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DOCUMENT NO. AND TYPE	SUBJECT/TITLE	DATE	RESTRICTION
001. list	speakers on WHCCAMP agenda (partial) (9 pages)	01/23/2001	b(6)
002. cover page	testimony of Simone Charlap (partial) (1 page)	01/23/2001	b(6)
003a. letter	open, on behalf of Dr Jennifer Daniels (partial) (1 page)	nd	b(6)
003b. testimony	Jennifer Daniels (partial) (1 page)	01/23/2001	b(6)
003c. letter	open, on behalf of Dr Jennifer Daniels (partial) (1 page)	nd	b(6)
003d. resume	Jennifer Daniels (partial) (1 page)	nd	b(6)

COLLECTION:
Federal Records
White House Commission on Complementary and Alternative Medicine Policy [WHCCAMP]

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FOLDER TITLE:
WHCCAM Testimony Given, Lighthouse International Conference Center, January 23, 2001 [1]

2011-0568-S
kc888

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]

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

Testimony Given at
Town Hall Meeting
January 23, 2001

Lighthouse International Conference Center
New York, New York

✓ = APPEARED AT MEETING / HAVE COPY
○ = DID NOT STOP AT DESK
NO COPY / NO STMT
DID NOT SPEAK

MASTER

AGENDA

WHITE HOUSE COMMISSION ON COMPLEMENTARY AND ALTERNATIVE MEDICINE POLICY

January 23, 2001

9:00am – 9:00pm

8:00am Registration (All Day)

9:00am Opening Remarks

Stephen C. Groft, Pharm.D.
Executive Director, White House Commission on Complementary and Alternative Medicine Policy

James S. Gordon, M.D.
Chair, White House Commission on Complementary and Alternative Medicine Policy

Gilberto Cardona, M.D.
Acting Regional Director, Department of Health and Human Services Region II

9:15am **PANEL 1**
Panel Coordinator – Dr. Joseph Kaczmarczyk

1. **Ansel R. Marks, MD, JD**
Executive Secretary for the Board of Professional Conduct
New York State Department of Health
Board of Professional Medical Conduct
5 Penn Plaza, Suite 603
New York, NY 10001

2. **Margaret B. Buhrmaster**
NYS Department of Health, Office of Regulatory Reform
2415 Corning Tower
Albany, NY 12237

3. **Caroline V. Rider**
Caroline V. Rider, Attorney at Law
42 East Market Street
Red Hook, NY 12571

4. **Stephen Lee Lockwood**
Lockwood & Golden, Esqs.
1412 Genesee Street
Utica, NY 13502

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[001]

5. **Simone Charlop**
(b)(6)
New York, NY 10016

6. **Martin Rossman** NO COPIES WILL SEND IN
Academy for Guided Imagery
10 Willow Street
Mill Valley, CA 94941

PANEL 2
Panel Coordinator – Dr. Joseph Kaczmarczyk

7. **Grace Marie Arnett**
The Galen Institute
P. O. Box 19080
Alexandria, VA 22320

8. **Camilla R. G. Rees**
Strategic Communications Counsel
151 East 83rd
New York, NY 10028

9. **Joseph Loizzo**
Columbia Presbyterian Eastside
16 East 65th
New York, NY 10021

10. **Kevin Chen**
UMDNJ - New Jersey Medical School
30 Bergen Street
Newark, NJ 07107

11. **Leo Galland** NO-E-MAIL WILL
Foundation for Integrated Medicine
133 East 73rd Street
New York, NY 10021

PANEL 3
Panel Coordinator – Corinne Axelrod

12. **Fredi Kronenberg**
Rosenthal Center for Complementary and
Alternative Medicine
Columbia University Col. P & S
New York, NY 10032

13. **Elaine Stern**
(b)(6)
New York, NY 10011

[001]

14. **Kerri Ann Gruninger**
Rosenthal Center
221 West 82nd Street
New York, NY 10024

15. **Frank Lipman**
(b)(6)
New York, NY 10003

16. **Faye Shenkman**
The New York College for Wholistic Education
and Research
6801 Jericho Turnpike
Syasset, NY 11791

17. **Carole Sherri Margalit**
SHARE
(b)(6)
New York, NY 10024

BREAK

11:15am **PANEL 4**
Panel Coordinator – Corinne Axelrod

18. **Ann E. Fonfa**
The Annie Appleseed Project
153 East 32 Street
New York, NY 10016-6029

19. **Cecile Schey**
(b)(6)
New York, NY 10025

20. **Johanna Frances Antar**
(b)(6)
New York, NY 10033

21. **David E Molony**
American Association of Oriental Medicine
433 Front Street
Catasauqua, PA 18032

22. **David Yens**
NY College of Osteo Medicine
NY Institute of Technology
Old Westbury, NY 11568

[001]

23. **Prabhat Jumar Pokhrel**
New York College for Wholistic Health
Education and Research
6801 Jericho Tunpike
Syosset, NY 11791

PANEL 5
Panel Coordinator – Geraldine Pollen

24. **Jennifer Daniels** ✓
Family Medicine, Solo Practice
3100 South Salina Street
Syracuse, NY 13205

25. **Charles E. Gant** ✓
Panel #3 (see Michelle Chang)
6996 Henderson Road
Jamesville, NY 13078

26. **Serafina Corsello** ✓
Corsello Centers for Alternative
200 West 57th Street Medicine
New York, NY 10019

27. **Arnold Gore** ✓
Consumers Health Freedom Coalition
720 Fort Washington Avenue
New York, NY 10040

28. **Edna Fishman**
(b)(6)
New York, NY 10023

29. **Helen Choat**
(b)(6)
New York, NY 10014

PANEL 5
Panel Coordinator – Corinne Axelrod

30. **Janet Susan O Faolain** ✓
New York State Reflexology Association
102 Summit Street
Brooklyn, NY 11231

31. **Vera C. Smith** ✓
(b)(6)
New York, NY 10024 WILL SEND IN

[001]

32. **Monica Miller**
Foundation for the Advancement of
Innovative Medicine (FAIM)
28 Broad Street
Kinderhook, NY 12106-0410

33. **Phillip Shinnick**
(b)(6)
New York, New York 10128
Did not submit

34. **Patricia Connolly**
(b)(6)
Radford, VA 24141
WILL EMAIL

35. **Gary Wadler** MD
Physician/Author for peak performance issues
1380 Northern Boulevard
Suite A
Manhassett, NY 11030

PANEL 7
Panel Coordinator – Kenneth D. Fisher

36. **Renate Siekmann**
(b)(6)
Washington Crossing, PA 18977

37. **Sheldon Lewis**
for Healers.com
1133 Broadway
New York, NY 10010

38. **Sally Kimball Ekaireb**
NYNHC
15 West 72nd Street
New York, NY 10023

39. **Jordana Sontag**
(b)(6)
Harrison, NY 10528

40. **James Navarro**
RD #2 Box 142
Hawley, PA 18428
WILL E-MAIL

41. **Jordi Ros**
Documentary Filmaker
WILL E-MAIL

PANEL 8
Panel Coordinator – Dr. Kenneth D. Fisher

42. **Robert Schiller**
Beth Israel Medical Center
16 East 16th Street
New York, NY 10003

43. **Ellen Paula Tattleman**
Albert Einstein College of Medicine
Montefiore Medical Center
3544 Jerome Avenue
Bronx, NY 10467

44. **David Katz**
Yale School of Medicine
130 Division Street
Derby, CT 06418

45. **William Prensky**
Mercy College
555 Broadway
Dobbs Ferry, NY 10522

46. **Kenneth Steven Gorfinkle**
Columbia University/New York
Presbyterian Medical Center
622 West 168th Street
New York, NY 10032

47. **Constance Park**
Columbia University College of
Physicians and Surgeons
630 West 168th Street
New York, NY 10032

WILL E-MAIL

PANEL 9
Panel Coordinator – Corinne Axelrod

48. **Mark L. Hoch**
American Holistic Medical Association
224 East 83rd Street
New York, NY 10028

49. **Fran Catherine Starr**
American Holistic Nurses Association
465 Cannan Road
Ellenburg Depot, NY 12935-2431

[001]

50. **Sally Bishop** REQUESTED OFF
Mt. Sinai Hospital
415 East 85th Street
New York, NY 10028

51. **Bhaswati Bhattacharya**
American Public Health Association
172 Fifth Avenue
New York, NY 10010

52. **Pamela Miles**
Institute for the Advancement of
Complementary Therapies
215 West 90 Street
New York, NY 10024

53. **Brian J. MacNamara**
(b)(6)
Holland, PA 18966-2139

PANEL 10
Panel Coordinator – Corinne Axelrod

54. **Andrew L. Rubman**
AANP, University of Bridgeport, CSNP
900 Main Street
Southbury, CT 06488

55. **Mark W. Garber**
Greenwich Hospital
23 Trup Drive
Easton, CT 06612

56. **Bronner Handwerger**
University of Bridgeport
77 Stephen Street
Stanford, CT 06902

57. **Jonathan A. Daniel** BRIEFING
Pacific College of Oriental Medicine
915 Broadway
New York, NY 10010

58. **Steven Schenkman**
The New York College for Wholistic
Health Education and Research
6801 Jericho Turnpike
Syosset, NY 11791

59. **Michael Charles Gaeta**
New York College for Wholistic Education
and Research
119-40 Metropolitan Avenue
Kew Gardens, NY 11415

PANEL 11
Panel Coordinator – Geraldine Pollen

60. **Kathleen Ann Golden**
Acupuncture Society of NY
424 West 119th Street
New York, NY 10027

61. **Donald DAngelo**
American Society of Acupuncture
1021 Park Avenue
New York, NY 10028

62. **Tsao-Lin E. Moy**
Tri-State College of Acupuncture
80 Gold Street
New York, NY 10038

63. **Huaihai Shan**
University of Medicine & Dentistry of
New Jersey
675 Hose Lane, UBHC D326
Piscataway, NJ 08854

64. **Christopher Kent**
Council on Chiropractic Practice
195 North Franklin Turnpike
Ramsey, NJ 07446

65. **James Dillard**
Columbia University College of
Physicians and Surgeons
269 West 4th Street
New York, NY 10014

WILL E-MAIL

BREAK

3:30pm **PANEL 12**
Panel Coordinator – Geraldine Pollen

66. **Barrie R. Cassileth**
Memorial Sloan-Kettering Cancer Center
1275 York Avenue
New York, NY 10021

[001]

67. **Raymond Y. Chang**
Institute of East-West Medicine
102 East 30th Street
New York, NY 10016

68. **Janice Pingel**
(b)(6)
Scarsdale, NY 10583

69. **Joan Framo Runfola**
Cancer Care
241 Milburn Avenue
Milburn, NJ 07039

70. **Barbara Sarah**
Oncology Support Program/Benedictine Hospital
105 Mary's Avenue
Kingston, NY 12401

71. **Virginia Mae Langley**
The Coalition for Natural Health
139 Lewis Street
Endicott, NY 13760

PANEL 13
Panel Coordinator –Dr. Joseph Kaczmarczyk

72. **Robb Burlage**
National Council of Churches, Director of Health Justice Ministries
475 Riverside Drive
New York, NY 10027

73. **Swami Sada Shiva Tirtha**
Ayurveda Holistic Center
82A Bayville Avenue
Bayville, NY 11709

74. **Ellen H. Schaplowsky** KRISTEN GEORGI (REMOVED) STET
Traditional Chinese Medicine World Foundation
396 Broadway
New York, NY 10013

75. **Ming Jin**
MingQi Natural Healthcare
990 6th Avenue
New York, NY 10018

76. **Thomas Leung**
Association of Chinese Herbalist
13-17 Elizabeth Street
New York, NY 10013

77. **Sezelle Gereau-Haddon**
The Riverside Church Wellness Center
490 Riverside Drive
New York, NY 10027

PANEL 14
Panel Coordinator –Dr. Joseph Kaczmarczyk

78. **Frances L Brisbane**
School of Social Welfare
SUNY 8231
Stony Brook, NY 11794-8231

79. **Ora J. Bouey**
SUNY at Stony Brook, School of Nursing
Health Sciences Center
Stony Brook, NY 11794-8240

80. **Elsie Owens**
School of Social Welfare SUNY 8231
Stony Brook, NY 11790-8231
will mail in

81. **Eliza Townsend**
Private Practitioner
PO Box 1242
Wyandanch, NY 11798

82. **Charles L Robbins**
School of Social Welfare
SUNY 8231
Stony Brook, NY 11794

83. **Dan Kamofsky**
Care for the Homeless
12 West 21st Street
New York, NY 10010-6902

PANEL 15
Panel Coordinator – Corinne Axelrod

84. **Maria Josepher**
Exponents Inc
151 West 15th Street
New York, NY 10128

85. **John Tribbie**
Greyston Health Services
23 Park Avenue
Yonkers, NY 10703

86. **Anthony Vera**
Betances Health Center
280 Henry Street
New York, NY 10002

87. **Anne Markowitz**
Center for Victim Support, Harlem Hospital
New York, NY

NO SHOW (88.) **Pamela A. Maurath**
Midwifery Task Force
310 West 106th Street
New York, NY 10025

Please provide 1 minute summary of Sharon Reilly

89. **Sharon S. Reilly**
Friends of Midwives in Connecticut
43 Remington Road
Windsor, CT 06095

Pam- sorry but I couldn't stay — nature called! Good luck. The Commission has assured me they will read my comments.
— Sharon

PANEL 16
Panel Coordinator – Corinne Axelrod

90. **FeiLong Qi**
World Shaolin Chanmigong Association
36-09 Main Street
Flushing, NY 11354

91. **Yi Lin Hu**
United Alliance of New York State
Licensed Acupuncturists
41-41 Case Street
Elmhurst, NY 11375

92. **David KM Lew**
The Acupuncture Center
210 East 68th Street
New York, NY 10021

93. **Ding Peng** DR. YONG MING LI (REPLACED)
T.C.M.A. PRES. OF TCMA
108 East 38th Street
New York, NY 10016

WILL BRING

94. **Phyllis W. Tan**
BMK International Inc.
P O Box 812061
Wellesley, MA 02482

95. **Ruth Hillman**
New York Oriental HealthCare Center
2813 Ocean Avenue
Brooklyn, NY 11235

BREAK

6:15pm **PANEL 17**
Panel Coordinator – Dr. Kenneth D. Fisher

96. **Victor Fuhrman**
Independent Reiki Master
83-27 159th Street
Jamaica, NY 11432

97. **Ellen Louise Kahne**
RejkiUniversity-Reiki Peace Network, Inc.
P.O. Box 754217
Forest Hills, NY 11385

NO SHOW 98. **Robbie Fian**
American Association of Oriental
433 Front StreetMedicine
Catasauqua, PA 18032

99. **Missy Vineyard**
American Society for the Alexander
30 North Maple Street Technique
Florence, MA 01062

100. **Martha Hart Eddy**
International Somatic Movement Education &
Therapy Assocation
523 West 121st Street
New York, NY 10027

NO SHOW 101. **Jodi Danielle Sherman**
SUNY Downstate
301 Park Place
Brooklyn, NY 11238

[001]

PANEL 18
Panel Coordinator – Dr. Kenneth D. Fisher

102. **Bruce L. Erickson** WILL EMAIL
B. L. Erickson & Associates
415 East 85th Street
New York, NY 10028

103. **Cassandra Lockwood**
International Somatic Movement Education & Therapy Association
523 West 121st Street
New York, NY 10027

104. **Patrick Gentempo**
Chiropractic Leadership Alliance
225 West Spring Valley Avenue
Maywood, NJ 07607

105. **Peter Bruce Flaum**
T-CAM
119 Engle Street
Tenafly, NJ 07670

106. **Ken Frey**
The Upledger Institute
11211 Prosperity Farms Road
Palm Beach Gardens, FL 33410

107. **Sidney Safron** CHOSE NOT TO SPEAK
Natural Medicine Practice
215 West 98th Street
New York, NY 10025

PANEL 19
Panel Coordinator – Dr. Joseph Kaczmarczyk

NO SHOW 108. **James H. Budd**
(b)(6)
Brooklyn, NY 11238

109. **Karen Fuller**
(b)(6)
New York, NY 10025

110. **Martin Vincent McCarthy**
The Health Accord
1133 Broadway
New York, NY 10010

ALTERNATIVE HEALING CENTER
Geddes Plaza - 527 Charles Ave., Syracuse, NY 13209
Phone: (315) 484-7020, Fax: (315) 484-7306
web: www.hccny.com
Cassandra Harris-Lockwood
Biomechanics & Biofeedback
Wellness Consultant & Sound Therapy

[001]

111. **Kathleen Ann Lukas**
New York Natural Health Coalition
300 East 71st Street
New York, NY 10021

112. **Rachel Lee Chaput**
Green Party
10 Plaza Street
Brooklyn, NY 11238

113. **Kimberleigh Nystrom**
Resonance Homeopathic Study Group
12717 Glenkrik Road
Richmond, VA 23233

PANEL 20
Panel Coordinator – Dr. Joseph Kaczmarczyk

114. **Anthony G. Bloch, BA**
(b)(6)
Astoria, New York 11105

115. **Lawrence Galante**
Lawrence Galante's School of Tai Chi
365 West 28 Street Chuan
New York, NY 10001

116. **Jeffrey R. Goin**
Coalition for Natural Health
P O. Box 9111
Missoula, MT 59807-9111

117. **Ulises Vargas**
Coalition for Natural Health
2221 Linwood Avenue
Williamsport, PA 17701

MAILED TO WILLIAMSPORT

118. **Ridgely Ochs**
Newsday

NO SHOW 119. **Ellen J. Schutt**
Nutraceuticals World
70 Hilltop Road
Ramsey, NJ 07446

DNOT SPEAKING

PANEL 21
Panel Coordinator – Geraldine Pollen

120. **Peter Chowka**
Publick Occurrences.com
New York, NY 10022

[001]

121. **Chao Chyan Pai**
AcuMD.COM
26 Deerfield Drive
Brookfield, CT 06804

122. **Hannah Vance Bradford**
CAM Communications and Reports
5415 West Cedar Lane
Bethesda, MD 20814
CHOSE NOT TO SPEAK

123. **Diane McEnroe**
Sidley & Austin - National Nutrional Foods Assoc
875 Third Avenue
New York, NY 10012

124. **Theresa Marie Warner**
World Childrens Wellness Foundation
3201 Bridge Avenue
Point Pleasant, NJ 08742

125. **Stuart Peter Warner**
World Childrens Wellness Foundation
3201 Bridge Avenue
Point Pleasant, NJ 08742

WILL E-MAIL

PANEL 2

Panel Coordinator – Geraldine Pollen

NO SHOW 126. **Belinda Arocho**
(b)(6)
Elmhurst, NY 11373

127. **Francis Lane Rosenbluth**
(b)(6)
New York, NY 10022
WILL BRING

128. **Yvonne R. Secreto**
The Respit Foundation and Wholistic Professionals Inc.
113-04 219th Street
Queens Village, NY 11429
WILL E-MAIL

NO SHOW 129. **Pauline Ness**
32 West 82 Street
New York, NY 10024

130. **Judy Schneider**
Feingold Association of the United
11 Borman Avenue States
Staten Island, NY 10314

131. **Kathleen Bratby** ✓
Feingold Association
20 Red Bridge Road
Center Moriches, NY 11934

132. **Sandra Ehrenkranz**
Feingold Association ✓
200 Fifth Street
Stamford, CT 06905

133. **Ludwig Duarte Anaya** ✓ TRANSLATING Speaking TATY DUARTE ~~ANAYA~~ MANRIQUE
Association of the Homeopathy in Colombia
South American
42-21 Saqull Street
Flushing, NY 11355

134. **Diego E. Sanchez** BALCEWICH ~~BRINGING~~
AOBTA
26 Gramercy Park South
New York, NY 10003

✓ 135. ~~Magnolia Goh~~ & ZHAO & YANG CHEN (REPLACED)
Highbridge Woodycrest Center
936 Woodycrest Avenue
Bronx, NY 10452

136. **Pierre Rene Fontaine** ✓
New York Natural Health Coalition
98-15 74th Avenue
Forest Hills, NY 11375

137. MARGOLIN - PAPER ONLY - NO PRESENTATION VERBAL ✓

[Federal Register: January 8, 2001 (Volume 66, Number 5)]
[Notices]
[Page 1361]
From the Federal Register Online via GPO Access [wais.access.gpo.gov]
[DOCID:fr08ja01-61]

DEPARTMENT OF HEALTH AND HUMAN SERVICES

White House Commission on Complementary and Alternative Medicine Policy; Notice of Meeting

Notice is given of the third Town Hall Meeting of the White House Commission on Complementary and Alternative Medicine Policy. The purpose of the meeting is to convene the Commission for a public hearing to receive public testimony from individuals and organizations interested in the subject of federal policy regarding complementary and alternative medicine. Comments received at the meeting may be used by the Commission to prepare the report to the President as required by the Executive Order.

