to my acupuncturist because I had suffered for 5+ years with migraines, which were increasing in severity and frequency. Moreover, I was tired of taking meds that made me feel like a zombie. With acupuncture, I now have significantly fewer headaches and when they come, they are much less painful and linger for less time. I truly look forward to coming to the office and am energized upon leaving.

I was infertile and had two surgeries, with no avail. I decided to see an acupuncturist before going on personal -- I went through 3 months of sessions and became pregnant -- I'm ready again to get pregnant and I'll see my acupuncturist before my OB GYN!

Acupuncture has helped me clear my skin condition whereas skin doctor just gave me stuff to put on it and it never cleared up completely. I couldn't believe that acupuncture could do this. It's a miracle. It was originally getting worse - all over my body -- now it's almost completely gone...

PERCEPTIONS OF ACUPUNCTURISTS AND NON-ACUPUNCTURE PRACTITIONERS

Sections II (Perceptions of Your Acupuncturist) and V (Perceptions of Non-Acupuncture Health Care Practitioners) of the survey contain identical sets of items – they differ only in terms of who is being rated. In Section II, respondents rated their current acupuncturist on items related to their practice and their individual style. In section V, respondents used the same items to rate the *non-acupuncture* practitioner they had seen *most frequently* in the last three years.

Non-acupuncture practitioners

Almost half (49%) of the respondents indicated that general or family practice medical doctors were the non-acupuncture practitioners they had seen most frequently in the past three years; another 24% reported having seen some kind of MD specialist most frequently. Thus, 73% of the sample rated a conventional medical doctor in Section V. Another 16% indicated that they had seen their chiropractors most frequently in the past three years, and thus they rated their chiropractors in Section V. Nurse practitioners/physician's assistants and osteopathic doctors comprised 4% and 3% respectively, of the non-acupuncture practitioners rated in Section V.

It is interesting that respondents saw mostly female acupuncturists (81% of practitioners) but mostly male non-acupuncturists (63% were male).

Perceptions of Acupuncturist and Other Practitioner

Question 12 reads *Please indicate how much you agree or disagree with each statement, based on your experiences with your acupuncturist.* Question 26 is the same, but refers to experiences with the non-acupuncturist health care practitioner patients reported seeing most often in the past three years. Both questions contain 12 short phrases and ask respondents to mark one of four responses ranging from 'strongly agree' to 'strongly disagree.' Table 5 shows how many respondents "agreed" or "strongly agreed" that the phrases described their acupuncturist (column 1) and their most frequently seen non-acupuncturist practitioner (column 2).²

For each item, slightly different numbers of people responded. For the acupuncture ratings, at least 900 people (out of 968) responded to each item. When describing the "other practitioner," however, some items were frequently left blank. For example, only 732 people responded to the "is very spiritual" item when it referred to a non-acupuncturist. This may mean that the concept of spirituality is not relevant or part of the 'job description' for many conventional practitioners (recall that most are rating medical doctors). It is, however, a concept that fits comfortably with acupuncture practitioners.

Table 5. Percent who "agree" and "strongly agree" with statements about their acupuncturists and the non-acupuncturist practitioner they see most often

	ACUPUNCTURIST	OTHER PRACTITIONER
	PERCENT WHO AGREE	PERCENT WHO AGREE
Sees me on time for appointments	97	68
Answers my questions clearly and completely	99	86
Really listens to me and tries to understand my concerns	99	81
Gives me advice about ways to stay healthy	98	77
Respects my values	99	86
Is friendly and interested in me personally	100	80
Successfully motivates me to take care of myself	98	69
Helps me feel better about myself as a person	99	61
Spends enough time with me to understand the problem	99	71
Is very spiritual	97	41
Makes visits enjoyable	99	69
Ensures that I'm never afraid or reluctant to say what is really going on with me	99	74

² A formatting problem in the final printing of the survey moved the "strongly agree" heading from the first response column to the second for this set of items, so we cannot report "agree" and "strongly agree" separately.

As Table 5 indicates, acupuncture patients hold their acupuncturists in extremely high regard. On the whole, the ratings are also quite high for the non-acupuncture practitioner, although 20% to 30% of the sample indicated that their *non-acupuncturists* did *not*:

- see them on time for appointments,
- really listen and try to understand their concerns,
- give them advice about ways to stay healthy,
- show a friendly personal interest in them,
- motivate them to take care of themselves,
- spend enough time with them to understand the problem,
- make visits enjoyable, or
- ensure that they are never afraid to say what is really going on with them.

In contrast, no more than 2% or 3% disagreed with the statements above when they were rating their acupuncturists. The items with the largest acupuncturist versus “other practitioner” discrepancies highlight the difference between the relationships acupuncturists and non-acupuncturists establish with their patients. For example, while 99% of the respondents said that their acupuncturists helped them feel better about themselves as a person, only 61% said the same about their non-acupuncture health care providers. Respondents were also much more likely to characterize their acupuncturists as being spiritual – although, as noted above, the large number of missing ratings for non-acupuncturists suggest that many either did not know the practitioner well enough to say, or they thought that the spirituality was not relevant to the non-acupuncturists’ practice.

Acupuncture really helps me to deal with the stresses/challenges that life offers to me. It helps me to deal better with people and be more understanding of their points of view. I am forever indebted to the benefits my acupuncturist has brought to me to improve my quality of life, outlook on life and to recognize the need for me to take better care of myself and be more in tune with my body.

My acupuncturist has helped me to take responsibility for my health more than any other healthcare practitioner I've been to. She works on all levels, (mind, body, spirit) is intuitive and compassionate, and very dedicated to her work. I love her!

Encourages me to begin spiritual practice and self-observation skills. Acupuncture has given me a second chance to live, another new life, that was not possible with the Western approach. My current acupuncturist is, for me or my case, a master at her work. She has helped me make changes in my life that I did not know were possible. I have hope now where there was none before.

Acupuncture has given me the necessary support I need to be able to carry on each day. Acupuncture is my tool for dealing with the challenges of pain and fatigue. Acupuncture supports the treatment I get from my rheumatologist. Acupuncture helps me to live a more peaceful and full embodied life!! It has awakened the desire to live each day with hope and to be fully present to my surroundings and to live a more balanced life. Peaceful.

My acupuncture treatments have opened up to me a whole new world, and way of dealing with myself, which is very positive in and of itself. I needed to make progress on my own life journey forward. I was sort of spiritually "stuck." Acupuncture has been very effective in unsticking me!

Satisfaction with Acupuncturist and Other Practitioner

Question 14 reads, ***Still thinking of your acupuncturist, please indicate how satisfied you are with each of the following.*** There follows a list of 9 phrases concerning the setting in which health care is delivered. The parallel question concerning the 'other' practitioner is Question 28. Table 6 compares respondent satisfaction ratings for both types of practitioner. As before, different numbers of people responded to each item, however, all items were rated by at least 900 respondents.

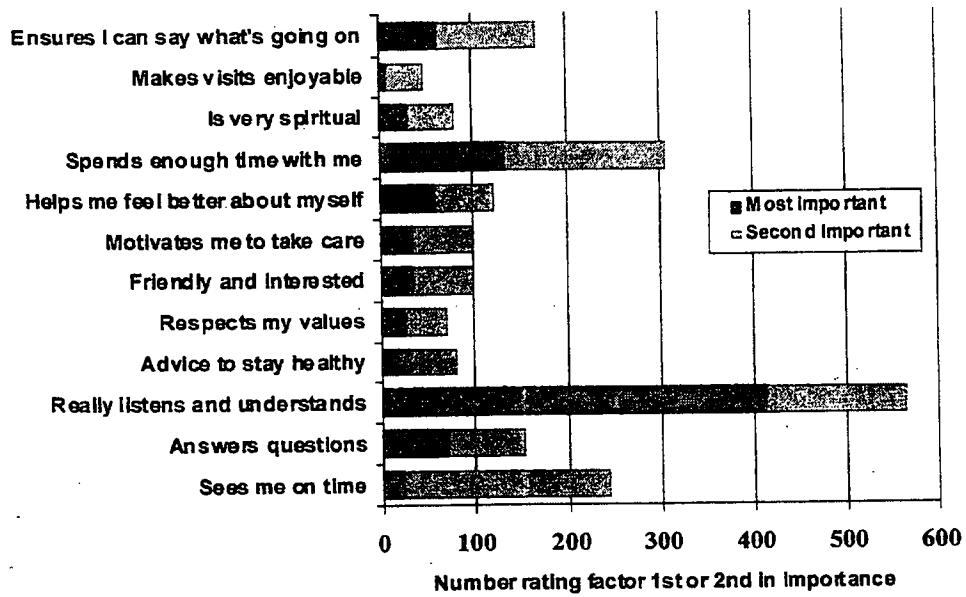
Table 6. Percent who are "satisfied" and "very satisfied" with aspects of their acupuncturists' and their non-acupuncturists' practices

	ACUPUNCTURIST	OTHER PRACTITIONER
	PERCENT SATISFIED	PERCENT SATISFIED
Amount of time you have with practitioner during visit	99	72
Office location	96	87
Practitioner's office hours	98	86
Ease of getting appointment	98	71
Length of time in office spent waiting to see practitioner	99	62
Responsiveness of practitioner (returns calls, answers questions)	99	79
Explanations of procedures	99	87
Self-care advice	99	76
Comfort and ambiance of treatment setting	99	82

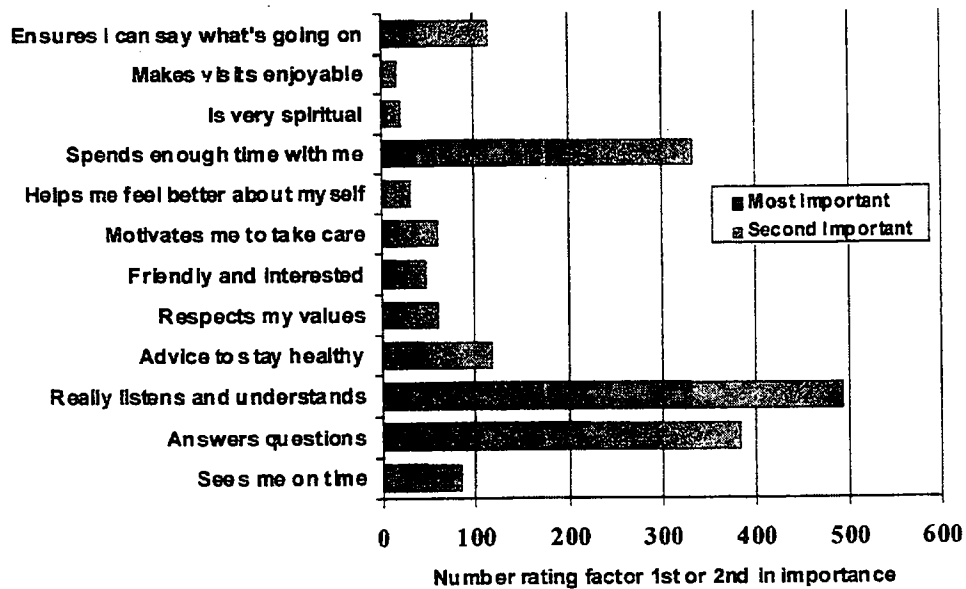
Looking at those who said they were "satisfied" or "very satisfied" we see again that respondents are very pleased with their acupuncturists. Respondents were less satisfied with the other practitioner they rated, especially the length of time they had to wait before they could see the practitioner, the ease of getting appointments, and the amount of time they had with the practitioner.

The extremely high ratings for acupuncturists are very encouraging; clearly acupuncturists are doing a very good job meeting the needs and expectations of their patients. This fact is confirmed in the open-ended comments and the ratings of the importance of the factors listed in Tables 5 and 6 above. After each question where respondents evaluated different acupuncturist and non-acupuncturist practice dimensions, we asked them to indicate the first and second most important factors from the list. The figures on the next two pages show the results of these importance rating analyses.

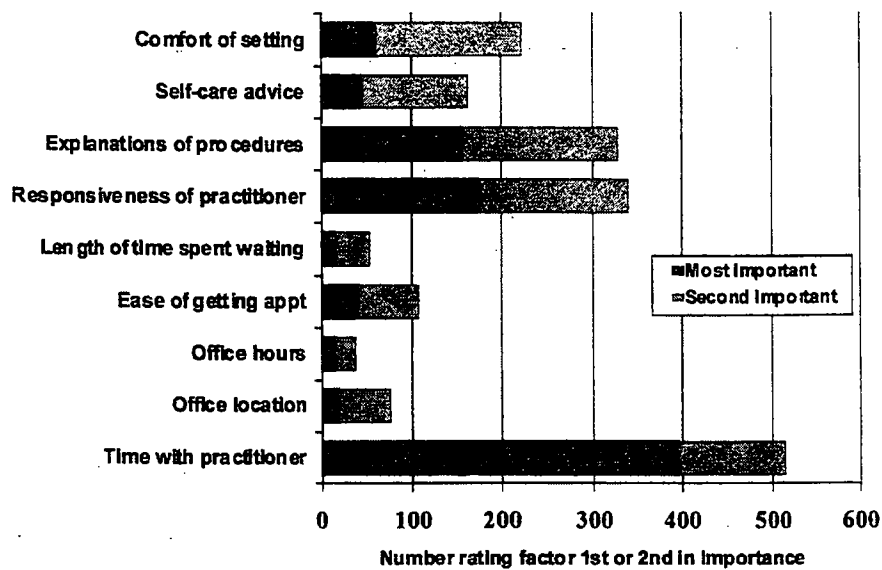
**Perceptions of Acupuncturist:
Most Important Factors (Agree/Disagree Items)**



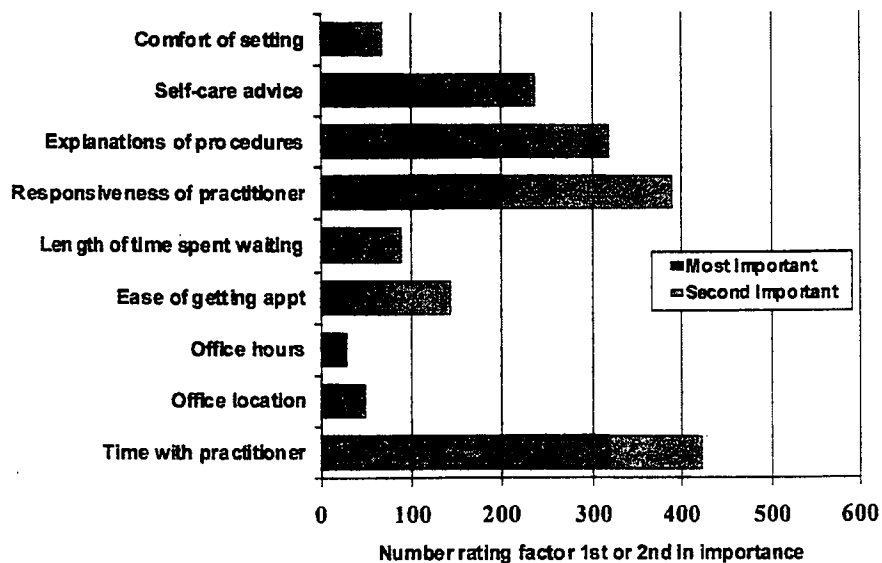
**Perceptions of Other Practitioner:
Most Important Factors (Agree/Disagree Items)**



Perceptions of Acupuncturist: Most Important Factors (Satisfaction Items)



Perceptions of Other Practitioner: Most Important Factors (Satisfaction Items)



The most important factor in the set of agree-disagree items is the patient's feeling that their practitioner really listens to them and takes the time to understand their concerns. This in an area where acupuncturists excel.

There are two factors that have markedly different importance ratings depending on whether respondents are talking about their acupuncturists or other health care providers (most of whom were MDs). Patients want their medical doctors and other non-acupuncturists to clearly answer their questions, but they place relatively little importance on being seen on time (perhaps they've given up on this expectation?). With respect to their acupuncturists, however, answering questions is not a big issue – more people value being seen on time. It is possible that answering questions is not an issue with acupuncturists because patients feel heard, understood, and cared for by their acupuncturists so they have fewer questions about their treatment.

With respect to the items included in the satisfaction questions, time with the practitioner is the most important factor for both acupuncturists and non-acupuncturists, closely followed by responsiveness of the practitioner and explanations of procedures. It is interesting to note that comfort of the treatment setting is much more important in an acupuncture practice than a biomedical or other kind of practice.

Comments provide an even richer illustration of some of the differences in the way respondents perceive their acupuncturists and other medical professionals.

I had seen four MD's with a vertigo problem that I suffered with for six weeks. My acupuncturist was the only doctor who understood the problem in a holistic sense, fixed the problem, and is helping me to correct the underlying causes.

I very much enjoy taking care of my "whole" person and that is what acupuncture does for me. I look forward to my treatments because I always feel better! I only see an M.D. one time a year and after experiencing my acupuncturist's care I have very high expectations of what my MD should provide for me and it's always a disappointment. Basically I just go through the routine of my yearly exam and I'm out of there!

There is no comparison between my acupuncture experiences and my experience with any doctor. I really feel like I am known as a whole being with my acupuncture practitioner -- not just a symptom that needs a quick fix like an antibiotic prescription. I truly feel that my life, on ALL levels, has significantly grown, expanded and improved since I began seeing [name]!

At the age of 55 I have had trouble with weight most of my life. Since being diagnosed with type II diabetes I have had trouble keeping my sugars and weight down. Five weeks ago I started on the protein power diet by the Doctors... At the same time I started acupuncture to help with dieting and stress. The outcome so far is 12 pounds easily lost and a drop of over 100 points in my sugars. I need the acupuncture to keep the emotional strong holds in check.

When I realized I needed surgery, perhaps a hysterectomy to eliminate fibroid tumors, I scheduled the hysterectomy. Not feeling quite right about it. I sought to heal myself with three "alternative means", including more frequent visits to my acupuncturist. (This was BEFORE I had children.) With my acupuncturist's wisdom and help, I came to see that I needed to have surgery and chose to

have only the fibroids removed -- a more serious surgery, actually, than the hysterectomy. Anyway, my doctors were amazed at how quickly I healed and recovered my energy. Today, I have two beautiful children. I believe acupuncture tended my spirit, emotions AND body, enabling me to use what Western medicine had to offer my body, while I stayed healthy and recovered quickly in all aspects of my life!

I feel acupuncture has been wonderful and in conjunction with my MD. I tried everything and this is great and I recommend acupuncture to everyone!

YOUR EXPERIENCE WITH ACUPUNCTURE

In this section we ask about respondents' experiences with acupuncture. First, Question 16 asks patients to indicate how much they agree or disagree with a series of statements about acupuncture. The results are reported below. Note that four questions are stated in the negative, thus a *low* value with "strongly agree" and "agree" is a positive outcome (e.g., "I am too tired after treatments.").

Table 7. Personal experience with acupuncture

	Strongly Agree %	Agree %
My acupuncturist is very holistic	66	33
I was afraid of the needles when I began acupuncture.	11	25
I enjoy being left to rest quietly with needles in place.	47	46
The occasional bruises I get from needling don't bother me.	49	46
I feel like a partner with my acupuncturist during treatments.	57	40
I enjoy the immediate feedback I get as my acupuncturist treats me.	65	34
I am conscientious about following my acupuncturist's recommendations for self-care.	31	61
I am too tired after treatments.	1	6
My experiences with needling have been largely pleasant.	46	46
I dislike the taste of Chinese herbs.	14	34
At the end of my treatment session I nearly always feel relaxed.	62	36
I don't like being left alone in the treatment room.	2	4
I feel energized after treatments.	33	54
I find Chinese herbs to be very effective.	32	53

All in all, patients' reported experiences with acupuncture were pleasant. Nearly everyone reported enjoying the process and feeling relaxed afterwards. A few who had concerns or implied criticisms wrote about them in the "Tell Your Own Story" section, and some examples are given below.

I had tried acupuncture with two other people before seeing my present acupuncturist. The treatments were not helpful for my conditions and uncomfortable in several circumstances. I still felt that acupuncture could be helpful with the right practitioner. It's important to convey that just as in any conventional modality, all acupuncturists are not created equal. But with people's bias against or fear of acupuncture, one negative experience could be more damaging to one's views of acupuncture as an effective modality.

My concern is whether my acupuncturist limits the area of where she applies points to exposed body parts (i.e., feet, arms, etc.) as opposed to those on my back which might be more effective or longer lasting. I feel she does this to avoid inconvenience on the patient's behalf.

At first I wasn't really sure what to think of the needles, but I have really been impressed by the fact that I could feel the energy flowing.

I was terrified of needles when I started but had heard acupuncture was effective in dealing with depression/anxiety. I love my acupuncturist so much that while I'm still not thrilled with needles, I continue to go back because of trust and respect.

My intense fear of needles and fear of pain from acupuncture needles prevented me from seeking acupuncture for SEVERAL years. However, after explaining this to my practitioner, she was extremely understanding, sensitive, caring and supportive, and helped me overcome my fears of needles in order to receive the benefits of acupuncture treatments. I am so glad!!!

Although all respondents could name specific complaints for which they received acupuncture (Q 11), this medical practice characteristically results in generalized health ameliorations which patients frequently report, verbally or in writing. Some of these expanded effects were listed as additional possible outcomes of acupuncture treatment in Q 17; responses are reported in Table 8.

Table 8. Outcomes associated with acupuncture

Because of acupuncture...	Strongly Agree %	Agree %
I feel better.	71	28
I can work better.	56	42
I have less pain.	56	41
I am more focused.	54	40
I have more energy.	53	42
My mood is more stable.	52	43
I am less susceptible to illness.	49	41
I get along better with others.	48	44

It is clear that not only do acupuncture patients feel better in a variety of ways, they also unequivocally attribute their enhanced well-being and improved ability to function directly to acupuncture.

In Question 18 we asked, *With acupuncture, do you think you have been able to reduce your health care costs?* Table 9 reports the results. Note that the number who answered each section of the question varies, thus the table contains two percentage columns. The first represents the proportion of the whole sample that answered the question with “yes” or “no” – in other words they did not circle the “Not applicable” response or leave the item blank. This percentage provides an indicator of how often the issue was relevant to the sample. The last column reports the proportion, among those who responded to the item, who answered “yes.” This percentage reflects the respondent’s experience of the relationship between the issue and the receipt of acupuncture.