Comments should focus on the four areas that follow. Questions for consideration include, but are not limited to those presented below. For each question, please consider including in your response concerns, possible obstacles, existing programs, and suggested solutions to guide the Commission in their deliberations.

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

(A) What can be done to expand the current research environment so that practices and interventions that lie outside conventional science are adequately and appropriately addressed?

(B) What types of incentives are needed to stimulate the research of CAM practices and interventions by the public and private sectors?

(C) How can we more effectively integrate the CAM and conventional research communities to stimulate and coordinate research?

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

(A) Do you have ready access to CAM practices and interventions?

(B) How can access to safe and effective CAM practices and interventions be improved?

(C) What types of CAM practices and interventions should be reimbursable through federal

Commission on Complementary and Alternative Medicine Policy is to provide a report, through the Secretary of the Department of Health and Human Services, on legislative and administrative recommendations for assuring that public policy maximizes the benefits of complementary and alternative medicine to Americans.

Because of the need to obtain the views of the public on these issues as soon as possible and because of the early deadline for the report required of the Commission, this notice is being provided at the earliest possible time.

Public Participation: The Town Hall meeting is open to the public with attendance limited by the availability of space on a first come, first serve basis. Members of the public who wish to present oral comment may register by calling 1-800-953-3298 or by accessing the website at http://whccamp.hhs.gov no later than January 16, 2001.

Oral comments will be limited to five minutes. Individuals who register to speak will be assigned in the order in which they registered. Due to time constraints, only one representative from each organization will be allotted time for oral testimony. The number of speakers and the time allotted may also be limited by the number of registrants. All requests to register should include the name, address, telephone number, and business or professional affiliation of the interested party, and should indicate the area of interest or question (as described above) to be addressed. Individuals interested in attending the meeting to observe the proceedings but not to provide oral testimony should also register.

Any person attending the meeting who has not registered to speak in advance of the meeting will be allowed to make a brief oral statement at the conclusion of the morning and afternoon sessions, if time permits, and at the chairperson's discretion.

Individuals unable to attend the meeting, or any interested parties, may send written comments by mail, fax, or electronically to the staff office of the Commission for inclusion in the public record. When mailing or faxing written comments, please provide, if possible, an electronic version or a diskette. Persons needing special assistance, such as sign language interpretation or other special accommodations, should contact the Commission staff at the address or telephone number listed no later than January 16, 2001.

Dated: December 28, 2000.
Anna Snouffer,
Acting Director, Office of Federal Advisory Committee Policy.
[FR Doc. 01-409 Filed 1-5-01; 8:45 am]
BILLING CODE 4140-01-M

THE WHITE HOUSE
Office of the Press Secretary

For Immediate Release March 8, 2000

EXECUTIVE ORDER 13147

WHITE HOUSE COMMISSION ON COMPLEMENTARY AND ALTERNATIVE MEDICINE POLICY

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

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

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

(a) the education and training of health care practitioners in complementary and alternative medicine;

(b) coordinated research to increase knowledge about complementary and alternative medicine practices and products;

(c) the provision to health care professionals of reliable and useful information about complementary and alternative medicine that can be made readily accessible and understandable to the general public; and

(d) guidance for appropriate access to and delivery of complementary and alternative medicine.

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

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

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

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

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

WILLIAM J. CLINTON

THE WHITE HOUSE,
March 7, 2000.

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THE WHITE HOUSE

Office of the Press Secretary

For Immediate Release September 15, 2000

EXECUTIVE ORDER

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

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

WILLIAM J. CLINTON

THE WHITE HOUSE,
September 15, 2000.

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White House Commission on Complementary and Alternative Medicine Policy

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e-mail whccamp@mail.nih.gov Website www.whccamp.hhs.gov

Commissioners' Biographical Sketches

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

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

Dr. David E. Bresler, of Los Angeles, California, is one of the first contemporary American scientists to study and research acupuncture, guided imagery, and other mind/body approaches. As a professor in the UCLA Departments of Anesthesiology, Gnathology/Occlusion and Psychology, he applied his findings to treating clinical problems that did not respond well to conventional care, beginning with chronic pain. As the Founder and Executive Director of the UCLA Pain Control Unit, he and his team created the first multi-disciplinary, university-based chronic pain program in America. Dr. Bresler has authored or co-authored numerous publications, as well as twenty books and workbooks. Currently, Dr. Bresler serves as Associate Clinical Professor of Anesthesiology at the UCLA School of Medicine, Executive Director of the Bresler Center, Clinical Consultant to the UCLA Pain Medicine Center, Dean of Mind/Body/Spirit of the University of Integrated Studies, and Co-Director of the Academy for Guided Imagery. Dr. Bresler received his B.A. from Brandeis University, his M.A. from Bryn Mawr College, and his Ph.D. from UCLA. He received his Certificate in Acupuncture from the Institute for Taoist Studies.

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

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

Mr. George Thomas DeVries, III, of Rancho Santa Fe, CA, is Chairman, President, CEO and co-founder of American Specialty Health, Inc. and its subsidiaries, American Specialty Health Plans, American Specialty Health Networks, American Specialty Health Systems, and Healthyroads.com. In his position, he manages complementary and alternative health care benefits, networks and services for over 100 health plans covering over 40 million Americans. American Specialty Health Plans is a licensed specialty health plan covering over 4 million Californians for chiropractic and acupuncture. American Specialty Health Systems is a health services intermediary in over 20 states serving over 1.7 million members. American Specialty Health Networks is a national health services organization serving over 35 million Americans and offering a national provider network of over 19,000 chiropractors, acupuncturists, massage therapists, dieticians, naturopaths, and fitness clubs. Healthyroads.com is a complementary healthcare consumer products company offering e-commerce and mail order. Mr. DeVries was the National Entrepreneur of the Year for Health Sciences in 2000. Mr. DeVries has published a number of articles and has lectured on alternative health care in managed care and third-party reimbursement. He received a B.A. from the University of California at San Diego.

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

Dr. Joseph J. Fins, of New York, NY, is an internist and Director of Medical Ethics at New York Weill Cornell Medical Center of New York - Presbyterian Hospital, Associate Professor of Medicine and Medicine in Psychiatry at the Joan and Sanford I. Weill Medical College of Cornell University, Associate Professor in the Program in Clinical Epidemiology and Health Services Research at Weill Cornell Graduate School of Medical Sciences, and Associate for Medicine at The Hastings Center. He lectures extensively and has written widely in the field of Medical Ethics. Dr. Fins received his B.A. from Wesleyan University and his M.D. from Cornell University Medical College.

Dr. Veronica Gutierrez, of Lake Stevens, Washington, practices with Gutierrez Family Chiropractic. She is a professional member of the World Chiropractic Alliance, serving on the Board of Directors. She serves as Chair of the Council on Women's Health and Director of Programs in Public Policy. Dr. Gutierrez has been very active in the chiropractic community, serving on many boards and commissions. She has received numerous awards in her profession, including awards from the Chiropractic Society of Washington, the Straight Chiropractic Academic Standards Association, and the International Chiropractic Association. Dr. Gutierrez received her Doctor of Chiropractic from Palmer College of Chiropractic and did post-graduate work at Cleveland College of Chiropractic.

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

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

Ms. Linnea Larson, of Oak Park, Illinois, is Associate Director of West Suburban Health Care (WSHC), Center for Integrative Medicine in Oak Park. Previously, she was the Behavioral Science Coordinator at WSHC Family Practice Residency Program. She was a clinical social worker at St. John's Hospital in Springfield, Illinois, where she provided inpatient and home hospice services and was also associated with the St. John's Center for Mind-Body Medicine. She also has worked as a family therapist and as a lecturer at the University of Illinois at Springfield. Ms. Larson received a B.A. from Knox College and a M.S.W. from the University of Illinois at Urbana-Champaign.

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

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

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

Joseph E. Pizzorno, Jr., N.D., of Seattle is one of the world's leading authorities on science-based natural medicine. A physician, educator, researcher, and expert spokesperson, Dr. Pizzorno is co-founder and founding president of Bastyr University, the first fully accreditated, multidisciplinary university of natural medicine in the United States. Dr. Pizzorno is the author of Total Wellness and co-author of the Textbook of Natural Medicine and the Encyclopedia of Natural Medicine. In 1996, he was appointed to the Seattle/King County Board of Health, the first natural medicine practitioner in the country to receive such appointment. In 1999, Dr. Pizzorno was elected Chair of the American Public Health Association Special Primary Interest Group on Complementary and Alternative Medicine. He has been licensed as a naturopathic physician in Washington State since 1975. Dr. Pizzorno is now President Emeritus and Senior Advisor to the President of Bastyr University. In September 2000, the Cancer Treatment Centers of America recognized Dr. Pizzorno as Humanitarian of the Year. He currently travels worldwide, lecturing and promoting science-based natural medicine and integrative healthcare. He also co-founded a company to bring natural medicine concepts to corporate health promotion programs.

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

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

Dr. Xiao Ming Tian, of Bethesda, Maryland, is Director of the Academy of Acupuncture and Chinese Medicine and Wildwood Acupuncture Center. Dr. Tian is currently conducting a National Institute of Health (NIH) supported clinical trial with Georgetown University Medical School to treat fibromyalgia patients using acupuncture. He has completed many research projects on the use of Chinese herbal medicine and dietary supplements to treat and prevent arthritis, sports injuries, and fibromyalgia, in collaboration with NIH and the U.S. Department of Agriculture Nutrition Center. In 1991, Dr. Tian was the first person to be appointed a Clinical Consultant of Acupuncture to the NIH medical staff. He is an Adjunct Assistant Professor of Preventive Medicine at the United States Uniformed Health Service. Dr. Tian is the President of the American Association of Chinese Medicine. He is also the Honorary Director of the China Association of Traditional Chinese Medicine and Vice President of The International Academy of Medical Qigong, both in Beijing, China. He currently serves as an advisor to World Health Organization and Pan-American Health Organization on traditional medicine. Dr. Tian received his Medical Degree from Beijing Medical University and was a Ph.D. Research Fellow at NIH.

Dr. Donald W. Warren, of Clinton, Arkansas, currently practices general dentistry, which includes dental cranial osteopathy, an alternative and complementary approach to health; temporomandibular joint dysfunction treatment, an alternative treatment for head, neck and facial pain and orthodontics/orthopedics. Since 1989, Dr. Warren has presented seminars on dental cranial osteopathy, temporomandibular joint dysfunction treatment, contact reflex analysis and designed clinical nutrition, and correct dental occlusion. Since 1999, these seminars have been accredited by the Academy of General Dentistry. He also instructed a hands-on clinic at the Texas College of Osteopathic Medicine, hosted by the Sutherland Cranial Teaching Foundation. Dr. Warren has taught in the United States, the United Kingdom, and Australia. Dr. Warren received a B.A. from Hendrix College and a D.D.S. from the University of Tennessee College of Dentistry. Since then, he has continued to study in his fields of expertise and is a diplomat of the American Board of Head, Neck and Facial Pain.

To Contact WHCCAMP:

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Marks, Ansel R., MD, JD, Executive Secretary for the Board of Professional Conduct	1	BPMC/OPMC Mission Statement	Received
Buhrmaster, Margaret B., NYS Department of Health, Office of Regulatory Reform	2	Untitled Presentation	Received
Rider, Caroline V., Attorney at Law	3	To: White House Commission on Complementary and Alternative Medicine Policy	Received
Lockwood, Stephen Lee, Lockwood & Golden, Esqs.	4	In Support of Federal Legislation To Protect Complementary and Alternative Physicians	Received
Charlop, Simone	5	Untitled Presentation	Received
Rossman, Martin, Academy for Guided Imagery	6		Will Send
Arnett, Grace Marie, The Galen Institute	7	Testimony prepared for delivery before the White House Commission on Complementary and Alternative Medicine Policy	Received
Rees, Camilla R.G., Strategic Communications Counsel	8	Maximizing the Economic Impact of Assimilation of CAM Modalities Through Enhancing Market Forces, Creating Efficiencies through Individual Empowerment, and Waste Reduction by Targeting Root Causes of Illness	Received
Loizzo, Joseph, Columbia Presbyterian Eastside	9	Policy Recommendations on CAM's Role in Healthcare Waste-reduction	Received
Chen, Kevin, UMDNJ -New Jersey Medical School	10	Some Major Obstacles for CAM Research	Received
Galland, Leo, Foundation for Integrated Medicine	11		Will e-mail
Kronenberg, Fredi, Rosenthal Center for Complementary and Alternative Medicine	12	Complementary and Alternative Medicine: Issues for Women and Minorities	Received
Stern, Elaine	13	Untitled Presentation	Received
Gruninger, Kerri Ann, Rosenthal Center	14	Untitled Presentation	Received
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Schenkman, Faye, The New York College for Wholistic Education and Research	16	Policy Recommendations	Received
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Schey, Cecile	19		No Copy
Antar, Johanna Frances	20	Statement for WHCCAM	Received
Molony, David E., American Association of Oriental Medicine	21	Untitled Presentation	Received
Yens, David, NY College of Osteo Medicine	22	Oral Comments by David P. Yens, Ph.D	Received
Pokhrel, Prabhat Jumar	23		No Info
Daniels, Jennifer	24	Open Letter of Appeal on Behalf of Dr. Jennifer Daniels	Received
Gant, Charles E.	25	Untitled Presentation	Received
Corsello, Serafina, Corsello Centers for Alternative Medicine	26	Untitled Presentation	Received
Gore, Arnold, Consumers Health Freedom Coalition	27	Testimony of Arnold Gore, Consumers Health Freedom Coalition	Received
Fishman, Edna	28		No Info
Choat, Helen	29		No Info
O'Faolain, Janet Susan, New York State Reflexology Association	30	Untitled Presentation	Received
Smith, Vera C.	31		Will Send
Miller, Monica	32	Report of the Physician Discipline Process Evaluation Panel on Non-Conventional Medicine	Received
Shinnick, Phillip	33		No Copy
Connolly, Patricia	34		Will e-mail
Wadler, Gary, MD, Physician/Author for peak performance issues	35	Testimony before the White House Commission on Complementary and Alternative Medicine Policy	Received
Siekmann, Renate	36	Untitled Presentation	Received
Lewis, Sheldon	37	Statement for White House Commission on Complementary and Alternative Medicine January 23, 2001	Received
Ekaireb, Sally Kimball, NYNHC	38	Freedom of Choice in the Pursuit of Health	Received
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Ros, Jordi	41		Will e-mail
Schiller, Robert	42	Healing the Patient and Healing the System: Integrating Public Health with Complementary and Alternative Medicine	Received

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Katz, David, Yale School of Medicine	44	Recommendations to the White House Commission on Complementary and Alternative Medicine (CAM) Regarding - Training in Integrative & Evidence-based Medicine-	Received
Prensky, William, Mercy College	45	Presentation by William Prensky	Received
Gorfinkle, Kenneth Steven, Columbia University/New York Presbyterian Medical Center	46	"Mind-Body Medicine in the Trenches"	Received
Park, Constance, Columbia University College of Physicians and Surgeons	47		Will e-mail
Hoch, Mark L., American Holistic Medical Association	48	Remarks White House Commission Complementary and Alternative Medicine	Received
Starr, Fran Catherine, American Holistic Nurses Association	49	Untitled Presentation	Received
Bishop, Sally, Mt. Sinai Hospital	50	Requested not to speak	
Bhattacharya, Bhaswati, American Public Health Association	51	Untitled Presentation	Received
Miles, Pamela, Institute for the Advancement of Complementary Therapies	52	Statement for White House Commissioin on Complementary and Alternative Medicine, January 23, 2001	Received
MacNamara, Brian J.	53	The White House Commission on Complimentary and Alternative Medicine Policy (WHCCAMP)	Received
Rubman, Andrew L., AANP, University of Bridgeport, CSNP	54`	Testimony to the White House Commission on behalf of The American Association of Naturopathic Physicians (AANP)	Received
Garber, Mark W., Greenwich Hospital	55	NCCAMP Presentation	Received
Handwerger, Bronner, University of Bridgeport	56	Testimony to the White House Commission	Received
Daniel, Jonathan A., Pacific College of Oriental Medicine	57		No Copy
Schenkman, Steven, The New York College for Wholistic Health Education and Research	58		No Copy
Gaeta, Michael Charles, New Yorkk College for Wholistic Education and Research	59	To: White House Commission on Alternative and Complementary Medicine, Re: Acupuncture law and certification	Received