Table 9. *With acupuncture do you think you have been able to reduce your health care costs?*

ISSUE:	PERCENT IN SAMPLE WHO RESPONDED	FREQUENCY OF “YES” ANSWERS	PERCENT OF RESPONDERS WHO SAID “YES”
<i>REDUCE...</i>			
visits to medical doctors	77	613	82
use of prescription drugs	68	483	73
visits to psychotherapists	47	326	71
coverage demands from insurance or HMO/PPO	45	301	69
visits to physical therapists	44	359	83
avoid surgery	25	138	56
other*	6	39	64

The first percentage column shows that most issues (particularly physician visits and prescription drugs) applied to a large proportion of the respondents. The last column indicates that in every case, a majority of those to whom the issue applied felt that acupuncture had decreased their reliance on conventional health care providers and prescription drugs. This translates into cost savings for individuals and potentially for society at large. It also implies a change in the pattern of health care utilization when acupuncture care is part of the equation.

A number of people commented about their ability to reduce prescription drugs, and more importantly avoid surgery, because of acupuncture.

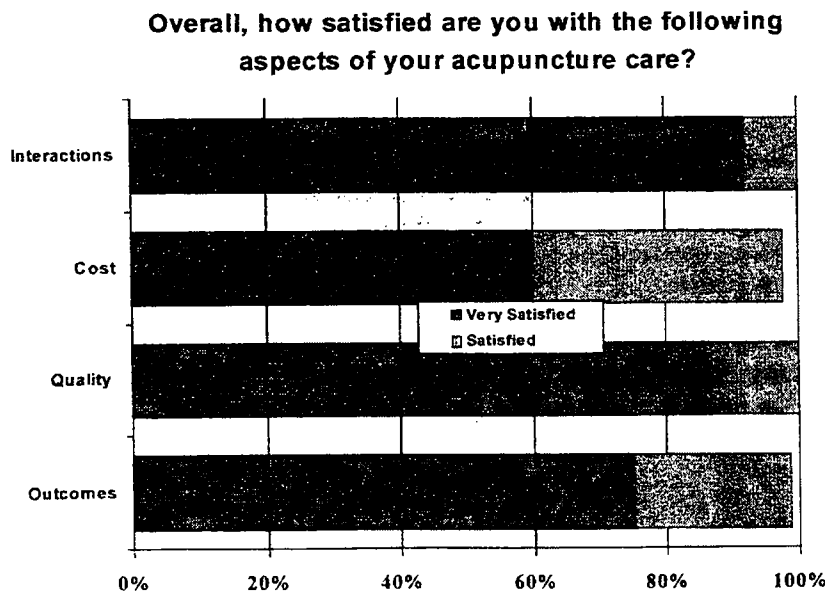
Before starting acupuncture I basically paid very little attention to care of myself. I suffered from depression, almost daily headaches and had been hospitalized once and been numerous times in the ER for asthma and acute asthmatic bronchitis. I was on steroids several times a year. I was seeing an allergist frequently and I believe was on the road to having major lung disease. I was losing time from work and popping fiorinal with codeine and ES Tylenol daily for headaches. Acupuncture treatment has made a major difference in my life. I now have no asthma attacks, no longer see an allergist. Headaches are rare. Most importantly through my work with acupuncturist I have learned ways to contribute to my health and well being. I have taken charge of my diet, exercise, and many lifestyle aspects to keep healthy and recognize and avoid those things that have potential for decreasing my well being and negatively affecting my health.

In August I was diagnosed with a second herniated disk. (I had surgery -- fourth lumbar -- 17 years ago). I was in excruciating pain and hospitalized. Pain lasted six weeks. My neurologist said only surgery would help. My chiropractor wasn't helping me after 3 visits (that insurance wouldn't cover). I decided to see an acupuncturist. Pain completely disappeared after third visit. It's a shame I can't get help from my insurance company (optimum choice) to pay for this! Now I do not need surgery and am pain free!

My gastroenterologist looked me in the eye last year and had no other options for my irritable bowel than to cut out part of my colon. Four sessions of acupuncture greatly reduced bleeding and pain. Now, several sessions later, I hardly realize I have IBD.

Before acupuncture I was very apprehensive about alternative health care, but very frustrated with conventional medicine. I sought acupuncture for migraine headaches. I was getting four migraines a week while taking eight pills a day for prophylaxis treatment. I now take only three pills a day, and hope to be medication free in four to six months. My migraines have all but disappeared, and I feel great. My family and friends and co-workers have all commented on how much I have changed and how relaxed I've become.

We also asked patients to give us an overall indication of their level of satisfaction with four aspects of their acupuncture health care: outcomes, quality of care and services, cost, and interactions with the practitioner (Q20). As indicated in the Figure below, the overall level of satisfaction is extremely high.



The final item in this section (Question 21) asked, *Apart from your current acupuncturist, have you ever used another acupuncturist? If "yes", why did you stop using that acupuncturist?* Three hundred and seventy-four respondents (39%) said

“yes,” they had used another acupuncturist. There were seven options to explain why they had stopped using that acupuncturist, and respondents could give more than one answer. Table 10 shows the results in descending order.

Table 10. Apart from your current acupuncturist, have you ever used another acupuncturist? If “yes”, why did you stop using that acupuncturist?

REASON STOPPED SEEING PRIOR ACUPUNCTURIST	FREQUENCY/374	PERCENT “YES” of 374 who had used another acupuncturist
I/acupuncturist moved away	171	46
I stopped making health progress	74	20
I didn’t like the acupuncturist	72	19
Condition healed; I felt well	41	11
Insurance refused to cover further cost.	23	6
I had a bad reaction & didn’t want more	19	5
I couldn’t get used to the needles	8	2

The single most important reason is benign--the relationship could not continue because either practitioner or patient moved away. The second and third, sixth and seventh reasons refer to characteristics of acupuncture care itself. While the second and third reasons (stopped making progress and didn’t like the acupuncturist) were both reported by close to one-fifth of respondents, the other reasons were of very minor importance. The fourth reason represents what allopathic medicine or insurance companies might term the “best case scenario, as opposed to acupuncture’s primary concern with helping people maintain good health. And the fifth reason represents the insurance companies approach to Chinese medicine, which is formulated in terms of limited care of specific “illnesses” rather than on-going preventive care which is a hallmark of acupuncture care.

OTHER HEALTH CARE PROVIDERS

The first question in this section (Q 22) asked, *Besides your acupuncturist, what types of professional health care specialists have you consulted in the last 12 months?*

Respondents were offered 20 specific choices and given three blanks to write in others types. They were also given a box to check if they had not consulted any health care practitioners in the previous 12 months besides their acupuncturist. Of 935 respondents who answered the question, only 24 (3%) reported seeing only an acupuncturist. The remainder saw other practitioners, as shown in Table 11 in descending order of use.

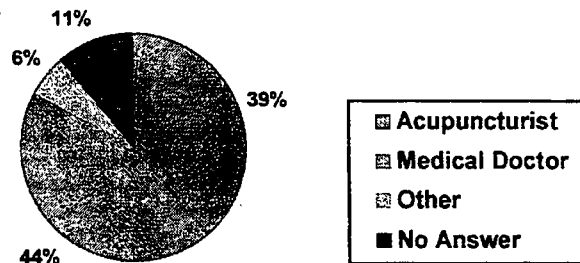
Table 11. Besides your acupuncturist, what types of professional health care specialists have you consulted in the last 12 months?

PRACTITIONER TYPE	FREQUENCY / 935	PERCENT
Medical Doctor (MD)	738	79
Dentist	708	76
Eye Doctor	480	51
Massage or Bodywork Practitioner	404	43
Psychotherapist	228	24
Chiropractic Doctor (DC)	223	24
Physical Therapist	119	13
Nurse Practitioner/Physician's Assistant	118	13
Reiki or other energy therapist	96	10
Podiatrist	84	9
Nutrition Consultant	67	7
Osteopathic Doctor (DO)	61	6
Herbalist	60	6
Homeopathic Practitioner	52	6
Midwife	24	3
Naturopathic Practitioner (ND)	20	2
Shamanic Practitioner	20	2
Hypnotherapist	18	2
Ayurvedic Medicine Practitioner	12	1
Biofeedback Practitioner	10	1
Other	248	26

This table shows the wide range of health care practitioner choices not only available to users in Maryland, but used by them. Clearly, some practitioners are effectively normative--the first six on the list were used by one fourth or more of the respondents. Of these, two are popularly thought of as "alternative"--like acupuncture--though for this population this is perhaps a misnomer. Even the lesser used specialists are significantly used. Another interesting point--even though we offered respondents such a wide list of options, they were able to list very many more, one reason for the large size of the "other" category. A second reason the "other" category is large is that many put MD specialists (e.g., ob/gyn, neurologist) in this category. It is probably fair to say that this is a very health-care-savvy population of users.

To determine whom respondents considered to be their primary health care provider we asked them to circle one response from a list that included only a) acupuncturist, b) medical doctor, and c) another type of practitioner. Interestingly, almost as many (39%) considered their acupuncturists to be their *primary (most important)* health care provider as considered a medical doctor (44%) to be their primary health care provider.

Who do you consider to be your primary health care provider?



I find that I run any medical issues by my acupuncturist before I consult with my MD -- I feel she knows me much better, and can make a better recommendation (not always a pill) to address the problem.

If I had to choose one healthcare provider, I would stay with acupuncture.

YOUR OWN STORY

Near the end of the survey we left nearly half a page blank and asked respondents to use the space to add comments or expand upon their answers to other questions. About half of all respondents did use the space to write "their story" or add personal comments. These comments have been typed verbatim and are provided in a separate document. Some comments have also been included in this report to illustrate key points.

PERSONAL INFORMATION

The final page of the survey requested demographic information from respondents. Demographically, the sample of respondents reflects both the characteristics of the Baltimore-Washington corridor (e.g., extremely highly educated population, high incomes), and patterns that have elsewhere been shown characteristic of acupuncture users (high proportion of female respondents).

As shown in Table 12, survey respondents were mostly in their 40's and 50's.

Table 12. Age Distribution of Respondent Sample

Ages	Frequency	Percent
Under 20 years	21	2
20-29 years	68	7
30-39 years	162	17
40-49 years	286	30
50-59 years	275	29
60-69 years	87	9
70 years and over	46	5

The large majority of respondents (80%) were also female, and just over half (52%) were married. Twenty-one percent (21%) reported being single, and 13% were partnered but not married. Most (71%) respondents lived in households with two to four people; almost one fourth (23%) lived alone.

The education level in the sample was very high – 29% had completed four years of college, and an additional 47% had had further graduate or professional education. Only 10% had no education beyond high school. Not surprisingly, total family income levels were also quite high (see Table 13). The percentages reported are for those who responded to the question – 10% of the sample left the income question blank.

Table 13. Total family income of respondents

Income Level	Frequency	Percent
Less than \$20,000	48	5
\$20,000-\$39,999	145	17
\$40,000-\$59,999	175	20
\$60,000-\$79,999	141	16
\$80,000-\$99,999	112	13
\$100,000-\$119,999	98	11
Over \$120,000	148	17

Question 37 asked respondents to report their employment status, selecting all options that applied. As indicated in Table 14, most respondents were employed full-time.

Table 14. Employment Status of Respondents

Employment Status	Frequency	Percent
Full-time employment	516	55
Part-time employment	170	18
Retired	118	12
Homemaker	101	11
Student	86	9
Disabled	51	5
Unemployed	7	1

SUMMARY

In sum, the results of this survey show that acupuncture patients are extremely satisfied with their practitioners, their care, the outcomes of their care, and even the cost of their care. While this population was also relatively pleased with their other healthcare practitioners, the data show that their acupuncture practitioners received superior evaluations in every area.

APPENDIX A: List of all Insurance Agencies Reported to Cover Acupuncture

Company	Number	Percent
No Insurance Coverage	739	76.3
Aetna	11	1.1
Alliance PPO	4	.4
Any1Care	1	.1
BlueCross/Blue Shield	120	12.4
Capital Care	1	.1
Care First	5	.5
Cigna	4	.4
Columbia Freestate PPO	1	.1
Core Source	1	.1
EHP	2	.2
GEHA	2	.2
Golden Rule	1	.1
HMO	3	.3
Kaiser	4	.4
MDIPA	1	.1
MED/80	1	.1
MEGA	1	.1
Mail Handlers	4	.4
MAMSI	12	.12
Managed Care	1	.1
NCPPO	5	.5
New England	2	.2
PCHS	1	.1
Prudential Healthcare	6	.6
PPN	1	.1
Point of Service	3	.3
PPO	20	2.0
SAI Medical	1	.1
Unicare	1	.1
United Health	2	.2
Wilse & Assoc.	3	.3
Workman's Comp	1	.1
World Bank	1	.1

APPENDIX B: Coding of conditions and health concerns

In creating categories from the open-ended responses provided to Question 11 (List up to four conditions for which you are seeking or have sought treatment from your acupuncturist) we used the following coding decisions.

Responses coded as Back Pain: "back", "back pain", "back ache", "lower back", "mid back", "disk pain", "disk", "disc", "neck & back".

Responses coded as Pain: "knees", "knee", "right knee", "knee pain", "ankle", "ankle pain", "foot pain", "heel pain", "neck pain", "rib pain", "pain", "side pain", "skel pain", "body pain", "elbow pain", "spinal pain", "chest", "chest pain", "gyn pain", "groin pain", "leg pain", "finger pain", "hips", "hip pain", "joint pain", "breast pain", "arm pain", "wrist pain", "muscle pain", "muscles", "muscle ache", "muscles"

Responses coded as Fatigue: "fatigue", "tiredness", "exhaustion", "tired", "lethargy", "low energy", "malaise", "energy".

Responses coded as Well Being: "wholeness", "whole being", "health", "healthy", "whole health", "whole self", "balance", "wellness", "wholeness", "well-being", "spiritual", "spirit", "self-improve", "well being", "overall health", "health maint", "health", "self-care", "self care", "openness", "serenity", "peace", "meditate", "healing", "calming".

Responses coded as Mood: "mood", "mood swings", "moods", "mood swing", "despair", "unhappy", "unhappiness", "grief", "frustration", "irritability", "sadness", "temperament", "emotional", "uneasiness", "restless", "unhappy", "uneasiness", "restless", "depression".

Responses coded as Female: "menstruation", "PMS", "pms", "menopause", "menstruation", "PMS", "periods", "amenorrhea", "hot flashes", "perimenopaus", "hormones", "ovulation", "hot flashes".

Responses coded as Gastrointestinal: "digestion", "digestive", "acid reflux", "heartburn", "reflux", "indigestion", "colon", "colitis", "IBS", "bowel", "gastrointest", "intestinal", "nausea", "colon pain".

Responses coded as Stress: "tense", "tension", "anxiety", "anxious", "nervous", "nervousness", "stress".

Clinton Presidential Records Digital Records Marker

This is not a presidential record. This is used as an administrative marker by the William J. Clinton Presidential Library Staff.

This marker identifies the place of a tabbed divider. Given our digitization capabilities, we are sometimes unable to adequately scan such dividers. The title from the original document is indicated below.

Bielinski

Divider Title: _____

**White House Commission on
Complementary and Alternative Medicine Policy**

**Washington DC
December 4-5, 2000**

Access and Delivery of CAM Services

In addressing you today about the access and delivery of CAM services, I want to give you some background about how Washington's "every category of provider" law is being implemented, due to the many misunderstandings.

While the law has taken great criticisms, it is important to note that it is one of the few sections of Washington's 1993 Health Care Reform Act that was NOT repealed. It was the most controversial and most popular reform – and ultimately was let stand by the US Supreme Court.

This law has taken into account the attempt of managed health care to save money as well as giving patients some access to choice and involvement in their health care options.

In Washington, 6 of the CAM professions are regulated by the Department of Health under licensure or certification (Acupuncture, Chiropractic, Dieticians, Massage Therapy, Licensed Midwives, and Naturopathic Physicians). Their regulatory scope of practice must permit

the provider to treat the condition presented. Patients must already have benefits covering a condition that is within the scope of practice of the chosen provider, and with respect to managed care, the provider must be *contracted* with the carrier or their designated network to be eligible for reimbursement.

This is not an “any willing provider” law, nor is it a mandated benefit law. It allows consumers a choice of the provider who will treat the condition for which they seek care.

There are currently several different coverage models for CAM services used in Washington. Neither the OIC nor any of its collaborative work groups have recommended a “right way” of including these benefits. Each approach has advantages and limitations for various constituencies.

***The Dollar-Cap* method is a straightforward benefit that generally applies a maximum dollar amount allowed in a given coverage year for a set range of CAM services. Acupuncture, massage therapy and naturopathic medicine are the most commonly included services under this model. CAM benefits may require a referral from a primary care provider and patients must pay necessary co-pays and deductibles. When the limit has been placed on more than one profession, or “all of CAM services,” then the OIC would deny approval of that benefit limit.**

The Condition Based model bases benefits on allowances related to specific clinical diagnoses or conditions, such as the use of acupuncture for pain, or naturopathic care for migraine headache. The covered benefit may require specific clinical regimens to have been followed prior to referral for CAM services. An example is requiring physical therapy prior to authorizing massage therapy. The condition-based approach usually requires a PCP referral and requires co-payments and deductibles.

The Gatekeeper Method is frequently employed under managed care strategies. A unique difference with this model is that in some cases the naturopathic physician is eligible to function as a Primary Care Physician. Patients seeking CAM services to be covered under their insurance benefits need to have a referral from their PCP, whether the PCP is an ND, MD, DO, or ARNP. The benefits are subject to medical necessity requirements established by the insurer, but may be determined by the at-risk PCP group as well.

The Open Access Model is built on a strong care coordination and quality infrastructure allowing integration of CAM and CM practitioners and their services. Enrollees are allowed to access network providers of all categories without a PCP referral. In fact, there is no PCP or “gatekeeper” required.

***The Self-Referral Method* allows patients to directly access ALL providers, and Preventive Care Services are usually a separate rider. Although the self-referral approach method does not usually require a PCP referral, benefits are subject to medical necessity determinations.**

Frequently the self-referral approach may be implemented in conjunction with a preventive care benefit. Preventive care benefits are not usually part of the policy, but can be negotiated by a purchaser.

***Discount Networks:* Some insurers have begun to negotiate discounts with CAM providers for their policyholders in exchange for being listed in the carriers' approved provider guide. These carriers do not provide reimbursement for the enrollees expenses and costs are paid by the patient. This is not in compliance with our statute and rules related to the "every category of provider" law, since the patient doesn't actually engage their benefits when seeking care from CAM providers.**

Relating back to the law once again, carriers have the right to credential providers as long as the standards are consistent with those established by the Department of Health. Carriers must set network adequacy requirements based on the number of covered lives in a jurisdiction where they are responsible for providing benefits.

Carriers have the right to set the coverage limits, including services of CAM providers. The OIC rules state these limits may not be

unreasonable and may not be set by provider type, but can be set by covered services. And the carrier can't exclude a particular category of provider altogether, nor can it cover certain provider types only by a separately priced optional benefit.

"Reasonable limits" has yet to be defined, and the filed limits by each of the carriers is something currently under review. A "datacall" related to criteria used by insurers to establish limits for health care services is currently underway by our office. After a preliminary review of this data I can tell you there is NO established pattern of how these insurers set limits on care. In text, I have provided you some of those preliminary results.

Additionally, we have asked each carrier to identify at what point they require outside, or paper review, of services, and if there are protocols available that provide guidance on limits to these services. Predominantly, internal guidelines are set, some with outside input, and some without.

When carriers are using providers to perform reviews, there does not appear to be a pattern emerging as to which profession is used most often or to what degree.

When asked about specific condition limits, there did appear to be a strong pattern of set limits on rehabilitation, chemical dependency, mental health, preventive care, and hospital-based services.

Most carriers are not using CAM providers during medical review, unless the carrier has contracted with a CAM provider network that employs their use for medical review. When asked if carriers are using provider advisory panels, and for which professions, the responses are predominantly affirmative for conventional providers, but for CAM providers it is mostly if the carrier uses a contracted network. Consequently, when carriers contract with outside entities to provide these panels, there seems to be a disconnect to the very concept of integrated medicine.

To close, I will reference a chart I submitted in advance, outlining the “reported” coverage that insurers in Washington state indicate is available to their enrollees. I would like to point out that there is conflicting information from many of the carriers regarding what they file as a benefits, what the cost of the benefit is to them or their purchaser, and what they report in policy inquiries as to how they manage the benefit.

It is the goal of the Office of the Insurance Commissioner to bring all of these pieces of information together for consistency. It is also our goal to assure that insurers are following the law that consumers worked to hard to pass, and maintain. And finally, it is our goal to make sure that consumers get what they pay for in their health care benefits.

Clinton Presidential Records

Digital Records Marker

This is not a presidential record. This is used as an administrative marker by the William J. Clinton Presidential Library Staff.

This marker identifies the place of a tabbed divider. Given our digitization capabilities, we are sometimes unable to adequately scan such dividers. The title from the original document is indicated below.

Barnard

Divider Title: _____



P H Y S I C I A N S
C O M M I T T E E
F O R
R E S P O N S I B L E
M E D I C I N E

5100 WISCONSIN AVENUE, NW • SUITE 404

WASHINGTON, DC 20016

(202) 686-2210 • FAX: (202) 686-2216

WWW.PCRM.ORG

Testimony before the White House Commission on Complementary and Alternative Medicine

Neal D. Barnard, M.D.

December 5, 2000

Nutrition is the most fundamental medical treatment. Everyone eats, and as they do so they tip the balance either for health or against it. Research proves that when patients change their diets enough, sometimes in combination with other lifestyle changes, they reduce cholesterol levels, reverse heart disease, and improve or even cure Type 2 diabetes and hypertension. These treatments are so safe and effective, they should be our routine form of therapy, with medications considered “alternatives.”

Among patients' greatest difficulties, however, is finding a physician equipped to recognize the need for nutritional interventions, let alone prescribe them. Doctors know no more about nutrition than the average person on the street. In my own medical training at the George Washington University, nutrition teaching was so limited, we were left with nothing applicable to our patients.

We recommend the following three-point plan:

1. First, we ask that the White House sponsor initiatives to integrate nutrition into the core curricula at American medical schools. This means (a) working with the Association of American Medical Colleges, (b) working with textbook publishers, and (c) providing grant support for curriculum changes through the Public Health Service.

It also means teaching nutrition that actually works. Heart disease and cancer are the leading causes of death. So doctors need a good grounding in the vegetarian (vegan) and plant-based diets that have shown value in preventing or treating them. Vague notions about “eating right” are useless. Not much better are the weak diets designed by those who view Americans as unwilling to make major diet changes. For example, the National Cholesterol Education Program Step II Diet lowers serum cholesterol levels only about five percent. The DASH diet reduces blood pressure only modestly.

These diets focus on minor changes, such as switching from red meat to white meat. But the fact is, Americans now eat one million chickens per hour, and, collectively, we are more out of shape than at any time in our nation's history. Much more effective are diets that eliminate animal products, along with the saturated fat and cholesterol they harbor. These diets work, and research shows that, if offered, most patients accept them.