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Dangelo, Donald, American Society of Acupuncture	61	Untitled Presentation	Received
Moy, Tsao-Lin E., Tri-State College of Acupuncture	62	Testimony to: The White House Commission on Complementary and Alternative Medicine Policy. January 23, 2000 (sic) - Commissioin Meeting on Training, Education, Certification, Licensure, and Accountability of Health Care Practitioners in Complementary and Alternative Medicine; Topic: Standards of education, training, licensure and certification in the field of Acupuncture and Oriental Medicine	Received
Shan, Huaihai, University of Medicine & Dentistry of New Jersey	63	The Application of Traditional Chinese Gigong in Psychiatry in the United States	Received
Kent, Christopher, Council on Chiropratic Practice	64	Testimony of Christopher Kent, D.C., President, Council on Chiropractic Practice	Received
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Sarah, Barbara, Oncology Support Program/Benedictine Hospital	70		No Copy
Langley, Virginia Mae, The Coalition for Natural Health	71	Untitled Presentation	Received
Burlage, Robb, National Council of Churches, Director of Health Justic Ministries	72	"Our Communities' Right to Universal Holistic Health Care"	Received
Tirtha, Swami Sada Shiva, Ayurveda Holistic Center	73	The Role of Ayurveda in 21st Century US Healthcare	Received
Schaplowsky, Ellen H. (Replaced by Georgi, Kristen), Traditional Chinese Medicine World Foundation	74	White House Commission on Complementary and Alternative Medicine Policy, Testimony Given by Kristen Georgi	Received
Jin, Ming, MingQi Natural Healthcare	75	Untitled Presentation	Received

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Leung, Thomas, Association of Chinese Herbalist	76	Untitled Presentation	Received
Gereau-Haddon, Sezelle, The Riverside Church Wellness Center	77	Untitled Presentation	Received
Brisbane, Frances L., School of Social Welfare	78	Untitled Presentation	Received
Bouey, Ora J., SUNY at Stony Brook, School of Nursing	79	Untitled Presentation	Received
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Townsend, Eliza, Private Practitioner	81	Untitled Presentation	Received
Robbins, Charles L., School of Social Welfare SUNY 8231	82	Testimony Provided to the White House Commission on Complementary and Alternative Medicine, New York City Town Hall Meeting, January 23, 2001	Received
Kamofsky, Dan, Care for the Homeless	83	Comments to the White House Commission on Complementary and Alternative Medicine Policy	Received
Josepher, Maria, Exponents, Inc. 2000	84	Focus: Employee Wellness/Minority and Incarcerated Populations	Received
Tribbie, John, Greyston Health Services	85	Untitled Presentation	Received
Vera, Anthony, Betances Health Center	86	Statement by Ms. Wanda Evans, Executive Director, Betances Health Center	Received
Markowitz, Anne, Center for Victim Support, Harlem Hospital	87	Untitled Presentation	Received
Maurath, Pamela A., Medwifery Task Force	88	No Show	No Copy
Reilly, Sharon S., Friends of Midwives in Connecticut	89	Untitled Presentation	Received
Feilong, Qi, World Shaolin Chanmigong Association	90	Untitled Presentation	Received
Hu, Yi Lin, United Alliance of New York State Licensed Acupuncturists	91	Report to the White House Commission on CAM Policy	Received
Lew, David KM, The Acupuncture Center	92	Untitled Presentation	Received
Peng, Ding (Replaced by Li, Dr. Yong Ming, President of T.C.M.A.	93	Re: Proposal on the regulation of medicinal herbs	Received

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Hillman, Ruth, New York Oriental HealthCare Center	95	If It Works, Then Get It Covered	Received
Fuhrman, Victor, Independent Reiki Master	96	Statement Before the Whitehouse Commission on Complementary and Alternative Medicine Policy	Received
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Vineyard, Missy, American Society for the Alexander Technique	99	Untitled Presentation	Received
Eddy, Martha Hart, International Somatic Movement Education & Therapy Association	100	The Role of Somatic Movement Education & Therapy in Complementary and Alternative Medicine with an Expression of Opinion About Licensure, Standards, and Access	Received
Sherman, Jodi Danielle, SUNY Downstate	101	No Show	
Erickson, Bruce L., B.L. Erickson & Associates	102		Will e-mail
Lockwood, Cassandra, Alternative Healing Center	103		No Copy
Gentempo, Patrick, Chiropractic Leadership Alliance	104	Testimony of Patrick Gentempo, Jr., D.C.	Received
Flaum, Peter Bruce, T-CAM	105		No Copy
Frey, Ken, The Upledger Institute	106	White House Commission on Complementary and Alternative Medicine Policy	Received
Safron, Sidney	107	Chose not to speak	
Budd, James H.	108	No Show	
Fuller, Karen, ND, CSW, LicAc	109	Untitled Presentation	Received
McCarthy, Martin Vincent, The Health Accord	110		No Copy
Lukas, Kathleen Ann, New York Natural Health Coalition	111	Statement for WHCCAM	Received
Chaput, Rachel Lee, Green Party	112	Statement for WHCCAM	Received
Nystrom, Kimberleigh, Resonance homeopathic Study Group	113		No Info

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Name	Roster No	Presentation Title	Status
Bloch, Anthony G., BA	114	Contribution to The White House Commission on Complementary & Alternative Medicine	Received
Galante, Lawrence, Lawrence Glanate's School of Tai Chi	115	Untitled Presentation	Received
Goin, Jeffrey R., Coalitioin for Natural Health	116		No Info
Vargas, Ulises, Coalition for Natural Health	117		Mailed in
Ochs, Ridgely, Newsday	118	Testimony to the White House Commission on Complementary and Alternative Medicine Policy	Received
Schutt, Ellen J., Nutraceuticals World	119	No Show	
Chowka, Peter, Publick Occurrences.com	120	Presentation to the White House Commission on Complementary Alternative Medicine Policy (WHCCAMP)	Received
Pai, Chao Chyan, AcuMD.COM	121	Untitled Presentation	Received
Bradford, Hannah Vance	122	Chose not to speak	
McEnroe, Diane, Sidley & Austin - National Nutrional	123	Testimony of Diane C. McEnroe, Esq., On Behalf of the National Nutritional Foods Association	Received
Warner, Theresa Marie, World Childrens Wellness Foundation	124		Will e-mail
Warner, Stuart Peter, World Childrens Wellness Foundation	125		Will e-mail
Arocho, Belinda	126	No Show	
Rosenbluth, Francis Lane	127		No Copy
Secreto, Yvonne R., The Respit Foundation and Wholistic Professionals Inc.	128		Will e-mail
Ness, Pauline	129	No Show	
Schneider, Judy	130	Untitled Presentation	Received
Bratby, Kathleen	131		No Info
Ehrenkranz, Sandra, Feingold Association	132		No Info
Duarte, Ludwig, Association of the Homeopathy in Colombia	133	Untitled Presentation	Received
Balcewich, Diego Sanchez, AOBTA	134	Untitled Presentation	Received

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Name	Roster No	Presentation Title	Status
Goh, Magnolia (replaced by Chen, Zhao Yang), Highbridge Woodycrest Center	135	Untitled Presentatioin	Received
Fontaine, Pierre Rene, New York Natural Health Coalition	136	Untitled Presentatioin	Received
Margolin	137	Paper Only - No verbal presentation	No Copy

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Name	Roster No	Presentation Title	Status
Antar, Johanna Frances	20	Statement for WHCCAM	Received
Arnett, Grace Marie, The Galen Institute	7	Testimony prepared for delivery before the White House Commission on Complementary and Alternative Medicine Policy	Received
Arocho, Belinda	126	No Show	
Balcewich, Diego Sanchez, AOBTA	134	Untitled Presentation	Received
Bhattacharya, Bhaswati, American Public Health Association	51	Untitled Presentation	Received
Bishop, Sally, Mt. Sinai Hospital	50	Requested not to speak	
Bloch, Anthony G., BA	114	Contribution to The White House Commission on Complementary & Alternative Medicine	Received
Bouey, Ora J., SUNY at Stony Brook, School of Nursing	79	Untitled Presentation	Received
Bradford, Hannah Vance	122	Chose not to speak	
Bratby, Kathleen	131		No Info
Brisbane, Frances L., School of Social Welfare	78	Untitled Presentation	Received
Budd, James H.	108	No Show	
Buhrmaster, Margaret B., NYS Department of Health, Office of Regulatory Reform	2	Untitled Presentation	Received
Burlage, Robb, National Council of Churches, Director of Health Justic Ministries	72	"Our Communities' Right to Universal Holistic Health Care"	Received
Cassileth, Barrie R., Memorial Sloan-Kettering Cancer Center	66	Responses to Questions from the White House Commission on Complementary and Alternative Medicine Policy	Received
Chang, Raymond Y., Institute of East-West Medicine	67	White House Commission Meeting Jan 23 2001	Received
Chaput, Rachel Lee, Green Party	112	Statement for WHCCAM	Received
Charlop, Simone	5	Untitled Presentation	Received
Chen, Kevin, UMDNJ -New Jersey Medical School	10	Some Major Obstacles for CAM Research	Received
Choat, Helen	29		No Info
Chowka, Peter, Publick Occurrences.com	120	Presentation to the White House Commission on Complementary Alternative Medicine Policy (WHCCAMP)	Received
Connolly, Patricia	34		Will e-mail

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Name	Roster No	Presentation Title	Status
Corsello, Serafina, Corsello Centers for Alternative Medicine	26	Untitled Presentation	Received
Dangelo, Donald, American Society of Acupuncture	61	Untitled Presentation	Received
Daniel, Jonathan A., Pacific College of Oriental Medicine	57		No Copy
Daniels, Jennifer	24	Open Letter of Appeal on Behalf of Dr. Jennifer Daniels	Received
Dillard, James, Columbia University College of Physicians and Surgeons	65		No Copy
Duarte, Ludwig, Association of the Homeopathy in Colombia	133	Untitled Presentation	Received
Eddy, Martha Hart, International Somatic Movement Education & Therapy Association	100	The Role of Somatic Movement Education & Therapy in Complementary and Alternative Medicine with an Expression of Opinion About Licensure, Standards, and Access	Received
Ehrenkranz, Sandra, Feingold Association	132		No Info
Ekaireb, Sally Kimball, NYNHC	38	Freedom of Choice in the Pursuit of Health	Received
Erickson, Bruce L., B.L. Erickson & Associates	102		Will e-mail
Feilong, Qi, World Shaolin Chanmigong Association	90	Untitled Presentation	Received
Fian, Robbie, American Association of Oriental Medicine	98	No Show	
Fishman, Edna	28		No Info
Flaum, Peter Bruce, T-CAM	105		No Copy
Fonfa, Ann E., The Annie Appleseed Project	18	Untitled Presentation	Received
Fontaine, Pierre Rene, New York Natural Health Coalition	136	Untitled Presentatioin	Received
Frey, Ken, The Upledger Institute	106	White House Commission on Complementary and Alternative Medicine Policy	Received
Fuhrman, Victor, Independent Reiki Master	96	Statement Before the Whitehouse Commission on Complementary and Alternative Medicine Policy	Received
Fuller, Karen, ND, CSW, LicAc	109	Untitled Presentation	Received

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Name	Roster No	Presentation Title	Status
Gaeta, Michael Charles, New Yorkk College for Wholistic Education and Research	59	To: White House Commission on Alternative and Complementary Medicine, Re: Acupuncture law and certification	Received
Galante, Lawrence, Lawrence Glanate's School of Tai Chi	115	Untitled Presentation	Received
Galland, Leo, Foundation for Integrated Medicine	11		Will e-mail
Gant, Charles E.	25	Untitled Presentation	Received
Garber, Mark W., Greenwich Hospital	55	NCCAMP Presentation	Received
Gentempo, Patrick, Chiropractic Leadership Alliance	104	Testimony of Patrick Gentempo, Jr., D.C.	Received
Gereau-Haddon, Sezelle, The Riverside Church Wellness Center	77	Untitled Presentation	Received
Goh, Magnolia (replaced by Chen, Zhao Yang), Highbridge Woodycrest Center	135	Untitled Presentatioin	Received
Goin, Jeffrey R., Coalitioin for Natural Health	116		No Info
Golden, Kathleen, Acupuncture Society of NY	60	Testimony to: The White House Commission on Complementary and Alternative Medicine Policy, Topic: Standards of Education in the Profession of Acupuncture and Oriental Medicine	Received
Gore, Arnold, Consumers Health Freedom Coalition	27	Testimony of Arnold Gore, Consumers Health Freedom Coalition	Received
Gorfinkle, Kenneth Steven, Columbia University/New York Presbyterian Medical Center	46	"Mind-Body Medicine in the Trenches"	Received
Gruninger, Kerri Ann, Rosenthal Center	14	Untitled Presentation	Received
Handwerger, Bronner, University of Bridgeport	56	Testimony to the White House Commission	Received
Hillman, Ruth, New York Oriental HealthCare Center	95	If It Works, Then Get It Covered	Received
Hoch, Mark L., American Holistic Medical Association	48	Remarks White House Commission Complementary and Alternative Medicine	Received

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Name	Roster No	Presentation Title	Status
Hu, Yi Lin, United Alliance of New York State Licensed Acupuncturists	91	Report to the White House Commission on CAM Policy	Received
Jin, Ming, MingQi Natural Healthcare	75	Untitled Presentation	Received
Josepher, Maria, Exponents, Inc. 2000	84	Focus: Employee Wellness/Minority and Incarcerated Populations	Received
Kahne, Ellen Louise, RejkiUniversity-Reiki Peace Network, Inc.	97	To: WHCCAMP - Legislative Advisory Input Hearings. Re: Committee Hearing	Received
Kamofsky, Dan, Care for the Homeless	83	Comments to the White House Commission on Complementary and Alternative Medicine Policy	Received
Katz, David, Yale School of Medicine	44	Recommendations to the White House Commission on Complementary and Alternative Medicine (CAM) Regarding - Training in Integrative & Evidence-based Medicine-	Received
Kent, Christopher, Council on Chiropratic Practice	64	Testimony of Christopher Kent, D.C., President, Council on Chiropractic Practice	Received
Kronenberg, Fredi, Rosenthal Center for Complementary and Alternative Medicine	12	Complementary and Alternative Medicine: Issues for Women and Minorities	Received
Langley, Virginia Mae, The Coalition for Natural Health	71	Untitled Presentation	Received
Leung, Thomas, Association of Chinese Herbalist	76	Untitled Presentation	Received
Lew, David KM, The Acupuncture Center	92	Untitled Presentation	Received
Lewis, Sheldon	37	Statement for White House Commission on Complementary and Alternative Medicine January 23, 2001	Received
Lipman, Frank, MD, Practitioner	15	Untitled Presentation	Received
Lockwood, Cassandra, Alternative Healing Center	103		No Copy
Lockwood, Stephen Lee, Lockwood & Golden, Esqs.	4	In Support of Federal Legislation To Protect Complementary and Alternative Physicians	Received
Loizzo, Joseph, Columbia Presbyterian Eastside	9	Policy Recommendations on CAM's Role in Healthcare Waste-reduction	Received
Lukas, Kathleen Ann, New York Natural Health Coalition	111	Statement for WHCCAM	Received
MacNamara, Brian J.	53	The White House Commission on Complimentary and Alternative Medicine Policy (WHCCAMP)	Received

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Name	Roster No	Presentation Title	Status
Margalit, Sherri Heitner, Patient Advocate, SHARE	17	To: White House Commission on Complementary and Alternative Medicine Policy	Received
Margolin	137	Paper Only - No verbal presentation	No Copy
Markowitz, Anne, Center for Victim Support, Harlem Hospital	87	Untitled Presentation	Received
Marks, Ansel R., MD, JD, Executive Secretary for the Board of Professional Conduct	1	BPMC/OPMC Mission Statement	Received
Maurath, Pamela A., Medwifery Task Force	88	No Show	No Copy
McCarthy, Martin Vincent, The Health Accord	110		No Copy
McEnroe, Diane, Sidley & Austin - National Nutrional	123	Testimony of Diane C. McEnroe, Esq., On Behalf of the National Nutritional Foods Association	Received
Miles, Pamela, Institute for the Advancement of Complementary Therapies	52	Statement for White House Commissioin on Complementary and Alternative Medicine, January 23, 2001	Received
Miller, Monica	32	Report of the Physician Discipline Process Evaluation Panel on Non-Conventional Medicine	Received
Molony, David E., American Association of Oriental Medicine	21	Untitled Presentation	Received
Moy, Tsao-Lin E., Tri-State College of Acupuncture	62	Testimony to: The White House Commission on Complementary and Alternative Medicine Policy. January 23, 2000 (sic) - Commissioin Meeting on Training, Education, Certification, Licensure, and Accountability of Health Care Practitioners in Complementary and Alternative Medicine; Topic: Standards of education, training, licensure and certification in the field of Acupuncture and Oriental Medicine	Received
Navarro, James	40		Will e-mail
Ness, Pauline	129	No Show	
Nystrom, Kimberleigh, Resonance homeopathic Study Group	113		No Info
Ochs, Ridgely, Newsday	118	Testimony to the White House Commission on Complementary and Alternative Medicine Policy	Received
O'Faolain, Janet Susan, New York State Reflexology Association	30	Untitled Presentation	Received
Owens, Elsie, School of Social Welfare SUNY 8231	80		Will mail in