2. Second, we suggest that the White House direct the Public Health Service to issue a request for applications for research on the use of vegetarian and vegan diets for the following priority conditions, all of which have been linked to the use of animal products and/or insufficient intake of plant foods:

- a. Breast, prostate, and colon cancer
- b. Macular degeneration
- c. Inflammatory and noninflammatory intestinal disease
- d. Diseases of children, particularly Type 1 diabetes, asthma, otitis media, and attention deficit hyperactivity disorder

3. Third, we suggest a Department of Agriculture review of federal policies that conflict with nutritional goals. A generation ago, the government aimed to discourage tobacco use, yet it was simultaneously involved in tobacco marketing. Today, two federally sponsored studies have found an association between dairy products and prostate cancer, even while the Department of Agriculture administers the Milk Mustache campaign. As in the case of tobacco, economic interests and the force of habit confuse consumers and thwart dietary changes.

I appreciate the opportunity to provide these comments, and am happy to respond to any questions you may have.

Clinton Presidential Records

Digital Records Marker

This is not a presidential record. This is used as an administrative marker by the William J. Clinton Presidential Library Staff.

This marker identifies the place of a tabbed divider. Given our digitization capabilities, we are sometimes unable to adequately scan such dividers. The title from the original document is indicated below.

Divider Title: Awang/Hobbs

Characterization of Herbs/Botanicals for Clinical Trial

The main problem affecting commercial herbs and botanical preparations concerns their identity and quality. Inadequate characterization of both raw material and finished product can vitiate the results of clinical trials and make comparison of related preparations extremely difficult. Assessment of the comparative medicinal potential of branded marketed products is thus virtually impossible. The absence in North America of an effective regulatory framework for ensuring the identity and quality of commercial herbs and botanical preparations leaves consumers vulnerable to occasional serious adverse health effects resulting from substitution or adulteration by known toxic plant material.

Because of the variability of botanical material and a general lack of conclusive evidence regarding the identity of active principles and the mechanisms of their action, the only reasonable approach to establishing consistency of therapeutic effect is to characterize the tested material, as extensively as practicable, chemically and biologically.

While proprietary formulations which have been subjected to rigorous clinical assessment may generally be expected to produce fairly consistent medicinal effects, bioequivalence cannot be assumed for "me too" products, whose efficacy is not supported by confirming clinical trials. Science cannot be borrowed in this realm of complex multi-component constituents of undetermined relevance to medicinal effect. On the other hand, the withholding of information on processing methods and details of chemical composition of proprietary formulations, while protecting commercial interests, presents a formidable challenge to investigating the efficacy of herbal preparations.

There is an obvious need for more, and methodologically better conducted, clinical trials to support the effectiveness of herbal preparations. However, the contribution of herbal/botanical therapies to healthcare will only be effectively advanced if regulatory authorities establish programs for effective control of botanical identity and quality, as well as chemical/biological specifications to advance a reasonable expectation of consistent medicinal effect.

Recommendations:

1. The institution of a program for authentication of botanical identity of raw materials used in the production of commercial herbal products.
2. Establishment of sound scientific standards for approval of appropriate medicinal claims.

DENNIS AWANG
CHRISTOPHER HOBBS

Clinton Presidential Records

Digital Records Marker

This is not a presidential record. This is used as an administrative marker by the William J. Clinton Presidential Library Staff.

This marker identifies the place of a tabbed divider. Given our digitization capabilities, we are sometimes unable to adequately scan such dividers. The title from the original document is indicated below.

Divider Title: Butler

Text of the Presentation to the White House Commission on Alternative and Complementary Medicine

Francine Butler PhD
December 4, 2000

Dear Colleagues:

On behalf of the members of the Association for Applied Psychophysiology and Biofeedback, I want to express thanks to the Commission for inviting us to share some thinking on access, delivery, training and credentialing of CAM providers.

I serve as Executive Director of the Association, representing an organization that is 32 years old and has 1,800 members in several disciplines. We are primarily psychologists (65%); physicians and nurses each represent 8%; social workers, physical therapists, occupational therapists, dentists and chiropractors represent another 12% and the balance are students.

~~We suggest that~~ Biofeedback is one the most well established of the CAM therapies. The efficacy of biofeedback for the treatment of specific disorders compares favorably to traditional medicine. There is a large body of scientific work, ^{demonstrating} ~~including~~ treatment efficacy and ^{the} ~~absence~~ of adverse side effects. Only a month ago HCFA agreed to recognize biofeedback for the treatment of incontinence.

Nevertheless, biofeedback is not a household word. Nor is it an accepted word in traditional medical treatment. The largest problem with access and delivery that patients confront is denial by third party payers because biofeedback is still branded as "experimental". Individuals should not have to be forced to turn to other procedures with high risk factors when biofeedback has virtually no associated risk factors. Nor should patients who are unable to afford services be encouraged by their physicians or insurance companies to use medication or therapies that ^{in some cases} ~~may be less effective~~ ^{or} simply treat the symptoms.

We recognize that more research is needed. Like other CAM treatments, biofeedback has not been provided adequate clinical research funding to conduct necessary large-scale clinical outcome studies so that treatment can be evaluated as to efficacy and risk. But, biofeedback and other CAM applications should not have to be held to higher standards of bearing the burden of proof of efficacy than other medical protocols in popular use. ↓

Access is more than just finding a practitioner. It means responsible delivery of and public access to quality information about the conditions for which the treatment has efficacy. It implies developing guidelines for good practice management and delivery of service; it implies developing a knowledge base and insuring that practitioners have met at least minimal criteria to deliver treatment.

I am proud to say that biofeedback has met all of those criteria. AAPB has developed Practice Guidelines and Standards, we have prepared White Papers on Efficacy and we have developed consumer information brochures. Most importantly, we recognized the need for identifying providers and through the Biofeedback Certification Institute of America, we developed a procedure for credentialing practitioners. Our

goal is to see this credential be the recognized standard of practice in this field. We can be a resource to the Commission in these areas.

Despite these efforts,

Our work is far from done. With the good offices of the Commission and the NCCAM we will have support to complete the needed clinical research and remove the barriers to acceptance in the third party arena. In turn, cost effective and efficacious biofeedback will contribute to benefit our citizens' health and welfare.

White House Conf Dec 4

Francine Butler PhD
10200 W. 44th Ave. #304
Wheat Ridge, CO 80033
303 422 2615
303 422 8894 fax

Clinton Presidential Records

Digital Records Marker

This is not a presidential record. This is used as an administrative marker by the William J. Clinton Presidential Library Staff.

This marker identifies the place of a tabbed divider. Given our digitization capabilities, we are sometimes unable to adequately scan such dividers. The title from the original document is indicated below.

Chambers

Divider Title: _____

December 4, 2000

Submitted to:

**White House Commission on Complementary
and Alternative Medicine Policy**
c/o Department of Health and Human Services,
Washington, DC

Comment on the Access and Delivery of
Complementary and Alternative Medicine Services:
Use, Effectiveness and Delivery Systems.

By **Friends of Health**
Diana Chambers, President

Before responding to the questions raised by the Commission with regard to issues of access and delivery systems, I'd like to take a moment to build on the conversation we had at the beginning of December about the question of language and philosophy.

Having discussed at length with leaders in the field different options, such as matrix or multidimensional medicine, Friends of Health recommends **"whole person healing"** as the phrase to best describe the practices for which we are advocates. "Whole person" moves us beyond mind and body distinctions and allows for inclusion of the spirit dimension. "Healing" is preferred over "medicine," the latter being so associated in the minds of many people with a pill or drug. We are concerned to recognize that the practices for which we advocate have their own long-standing foundations. They should not be defined over against conventional allopathic medicine.

As far as philosophy is concerned, we want to recognize that in integrative medicine we have the meeting of two vastly different philosophies, with Western high-tech medicine focused on fixing, fighting and curing disease, while whole person healing practices focus on prevention, wellness and health. Probably the greatest distinguishing factor between these two philosophies can be found at the point of death. While Western allopathic medicine treats death as an event always to be opposed and avoided at all costs, whole person healing recognizes that death is part of the human experience and it is possible, and indeed a part of healing, to die well.

Friends of Health asks the Commission to include within its work a very careful review of these issues of language and philosophy, knowing that the ways in which we name practices define them and affect their very nature. The language of CAM is clearly limited, many of the people testifying in front of the Commission have evidenced their frustration with the language, and these limitations need to be addressed before the practices we care about lose their essential nature because of the language we apply to them.

CHAIR **Rustum Roy** PRESIDENT **Diana Chambers**

BOARD OF ADVISORS **Jeanne Achterberg** *Alternative Therapies*, **Herbert Benson** *Harvard University*, **Deepak Chopra** *Chopra Center for Well Being*,
Robert Duggan *Traditional Acupuncture Institute*, **Larry Dossey** *Alternative Therapies*, **Virginia Harris** *First Church of Christ Scientist*, **Candace Pert** *Georgetown University*,
Ardath Rodale *Rodale Press*, **Marilyn Schlitz** *Institute of Noetic Sciences*, **Bernie Siegel** *Author and M.D.*, **Lindley Smith** *Belvedere Medical Center*, **Andrew Weil** *University of Arizona*
SCIENCE ADVISORY COMMITTEE **Hans-Peter Duerr** *Max Planck Institute*, **Henry Heimlich** *The Heimlich Institute*, **Wayne Jonas** *USUHS*, **Joie P. Jones** *University of California at Irvine*,
Rustum Roy *Pennsylvania State University*, **Gary Schwartz** *University of Arizona*, **George Sudarshan** *University of Texas at Austin*, **William A. Tiller** *Stanford University*



**2014 Kalorama Road NW Suite 3
Washington DC 20009**

Phone 202.483.3080

Fax 202.483.7369

Email foh@friendsofhealth.org

Issues of Access and Delivery

Friends of Health has a particular concern for poor and underserved populations, and is delighted for the opportunity to respond to the questions raised by the Commission.

1. Do patients and healthcare providers have ready access to CAM practices and interventions?

Clearly, the answer is “No.” The constituency with which Friends of Health is most concerned in this regard is the poor, both urban and rural. Other than through a few notable exceptions, such as the Wellness Center at N Street Village here in DC, devoted to providing quality whole person healing for formerly homeless women in transitional housing, there is very little targeted provision of such services. For those without insurance and who cannot afford to pay out-of-pocket, there is no access at all to whole person healing practices. This must be addressed, both for equity and also given that this constituency places a significant burden on the public purse, which could be alleviated through preventive whole person healing practices.

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

From the perspective of the poor, the real question is how such practices can be introduced, before they can be improved. The first step is to identify the most prevalent conditions that threaten the health of the poor, such as obesity, heart disease, diabetes, and drug and alcohol abuse, and determine which whole person healing practices might be most efficacious, such as acupuncture for the treatment of recidivism in alcoholics. Then, given the culture of poverty which is the environment of the poor, there must be a tremendous commitment of quality resources to effect even marginal change. One basic step in this direction would be the expansion of Medicare and Medicaid to cover whole person healing practices and products, with the associated financial commitment to support this expansion. If provision of whole person healing practices and products for the poor were taken seriously, then not only is there the potential for significant cost savings and hence broader provision through the release of resource, but there is the knowledge that the poor have been treated and welcomed as whole people – a dignity that, in the field of health provision, the more privileged have been able to claim for themselves.