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Name	Roster No	Presentation Title	Status
Pai, Chao Chyan, AcuMD.COM	121	Untitled Presentation	Received
Park, Constance, Columbia University College of Physicians and Surgeons	47		Will e-mail
Peng, Ding (Replaced by Li, Dr. Yong Ming, President of T.C.M.A.	93	Re: Proposal on the regulation of medicinal herbs	Received
Pingel, Janice	68	Untitled Presentation	Received
Pokhrel, Prabhat Jumar	23		No Info
Prensky, William, Mercy College	45	Presentation by William Prensky	Received
Rees, Camilla R.G., Strategic Communications Counsel	8	Maximizing the Economic Impact of Assimilation of CAM Modalities Through Enhancing Market Forces, Creating Efficiencies through Individual Empowerment, and Waste Reduction by Targeting Root Causes of Illness	Received
Reilly, Sharon S., Friends of Midwives in Connecticut	89	Untitled Presentation	Received
Rider, Caroline V., Attorney at Law	3	To: White House Commission on Complementary and Alternative Medicine Policy	Received
Robbins, Charles L., School of Social Welfare SUNY 8231	82	Testimony Provided to the White House Commission on Complementary and Alternative Medicine, New York City Town Hall Meeting, January 23, 2001	Received
Ros, Jordi	41		Will e-mail
Rosenbluth, Francis Lane	127		No Copy
Rossman, Martin, Academy for Guided Imagery	6		Will Send
Rubman, Andrew L., AANP, University of Bridgeport, CSNP	54`	Testimony to the White House Commission on behalf of The American Association of Naturopathic Physicians (AANP)	Received
Runfola, Joan Framo, Cancer Care	69		No Copy
Safron, Sidney	107	Chose not to speak	
Sarah, Barbara, Oncology Support Program/Benedictine Hospital	70		No Copy
Schaplowsky, Ellen H. (Replaced by Georgi, Kristen), Traditional Chinese Medicine World Foundation	74	White House Commission on Complementary and Alternative Medicine Policy, Testimony Given by Kristen Georgi	Received
Schenkman, Faye, The New York College for Wholistic Education and Research	16	Policy Recommendations	Received

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Name	Roster No	Presentation Title	Status
Schenkman, Steven, The New York College for Wholistic Health Education and Research	58		No Copy
Schey, Cecile	19		No Copy
Schiller, Robert	42	Healing the Patient and Healing the System: Integrating Public Health with Complementary and Alternative Medicine	Received
Schneider, Judy	130	Untitled Presentation	Received
Schutt, Ellen J., Nutraceuticals World	119	No Show	
Secreto, Yvonne R., The Respit Foundation and Wholistic Professionals Inc.	128		Will e-mail
Shan, Huaihai, University of Medicine & Dentistry of New Jersey	63	The Application of Traditional Chinese Gigong in Psychiatry in the United States	Received
Sherman, Jodi Danielle, SUNY Downstate	101	No Show	
Shinnick, Phillip	33		No Copy
Siekmann, Renate	36	Untitled Presentation	Received
Smith, Vera C.	31		Will Send
Sontag, Jordana	39	Jacob's Cure - A Fight Against Canavan Disease	Received
Starr, Fran Catherine, American Holistic Nurses Association	49	Untitled Presentation	Received
Stern, Elaine	13	Untitled Presentation	Received
Tan, Phyllis, BMK International Inc.	94	Presented to: The White House Commission on Complementary and Alternative Medicine Commission	Received
Tattleman, Ellen Paula, Albert Einstein College of Medicine	43	Recommendations to the White House Commission on Complementary and Alternative Medicine Policy	Received
Tirtha, Swami Sada Shiva, Ayurveda Holistic Center	73	The Role of Ayurveda in 21st Century US Healthcare	Received
Townsend, Eliza, Private Practitioner	81	Untitled Presentation	Received
Tribbie, John, Greyston Health Services	85	Untitled Presentation	Received
Vargas, Ulises, Coalition for Natural Health	117		Mailed in

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Name	Roster No	Presentation Title	Status
Vera, Anthony, Betances Health Center	86	Statement by Ms. Wanda Evans, Executive Director, Betances Health Center	Received
Vineyard, Missy, American Society for the Alexander Technique	99	Untitled Presentation	Received
Wadler, Gary, MD, Physician/Author for peak performance issues	35	Testimony before the White House Commission on Complementary and Alternative Medicine Policy	Received
Warner, Stuart Peter, World Childrens Wellness Foundation	125		Will e-mail
Warner, Theresa Marie, World Childrens Wellness Foundation	124		Will e-mail
Yens, David, NY College of Osteo Medicine	22	Oral Comments by David P. Yens, Ph.D	Received

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Divider Title: _____

Johanna Antar
Statement for WHCCAM
January 23rd, 2001

The best way I can express my opinion on the situation of Complementary and Alternative Medicine in this country is to tell you a story. I have a very dear friend that has been diagnosed with liver cancer – one of those fast growing kinds. The doctors gave her 3 months to live. That was over 2 years ago. My friend decided to use alternative therapies to handle the growth of her tumor. It has obviously worked because she's not only still standing, but she's feisty as hell.

That's the good part of the story. Here's the not so good part. To receive her alternative therapies she had to go to a facility in Mexico. Her church helped by raising some money to send her there, since her family is of limited means. The types of alternative therapies that she needs to keep her tumor in check are either unattainable or not approved of in this country. The practitioners to help her maintain these therapies are not approved of in this country. All expenses for these therapies are out of pocket for them.

Last week I was speaking to her husband and I was telling him about another alternative therapy that they might want to look into and he looked me straight in the eye and said "We can't. We have no more money."

What is wrong with this picture? Here we have a family, a good family who has made an obviously good choice for her health care. It has worked and continues to work for her. They aren't the new-age fringe types you might think about when you think alternative medicine. He's a cop, she's a housewife, they have 3 kids, two of them are adopted, they go to church on Sunday. We're talking a family any community would gladly have. So why do they have to fly to another country to exercise their freedom of choice in health care? And why must they totally deplete the family's financial resources to exercise their freedom of choice in health care?

This is America. Some of us still believe the words of the Declaration of Independence – that we are " endowed by our Creator with certain unalienable rights, that among these are Life, Liberty and the pursuit of Happiness." To many many people, being able to openly and easily pursue Alternative Medicines and Therapies IS our way of exercising our unalienable rights of Life, Liberty and the pursuit of Happiness. And for my friend, it's now her ONLY way of protecting her life, liberty and happiness.

Alternative Medicine must be made attainable and legal, and yet at the same time it's basic nature and integrity must be protected. Alternative Medicine cannot be clumped within the traditional western medicine framework, because that framework will put a chokehold on how Alternative Medicine operates. It's time to start thinking outside the box in terms of integrating Alternative Medicines into our health care system – so people may exercise their rights of life, liberty and their pursuit of happiness, their way.

GALEN INSTITUTE *Health Policy Matters*

Testimony prepared for delivery before the

White House Commission on Complementary and Alternative Medicine Policy

January 23, 2001
New York City

by

Grace-Marie Arnett
President
Galen Institute

Thank you, Mr. Chairman and members of the commission, for the invitation to speak briefly here today.

My name is Grace-Marie Arnett, and I am president of the Galen Institute, a public policy research organization based in Alexandria, VA that is devoted to ideas that advance a more vibrant consumer-driven health sector.

Many Americans are increasingly frustrated with the U.S. health system because they face barriers to care. For 43 million Americans, that means a lack of health insurance. For millions of others, it means that access to the care they want – sometimes complementary or alternative health treatments – is blocked by either financial obstacles or by a lack of information about the full range of treatments available.

As we speed into the Information Age, Americans are frustrated with a system that puts someone else – either a private or a public-sector bureaucracy – in charge of deciding what health care they will or will not receive.

Unfortunately, the roots of these problems are based in the way we subsidize health care in this country. Because of the way subsidies are structured, we literally give control over life and death decisions to bureaucrats and politicians who have never met us – people who care more about a balance sheet than about our health and well being. Until we get financial power back into the hands of the American people, these frustrations will continue to grow.

Let me explain what I mean about the way we subsidize care: People who are poor or old or young are very likely to qualify for one of several government health care programs –

Medicaid, Medicare, or the State Childrens Health Insurance Program. In these programs, government officials make up lists of what medical treatments those who qualify for these programs are entitled to receive.

Those who have health coverage through the workplace are eligible for the health plan – or, if they are lucky, the health plans – their employer selects for them, and the benefits that those plans provide. It is virtually impossible for even the smallest firm to provide coverage that suits the particular needs of each employee. Most have just one option regarding health insurance – take it or leave it.

Why is this relevant to an investigation into complementary and alternative medicine? Because, Mr. Chairman, in Washington we are at a crucial point when real policy changes are possible that will begin to put power and control back into the hands of individual consumers.

I describe the ideas in a book I edited, entitled *Empowering Health Care Consumers through Tax Reform.* The ideas in this book have been adopted by President Bush as part of his plan to increase access to and affordability of health coverage.

The centerpiece of this plan would provide tax credits worth nearly $2,000 to families to purchase their own health insurance.

While this is only a start, it could be a transformative change. For the first time, subsidies would be structured to allow people to begin deciding for themselves the shape of their health plans rather than having them dictated by politicians or bureaucrats.

This change also would dramatically increase the opportunities for patients to have access to CAM treatments.

My primary recommendation would be that the commission investigate further changes in tax policy that would lead to greater availability of complementary and alternative medicine treatments. In a new world, instead of having the power structures decide what treatments are and are not covered, people would be able to choose for themselves.

The idea of providing tax credits to help people obtain their own health insurance has strong bi-partisan support in Congress. This issue will be front and center as Congress begins the debate over tax cuts, and it would be very helpful for political leaders to hear from people who understand this important connection between federal subsidies for health insurance and consumer choice of health care.

Our motto at Galen is: "Whoever controls the money controls the choices." If we put power and control back into the hands of consumers, they will have access to a much broader range of health care options.

I would be happy to describe our ideas in detail. Thank you for the opportunity to present this brief overview.

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WHCCAMP NEW YOR TOWN HALL 01/23/2001

Diego Sanchez Balcewich
Zen Shiatsu practitioner
26 Gramercy Park #6H New York NY 10003
phone(212) 353-3781 e-mail:sohoshiatsu@aol.com

Dear Sirs/ Mesdames,

I appreciate the opportunity to speak about regulation of CAM.

Although minimum standards should be required from CAM practitioners, the diversity and complexity of CAM suggests that only the independent professional bodies of each therapy, and not the government, should enter the regulatory arena.

To illustrate the inefficacy of regulatory action, the State of New York's licensing policy for bodyworkers could be used as an example. Shiatsu practitioners like myself, the same as many other Asian Bodywork and other Non-MassageTherapists, get bundled up under the "Massage Therapy" licensing laws of the State. The Massage Therapist License doesn't properly reflect nor represents the knowledge I need in order to practice my profession. The law's limitations and useless requirements for licensing play against achieving high standards of practice in this field. The system of "State Approved" schools churns out ill-prepared students, 80% of which – according to some of these same school's statistics- will be out of business one year after obtaining their license. This speaks volumes about the value of holding a New York State Massage Therapy License today and of the regulatory experience altogether.

I believe the way to ensure proper training and a high standard of practice is to let the independent professional bodies of each discipline regulate the training and certification process. Professional organizations such as A.O.B.T.A. (Association of Bodywork Therapies of Asia) in my field, are a much more reliable source to know the competence of a practitioner. They can keep the checks and balances in the profession through responsible certification in their specific area, continuing education requirements and by adhering to a code of ethics and practice guidelines. If need be, the states should refer to these organization's standards and certifications to license practitioners in any particular discipline.

Should licensing be required, provisions should be made for out-of-state or foreign teachers. Asian Medicine, not being native to this country, absolutely needs the input of foreign teachers that now face impossible regulatory conditions in order to teach in some states.

Let the public and the CAM professional bodies regulate the field. I'd like to see the role of the government as helping these organizations to establish records of safety and effectiveness by supporting research and integration with conventional treatments.

continued

The NIH making funds available for research in Native Systems of Medicine is a positive way forward but we lack the know-how.

As a researcher in CAM I'd like to see support in the form of research courses for CAM practitioners or incentives for medical researchers with experience to work on CAM.

Panel 9. Speaker 51. Bhaswati Bhattacharya

As a public health professional, a preventive medicine doctor, and a holistic healer, my concerns are for the patients who are in the vulnerable position of having to depend on another Being to heal.

Patients depend upon the accuracy, the compassion, and the beneficence of practitioners to diagnose and treat them. That requires that training and education of any healing art or science must be conveyed in a way that embraces those qualities and the relationship that allows for such treatment to occur.

The issue of training and education of CAM has magnified in the past ten years, and has resulted in the formation of courses, centers, and institutes at mainstream medical centers throughout the country. Though this is a step forward in bringing other healing arts to light next to allopathic medicine, there are concerns we must address in order to maintain quality.

One of our challenges is to have the humility to look at the systems of learning used by our ancestors: that of apprenticeship, for in the human-to-human interaction there is a wisdom in "monkey see, monkey do." We should strongly consider whether we want to sit at the feet of our grandfathers and learn from their experiences of decades of practice, or whether we want to learn from people with certificates who learned the difference between homeopathy and allopathy two months ago, or who can now pronounce ayurveda and therefore consider themselves to be an expert. These "experts" are the ones who are being chosen as department chairs of the new CAM centers, leaving uncertified age-old practitioners to quietly continue without our benefit of their wisdom.

For a man who cannot sense chi or disbelieves its existence to be a chairperson of a CAM department is like a cardiologist who never learned to hear a heart murmur to be the chair of cardiology.

We must be vigilant. We must find a way to allow all who have trained in true healing to HEAL. We must be wise, broad-minded, and open enough to encompass and encourage all forms of healing, however they have been learned, without passing premature judgments as to who is "good enough" based on our values for training for clinical practice. That requires that we the judges have the level of healing in ourselves that we can allow others to heal.

Examples of such judgments include MDs who by virtue of their degree assume knowledge of herbal medicine, which is in fact not well taught at med schools; acupuncturists who

quibble with other acupuncturists; and unlicensed healing practitioners who assume that all "doctors" are closed-minded.

In deciding what are "safe and effective" practices and interventions, it is imperative to examine who decides what is safe. Though there are initiatives to expand research methodology toward practice guidelines, the default is still to use the RCT as the gold standard for efficacy, discounting thousands of years of evidence in favor of a field which is still stumbling after 120 years.

Training and education must be designed by people who understand training not because they have NIH grants, not because they have MDs, not because they have been doing it at mainstream medical centers, but rather because what they propose makes sense to a wide variety of healers, patients, practitioners, trainers, students, and other healers-in-training.

Thank you for your attention.

Bhaswati Bhattacharya, MA, MPH, MD

These remarks come from my various experiences, training, and background in alternative medicine education in the following capacities.

Education Director, interest group on CAM, American Public Health Association
Board of Trustees, American Holistic Medical Association
Staff, Rosenthal Center for Complementary & Alternative Medicine, Columbia University
former National Coordinator, Am Medical Student Assoc section on CAM/ HumanisticMedicine
Former intern/guest researcher, NIH/ Office of Alternative Medicine, 1994
Blue Ribbon Panel, NIH National Conference on Complementary Medical/Nursing Education, 1996
Medical Director, InnerDoorway/forHealers.com -multimedia publishing & communications in CAM
Co-Director section on CAM, AMA Midwest Clinical Conference section on CAM, 1998

ANTHONY G. BLOCH

CONTRIBUTION TO
THE WHITE HOUSE COMMISSION ON COMPLEMENTARY & ALTERNATIVE MEDICINE

FOR SOME 31 YEARS NOW I'VE BEEN A CONSUMER OF ALTERNATIVE MEDICAL SERVICES; A CLIENT OF ALTERNATIVE PRACTICIONERS OF VARIOUS SORTS,MOST BEARING THE TITLE OF HERBALIST, AND PRESCRIBING BOTANICALS AS AN ALTERNATIVE TO DRUGS. MY CHOICE TO USE THE SERVICE OF THESE PRACTIONERS HAS BEEN BASED BOTH ON THE DESIRE TO LIVE A LIFE FREE FROM THE DETRIMENTAL SIDE EFFECTS OF PRESCRIPTION DRUGS WHICH I WAS EVEN AT TIMES SENSITIVE TO, AS WELL AS TO LIVE A LIFESTYLE OF BALANCE AND HARMONY WITH NATURE. WHAT WAS FRUSTRATING TO ME IS THAT, WHILE I KNEW THAT HERBAL MEDICINE COULD HELP ME, NONE OF THE HERBALISTS WHOES SERVICES I USED WAS ABLE TO HELP ME VERY MUCH. OFTEN THESE INDIVIDUALS WERE USING FAULTY METHODS OF DIAGNOSIS SUCH AS SWINGING A PENDULUM, OR MUSCLE TESTING TO INFER WHAT MY INTERNAL CONDITIONS MIGHT BE. STILL OTHERS WERE INSUFFICIENTLY TRAINED AND EDUCATED AS TO MEDICAL CONDITIONS, AS WELL AS THE FULL DETAILS OF BOTANICAL MEDICINE. SINCE THEN, I HAVE BEEN THANKFUL TO DISCOVER THAT THERE ARE NATUROPATHIC DOCTORS WHO HAVE A FULL AND RIGOROUS MEDICAL TRAINING, AND WHO UNDERSTAND BOTH THE CONVENTIONAL MEDICAL TESTING AS WELL AS THE CONDITIONS OF HEALTH AND DISEASE, IN EQUAL OR EVEN GREATER DEPTH AND BREADTH AS ONE WOULD EXPECT FROM ANY MEDICAL INTERNIST. THE POINT I WOULD LIKE TO MAKE IS THAT, SO LONG AS THERE ARE PRACTICIONERS OF THE FORMER SORT SERVING THE PUBLIC, THE USE OF HERBAL MEDICINE WILL BE AT BEST INEFFECTIVE, AND AT TIMES EVEN DANGEROUS. ALSO, OCCASIONAL MISHAPS OF THIS SORT IN THE USE OF HERBAL MEDICINE, IN ALIENATING THE PUBLIC AT LARGE TO THE BENEFIT OF NATURAL MEDICINE, WILL IN EFFECT DO MUCH MORE TO SABOTAGE THEIR ABILITY TO BELIEVE IN AND THUS TO RECEIVE THIS BENEFIT IN THEIR LIVES.

BOUEY

Good Afternoon

I thank you for the opportunity to present testimony regarding the use of Complementary Alternative Medicine (CAM) or Traditional Integrative Heath Care Therapies (TIHCT).