For delivery to the poor, speaking from my personal 10 year experience in a network of organizations committed to serving the inner-city poor, I can testify to the obvious, that religious institutions offer by far the most effective systems for delivery to the poor of information, encouragement, group support practices, etc. These systems have been shown many times over to be substantially more cost-effective than federal and local government initiatives. A coherent strategy for involving religious institutions in the provision of whole person healing practices and products should be introduced.

Clinton Presidential Records

Digital Records Marker

This is not a presidential record. This is used as an administrative marker by the William J. Clinton Presidential Library Staff.

This marker identifies the place of a tabbed divider. Given our digitization capabilities, we are sometimes unable to adequately scan such dividers. The title from the original document is indicated below.

Chen

Divider Title: _____

Dear Chairman and CAM Commissioners,

My name is Doreen Chen. As the chair of Chinese Medicine Advisory Council of American Association of Oriental Medicine and honorary chair of the United Alliance of NY State Licensed Acupuncturists, I would like to take this honor to present my view on Oriental Medicine. I, myself, have received eight years western medical education in US and China, and earned a MD degree. I also received training in Traditional Chinese Medicine in China and have been integrating Eastern and Western medicine in the treatment of all kinds of health problem clinically, as well as doing research and teaching for more than 40 years. My personal experiences taught me that integrative medicine would be the future development of medicine, so as to serve the people in full capacity.

Let me illustrate to you a few cases of my own practice in US. Many patients came to see me after they failed in western medicine intervention. They were in a desperate situation and searching help from Oriental medicine. My patients came from not only all over the country, but also all over the world.

An Focolare Movement leader in Rome, Dr. Marchitti has a condition of “cold crisis”, in western medicine identified as “thermal regulation problem”. He had tried western medicine for twenty years with no success. Six years ago when he came to see me in summer, he had to wear two layers of heavy sweater and pants, and also two pairs of heavy socks. He still felt cold inside and was very prone to catch cold and develop pneumonia. His condition in Chinese medical diagnosis is a typical pattern of “Yang deficiency” and “Qi deficiency”. So I offered him Chinese herbal tea to replenish his Kidney Yang and Qi. After taking the herbal tea, he definitely experienced the difference in his body. Every 3-4 months we communicate through E-mail and phone. I adjusted my tea accordingly and mailed the herbs to Rome where he normally resides. Following is his testimony, “Since I started following your herbal therapy, the main result has been a reduction of my work impairment from 50-60 days/year to 5-6 days/year. At present I consider my “cold crisis” practically disappeared.” “Dear Dr. Chen, in summary, this is my medical history and benefits from the treatment you gave me. For this I would like to express to you once again my gratitude.”

My second case is a young man in his forties but has suffered with ulcerative colitis for 20 years and has to be on cortisone, as the MD said, all his life. His diet was so restricted, even a touch of tomato sauce would cause him diarrhea. He started to loose weight and became weak and lost his job. He then turned to seek help from Chinese medicine. According to TCM diagnosis he has “Spleen Yang deficiency”. So I rendered him acupuncture with moxabustion and herbal tea. By 2-3 months he experienced improvement, and

by 6 months he leveled off the cortisone and sorely taking TCM treatment. Then he moved to Florida, got a job and got married and enjoying his happy life, while he still periodically treated himself with moxabustion and herbs. His testimony stated "Chinese medicine has displayed to me through reading, diet, acupuncture and herbal remedy that by putting your body in balance, you have much greater chance of overcoming temporary and chronic illness. Ultimately Chinese medicine is a life style from which you can dominate your environment simply by being in harmony with yourself. If you are open-minded to Chinese medicine, you will very likely be helped."

I have seen many cancer patients receiving chemotherapy and radiotherapy. By the same time, these cancer patients came to me for Chinese medical intervention . They all experienced better result and outcome. Their quality of life improved and prognosis is more optimistic. Today my name is recommended on Dr. Moss Report, "A new era in cancer information", as the best TCM practitioner in North America, because my perfect background and experience in integrative oncology. Recently I was appointed as advisory committee member on Chinese medicine at the department of CAM of Sloan Kettering Memorial Cancer Center. I have so many cancer patient's testimonies to read to you, but time is limited, so I will enclose these testimonies with this presentation for your reference.

I would also like to illustrate, that Chinese Medicine and Acupuncture not only for pain relief, but deal with many other aspects of health problems, even for prevention of illness.

Women issue is a wild field dealing with women menstrual problem, endometriosis, uterus fibroid, as well as infertility. I have used TCM approach collaborated with western medical approach to help many infertility women and men. I saw many family were in desperation and exhausted situation financially and physically. Yet TCM has helped them to have their babies. Here are some pictures of my babies and amazing stories to tell. Like one young woman she has ovarian dysfunction and she has to use another young healthy women's egg for IVF. But she tried 3 times for IVF and spent 40-50 thousands of dollars with failure. After taking Chinese herbal tea for 3 months, she did the same procedure for IVF. She got a twin baby boy. A woman in her late thirties has uterus fibroid with terrible cramps. Western doctor suggested surgical removal, but she wanted to have babies. She came to me for acupuncture and herbal tea. Not too long she gave birth to a boy. During her pregnancy she has no pain, but after delivery the cramps came back, although not so severe. She decided to have another baby at her age 40. I continue to render her acupuncture and Chinese herbal tea. She got another boy at age 41. Beginning of this year she called again and expressed to me that she would like to have a baby girl if I would continue to give her herbal tea. I, myself lost confidence and told her "But, Rosanna, you are old lady now" unless God give

you the blessing. Amazing enough on August 30 of 2000, she did gave birth to another boy. The whole family was astonished.

Now I don't mean to tell you that TCM is perfect or better than western medicine. But certainly TCM has its approach to health which has worked for thousands of years. Western medicine definitely is very scientific and powerful. But both has their shortcomings. My own experience is to take advantage of both and complement with each other, you certainly will get the best result. I have traveled to Europe, Asia and North America and have attended many International Conferences on Integrated Medicine. I foresee the future of medicine is integrative medicine. One cannot take over the other, because each has its own approach and different applications, yet one should learn from each other and respect each other, so that they can complement with each other. The lesson we learn from China, is that in the past hundred years, the western medicine tended to take over TCM, but failed, so the policy in China now is to promote both Western and Chinese medicine on the same level, so as to produce the best result and to serve the people well.

So, in brief, I would like to conclude in a few words as follow:

Oriental Medicine has contribute to the health of the people in the world.

Oriental Medicine has its own identity and unity. It follows the philosophical understanding of the law of nature and developed the Yin-Yang and Five Element Theory and Principle, which applied to our body function and guides the Oriental Medicine physician to diagnosis and to treat the unbalance or dysfunction of the body. The modalities of Oriental Medicine includes Chinese herbal medicine, acupuncture & Moxabustion, Tui-Na massage, Qi-Gong & Tai-Chi exercise, and many other adjunct techniques.

In our country we need really good Oriental Medical physician to serve for our people. To train a good OM physician it requires five years education including the internship. The service rendered by an OM physician should be covered by any healthcare insurance, Federal and private.

This is the kind of policy that our country should established which would benefit our people.

Doreen Guo-Fong Chen
Director of EastWest Integrated Care Ctr.
350 Central Park West, N.Y., N.Y. 10025
Phone 212-749-7111, Fax 718-217-7764
E-mail: CAHCACU@AOL.COM

White House Commission on Complementary and Alternative Medicine Policy

Public Hearing

**Access and Delivery of Complimentary and Alternative Medicine Services:
Use, Effectiveness, and Delivery Systems**

December 4-5, 2000
Hubert H. Humphrey Building
Washington, D. C.

TESTIMONY

**Doreen G. F. Chen, L. Ac., (M. D. & O. M. D. (China))
Chair, Chinese Advisory Council
American Association of Oriental Medicine**

As a New York State acupuncturist with both a general and a specialist practice, as one intimately involved in Oriental medicine policy issues both in New York State and nationally, and as one with a Western medical background as well, I am pleased to provide testimony on access and delivery of complimentary and alternative medicine (CAM) services. My testimony is limited to my area of particular expertise, the whole-health care modality of Oriental medicine, in some states called acupuncture.

Given the current limited use of CAM among the general population due to constrictions within both the regulatory and support frameworks of the delivery system, the effectiveness of CAM as a health care option for the general public is now severely limited. Its most consistent and thorough application occurs within specific, well-defined population groups, particularly the resident Chinese, Korean, Japanese, and other Oriental groups now domiciled in the United States. New York is a state where acupuncture in particular has expanded tremendously due to statutory reform, yet that expansion has not extended to the full potential of the modality as a whole-health care system and continues to be constricted by repressive insurance and regulatory policies.

In a sense, the use of the term "complimentary" or "alternative" when discussing acupuncture is in itself restrictive. When it is used in conventional health plans and HMOs, acupuncture is treated the same as physical therapy or other limited modalities; that is, as a compliment to Western medicine but not a separate whole-health care system. This provides a fashionable attraction for consumers whose knowledge of health care

extends beyond the conventional Western model, but the use of acupuncture is so limited as to turn it into a technician's field, not a real doctor's. As a practitioner who believes that both systems—Western and Oriental—are important components of American health care, I want to see a stronger bond between the two health care systems, but not at the expense of one or the other. Yet insurance providers limit the potential for Oriental medicine by restricting its coverage to a few areas, thereby ensuring that health plans will continue to emphasize traditional Western approaches even though better alternatives may exist.

Oriental medicine is the distinct system of primary health care based on Chinese medical theory and principle that uses diagnostic and treatment techniques, both traditional and modern. Oriental medicine, as in any comprehensive medical system, is used for the prevention or correction of disease, illness, injury, pain or other conditions that inhibit the flow and balance of energy and the proper functioning of the body in a state of health. Acupuncture and other Oriental medicine modalities such as Chinese herbs, Chinese-style tui na, qi gong and tai chi exercise are as a whole used to achieve the goals of balance and well-being. The profession of acupuncture is the actual practice of Oriental medicine, not solely limited to needles, by qualified professionals.

This is an ideal definition of the practice of the profession of acupuncture, but in reality the definition depends upon the state regulatory umbrella, and that frequently affects access, use and ultimately the effectiveness of acupuncture for the consumer. In New York, a limited scope of practice definition created problems for traditional practitioners for a number of years. We are currently seeking to change the New York statute to better reflect a true understanding of the profession of acupuncture and thereby expand access to acupuncture for a wider population.

Access, use and the effectiveness of acupuncture and Oriental medicine also depend to a large degree upon the ability of the consumer to afford the service. Since it is a preventive modality, acupuncture is considerably less expensive than invasive Western medicine procedures, but because it is not recognized by insurance providers, or is recognized in a restricted or limited way, it is beyond the consumer's ability to pay. A common model among insurance providers is to pay only for treatments associated with pain relief. This limited approval mechanism has evolved because CAM providers are not included among the regulatory bodies that make decisions on insurance rates; invariably, the entire system is controlled by Western medical practitioners.

The issues concerning insurance reimbursement extend beyond individual companies and include coverage by Medicare, Medicaid and other public policies. A poor child cannot get effective, non-invasive treatments for asthma because the state's regulatory statute only applies to Medicaid recipients, and Medicaid does not recognize acupuncture. As long as reimbursement policies remain restrictive and favor traditional Western medicine over complimentary or alternative medicines, access to CAM will continue to be limited. Unfortunately, that means that access to quality health care will also continue to be limited. In a worst-case scenario, providers secure reimbursement by using Western medical practitioners who are certified in acupuncture, meaning that they

have taken as little as 300 hours of study. This exacerbates the problem and defeats the effectiveness of acupuncture because these practitioners are poorly trained and under-educated.

Acupuncture and Oriental medicine are noteworthy in the control of pain, respiratory problems, gastrointestinal and blood circulation problems, and problems related to mental illness. Geriatrics is an area where acupuncture can be much more cost-effective than conventional Western medicine. In illnesses that affect children, infant diarrhea, bronchitis, asthma, epilepsy and other convulsive disorders are especially responsible to this primary care profession. Expensive health care options such as surgery and radiation therapy (and the overhead costs of the equipment these options require) are absent under acupuncture care. Not only is acupuncture generically capable of handling a full gamut of health care problems, but the quality and extent of the education and training of practitioners today is commensurate with Western medical doctors.

As the Commission continues its deliberations on CAM policy, it is also important to recognize that educational institutions, professional associations and professionals as a whole are recognizing qualified Oriental medicine practitioners as the model to follow. In conclusion, I urge the Commission to recommend greater access to the use of acupuncture and Oriental medicine by enhancing the effectiveness of the delivery system through an open policy of insurance reimbursement and coverage under federal reimbursement programs.

Respectfully submitted,

Doreen G. F. Chen
217-15 Peck Avenue
Hollis Hills, New York 11427
718-217-7764
cbcacu@aol.com

December 5, 2000

Doreen Chen's patient testimony on Oriental Medicine
& Acupuncture

CHINESE MEDICINE HAS DISPLAYED TO ME
THROUGH READING, ~~AND~~ DIET, ACUPUNCTURE
AND HERBAL REMEDY THAT BY PUTTING YOUR
BODY IN BALANCE YOU HAVE A MUCH GREATER
CHANCE OF OVERCOMING TEMPORARY AND CHRONIC
ILLNESSES. ULTIMATELY, CHINESE MEDICINE
IS A LIFESTYLE FROM WHICH YOU CAN
DOMINATE YOUR ENVIRONMENT SIMPLY BY BEING
IN HARMONY WITH YOURSELF. IF YOU ARE
~~WILLING~~ OPEN-MINDED TO CHINESE MEDICINE
YOU WILL VERY LIKELY BE HELPED.

Donald

When I was diagnosed with breast cancer, I felt empowered because I could tap both state-of-the-art modern Western medicine and Chinese medicine, which has been practiced for thousands of years. I wanted to have the best of both worlds.

While I did go through chemotherapy and radiation, I also was happy to supplement this treatment with acupuncture and specially designed herbal remedies. These Chinese "therapies" were designed to strengthen my immune system while the chemotherapy was necessarily weakening it and also to counteract various side effects I experienced along the way. I even used a special Chinese scalp tonic to help stimulate the regrowth of my hair. The Chinese approach was especially comforting because it addressed any and all physical problems I had, treating my "whole person," not just trying to kill cancer cells.

Nine months later, I have completed my last chemotherapy treatment; I managed to start a new full-time job in course of the treatment and to remain calm and optimistic throughout... and I have a full (albeit still very short!) head of hair! Moreover, my pharmacist told me that I am the only breast cancer patient he knows who has not had to take anti-depressants. I cannot say for sure what role the Chinese medicine played in my relatively painless "survival" of the rigors of chemotherapy and radiation and my sense today that I am well; but I certainly heartily recommend Chinese medicine to any cancer patients I encounter.

A handwritten signature in cursive script, reading "Sheila Gordon".

November 18, 1995

Dear Dr. Chen,

As you know I have been receiving radiation therapy following the excision of a malignant tumor of my left parotid gland comprised of a papilla-cystic variant of an acini cell carcinoma. The treatment was deemed necessary as it was found that the tumor had spread locally yet, thankfully, was not found to be in my lymph nodes or any distant sites. I agree that radiation treatment is necessary to eradicate cancerous cells in the region. I have received 1.8 RDAs a day to the left side of my face for a total to date of 28 sessions. I have 7 more sessions to go. However, I believe other modalities to be necessary to assist my body in combating the side effects of the radiation treatment and augment healing. That is why I sought out your services. I believe that acupuncture and Chinese herbal medicines could bolster my immune system in a relatively non-invasive and natural fashion. I am 34 years-old and am healthy aside from this recent health crisis. Throughout the radiation treatments my energy level has been good, and with the exception of a minor ear infection, dry mouth, and loss of my sense of taste I can say that I have tolerated the radiation treatments exceedingly well. I have not had any sores in the interior of my mouth or throat pain. Nor have I developed any skin rash in the affected area. In addition, I have not even gotten a cold this winter season despite being exposed to colds from members of my family and many friends have contracted!

I appreciate to a greater degree the need for more physiological and emotional balance in my life. I have begun to be more in tune with my body because of the acupuncture treatments. I realize that the body can be stimulated to increase its own mechanisms of healing. I feel there is a need in Western approaches to healing that should take into greater account methods that stimulate physiological balance and maximize the body's own healing potential in a less invasive way. This appears to have been achieved in my case. I attribute, in part, my progress during the radiation treatments to the way that acupuncture and herbal medicine has opened and increased my body's flow of energy, and hence, stimulated my immune system and recuperative capabilities. I hope that professionals in the field of medicine will listen to your words and ideas. I trust they will have enough openness of mind to contemplate the importance of studying and eventually utilizing non-Western non-invasive approaches to healing and curing diseases such as cancer.

Sincerely,

J. David Useda, MA

Adult Clinical Psychology Intern, University of Rochester, Strong Memorial
Hospital



Note on Progress During Treatment at Dr. Doreen Chen's Center

I first went to Dr. Doreen Chen's clinic in June 1996. At the time I was concerned about three problems: first, for a number of years I had experienced pain, numbness and weakness in my left leg; second, I had developed a tremor which was most noticeable when I attempted to carry out simple actions with my left hand; third, I had pain and a restricted range of motion in my right shoulder.

The pain in my right shoulder, which I had had since mid-March, was diagnosed as tendinitis both by a traditional doctor and by Dr. Chen. Dr. Chen's prescribed treatment, consisting of acupuncture (with electrical stimulation) and herbal tea, relieved the severe pain after a few treatments. After two to three months of treatment, the pain was gone and has not recurred since.

The pain and numbness in my left leg had started around 1983, when it was diagnosed as caused by a pulled muscle by a physician who prescribed muscle relaxants and pain killers to relieve the symptoms. In 1991, after a recurrence of the severe pain I had experienced earlier, the problem was diagnosed as 'sciatica.' Until 1996, acupuncture treatments relieved the recurring pain I experienced, but the numbness in my lower rear thigh and foot persisted. Also, the inner calf muscles of my left leg atrophied - there was little musculature remaining and I was totally unable to perform many actions using my left leg which I could perform easily on my right leg. For example, I could not raise my left heel off the ground when walking, running or attempting to jump and I had difficulty balancing on my left leg.

Dr. Chen began acupuncture treatments, with electrical stimulation, and prescribed herbal tea in June 1996. Gradually, not only the pain, but the numbness in my thigh and foot diminished. Although I experience occasional episodes of pain and numbness, treatment returns my leg to a state of slight numbness and almost no pain. In addition, my calf muscles have been developing. Although the muscles in my left leg are not yet as well developed as those in my right, there is less difference between the two both in appearance as well as in strength. My walk and run are better than they were - I no longer limp noticeably - and I am able to exercise much more without tiring quickly as was the case before.

The tremor, which had been slowly increasing in intensity since about 1980, barely improved at first. However, various treatments by Dr. Chen's associate, Dr. Ming Zeng, have resulted in noticeable improvement. My left arm and hand are now much stronger and better coordinated than they were a few months ago. Also, I can now do things with my left hand which I was unable to do until very recently - for example, I am using my left hand while typing this note.

My Testimony

I was treated by a chiropractor, physical therapist(western) and with Swedish massage without success, before receiving acupuncture and Tuina massage for my frozen shoulder. The results have been dramatic. After twelve treatments I have almost no pain, and my range of motion has improved 75%. I can do most of the activities of daily life which had been out of my reach for eight months.

Unlike western physical therapy, the acupuncture and Tuina caused only minor discomfort, and my condition began to improve after only a few treatments.

Miriam Karp

December 4, 1996

Over six years ago, I was rear-ended by a truck which left me with not less than six herniated discs. I lived in constant, chronic head, neck, and back pain until my neurologist Dr. Michael Weintraub referred me to Dr. Doreen Chen.

After a thorough examination and methodical intake Dr. Chen started acupuncture treatment. I was immediately relieved of head pain which I suffered previously for one year. After a short time the back, and finally the neck pain were almost all gone.

I was hesitant at first; however, since then I have referred patients to Dr. Chen, and have received treatment for other ailments myself including a tumor on one of my ovaries, which is now gone.

I would like to publicly thank Dr. Chen for what she has done for me, my family and friends.

Thank you!
Ellen Kurland

In the many things that are written and discussed about the treatment of AIDS, there has been an ongoing debate between Western approaches and various so called alternative treatments. Unfortunately, many people have taken a hard line stance on either side of an invisible fence.

The Western approach has included the use of anti-viral drugs, as well as aggressive preventive treatment of opportunistic infections. The alternative approach has included acupuncture and an herbal regimen, both fundamental aspects of traditional Chinese medicine.

Some of the Western medications used in the treatment of AIDS are known for their serious side effects, which vary from one person to another. These symptoms may include nausea, insomnia, peripheral neuropathy or numbness in hands and feet, and anemia. In my own experience, acupuncture and an herbal regimen have certainly reduced these symptoms or eliminated them altogether.

I have noticed an increase in certain symptoms associated with my Western medications during periods when I have not been able to receive acupuncture or followed my herbal regimen.

I believe that both sources of treatment, Western medicine and traditional Chinese medicine, have complemented each other and have contributed to my present well-being. Almost two years after a diagnosis of AIDS, I have had no opportunistic infections. All side-effects associated with some of the medications I take have either faded or ~~disappeared~~ entirely disappeared. I continue to follow the holistic diet I have followed for many years, get plenty of rest and avoid stress. Physically and spiritually, I feel stronger today than when I was first diagnosed with AIDS.

WHAT ACUPUNCTURE DID AND IS DOING

FOR ME

George Pucci

I had a massive stroke some 4½ years ago. I started acupuncture quite late, yet muscle atrophy has not set in with my left leg, left arm and fingers.

I still don't have full command of my fingers as yet, but I believe in time this therapy along with physical therapy and my determination will get it all back. One must not give up. The worse thing for stroke victim survivors is to discourage them. He has to get up tomorrow in any event-why not encourage him, so he will continue to work to get it all back. Just doing this is healthy and constructive. The alternative is to sit home in a wheel chair and watch TV all day and night and allow the time to go by and hope for an early death. No, thank you!

Acupuncture is the best muscle stimulation one can receive. Since the needles are placed deep into the muscles, really, it's the only true exercise that my hand and leg can get, with battery run electric stimulation causes my fingers to stretch out-something I can not do in any other way including occupation therapy. I firmly believe that in stretching my fingers this way is also retraining my brain. To do this and in time I will be able to do this without outside stimulation of any kind. I will continue acupuncture if there is only 1/8 of inch to gain. With acupuncture, needles are placed in specific points for specific movements. Such as making my hand rise backwards from my wrist and my foot to rise backwards from my ankle. These movements I am unable to do on command. Again I am receiving much needed exercise for these muscles and training my brain to relearn, because the stroke has erased the memory for these movements.