My experience is that of a health care provider and user of traditional medicine. I was employed for several years in an emergency department of a major teaching hospital in the Nassau-Suffolk region that treated then and now more patients in their emergency department than any other hospital in the surrounding area. According to data collected the year 2000 the same hospital had over 80,000 patient visits. While I do not recall exact numbers of patient visits annually while I was there it was proportional to the population at the time. I began the rudiments of collecting data regarding the use and efficacy of traditional therapies from information elicited through taking a health history. My questions were basic so as to be understood with minimal clarification.

The questions that I still ask are:

--- What is the problem?

--- What did they do/use to resolve the problem?

--- Why did they use that?

--- How did they use it?

--- Where did they use it?

i.e. by mouth, by inunction ?

--- When did they use it?

(select to use the intervention)?

--- What made it better and what made it worse?

I was ascertaining the efficacy of the treatment.

Frequently, on the off shift, the historian was parent/guardian and the patient was the infant or child.

The efficacy was determined by the adult, whether they noted an improvement in respiratory function, a decrease in fever, increase in appetite or playfulness, the guardian knew the child best and could therefore evaluate the response to treatment.

Patients presented with varied problems and were eager to tell their story regarding the illness or injury and treatment prior to accessing the health care system.

I was obviously a concerned listener and was sought by "repeaters" or individuals who frequented that E.R. for clinic use to multiple trauma problems.

If you will indulge me, I offer to you what can be done to expand the current research environment so that practices and interventions that lie outside conventional science are adequately and appropriately addressed.

I have been collecting data anecdotal recordings since 1954. I teach my students to collect the data while taking a health history. This can be systematically incorporated in data collection by health care providers throughout the country. Retrospective studies may be employed, especially examining what treatment is effective for the little people (Pediatrics) so that we could begin early in life with prevention, promotion and maintenance of health.

I thank you for your attention.

The Whitehouse Commission on Complementary and Alternative Medicine Policy
The Lighthouse International Conference Center,
Ames Auditorium, 111 East 59th Street, New York, New York

On November 2, 1999 there was an advertisement in the *New York Times* by one of the major insurance companies that said, "Alternative Medicine has been around for over 5,000 years. Isn't it about time someone made sense of it?"

I thought, "how arrogant." I reflected on my grandparents and how they had made sense of ancestral medicine and therapies, more than 200 years before they became known as alternative to modern medicine. And, of course many decades before, while they were still in Africa, they used medicine from the land, which my ancestors called "root" medicine and teas. The name *Herbal* medicine was not part of their language. That, too, is a modern day adaptation. They also fashioned all manner of "laying on of hands" to make people in the Villages well. Therapeutic touch and all the new names for "laying on of hands" were not known to them then.

Many old things have improved with enhanced wisdom and exacting science. Nevertheless, I worry, as I heard one physician say that CAM is likely to mean "co-opting alternative medicine". There should be respect for those who went before us and paved the way for science to perfect what they (our ancestors) had *already* discovered.

I hope this commission will help to fend off any master plan to further run underground those persons who have professionalized their practice of ancestral medicine and who are not physicians.

This is extremely important to me as an African American who regularly uses what is now defined as complementary and alternative medicine and therapies. I know hundreds of educated people, as I am, and not so well educated, as many of my great aunts and uncles, who use CAM. However, because conventional doctors for almost one hundred years have baffled patients with "doctor mysticism" leaving them unable to understand doctor jargon, many people, including African Americans like me and my great aunts and uncles, tend to view easily understood health language and medicines from grocery stores, gardens and health food stores as suspect.

African ancestral people have made sense out of alternative medicine. They have also made sense out of modern medicine. They more often than not integrate the two and are more likely to use ancestral medicine and therapies when modern medicine gives them a bleak prognosis. To them, ancestral medicine and therapies is the "bridge" over which they traveled before modern medicine existed or before they could afford it.

Some of the beliefs of African Americans that keep them using ancestral medicine—whether underground or openly are their beliefs that –

-over-

- The healers who inspire confidence/faith are themselves part of the medicine.
- CAM practitioner usually establishes a relationship with their patients.
- When no relationship exists, as is the case in much of modern/conventional medicine, or the doctor is indifferent to the patient, the patient credits a miracle or the God of her/his understanding for the healing/curing.
- The worth of and faith in a treatment is more easily developed by listening to someone like themselves 'testifying' about what the particular treatment/therapy/medication/doctor has done for her or him.
- The power of prayer is a number one 'herb,' it is only complementary to itself.
- Because of ancestral practices of wearing roots, nutmeg, rabbit's foot, deceased grandmother's ring, incense, garlic bag necklace or stomach wrap, copper bracelets, it is easy to believe in the merits of magnet therapy, aromatherapy and rubbing oils.
- Currently, seeing a CAM practitioner helps to keep hope alive after modern medicine practitioners have given them no hope.

I strongly embrace CAM and modern or conventional medicine and believe the movement toward a total integrative approach is a people driven movement. I support this movement with my intellect and with my energy.

Thanks for this opportunity to testify.

January 23, 2001
Frances L. Brisbane, Ph.D.
Dean, School of Social Welfare
SUNY at Stony Brook
Stony Brook, New York
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WHITE HOUSE COMMISSION ON CAM POLICY
TOWN HALL MEETING, NYC
January 23, 2001

Good Morning. My name is Margaret Buhrmaster. I am Director of the Office of Regulatory Reform at the New York State Department of Health.

The Office of Regulatory Reform was created four years ago to mediate and facilitate the processing of health regulations. Our mission has been to create a more outcome-based user-friendly regulatory climate. This is to ensure that rational, sensible regulations support both healthcare providers' and consumers' needs and interests. Our Office takes an objective approach when examining the emerging and evolving issues requiring new regulatory approaches, always keeping in mind the Health Department's vision "...to make New Yorkers the healthiest people in the nation."

A year ago our Office expanded its agenda to include Complementary and Alternative Medicine. Over the course of the upcoming years, we will be objectively facilitating the process regarding State government's role in regulating...or not regulating...the specific areas of CAM.

The inquiries our Office has received over the past year indicate a serious interest in this subject. Inquiries have been received from all sectors of the health care system, including facilities, educators, licensed and unlicensed providers, and consumers. This is an area of healthcare with a great deal of conflicting information...and it is a subject that elicits much emotion.

While I am not prepared to discuss specific recommendations at this time, I can point out, in general terms, areas that we believe deserve thorough examination. For states, a big issue is whether to license, register, credential, certify, or in some other way, set standards of practice for

specific CAM practitioners. Another issue is the consideration of the role of the state in regulating CAM techniques used by state licensed healthcare professionals. This is a complex subject with many different points of view and probably as many different solutions.

The inclusion of CAM in educational curriculum for health professionals is both a public and private issue, one that warrants serious dialogue. There is a genuine interest in providing adequate education so that providers can assess patients needs, but continues to be debate over the credibility of information relating to CAM.

We have found that the one area with broadest interest and concern is the issue of safety and education/information related to the use of herbs and nutrients, their benefits, their problems, and possible contraindications with other supplements and drugs (such as St. John's Wort and AIDS medications). There are serious health safety issues here which should be addressed at the federal level, but we at the state are making an effort to inform ourselves as thoroughly as possible. Not only is this a scientific issue, it is a societal issue in our country because of the many cultural groups that bring to America the traditional medical practices of their homelands.

Like you, as we continue our research at the state level, it is our desire to gather as much information from all available sources without bias. I am here today because I believe that coordination and collaboration between the states and the federal government is essential if we are to develop long-term solutions, which will, in the end, support a safer, healthier and more cost-effective healthcare system in this country.

Thank you for the opportunity to meet and speak with you today. I look forward to continuing this dialogue.

White House Commission
on Complementary & Alternative Medicine Policy
New York City January 23, 2001

Oral Testimony [#72]
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* * * * *

"Our Communities' Right to Universal Holistic Health Care"

The National Council of Churches (NCC) and The Riverside Church, located adjacent in the Morningside Heights/West Harlem communities of Upper Manhattan, historically share a strong faith-based advocacy of universal health care as a human right and system efficiency. We also have been part of the quest for a truly holistic health care and an integrative medicine. We salute the mission of this White House Commission and your potential for making a significant new contribution to this quest.

Upon its 50th anniversary observance in November 1999, the National Council of Churches General Assembly affirmed co-initiation of a Faith Communities Universal Health Care Campaign just concluded across the Year 2000 elections (acronym "U2K"); as well as a role in supporting the ongoing Universal Health Care Justice Campaign. Former Congressperson, Rev. Dr. Robert Edgar, is NCC General Secretary. Also former Congressperson, NCC President Rev. Dr. Andrew Young, is a member of the Surgeon General's Steering Committee for the Campaign Against Racial-Ethnic Disparities in Health and Health Care. The moral disgrace, human suffering, and social costs of 45 million Americans and more without health care coverage and a hundred million more vulnerable and at-risk as seriously under-insured is an international scandal.

As representatives of NCC's international division, Church World Service and Witness, are constantly confronted throughout the world, we all should constantly consider the fact that the U.S. is the only industrialized nation in the world without such universal health care coverage. Even the Union of South Africa, with a heartbreakingly widespread epidemic of HIV/AIDS, a bitter history of Apartheid and severe resource shortages, has now made that commitment.

Our communities in Harlem and Northern Manhattan are composed predominantly of low and moderate-income, working families of minority African-American and Hispanic heritages; including almost one-third first generation immigrants. About 40% of our half-million people do not have basic health care insurance coverage and the racial-ethnic and socio-economic disparities of disease incidence, mortality, health risk, and ineffective care access. Ours are among America's most health at-risk populations.

The Health and Wellness Ministries of Riverside Church have been developing a unique program of congregation and communities-based health education and holistic health modalities, as well as clinical medicine support and referral. These programs have emanated particularly from volunteer activity in its environmentally distinctive Wellness Center, simultaneously towering over the Hudson River and the Harlem community. This includes courses, support groups, observances, retreats, and educational events such as the annual Health and Wellness Weekend.

The latter is highlighted by the guest sermon, this year on Sunday, March 25, to be delivered by Dr. James Gordon, Director of the Center for Mind-Body Medicine in Washington, D.C., author of *Manifesto for a New Medicine,* Chair of this Commission; in dialogue with Riverside's Senior Minister, the Rev. Dr. James Forbes, Jr. on the subject of the complementarities of medical and spiritual healing. (The previous pulpit guest on Health and Wellness Day a year ago was Surgeon General Dr. David Satcher.)

The Interfaith Health Seminar, co-sponsored monthly by Riverside Church and the NCC, has emphasized over the last five years topics regarding the politics of universal holistic health care. Our recurrent theme is "Our Communities' Right to Universal Holistic Health Care" -- in fact, it is the focus of our Wednesday, March 7 Seminar, 5 to 7 p.m. at Riverside.

The underlying quest is for community congregations-based action to improve public resource support and scientific development toward access for all to the emerging integrative medicine -- with an emphasis on holistic prevention, health education, and public health.

As a health care systems analyst with training in public health and urban planning, I believe that we need a major and expanding U.S. public resource commitment both to assuring universal access to holistic care and to scientific evaluation of the effectiveness of all health care modalities. Even more serious funding for the Center for Alternative and Complementary Medicine Research of the National Institutes of Health is required effectively to encompass all utilized and potentially useful modalities.

Yet, in fact, the major cost, danger, and unfulfilled benefit of health care today is the global monopoly of clinical, allopathic, prescription drugs research, production, marketing and pricing and the lack of effective coverage in the U.S. in particular for the tens of millions of our Medicare-eligible older adults and people with serious chronic illness and disabilities. Over 40% of the cost increase in health care overall in the U.S. last year was due to the price of prescription drugs.

Therefore, it should not be forgotten, in perspective – even for this distinguished Commission on Complementary and Alternative Medicine Policy -- that the major scientific health care evaluation gap, as well as socioeconomic coverage gap in the U.S. and internationally is regarding such essentially allopathic pharmaceuticals. As Professor Uwe E. Reinhardt wrote recently in an Op-Ed piece in the New York Times (1/3/01) with regard to "How to Lower The Cost of Drugs" -- as, he said, in particular because of the "morally troublesome impact on the millions of Americans -- many of them elderly (without) insurance coverage for such drugs":

"Private insurers and the government should agree to set aside just 1 percent of their collective yearly spending on prescription drugs and endow a $1 billion research institute. Such a private, nonprofit institute would be an authoritative, independent source of reputable research into whether new, improved drugs are, indeed, significantly new and improved." And, it should be added, whether they are significantly safe and efficacious."

Thus, in conclusion, let it be stated that the quest for our communities' right to universal holistic care -- particularly from across the 132,000 American faith congregations and communities, encompassing an overwhelming majority of Americans -- requires *comprehensively* vigilant action for better public policy and resource support. The mission of this White House Commission should make a significant contribution to our quest. We salute you and promise full partnership in implementation of your findings.

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Barrie R. Cassileth, PhD
Chief, Integrative Medicine Service

Responses to Questions from the White House Commission on Complementary and Alternative Medicine Policy

Summary of Treatment Program

We provide a broad range of complementary therapies to both inpatients and outpatients at Memorial Sloan-Kettering Cancer Center (MSKCC). We distinguish between alternative and complementary therapies, a crucial distinction, especially in cancer medicine. "Alternative" cancer therapies often are promoted as literal alternatives to mainstream care. Alternative therapies by definition are unproved. They may delay or prevent needed care in a timely fashion. Numerous bogus products and programs are promoted as cancer "cures." We do not offer such "alternative" therapies.

Therapies used in the MSKCC Integrative Medicine Service are rational and backed by data indicating their value and utility. Our therapies include many mind-body interventions such as relaxation therapies, hypnosis and self hypnosis, meditation, and so on. Several different kinds of massage therapies are available, including foot massage or very light touch massage for patients who are frail or who recently completed surgery. Therapies most commonly requested by inpatients are massage and music therapy.

Our outpatient facility is located approximately two city blocks from the main MSKCC campus. In this spa-like environment free of biomedical paraphernalia, we provide a full array of services such as various types of massage, mind-body interventions, acupuncture, music and art therapy, and several classes. Classes include T'ai Chi, Yoga, special exercise regimens such as Chair Aerobics and Pilates, and other programs developed specifically for patients with cancer and their families. Nutritional and herbal counseling is also available to both inpatients and outpatients.

Our interventions are geared to enhance body, mind and spirit, and we remain open to developing new programs and providing additional therapies on the basis of patients' and family members' suggestions. Patients and others may self-refer, or they may be referred by their oncologists or other health professionals. Outpatient services are available to any cancer patient and family member, regardless of hospital affiliation.

Memorial Sloan-Kettering Cancer Center
1275 York Avenue, New York, New York 10021
Telephone 212.639.8629 • FAX 212.794.5851
E-mail: cassileth@mskcc.org

Services to inpatients are delivered at no fee; outpatient therapies are appointment- and fee-schedule based. Our service program exists in the context of major research and educational activities, consistent with other MSKCC Services.

How program compares with conventional treatment of same or similar health conditions

Our complementary therapies do not compare with conventional treatment, because they are given as adjuncts or additions to conventional treatment for cancer. There are no viable "alternatives" to mainstream cancer care. Consequently, we are speaking of augmenting rather than replacing mainstream cancer care; we represent the quality of life arm of mainstream cancer treatment.

We have little doubt that our approach (combining mainstream and complementary therapies) is substantively superior to conventional care alone. Of course the most urgent and important aspect of cancer medicine is to destroy the tumor and bring about cure or prolong remission. At the same time, patients experience distressing symptoms that require intervention. Our emphasis is on managing pain, nausea and other symptoms during and after cancer treatment.

The program at Memorial Sloan-Kettering Cancer Center is new. Our clinical services have been available for one year. We provided over 6,000 client visits (3,439 outpatient visits and 3,049 inpatient visits) during our first eleven months.

We routinely collect data on each patient intervention to determine the extent to which the problem for which the patient required complementary services was ameliorated. The reduction in symptoms immediately after therapy for 1,412 MSKCC inpatients and outpatients was approximately 50% for all symptoms and across all therapies. In decreasing order of incidence, patients requested help for fatigue, anxiety, pain, depression, and nausea. Therapies included in these summaries are regular and light-touch massage, foot massage, music therapy, meditation, and mind-body/relaxation approaches. Only modest reduction in these symptoms after acupuncture reflected the view of many acupuncturists that a decrease in symptoms is rarely seen immediately following treatment.

Barriers to access and delivery of complementary therapies and policy recommendations to eliminate them

Several major barriers limit patient access to complementary therapies. A central issue concerns the need for additional data that fully document the efficacy of complementary modalities, including the clinical circumstances under which particular modalities are most effectively applied. Another problem arises from the conduct of poor quality research resulting in unreliable data. This is a serious problem because it generates

skepticism among healthcare professionals who then withdraw their support and decline to refer patients. This may be followed by lack of institutional support and absence of funding for program development. Limited insurance coverage for complementary therapies increases the financial burden on patients.

In order to eliminate some of these barriers it is essential for government policy to regulate, support, guide, and encourage high quality research in the field of CAM. Lastly, complementary therapies should not be viewed as competition to mainstream cancer medicine; rather the two should be integrated as is the case in the MSKCC program. In order to foster integration of the two fields it is imperative for future healthcare policy to validate the benefits of complementary therapies, disseminate results, and then provide appropriate coverage.

To whom should program be accessible? Stand alone or integrated with conventional care?

Complementary therapies in the cancer care setting represent an extension of supportive care, which has a long tradition in cancer medicine. In my view, all cancer patients and family members should have access to complementary therapies that address their quality of life needs while they are going through treatments and thereafter. Cancer medicine represents a unique component of health care in that we are not facing a decision of whether to use mainstream treatments or to use some unproven alternative. Rather, we strive to ensure patients' comfort, to relieve stress, and to decrease or eliminate symptoms.

There is a second reason for integrating complementary and mainstream cancer care: cancer represents a massive biological event, and its treatments are often extremely difficult. Approximately 55% of patients with cancer will be cured. This means, however, that many patients will experience progressive disease and will require special assistance as terminal stages of illness approach. In all stages of disease, it is absolutely essential that complementary therapists work along with oncologists to insure that particular therapies as well as their administration are consistent with patients' physiologic status.

Cancer care requires not only the emphasis on decreased symptoms and enhanced quality of life enabled by complementary therapies, but also insuring that these often fragile and very ill patients receive only care that will benefit them. In complementary as in mainstream medicine, the guiding principle is always "first, do no harm".

White House Commission Meeting Jan 23 2001

To enable complementary and alternative medicine (CAM) to become more accessible and transparent, we need to win the complete trust of the conventional medical community, which is still suspicious if not hostile in many instances and on many occasions. It needs to be made clear that although CAM practices may be unconventional and its mode of action [eg in case of acupuncture] may not even be fully accountable by current biological sciences, but we need to ultimately judge CAM by outcome data. Quality clinical data is extremely costly to generate. Unfortunately, the trickle of public and private funding available for formal trials will make such data unavailable for many CAM modalities and interventions for a long time to come. This has to do with commercial issues such as patentability as well as profitability besides policy matters, and as such will need to be solved on a macro level over a period of time. Another important avenue to instill trust in CAM in the conventional medical community is to bolster CAM training for our young doctors and ancillary health providers. Although limited CAM curricula has been introduced into most medical schools, serious and in-depth CAM teaching, training and practice is sorely lacking at the internship/residency/fellowship levels, thus leaving most MD CAM practitioners largely self-taught or even self-professed. The overall quality of post-graduate CAM education can be enhanced with appropriate rotations in CAM during postgraduate training. Integrated offers of CAM related workshops and symposia during major annual medical conferences sponsored by the major medical societies and institutions. Education is much less expensive than research and over time may yield a higher return. It is imperative that a new generation of physicians and other health care providers develop crucial new awareness about CAM necessary for them to learn, accept, and practice it for the health and well-being of their patients.

Raymond Chang MD FACP

Rachel Chaput
Statement for WHCCAM
January 23rd, 2001

I speak from the perspective both of a consumer of alternative medical services and a future practitioner. I am a student of homeopathy, reiki, herbalism and reflexology, and have been for years. Within the next six months, I plan to make these areas my official career.

I have been a consumer of many different types of natural healing for almost ten years. I feel it is my involvement with these techniques and their practitioners that is responsible for my healing process during this time. Frankly speaking, I was very ill, mentally, emotionally and physically, when I began to see these practitioners a decade ago. I'm not altogether sure I would even be alive at this time if it were not for their support and help.

I do not believe that the type of help they offered me is something that I could get from any Western medical source. Psychoactive and other western medical drugs, and even standard psychotherapy do not go deep enough into a person's being to have healed me the way I have been healed by other treatment modalities. While it is very difficult to understand how this could be so, if you have not had a soul-changing experience through an alternative healing process, I can only say that I am extremely grateful that I had access to these therapies. I believe my life depended upon it.

I am finally at the point in my life where I feel good on all levels, and I am ready to offer to the world what I believe is the most important thing I can offer, and that is support through alternative healing. As I said before, I have been studying a number of different modalities for years, and I am now also a student of homeopathy. Beginning in the spring, I will offer my services as a bodyworker and certified hypnotherapist. To think that what I will be doing is actually breaking the law is very distressing. The types of healing we are talking about are ancient, most of them. These are things that heal and affect people on the soul level. They are basic to being human. To deny people access to these services, and to prevent others from offering these services, I believe to be very very wrong.

I think the best solution to this difficult situation is to let things be. Let us natural healers do as we will. There are several reasons why this is the best answer:

1, the Western model is not applicable to alternative healing practices. You cannot understand alternative healing practices, nor measure their effectiveness, the same way you can Western medical practices. To try to is to invite defeat.

2, the very nature of alternative healing practices is damaged by third party intervention. The client needs to come to the practitioner not because this service is covered by his insurance, but because he is emotionally ready to invest his time and his own money into the process. His participation in an involved way is a vital component in a successful healing process. It is not comparable to walking away from a doctor's office with a prescription in your hand.

Overall, I want to emphasize the importance of the availability of alternative healing services. The American public is more aware than ever about the importance of these, and their expenditures on these services should show you the value they place on them. Not restricting these services will allow the best people to come forth and practices as natural healers, and that is the best situation of all. Thank you.

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5

TESTIMONY

Presented to the White House Commission
On Alternative and Complementary Health

January 23, 2001
New York City

Submitted by: Simone Charlop
(b)(6)
New York, New York 10016

Good Morning and Good Health to All.
I am Simone Charlop.

I have been a recipient of alternative health modalities for many years. I have seen remarkable results both personally and with other people who have availed themselves of these procedures. Some of the results were practically instantaneous and sometimes it took a few weeks and sometimes there were no observable benefits. {The same can be said of allopathic medicine but the alternative methods to which I refer achieve their results without harm and without leaving chemical residues in the body.]

I believe that methods which facilitate the flow of blocked energy or offer harmless supplements to enhance wellness are the methods I want for my body and for my family. [As to a definition of harmless, the easiest way to determine what is acceptable to your body is muscle testing, a procedure developed by a chiropractor many years ago.] And I know I am capable of deciding which practitioner is best for whatever the particular problem may be. I want to continue making these decisions for myself without any interference from anyone.

That is the real issue. I decide. It is not of interest to me if the person I choose to see is licensed or registered or sanctioned in some way. In fact, I have no idea how you could possibly develop any standards or definitions that would cover people who do this work. Most combine many modalities and then add their own creative tweaks and embellishments. That is what is so exciting about this field. Everything is individualized since every person brings her/his own history.

I, of course, do research. Before I see a practitioner, I learn about his/her training and years of practice. I speak to other clients and have a consultation with the practitioner. Then, if the person seems right for me, we work together.

One of the questions people ask me is do I ever see a "regular" doctor. The answer is yes. When I broke my leg, it was set by an orthopedist. I used an allopathic method for diagnostic purposes i.e. an X-ray to show the location of the break. The important point is that I make the CHOICE about my care.

I would like to acknowledge and praise the focus of this hearing. This new recognition of alternative practices and complementary medicine is a step forward. It should be encouraged. But it should not be an excuse for the development and promulgation of new regulations which limit or deny access to methods used with success for hundreds of years and for stifling creative healing.

Thank You and Blessings.

Some Major Obstacles for CAM Research

Testimony at the Town Hall Meeting in New York City by the White House Commission on Complementary and Alternative Medicine Policy (January 23rd, 2001)

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I am an assistant professor of psychiatry at UMDNJ—New Jersey Medical School, a research scientist who is interested in the study of effectiveness of CAM, especially Qigong. In the past few years I have witnessed many miracles among Qigong practitioners and Qigong healers, such as disappearance of breast tumor in minutes; "incurable" leukemia patient being completely cancer-free in a few months; a blood sugar level reducation from 292 to 110 in one week, chronic arthritis pain disappeared completely in one or two Qigong treatments. As a scientist I feel challenged by these unexplainable miracles, and I believe, these so-called "miracles" could not have existed by chance but in accordance with certain rules and reasons. However, when I started exploring these rules and reasons seriously, I find myself in a very disadvantaged situation. I would like to use my few minutes to talk about some major obstacles in CAM research, and try to offer some recommendations for this area.

More and more practitioners, policy-makers and consumers seem to realize that CAM cannot really fly without the full support of solid research and reliable verification. However, if you look around carefully, you will find something very strange. Although an increased number of consumers are getting help from CAM, there are very few scientists who are seriously involved in research of CAM, and there is not much scientific literature available to verify or support alternative therapies like Qigong, Reiki or Yoga, even though these therapies have originated thousand of years ago. Why? Here are just a few of the many obstacles that discourage scientists to get involved in research of CAM:

1. Fear of losing credibility among peers and funding agents. Scientists, like other people, tend to believe only what they consider "reasonable" or "acceptable", and have a lot of prejudice or discrimination against non-conventional medicine or not-approved therapy. There is a huge burden for any scientist to get involved in serious research of CAM therapy because he may either simply consider the effectiveness of CAM healing placebo effect, or consider it against common sense of science, not worth the time for research.

   I became interested in the study of Qigong after I observed so many people benefiting from it. When I told my former boss, a well-known scientist, that I want to study how a Qigong master could make a breast tumor shrink or disappear, she told me not to waste my time, she said, "you are a scientist, how could you believe something like that?" When I expressed my interest in research of Qigong to our department, the reaction from one of my vice chairs was to question my prowess as a scientist. After I invited the Qigong master to our University to treat breast cancer cells in vitro with

Qigong, and found consistent differences between the Qigong treated group and the sham treated group, my colleague who used her lab and directed the entire study refused to put her name on the report, because she thought that the association of her name with this type of research might jeopardize her future funding opportunities from NCI.

Some people in the scientific community simply do not believe in alternative therapy, no matter what the data said or the patients said, since it cannot be explained by current science. However, let us not forget that, once upon a time, science believed that the Sun revolved around the Earth, and the electron was the smallest element.

2. Lack of minimum funds to conduct high-quality research. If you are curious about the effectiveness of CAM and want to conduct studies to examine it carefully, you may have to use your own time and money since there is simply lack of funding for CAM research. We all agree that extraordinary claims from CAM need extraordinary proof or verification, ideally we need more serious money to attract the top scientists to examine the effectiveness of various CAM therapies. It is true that NCCAM has had increased funding in the past 2 to 3 years, but there is still too little to get, or to attract scientists to apply for, compared to the availability of fund in other areas of medical research. The projected budget of NCCAM in 2001 is about $90 millions, which is less than ½ of 1% of the NIH budget of $20 Billions. {There are about 7 to 10 NIH-funded centers for the study of CAM, with an average annual budget around $300K to $600K each, which is not too bad; but there are 53 NIH-funded cancer research centers, with an average annual budget of $1.5 to 3 millions each. I know a Qigong practitioner who claimed his method of cancer therapy had a history of 90% effective rate, better than any cancer hospital in the world; however, except his students and benefited patients, no one in medicine seems to believe in him, and no one in cancer centers seems to be interested in conducting research on his method at this moment.}

Two months ago I submitted a grant application to NCCAM with my colleagues in response to a RFA called "program project for frontier medicine," one of the newest mechanisms NCCAM created to promote research on CAM therapies. Each program project is like a mini-center, including 3 to 4 separate but interrelated projects plus a center core, with the maximum annual budget of $600K, including indirect costs. This sounds like a lot of money. However, when we actually planned the budget for our 4 projects plus a central core, with 57% indirect that cannot be used in the research, we end up with about $70K per year per project, which was even smaller than the FIRST award ($75K) that NIH used to encourage young scientists to transit their careers. With this kind of budget limitation, how could we attract the top scientists or career-oriented researchers to get involved in serious CAM research?

3. Lack of basic training and knowledge of CAM among scientists. Most scientists do not know the basic rules of CAM therapies and don't know what to look for in research of CAM. Even if someone becomes interested in CAM research, it's going to be hard for him to find a qualified practitioner who is willing to collaborate with him on a long-term basis. This is due to the fact that many projects are designed by scientists who lack CAM knowledge, or simply do not respect the practitioner's perspective, and ignore the basic rules or internal integration of CAM therapy, only focusing on issues such as double-blind design and balanced control, etc. However, most practitioners simply do not want

to be considered just as research subjects, but also as a researcher who follows the rules of their own profession. One of the big problems in CAM research is that, the experienced scientists do not want to get involved into CAM research due to lack of incentives, while those who are interested in CAM research usually lack the high-quality research experience that the NIH is looking for.

4. It is very risky for a medical scientist to make the career transition from conventional scientific research to CAM research. You may lose the opportunities to publish (since there are very limited journals in this area), to get grants (lack of availability) and to get promotions, or you may even lose your job completely if you cannot get a large grant in a timely manner and cannot get a lot of publications. As for academic freedom, the department or school may not directly oppose you to conduct research in CAM, but they will kindly warn you about the huge risks you may run into. Allow me to remind you that if about 1/3 of university budgets come from the pharmaceutical companies, the school would not risk losing those funds by supporting research that may have obvious conflicts with pharmaceutical industry. As for those established scientists, the belief, credibility and the amount of funding are still the major considerations for their involvement into research of CAM.

In short, we have few scientists who are funded to conduct CAM research, and it is still very risky for scientists to get involved in serious research on CAM therapies. There is social burdens, financial burdens and ideological burdens for them to make the move. If the study has no positive finding, the risk becomes even higher, although consumers desperately want to know what works and what does not. I hope the policy-makers will realize these burdens, and help scientists to overcome them as soon as possible. My recommendations in this matter are as following:

1. Dramatically increase the budget or funding for the CAM research – both consumers and scientists need it -- and the sufficient money will attract more scientists into the field.

2. To avoid the inference of various interest groups, expand NCCAM into independent research institute, and/or add more special offices of CAM research in each NIH Institute so that they can conduct independent research with its knowledgeable staff and fellows.

3. Establish more centers for the study of CAM, fund them appropriately so that they can play the active roles of both education and research, and decide what to study more flexibly.

4. Establish some special mechanisms of funding at NIH to encourage more scientists to make career transition to become specialists in CAM research, something similar to the FIRST award.

5. Pay more attention to education and training, and educate current and future scientists and medical practitioners about various CAM therapies, let CAM therapies that really work be part of modern medicine and medical education.

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Presentation to the
White House Commission on Complementary
Alternative Medicine Policy (WHCCAMP)
New York, NY
January 23, 2001

Abstract
Peter Chowka is an investigative journalist, science writer, Internet authority, and appointed member of two of the first OAM advisory panels. He reports that the public needs and is demanding greater access to quality information about CAM. Information is power. The federal government has largely failed its 10-year-old Congressional mandate to empower its citizens with information about CAM. An expansive and more proactive Web presence for NCCAM and WHCCAMP is one way to accomplish this goal.

I'm a writer and journalist. For more than 25 years I've been reporting about alternative medicine in a variety of media - since 1994 on the Internet. Nine years ago the Congress representing the people called on the federal government to establish the Office of Alternative Medicine (OAM). I was one of about 100 people chosen to serve on the OAM's first program advisory panels, including a panel about information collection and dissemination and alternative medicine databases.

Those were the days before the Internet and we couldn't imagine then what the Net would have to offer. Net users have gone from 0 in 1993 to over 300 million in 2000. In 1992, we also could not foresee the growth in the OAM (now NCCAM - National Center for Complementary Alternative Medicine) budget - or that nine years later, relatively little information would be disseminated to the public which is ironic considering the CAM (Complementary Alternative Medicine) information explosion.

I'm not going to criticize the OAM or NCCAM or this commission today. The challenges are substantial, everyone means well, and a lot of advances are being made.

Instead, I'd like to make a few comments and suggestions based on my substantial experience with the Net. I use the Internet as a journalist - to do most of my research, to communicate with people all over the world, and to publish - and also as a medical consumer. According to the Pew Research Center study Nov. 26, 2000 (*The Online Health Care Revolution: How the Web helps Americans take better care of themselves*), Fifty-two million adult Americans - 55 percent of the Internet-user population - have turned to Internet sources to seek health information.

Information is power; it's currency. People inside the Beltway have long known this. Nowadays, consumers are becoming more empowered - by information. Growing consumer interest and choice and the free marketplace have come together to drive the growth of Complementary Alternative Medicine and make innovative health options possible and more accessible. Information online is exploding - from proponents and opponents of CAM therapies, mainstream and CAM medical journals, news stories, newsgroups, personal Web sites, disease- and therapy-based health sites, and portals like WebMD and Medscape.

Today, more people are learning that critical issues including health care are increasingly outside the conventional political arena. Change is not coming from the top down. Instead, individual consumers are becoming better informed and educated and are taking more personal responsibility for their own health.

Demands for information, choice, and autonomy are growing. (Too often, in my experience, new government programs just get in the way.)

Recommendations

- More resources should be given immediately to expanding the government's Web sites devoted to CAM. We don't have to wait for the data and the studies to come in years from now. And data and studies are rarely definitive anyway.

- The sites can provide abundant resources without making specific recommendations. They could help to organize and link to the plethora of information that already exists - not only pro-alt med sources, but skeptical ones, as well. Let the American people have access to all of the information and then they can better decide what's best for them.

- The government can play a supportive role in helping to overcome the limitations with health info on the Web. On Jan. 15, 2001 a report by the Detwiler Group of Fort Wayne, Indiana "detail[ed] shortcomings of e-health sites." According to the report, "While Internet sites provide a convenient source of healthcare information, not all of their content is timely or accessible."

As the late Robert Mendelsohn, MD often said, modern medicine has become like a medieval priesthood, inaccessible and largely unaccountable. The Internet is quickly helping to change, and to democratize, that *status quo*.

In summary: It would be helpful if the government's CAM programs could better implement the intention of Congress a decade ago to disseminate CAM information to the public by moving more proactively and aggressively into a leadership position with alt med online.

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Notes for Presentation by Peter Chowka

White House Commission on Complementary
Alternative Medicine Policy (WHCCAMP)
New York, NY
January 23, 2001

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A power shift for patients takes first cautious steps.
Christian Science Monitor May 18, 2000
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Pew Internet & American Life Project
Nov. 26, 2000
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CAM moves to the forefront in the year 2000
Natural HealthLine Dec. 1, 2000
By Peter B. Chowka
http://naturalhealthline.com/newsletter/01dec00/cam.htm

Something's Missing
Consumers hope nutritional supplements will cure what ails them.
American Demographics Nov. 2000
"More than half of adults (53 percent) are currently taking vitamin or mineral supplements, according to Wirthlin Worldwide."
http://www.americandemographics.com/publications/ad/00_ad/0011_ad/ad001105e.htm

Alternative Medicine Turns Mainstream
Latest research from InterSurvey Reveals Two-thirds of Americans Have Tried at Least One Form of Alternative Treatment or Therapy
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http://www.knowledgenetworks.com/press/press/062000_alternativemedicine.htm

Report Details Shortcomings of E-Health Sites
http://primarycare.medscape.com/reuters/prof/2001/01/01.17/20010116inds011.html
NEW YORK (Reuters Health) Jan 16, 2001 - While Internet sites provide a convenient source of healthcare information, not all of their content is timely or accessible, according to a report released on Monday by the Detwiler Group, a Fort Wayne, Indiana-based consulting firm.

"What I'm concerned about is that so many people on both the consumer and professional side look at the Web sites that purport to be one-stop shops...and then [the sites] don't maintain [their information] in a very frequent manner," Susan

Detwiler, the company's president and author of the report, told Reuters Health.

According to the report, "[m]any of the most popular medical Web sites...do an excellent job of reporting breaking news." The difficulty is usually with how long it takes "before this breaking news becomes incorporated into the site's permanent reference materials."