I am aware that the best results would come if I started just after my stroke. Although I started acupuncture quite late, yet I find it is still doing me a lot of good. I'm beginning to hold things in my left hand and my left shoulder and my left leg are getting stronger. I'm able to begin retraining my brain to walk correctly. Heel ball of my foot and toes instead of my foot wanting to turn outward, so that I am forced to take some steps on the side of my foot-dangerous as teaching my brain a bad habit. Bad habits are very difficult to unlearn-so it is important that all the new teaching is correct.

Withdrawal/Redaction Marker

Clinton Library

DOCUMENT NO. AND TYPE	SUBJECT/TITLE	DATE	RESTRICTION
001a. supporting docs	Doreen Chen's testimony to WHCCAMP, birth announcements and photos (6 pages)	nd	b(6)

COLLECTION:

Federal Records

White House Commission on Complementary and Alternative Medicine Policy [WHCCAMP]

OA/Box Number: 43238

FOLDER TITLE:

WHCCAM Meeting Testimony, December 4-5, 2000 [1]

2011-0568-S

kc885

RESTRICTION CODES

Presidential Records Act - [44 U.S.C. 2204(a)]

Freedom of Information Act - [5 U.S.C. 552(b)]

P1 National Security Classified Information [(a)(1) of the PRA]
P2 Relating to the appointment to Federal office [(a)(2) of the PRA]
P3 Release would violate a Federal statute [(a)(3) of the PRA]
P4 Release would disclose trade secrets or confidential commercial or
financial information [(a)(4) of the PRA]
P5 Release would disclose confidential advice between the President
and his advisors, or between such advisors [(a)(5) of the PRA]
P6 Release would constitute a clearly unwarranted invasion of
personal privacy [(a)(6) of the PRA]

b(1) National security classified information [(b)(1) of the FOIA]
b(2) Release would disclose internal personnel rules and practices of
an agency [(b)(2) of the FOIA]
b(3) Release would violate a Federal statute [(b)(3) of the FOIA]
b(4) Release would disclose trade secrets or confidential or financial
information [(b)(4) of the FOIA]
b(6) Release would constitute a clearly unwarranted invasion of
personal privacy [(b)(6) of the FOIA]
b(7) Release would disclose information compiled for law enforcement
purposes [(b)(7) of the FOIA]
b(8) Release would disclose information concerning the regulation of
financial institutions [(b)(8) of the FOIA]
b(9) Release would disclose geological or geophysical information
concerning wells [(b)(9) of the FOIA]

C. Closed in accordance with restrictions contained in donor's deed
of gift.

PRM. Personal record misfile defined in accordance with 44 U.S.C.
2201(3).

RR. Document will be reviewed upon request.

My Paralysis and My Recovery

In June I began to experience unbearable pain in my right shoulder. Pain so bad that I was often up nights pacing around. The pain one night, in early July, was so excruciating that I had to be taken to the hospital. I was suffering from horrible muscle spasms that were actually visible. The next day, after being released from the hospital, I did not have pain any longer, rather I became suddenly paralyzed in the upper portion of my arm and shoulder.

There are many guesses as to what caused this, although the actual cause is unknown. My doctors are under the impression, after tracing my history of pain, that I initially hurt myself by pushing open the very heavy windows at school. I had strained my muscles and stretched a nerve by doing a normal action that caused a freak accident.

I took four MRI (Magnetic Resonance Imaging) tests to try to find an abnormality that could be corrected. This attempt was unsuccessful. However, an abnormality was found by an EMG (electro myo-graph) test. It was found that I had nerve damage that caused my paralysis. By the results of this test, they were able to make a diagnosis of sub-total paralysis causing the dystrophy of my muscles. They may have given me a diagnosis, but they did not give me a prognosis, and thus left me with no hope. So, I turned to acupuncture to provide myself with a rehabilitation program. I went to Dr. Chen because I heard from a former patient of hers that she had cured him of a shoulder injury.

I go for acupuncture treatments twice a week. The acupuncture that I get is one of electro-stimulation in order to stimulate the nerve and muscle rehabilitate. The needle provide a deep massage that causes

the muscles to contract.

This contraction allows my otherwise idle muscles to exercise to rebuild the atrophy that has been caused.

At first I was skeptical and afraid to try acupuncture. I feared that it would be painful, but I have learned that at its worst it is merely uncomfortable and that most of the time it feels like a deep massage. I am glad that I put my skepticism and my fears about acupuncture aside, and gave it a try, because for me acupuncture is the therapy that works. When I began my acupuncture treatments, I scarcely could move my arm around.

~~Previously~~ I have regained a lot of movement allowing me to do most normal things. I do not only see my recovery through my daily activities, but I have seen proof of it in my last EMG. My second EMG taken in December, only after fifteen treatments of acupuncture, has shown that my muscles, excluding the deltoid, have regained their 100% potential. This proves to me that I am on the road to recovery with acupuncture. Acupuncture has given me courage

and hope to face up to my illness and to look forward to my full recovery. I get a "charge" both physically and spiritually from acupuncture, that gives me the energy to have a fierce determination to overcome the greatest odds.

~~Presently~~

— It was frustrating and discouraging to not be able to be athletic ~~any~~ anymore or to even be able to do a social gesture as shaking hands. Presently, I am ~~strong~~ ~~the~~ swimming, dancing, shaking hands and enjoying my life again.

Withdrawal/Redaction Marker

Clinton Library

DOCUMENT NO. AND TYPE	SUBJECT/TITLE	DATE	RESTRICTION
001b. supporting docs	Doreen Chen's testimony to WHCCAMP, handwritten letter, Morris Samuels (partial) (1 page)	12/01/00	b(6)

COLLECTION:

Federal Records

White House Commission on Complementary and Alternative Medicine Policy [WHCCAMP]

OA/Box Number: 43238

FOLDER TITLE:

WHCCAM Meeting Testimony, December 4-5, 2000 [1]

2011-0568-S

kc885

RESTRICTION CODES

Presidential Records Act - [44 U.S.C. 2204(a)]

P1 National Security Classified Information [(a)(1) of the PRA]
P2 Relating to the appointment to Federal office [(a)(2) of the PRA]
P3 Release would violate a Federal statute [(a)(3) of the PRA]
P4 Release would disclose trade secrets or confidential commercial or
financial information [(a)(4) of the PRA]
P5 Release would disclose confidential advice between the President
and his advisors, or between such advisors [(a)(5) of the PRA]
P6 Release would constitute a clearly unwarranted invasion of
personal privacy [(a)(6) of the PRA]

C. Closed in accordance with restrictions contained in donor's deed
of gift.

PRM. Personal record misfile defined in accordance with 44 U.S.C.
2201(3).

RR. Document will be reviewed upon request.

Freedom of Information Act - [5 U.S.C. 552(b)]

b(1) National security classified information [(b)(1) of the FOIA]
b(2) Release would disclose internal personnel rules and practices of
an agency [(b)(2) of the FOIA]
b(3) Release would violate a Federal statute [(b)(3) of the FOIA]
b(4) Release would disclose trade secrets or confidential or financial
information [(b)(4) of the FOIA]
b(6) Release would constitute a clearly unwarranted invasion of
personal privacy [(b)(6) of the FOIA]
b(7) Release would disclose information compiled for law enforcement
purposes [(b)(7) of the FOIA]
b(8) Release would disclose information concerning the regulation of
financial institutions [(b)(8) of the FOIA]
b(9) Release would disclose geological or geophysical information
concerning wells [(b)(9) of the FOIA]

Kaman Carol Samuels

(b)(6)

Brooklyn, NY 11230

(b)(6)

Dec 28, 00

For the Hearing on Alternative Medicine:

Gentlemen & women;

As a citizen of this great country I cannot impress upon you enough, the need for the financial support of Alternative Therapies such as Acupuncture.

Just 3 weeks ago, following surgery for a uterine ^{polyp} ~~polyp~~ and 'D+C', my lower back became locked and went into spasms. I could not bend, care for my house or family, even tie my sneakers.

My gynecologist assured me it was not related to the surgery. I went to a Chiropractor for 3 sessions. He diagnosed an 'Impacted Sacrum' (hipbone), with radiating pain to the right side. After 3 Ultra-Sound Heat Treatments and a Cold Pack & stretching, there was no improvement.

I then went to see Dr. Yi Lin Hu, Brooklyn Acupuncturist. The day after my very first treatment,

Withdrawal/Redaction Marker

Clinton Library

DOCUMENT NO. AND TYPE	SUBJECT/TITLE	DATE	RESTRICTION
001c. supporting docs	Doreen Chen's testimony to WHCCAMP, handwritten letter, Marian Samuels (partial) (1 page)	11/28/2000	b(6)

COLLECTION:

Federal Records

White House Commission on Complementary and Alternative Medicine Policy [WHCCAMP]

OA/Box Number: 43238

FOLDER TITLE:

WHCCAM Meeting Testimony, December 4-5, 2000 [1]

2011-0568-S

kc885

RESTRICTION CODES

Presidential Records Act - [44 U.S.C. 2204(a)]

- P1 National Security Classified Information [(a)(1) of the PRA]
- P2 Relating to the appointment to Federal office [(a)(2) of the PRA]
- P3 Release would violate a Federal statute [(a)(3) of the PRA]
- P4 Release would disclose trade secrets or confidential commercial or financial information [(a)(4) of the PRA]
- P5 Release would disclose confidential advice between the President and his advisors, or between such advisors [(a)(5) of the PRA]
- P6 Release would constitute a clearly unwarranted invasion of personal privacy [(a)(6) of the PRA]

C. Closed in accordance with restrictions contained in donor's deed of gift.

PRM. Personal record misfile defined in accordance with 44 U.S.C. 2201(3).

RR. Document will be reviewed upon request.

Freedom of Information Act - [5 U.S.C. 552(b)]

- b(1) National security classified information [(b)(1) of the FOIA]
- b(2) Release would disclose internal personnel rules and practices of an agency [(b)(2) of the FOIA]
- b(3) Release would violate a Federal statute [(b)(3) of the FOIA]
- b(4) Release would disclose trade secrets or confidential or financial information [(b)(4) of the FOIA]
- b(6) Release would constitute a clearly unwarranted invasion of personal privacy [(b)(6) of the FOIA]
- b(7) Release would disclose information compiled for law enforcement purposes [(b)(7) of the FOIA]
- b(8) Release would disclose information concerning the regulation of financial institutions [(b)(8) of the FOIA]
- b(9) Release would disclose geological or geophysical information concerning wells [(b)(9) of the FOIA]

[0016]

MORRIS R. SAMUELS, ED.D.

(b)(6)
BROOKLYN, NEW YORK 11210

2/1/00

Dear Sirs

I have seen Dr. Ye-lin Hu, a New York State Licensed Acupuncturist, on several occasions and have found him to be very knowledgeable and helpful in dealing with my back and chest problems, as well as Anxiety and stress. The treatments were Painless, effective, with no side effects, and I would highly recommend Acupuncture as an effective treatment modality.

I hope this information is helpful.

Respectfully
Morris Samuels, Ed.D.

I felt 50% improvement, and after treatment -
I was 80% better; and now after my third treat-
ment, I am 95% cured.

I know this sounds unbelievable, and yet
I am so gratefully amazed at my 'miracle'.
The awful pain is gone and I can resume my
life fully. I had been living on constant doses
'Extra Strength Tylenols', and now none.

Congressmen + women, I urge you to support
with compassion the needs of your fellow
Americans and pass the necessary legislation
for Alternative Medical Therapies.

Most Sincerely,
Mrs. Marian Samuels