Full report:
The Medium Doesn't Get the Message
The Detwiler Group
January 15, 2001
http://Detwiler.com/html/presentations/Detwiler_report_200101.pdf

Examples

Internet reporting site:
NaturalHealthLine®
http://naturalhealthline.com
Twice-monthly free newsletter about clinical and political developments in CAM

Example of a Web site that could be linked to:
http://hoxsey.com
Links to Information Online About the Hoxsey Therapy

Below: Excerpts from
Alternative Medicine:
Expanding Medical Horizons

A Report to the National Institutes of Health
on Alternative Medical Systems and Practices
in the United States

Prepared under the auspices of the
Workshop on Alternative Medicine, Chantilly, Virginia
September 14-16, 1992
http://naturalhealthvillage.com/reports/rpt2oam/toc.htm

From: **Part II:**
Conducting and Disseminating Research
http://naturalhealthvillage.com/reports/rpt2oam/conducting.htm

From *Research Databases*

Logic

* Often, materials on alternative medical systems from conventional medical journals that are referenced in MEDLINE are antagonistic to alternative medical research and practices. When offsetting information from alternative medical journals becomes available in MEDLINE, naive readers will not be left, as they are now, with the misleading impression that little research has been done and that the worth of the particular alternative medical practice is a negatively settled issue. When both sides of an issue are available, as is the case with most conventional issues, the responsible researcher is able to more fairly evaluate the situation. . .

Data Collection

At this time, no centralized data collection process exists for gathering information on alternative medical practices, "anomalous healing events," and seemingly odd or extraneous sudden improvements in health and cure rates in individuals. To support both the research database and the consumer information clearinghouse detailed in this report, and to document evidence of improvements attributable to alternative medical practices, continual collection of a wide range of data will be needed.

Dissemination

Some research findings in alternative medicine will have immediate applicability to health care practices. OAM should implement a process to disseminate such research findings to the public and the biomedical community as they become available. The aim is to improve alternative medical health care treatment and prevention practices in a coordinated way as the knowledge base expands. This dissemination task falls under the aegis of the public information clearinghouse (see "Public Information Activities"). . .

From *Public Information Activities* (a different panel)

by Richard Pavek. . .
Specifically, OAM should do the following:

* Develop a consumer-oriented computerized inquiry system devoted to alternative medicine. This system would be similar to health consumer subsections of America OnLine and CompuServe, such as the Cancer Forum. Initially it might be based on an existing public information database, such as that operated by Brain-Mind Bulletin.

* Develop hard-copy (i.e., printed) materials for distribution to the public.

* Maintain a source within OAM to disseminate alternative medical materials and to field questions from the media and others.

THE CORSELLO CENTERS
for
Preventive-Integrative Medicine

January 23, 2001

Dear Chairman and Honorable Members of the CAM Commission,

I am glad to have been given the opportunity to present to you my 15-year long struggle to keep my license to practice medicine. I am a 68-year-old physician – I came from Italy 39 years ago - and after the many steps to legally practice medicine in this country, I began my wonderful journey as a physician. I have been practicing medicine for about 40 years; yet have never harmed a patient.

In 1992 I was one of the twenty-five physicians *honored* to be asked by the National Institute of Health to set the structure of what is now called the Center For Alternative-Complementary Medicine.

Twenty years earlier, in 1972, I had made the conscious decision to use as little pharmaceutical products as possible, in favor of *non-toxic natural interventions*.

I then began to encounter the scorn of my colleagues, but nothing prepared me for what was soon to come. For the past 15 years, organized medicine has brought me in front of their notoriously biased tribunal several times. I have spent untold amounts of energy and money to protect my patients right to receive safe and effective treatments. I believed then, and still do, that synthetic chemicals are often toxic and dangerous.

This past May, the OPMC went for my jugular! My attorney informed me they wanted to take my license!

Since then, the OPMC has done nothing but defy the 1994 New York State Alternative Medical Practice Act.

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NEW YORK, NY 10019
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175 EAST MAIN STREET
HUNTINGTON, NY 11743
Tel: 516/271-0222 • Fax: 516/271-5992

They *intentionally disobeyed* this New York State law by going after a number of New York alternative physicians, including myself.

They continued to defy the law, when they had a mainstream physician, *who admitted to not understanding any of the alternative treatments*, review my case! When I requested review by an alternative physician, *they flatly refused*!

Finally, a Supreme Court Judge, alarmed by the *lack of due process*, halted the OPMC trial with an injunction. The OPMC then tried to over-ride the Supreme Court Decision. The judge was shocked and out-raged by their disobedience and total disregard for the law, and reaffirmed the Stay Order.

It is extremely important for all of you to realize that *at stake*, is not only our licenses to practice non-toxic and effective medicine, but the *ability of the consumers to access the medicine of their choice*. A promise of access and choice is meaningless if it is thwarted by the State bureaucracy.

I believe the OPMC is a "runaway agency" that needs to be reformed to comply with the intent of the 1994 Health Law. Their purpose should be that of protecting the public against incompetent physicians, not to restrict the practice of medicine they do not yet understand!

Another compelling issue is that of the antipathy of the medical *insurance* industry against Alternative Medicine. I am told that they spearhead a good number of disciplinary actions. Their ***minimalist*** approach to testing is in stark contrast to our comprehensive and humanistic view of medicine for which Americans (much to the insurance company's chagrin) are willing to pay out-of-pocket.

I thank you very much for your kind attention.

Respectfully,

Serafina Corsello, M. D.

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January 23, 2001

James S. Gordon, M.D.
Chairperson
White House Commission on Complementary and Alternative Medicine Policy
6701 Rockledge Drive
Suite 1010 MS-7707
Bethesda, Maryland 20817-7707

Dear Dr. Gordon,

As a physician and board member of the American Society of Acupuncture, I would like to comment on the education and training of health care practitioners in Complementary and Alternative Medicine.

As part of a physician's training, they complete of four years of graduate level medical training and four years of post-doctoral level training. This amounts to a minimum of 35,000 hours studying the human body and its processes, based on a conservative estimate of twelve hours a day over a period of eight years. Additional continuing medical education credits are also mandated by state and local agencies as minimum requirements for maintenance of good standing and licensure. Furthermore, physicians and dentists are required to complete 300 hours of training as a minimum for certification specifically in acupuncture alone, as well as recommendations by component societies for continuing education. It would be somewhat disingenuous to take the position that prior medical training is without significance with regard to the understanding and practice of C.A.M.

New York State was the first state to set standards regulating the practice of acupuncture for physicians and dentists. In 1972, the New York Society of Acupuncture was the first professional organization designed to provide comprehensive training in acupuncture, both didactic and clinical to physicians and dentists who wish to incorporate this modality into their practices.

Therefore, I feel that physicians who have completed designated training are more than qualified to provide not only safe but efficacious care in the area of C.A.M., and are better able to bridge the gap between eastern and western medical practices, which in concert provide the most comprehensive approach to medical care with the greatest benefit to society.

Sincerely,

Donald D'Angelo, M.D.
American Society of Acupuncture

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OA/Box Number: 43238

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WHCCAM Testimony Given, Lighthouse International Conference Center, January 23, 2001 [1]

2011-0568-S
kc888

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OPEN LETTER OF APPEAL ON BEHALF OF Dr. Jennifer Daniels.

An African– American Physician who offers Complementary and Alternative options to her patients

For 10 years, Dr. Jennifer Daniels had a thriving financially profitable practice in a medically underserved, poor, predominantly minority area of Syracuse 10 blocks from where she grew up. She and her 3 children live 2 blocks from her office.

Education

Dr. Daniels graduated Cum Laude from Harvard-Radcliffe in 1979, received her Medical Degree from The University of Pennsylvania, and concurrently received an MBA from The Wharton School in 1983.

She returned to Syracuse, purchased a city block and built her medical office. She has been active in the community. Her efforts have resulted in streets paved, abandoned houses torn down, stopping a 30million dollar bond issue that would have raised property taxes and transferred money from the education budget to private developers, reduced drug trafficking and many other community benefits.

Dr. Daniels has an exemplary medical reputation. She has privileges at 2 area hospitals, no record of ever being sued for malpractice and is Board Certified in Family Practice.

20 months ago she came under investigation by the New York State Office of Professional Medical Conduct for recommending a Vegan diet and exercise to a diabetic .The patient got better under her treatment but became ill once he stopped the diet and exercise. He was treated at an area hospital He is alive and well.

$35,000 , 20 months later with a closed practice, she is now faced with an intractable agency and no adequate legal defense due to the unwillingness of the local legal establishment to take on the state of New York.

It is my hope that you can assist her in 2 areas that are immediately pressing; Referral to a trial lawyer willing to take on the state of New York and any contribution to her defense fund.

Her case is winnable. Thousands of New Yorkers do not receive alternative options from their Physicians due to fear of financial ruin, destruction of their practice, and a prolonged investigation such as Dr. Daniels is experiencing. If Dr. Daniels' case were sustained, access to alternative therapies would improve.

If you would like more information or wish to offer assistance of any kind, please contact Dr. Daniels at:

Jennifer Daniels MD/MBA - 3100 S. Salina Street - Syracuse, New York 13205

315-475-3393 Office 315-475-2524 FAX (b)(6)

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[0036]

Jennifer Daniels, MD/MBA
3100 South Salina St.
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3 minute NIH speech.1/23/01

Thank you very much for inviting me to speak today.

I would like to share with you some suggestions for policy changes that, if made, would make it possible for me to do my work of helping people get well through complimentary and alternative medicine.

I am presently undergoing investigation in New York by the department of Professional Medical Conduct for getting a patient better. I advised a Vegan diet and exercise for a diabetic. His blood sugar fell from 465 to 138. He became noncompliant, his blood sugar became high and he sought care at an emergency room.

My office is presently closed as my defense requires too much of my time and it is too big a financial liability to expose myself to continued investigation as insurance only covers the first $25,000 of legal fees. This investigation has been 20 months and $35,000 so far and I still do not know what OPMC feels I did wrong.

I learned that OPMC is simply above the law. There exists no mechanism to determine if OPMC is following the law or to enforce public law where OPMC is concerned. OPMC is exempt from rules of evidence; can admit or exclude any information they please and reach conclusions that are not supported by the evidence that they have agreed to admit.

I.
OPMC SHOULD BE BOUND BY THE RULES OF EVIDENCE. This would make hearsay inadmissible and relevant facts admissible.

II.
DELIBERATIONS SHOULD NOT BE HELD IN SECRET. A shroud of secrecy merely permits the guilty to be exonerated and the innocent to be convicted. It does not ensure the safety of the public; Quite the opposite.

III.

A Physician under investigation by OPMC should be able to request review by a 3 MEMBER COMMITTE whenever it is felt that OPMC is violating a law. This committee should be COMPOSED OF A LAY PERSON , AN ATTORNEY with extensive malpractice experience and an ELECTED OFICIAL. It should not be under the control of the health Department . Public Law 230 is written on paper and believed to govern OPMC. After 20 months of litigation, I found that this whole body of law is disregarded and OPMC acts as it wishes. A few lawyers have enough experience with OPMC to know how they customarily proceed in certain situations. But , OPMC can and does change its patterns from time to time.

IV

The purpose of OPMC is to protect the public health by disciplining irreparable doctors. OPMCs JURISDICTION SHOULD BE LIMITED TO CASES OF PATIENT HARM.This provides an objective standard of when a matter is the jurisdiction of OPMC. It is inappropriate for OPMC to uphold the standard of care. This is the job of Specialty societies who issue Board certification based on examinations. Medical knowledge has a half life of 2 years. This means that in 10 years, 97% of the methods or drugs that we now use will no longer felt to be safe and effective according to the standard of care; 97% of today's rulings would not serve the long term benefit of patient health. In good conscience then, we have to acknowledge a more enduring standard; patient harm. Further, 75% of Iatrogenic deaths are caused by doctors who adhere to the Standard of Care; see attachment. Physicians and patients need the flexibility to deviate from the standard of care when such deviation causes no harm.

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DOCUMENT NO. AND TYPE	SUBJECT/TITLE	DATE	RESTRICTION
003c. letter	open, on behalf of Dr Jennifer Daniels (partial) (1 page)	nd	b(6)

COLLECTION:
Federal Records
White House Commission on Complementary and Alternative Medicine Policy [WHCCAMP]

OA/Box Number: 43238

FOLDER TITLE:
WHCCAM Testimony Given, Lighthouse International Conference Center, January 23, 2001 [1]

2011-0568-S
kc888

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]

[003C]

OPEN LETTER OF APPEAL ON BEHALF OF Dr. Jennifer Daniels.

An African– American Physician who offers Complementary and Alternative options to her patients

For 10 years, Dr. Jennifer Daniels had a thriving financially profitable practice in a medically underserved, poor, predominantly minority area of Syracuse 10 blocks from where she grew up. She and her 3 children live 2 blocks from her office.

Education

Dr. Daniels graduated Cum Laude from Harvard-Radcliffe in 1979, received her Medical Degree from The University of Pennsylvania, and concurrently received an MBA from The Wharton School in 1983.

She returned to Syracuse, purchased a city block and built her medical office. She has been active in the community. Her efforts have resulted in streets paved, abandoned houses torn down, stopping a 30million dollar bond issue that would have raised property taxes and transferred money from the education budget to private developers, reduced drug trafficking and many other community benefits.

Dr. Daniels has an exemplary medical reputation. She has privileges at 2 area hospitals, no record of ever being sued for malpractice and is Board Certified in Family Practice.

20 months ago she came under investigation by the New York State Office of Professional Medical Conduct for recommending a Vegan diet and exercise to a diabetic .The patient got better under her treatment but became ill once he stopped the diet and exercise. He was treated at an area hospital He is alive and well.

$35,000 , 20 months later with a closed practice, she is now faced with an intractable agency and no adequate legal defense due to the unwillingness of the local legal establishment to take on the state of New York.

It is my hope that you can assist her in 2 areas that are immediately pressing; Referral to a trial lawyer willing to take on the state of New York and any contribution to her defense fund.

Her case is winnable. Thousands of New Yorkers do not receive alternative options from their Physicians due to fear of financial ruin, destruction of their practice, and a prolonged investigation such as Dr. Daniels is experiencing. If Dr. Daniels' case were sustained, access to alternative therapies would improve.

If you would like more information or wish to offer assistance of any kind, please contact Dr. Daniels at:

Jennifer Daniels MD/MBA - 3100 S. Salina Street - Syracuse, New York 13205

315-475-3393 Office 315-475-2524 FAX (b)(6)

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DOCUMENT NO. AND TYPE	SUBJECT/TITLE	DATE	RESTRICTION
003d. resume	Jennifer Daniels (partial) (1 page)	nd	b(6)

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

OA/Box Number: 43238

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[0003d]

JENNIFER DANIELS

Wo
Family Medicine
3100 S. Salina St.
Syracuse, NY 13205
(315) 475-3393
Fax (315) 475-2524

Home:
(b)(6)

EDUCATION

UNIVERSITY OF PENNSYLVANIA, SCHOOL OF MEDICINE, Philadelphia, PA 1983
Doctor of Medicine
Concentration in clinical medicine with emphasis on primary care. Clinical training included rehabilitation, mental retardation, alcoholism, pediatrics, and internal medicine.

Activities:
o Student member of Medical School Long Range Planning Finance Subcommittee
o Class Representative to Student Government

THE WHARTON SCHOOL, GRADUATE DIVISION, Philadelphia, PA 1983
University of Pennsylvania
ers of Business Administration
Concentrating in Health Care Administration. Courses included health care financing, organization of health care, and legal aspects of health care.

Hc rs:
o M aw Scholarship
o y Kaiser Family Foundation Prize

HARVARD-RADCLIFFE COLLEGE, Cambridge, MA 1979
A.B. Cum Laude, Biology Major

Honors:
o Radcliffe National Scholar
o National Merit Achievement Scholar
o Dean's List

PROFESSIONAL CERTIFICATIONS/MEMBERSHIPS

Medical - 1989 to present
Licensed to Practice Medicine and surgery in Pennsylvania, New York, Wisconsin
Advanced Cardiac Life Support (ACLS) Certification
Advanced Trauma Life Support (ATLS)
rican Medical Women's Association, Branch 18, Vice President
rican Medical Association
rican Association of Family Physicians
New York State Medical Society
Association of Clinicians of the Underserved
National Health Service Corps Alumni and Support Network
Southern Poverty Law Center
International Center of Syracuse
A can Medical Association Physician Recognition Award, 1991 to 1999
Board Certified, Family Medicine 1992-1999

EXPERIENCE

FAMILY MEDICINE, Syracuse, NY — **March 1991 - Present**
Physician, Owner Solo practice providing general medical care for patients of all ages. Hospital privileges at Community General Hospital and Crouse Irving Memorial Hospital.

HILLBROOK DETENTION CENTER, Syracuse, NY — **April 1991 - Present**
Physician. Responsible for routine physicals and general medical care for detainees.

HUTCHINGS PSYCHIATRIC CENTER, Syracuse, NY — **9/90 - 12/93**
Medical Specialist I. Responsible for general medical care of psychiatric patients in building #2. Supervise 2 nurse practitioners, Part - time

SYRACUSE CITY SCHOOL DISTRICT, Syracuse, NY — **9/91 - 9/92**
School Physician. Responsible for routine physicals for students at 6 elementary schools.

PHP, LAFAYETTE HEALTH CENTER, Lafayette, NY — **8/89 - 1/91**
Contract Physician. Provide general medical care for patients of all ages. Part - time

ST. JOSEPH'S FAMILY PRACTICE RESIDENCY, Syracuse, NY — **4/88 - 7/90**
Family Practice Resident. Clinical training in pediatrics, OB/GYN, and medicine to prepare for Board Eligibility in Family Practice

FORT TOTTEN INDIAN HEALTH SERVICE CLINIC, Ft. Totten, ND — **1/87 - 3/88**
Clinical Director and Physician. Provided general medical care for patients of all ages; supervised 2 physicians, 2 ician extenders, 3 nurses, 3 laboratory technicians, 2 pharmacists and 1 radiology technician.
o ed plan to prevent UTI treatment failures
o completed cost benefit analysis for H-Flu vaccine which prompted Health Service to provide vaccine
o co-ordinates resolution of JCAH pre-survey deficiencies
o implemented 24 hour coverage by telephone for patient problems

LAC COURTE OREILLES COMMUNITY HEALTH CENTER, Hayward, WI — **3/85 - 12/86**
Medical Director, provided general medical care for patients of all ages; supervised 2 nurses, 1 pharmacist, 1 receptionist, 1 lab/x-ray technician, 1 medical records clerk, and part-time physicians.
o developed and implemented standards resulting in JCAH accreditation of health center
o organized and operated diabetes clinic
o increased patient volume from 10 patients per day to 35 patients per day

concurrent part-time employment ...EMERGENCY PHYSICIAN

SPECTRUM EMERGENCY, INC.
Hayward, WI

NATIONAL EMERGENCY SERVICES
Stanley and Woodruff, WI

ROLLING HILL HOSPITAL, Philadelphia, PA — **7/84 - 3/85**
House Physician. Responsible for patient evaluations and emergencies; discharge evaluations in same day surgery unit; employee clinic; codes; intensive care unit minor procedures; pre-employment, pre-admission, and annual physical exams; supervising physicians' assistants.

EXPERIENCE

ROLLING HILL HOSPITAL, Philadelphia, PA 7/84 - 3/85
Physician Reviewer. Member of Utilization Review Committee; Perform retrospective review of cases for which insurers wish to deny reimbursement; Perform concurrent review as part of internal quality assurance program; Assist attending physicians in documentation of medical necessity of patients' care.

CHESTNUT HILL HOSPITAL, Philadelphia, PA 6/83 - 6/84
Transitional Resident. One year residency program focusing on primary care with experience in ambulatory and in-patient management of pediatric, gynecological, adult and emergency medical problems.

THE GRADUATE HOSPITAL, Philadelphia, PA 5/82 - 11/82
Administrative Representative
o Resolved operational problems as they arose during weekends
o Submitted detailed incident reports which served as the basis for policy revisions

Administrative Resident
o Performed feasibility study to determine the Graduate Hospital's participation in State sponsored prepaid Medicaid reimbursement plan.
o As acting chairman of the Hospital Association of Pennsylvania (HAP) Subcommittee on Alternative Delivery Systems, led site visits to Boston, Pittsburgh, and Minneapolis/St. Paul. Evaluated Medicaid HMO's, hospital-based HMO's, Medicaid fiscal intermediary, self-insured business, and business coalitions. Submitted written reports which served as basis for formulating strategy to cope with lower funding levels in health care.

VE[redacted]NS ADMINISTRATION MEDICAL CENTER, Philadelphia, PA Spring 1982
Consultant. Analyzed reporting procedures in hospital laboratory system. Made recommendations to assure the timely processing of specimens and prompt communication of test results.

HOSPITAL OF THE UNIVERSITY OF PENNSYLVANIA, Philadelphia, PA Summer 1980
Student Researcher, Department of Gastroenterology, Developed experimental protocol,performed research, recorded data, analyzed data and composed abstract for publication. Title: Quantitative Morphometrics of Hepatomegaly in Mice With Hemolytic Anemia.

SOUTHWESTERN COMPANY, Nashville, TN 1976 - 77
Student Manager of Sales. Recruited salesmen to sell books door to door; conducted sales training sessions, advised, assisted and managed salesmen as they worked.

SELF-EMPLOYED Summer 1977
Door-to-Door Salesperson. Established business selling books door to door in Dayton, Ohio. Maintained inventory, sales delivery and cash flow records associated with $12,000 in retail sales.

HARVARD STUDENT AGENCIES, Cambridge, MA 1976
Assistant Manager, Catering Division. Interviewed, hired, trained, and coordinated personnel staff of ninety bartenders.

SELF-EMPLOYED Summer 1976
Established business selling books door-to-door in Scottsdale, AZ. Maintained inventory, sales, delivery and cash flow records associated with $5,600 in retail sales.

AWARDS RECOGNITIONS AND ACCOMPLISHMENTS

Me ..i

o Purchased vacant city block in medically underserved area of Syracuse, constructed a medical office building and started a solo family practice 1990.
o Abstract of research accepted for publication by the American Association for the Study of Liver Diseases (AASLD) 1980
o Represented published abstract at poster session of annual meeting of the AASLD in Chicago, IL 1980

Business - 1977 Southwestern Company, Nashville TN

o Gold Seal Award for selling books door-to-door for more than eighty hours each week
o Super Star Award for giving more than thirty presentations daily
o Growth Award for increasing personal sales by more than $6,000 in two consecutive summers
o Salesmanship Award for selling more than $2,000 of merchandise in one week.

Community Service Awards

o Community Impact Award, The Constitution (Newspaper), 1991
o Trailblazers in Community Medicine, Unsung Heroine Award, National Organization for Women, Central NY Chapter, 1991
o Health/Medical Award, American Muslim Community Center, Inc, Syracuse, NY 1991
o Outstanding Service to the Community, Dunbar American Legion Post #1642, 1991
o Certificate of Appreciation, Intelligent Young Minds, Youth Group at Southwest Community Center 1992
o Community Impact Award in Medicine, Syracuse Constitution (Newspaper) 1993
o Community Service Award, Daughters of Isis Aleppo Court #140, 1993
o Outstanding Contribution to the City of Syracuse, Mayor of Syracuse, 1993
o Honorary Woman of the Year, Syradaga Chapter, American Businesswomen's Assn 1993
o ' nition for participation as Active Teacher in Family Practice, American Academy of Family Physicians 1995
o ficate of Appreciation, Lincoln Middle School 1990
o Louis H. Stark Memorial Award, Outstanding minority contribution to American Heart Association 1995-6
o Marjorie Dowdell Fortitude Award, Delta Sigma Theta 1996
o Post Standard Achievement Award, Syracuse Post Standard 1996
o Spirit of American Women Award, Girls Inc. of Central New York 1997
o Dedicated Service to the Syracuse Community, Mt. Carmel 7th Day Adventist Church
o Certificate of Recognition for Outstanding Service to the Chamber of Commerce, 1998
o Community Service Award, Southside Business Association 1998
o Volunteer Award, Elmwood Elementary School 1998
o Women of Distinction Award, Governor George Pataki, 1998
o Blue Cross Blue Shield Business of the Year Award, Partners for Education and Business 1999
o Certificate of Appreciation for Dedication and Commitment to the Syracuse Community, Peoples A.M.E. Zion Church, 2000
o Certificate of Appreciation for Contribution to Reforestation of Syracuse, Mayor Roy Bernardi, 2000

COMMUNITY SERVICE

Established and funded Annual $1,000 Scholarship for graduating High School Senior 1991 - Present
Keynote Speaker, Junior Achievement of Central NY - 1991
Volunteer, Syracuse Women's Commission 1990 - 1992
Volunteer, Clinic for the homeless 1991 - Present
Volunteer, Westside Clinic, 1993
Volunteer, City of Syracuse Board of Ethics, 1991 - Present
Commencement Speaker, McKinley Brighton Grade School 1991
Volunteer, Board Member, Syracuse Model Neighborhood Corporation 1991
Volunteer, Syracuse University Health Science Center Mentor program for Minority Medical Students
Volunteer Faculty, SUNY Health Science Center, Syracuse, NY 1991 - Present
Member, SUNY Health Science Center at Syracuse, Medical School Admissions Committee, 1997-

Investigations like these destroy physicians and make safe health care unavailable to the citizens of New York. There is no insurance that one can buy to cover the burden of these investigations. Malpractice insurance covers the first $25,000 of legal bills only.

MATHEMATICAL CALCULATIONS INDICATING THAT MEDICAL CARE IS THE LEADING CAUSE OF DEATH IN THE UNITES STATES IN 1997

Calculations are for the year of 1997 as more recent figures are not available all numbers are in thousands

Cause of Death	low	medium	high
Prescription drugs	98	108[1]	198
Over the Counter drugs	0.5	12	16[2]
Hospital acquired Infections	200	250[3]	680[3]
Doctor Error/ Negligence	44	98	120[4]
TOTAL	342.5	468	1,014

There were 2.3 million deaths in 1997.

To calculate percent of deaths caused by competent doctors, I divided 98 by 468 and subtracted from 1 = 79%

The total number of Iatrogenic deaths is 468 thousand. The total number of deaths was 2,300 thousands or 2.3 million. If one divides 468 (iatrogenic deaths) by 2,300 total deaths, one finds that Iatrogenic deaths is 20 % of all deaths in 1997. Therefore, 80% of all deaths were not Iatrogenic.

Iatrogenic death appears to be the number 3 cause of death. If one then limits the definition of Cardiovascular death to heart attack, the total deaths is 465.7 thousand from ischemic heart disease.

To determine the number of deaths in any category that were not iatrogenic. one need only multiply by 0.8.

eart attack deaths 465.7 x 0.8 = 373 deaths due to hear attack

Cancer Deaths 537.4 x 0.8 = 430 deaths due to cancer

Iatrogenic deaths is the clear winner with a total that ranges from 468 thousand to 1.014 million depending on what sources and assumptions one uses.

As staggering as these numbers appear, they do not include outpatient prescription drug deaths, hospital falls or other injuries, complications of chemotherapy, or complications of radiation therapy.

So, the numbers in the realistic column are necessarily low.

I hope this is of help to you as you write policies to govern Alternative medicine. If patient harm is used as the criteria for discipline and patient benefit the criteria for endorsement. Availibility of alternative therapies will grow.

1. ABC.News.com 4/14 - 2nd year given.

2. This # includes arthritis drugs which kill 16,000/yr. as provided by makers of celebrex

3. Chest 1999 March; 115 (3 suppl): 349 → 415 (ISSN: 0012-3692)
2 million nosocomial infections per year 12.5 to 36% mortality.

4. National Safety council 1998: Lucian Leape M.D.

o.k.

GOOD EVENING. MY NAME IS LUDWIG DUARTE. I AM A PHISICIAN SPECIALIZED IN EPIDEMOLOGY AND HOMEOPAHTY IN COLOMBIA. I WOULD LIKE TO TAKE THESE THREE MINUTES IN TALKING ABOUT MY EXPERIENCE WITH HOMEOPATHY AND RESPIRATORY PROBLEMS OF CHILDREN UNDER FIVE YEARS AGE. I HAVE BEEN WORKING NINE YEARS IN THE EMERGENCY ROOM OF THE HOSPITAL "el salvador" IN COLOMBIA. ONE OF THE MAYORITY OF THE CASES ARE THOSE OF ASMATIC CRISIS OF CHILDREN UNDER FIVE YEARS OF AGE . THEY USUALLY ARRIVE EVERY DAY TO OUR SERVICE. THIS PROBLEM DOES NOT ONLY ARISE THROUGHT THE EMERGENCY ROOM BUT THROUGHT PEDIATRICS.

REVISING THE MORTALITY OF THE PROVIDENCE (AREA OF THE INFLUENCE OF ~~THE~~ MY HOSPITAL) ~~IN WICH I LIVE IN.~~ FOR CHILDREN UNDER FIVE YEARS OF AGE , IS CAUSED BY RESPIRATORY PROBLEMS . USUALLY THESE PATIENTS ARE TREATED WITH ANTIASMATICS , RESPIRATORY THERAPY CORTICOIDES AND ----- INHALERS , AND ANTIBIOTICS. WHEN THEY WORSTEN WE USUALLY HOSPITALIZE THEM FOR TWO OR FOURE DAYS APROXIMATELY.

for
Two year ~~ago~~, ~~I was treat~~ have treated this patients with Homeopathy. The results are very evidences. ~~This~~ These patients have stoped going to the hospital patients to leave ~~internal~~ at the hospital. This They stoped using regular medication ~~patients to leave the use medication~~, such as and Antihistaminics, Corticoides, wich have ~~Medicine have~~ a bad effects second ~~effect bad~~s, for example the corticoides with the osteoporosis.

In this moment. Whith my knowledge of the would epidemiology. I like to start the study with this patients one group with tradicional medicines and other group with homeopathy.

Thanks

Ludwig Duarte M.D.
Phone: 1-718-353-4381
e-mail: LUDWIG_Jr@hotmail.com

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Divider Title: _____

THE ROLE OF SOMATIC MOVEMENT EDUCATION & THERAPY IN COMPLEMENTARY AND ALTERNATIVE MEDICINE WITH AN EXPRESSION OF OPINION ABOUT LICENSURE, STANDARDS, AND ACCESS.

Hello, thank you for inviting this diversity of dialogue. I am Dr. Martha Eddy, a Professor at Columbia University - Teachers College. I am currently involved in developing research models for the qualitative analysis of movement. I am here to represent the International Somatic Movement Education & Therapy Association otherwise known as ISMETA. ISMETA is a self-regulating board that registers individual somatic practitioners of movement education and movement therapy. Somatic movement education and therapy aims to enhance movement behavior. The eleven ISMETA approved training programs that teach disciplines such as The Alexander Technique, Rubenfeld Synergy®, Laban Movement Analysis, BodyMind Centering®, and Rolf Movement Integration, among others, train our registered practitioners. Each individual and professional organization in our field shares skills in assisting people to gain greater awareness of their movement habits and movement's role in communication, vitality, and self-expression.

ISMETA wishes to assert four ideas about regulation, access, and research. Firstly, access to somatic practices is currently threatened in New York State. *The massage board is challenging in particular, somatic practices that use touch.* **This has included even those somatic movement practices that use movement**

re-patterning to support the facilitation of new awareness and proprioception. The assumption that one field can establish standards for another completely different field needs to be challenged.

Secondly, we realize that the NCCAM classification of CAM practices has been developed for research purposes. However, we are aware that it is being used by other governmental agencies, such as the Department of Education as a model for their classifications of instructional programs (which in turn influences the O*NET categories). **Even without intention the NCCAM is setting a precedent for other organizations and, in our case, our practices are not specifically or accurately classified. Thus, viable and successful Somatic Movement Practices are being omitted, or inappropriately classified with other practices affecting the legitimacy of these fields.**

This furthermore can create problems when licensing is being discussed because the requirements for one discipline may not be appropriate or applicable to every other discipline. What is the solution? A licensing board for each modality? Of course not, this would be a costly and inefficient task to accomplish, however it is also unlikely that any one set of standards will be suitable for the diverse modalities classified by WHCAM. We need to find another solution.

ISMETA has developed a Scope of Practice, Standards of Practice, a Code of Ethics, and Grievance Procedure, which are agreed upon by all of its registered members. ISMETA believes strongly that this model of self-regulation not only benefits our profession, but also enhances the possibility of any individual to have access to somatic movement disciplines of their choice.

Thirdly, the notion of "uniform standards to all CAM practices" also concerns us. ISMETA would like to see regulatory standards be developed by practitioners from specific fields or by committees inclusive of these practitioners. These standards must be true to the model they represent. The somatic paradigm is not necessarily best represented by either allopathic or traditional 'hard science' models.

Fourthly, the diversity of types of CAM also raises issues about research appropriate to somatic movement. Double blind experimental research may prove too reductionistic for the types of questions about movement choices and behavior that we are addressing.

We can glean much from the quantitative studies on biomechanical aspects of movement as well as from the studies of applied physiology. In the work of somatic movement education and therapy the client's movement experience involves an understanding of motor functioning but also reaches into the arena of human expression and communication. Improved movement comes not only from exercise but also through gaining awareness by increased proprioception, enhanced motivation, and applied

understanding of movement principles. (E.g., that there is a constant interplay between mobility and stability; function and expression...etc) The skills employed by such a practitioner are highly individualized and the benefits may vary widely from one client to the next. Thus, standards developed from double-blind placebo studies will not always accurately represent Registered Movement Educators or Registered Movement Therapists. The case study work of neurologists Oliver Sacks and Jonathan Cole may be a useful model. Inclusion of Qualitative research methods allows for holistic, rich and in-depth analysis of these processes.

Increasing the variety of research models accepted by NCCAM to include qualitative studies, (e.g. case studies, cross case analyses, ethnographic analyses, and historical reviews) **combined quantitative and qualitative approaches, and single subjects analyses as well as multivariate analyses could better inform the public about complex and overlapping aspects of human behavior. This type of research can, in turn, support the visibility of holistic therapies and thereby the process of giving the public access to a full spectrum of alternatives.**

Thank you for your consideration of the needs of the public and the specific nature of somatic disciplines concerned with human movement in meeting these needs.

ISMETA

International Somatic Movement Education & Therapy Association
PO Box 250865
New York, NY 10025
Voicemail (212) 229-7666
Email ismeta99@yahoo.com

The International Somatic Movement Education & Therapy Association (ISMETA) is a growing organization dedicated to promoting the somatic practices of movement education and movement therapy throughout the world.

ISMETA--is the world's only professional membership organization for somatic practices specializing in movement education and movement therapy. Through the organization's extensive efforts to achieve common goals, ISMETA provides a growing number of benefits to member organizations and individual registered practitioners and associate members.

ISMETA's specific mission includes developing and upholding standards of excellence in the education, training and the practice of movement education and movement therapy; increasing professional and public awareness of these somatic practices; encouraging the integration of somatic movement education and therapy into other aspects of education, health care and society; developing field-related programs for underserved populations; and promoting and supporting somatics related research.

ISMETA is comprised of member organizations (ISMETA-approved training programs and their practitioner associations) and individual members (registered practitioners, either ISMETA-Registered Movement Educators and/or ISMETA-Registered Movement Therapists, and associate members). Member organizations and registered practitioners are given a voice in how the organization fulfills its ambitious mission through participation in ISMETA's active, policy-oriented committees. ISMETA also encourages members to become a part of the larger somatics community through increased practitioner communication. To this end, members receive a bi-annual newsletter and the opportunity to appear in the ISMETA member directory. Low-cost professional liability insurance is available to all registered practitioners as well.

Such benefits have encouraged ISMETA members to take a more active role in the organization. In fact, strong member participation last year contributed to ISMETA's many accomplishments and healthy growth. Two important new roles, those of Liaison for Regulatory Affairs, and Liaison to the National Institutes of Health National Center for Complementary and Alternative Medicine (NCCAM) have been filled to increase public awareness and participation. These are in addition to our previously established liasons to the United States Department of Education (US DOE) and the Occupational Information Network. (O*NET) In November 2000 ISMETA increased its resources and influence by joining the Federation of Therapeutic Massage, Bodywork, and Somatic Practice Organizations.

For 2001, ISMETA has already launched a web site, which will soon be developed into a strong resource for members of the organization and the outside community. If you would like more information about ISMETA, or if you would like to join, please visit www.ismeta.org, email ismeta99@yahoo.com or call (212) 229-7666.