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

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WHCCAM Testimony Given, Lighthouse International Conference Center, January 23,
2001 [2]

2011-0568-S

kc887

RESTRICTION CODES

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Sally Ekaireb
January 23, 2001

FREEDOM OF CHOICE IN THE PURSUIT OF HEALTH

I come to you today to speak as a mother of two children. As such I speak for myself, for them, and for all the children in The United States of America. I come from a family with practicing Christian Scientists and from these grandparents I learned that physical disease stems from an unhealthy mental state. My grandmother, Mimi, lived to 99 years of age with a sound mind and body – without any medical treatment until her last few months of life. Her children did not embrace this religion and both suffer from fibromyalgia. My father developed this condition over 35 years ago. At this time the doctors could not diagnose it; so they just medicated it. After many years of different medications, my father started taking a heavy narcotic, Talwin (sp?). While this suppressed the pain for most of the time, it did not cure the condition. After 25 years of this treatment, his body was suffering from many side effects of the drugs. The doctor's answer was to put him on Methadone twice a day, supposedly for the rest of his life.

My husband is a recovering drug addict. His earliest drugs were endless rounds of anti-biotics prescribed for repeated ear infections and bronchitis. His later drug of choice was marijuana because it calmed his body down. He has enormous energy which causes a restless state of his body: legs and fingers that always move and a hurried mind.

From this genetic background, two children were born. Rachel now 10 and David now 7 years old. From her first year of life Rachel developed secondary infections from each viral infection she caught. By her third year she was on anti-biotics to such a degree that the pediatrician had me give her a daily dose throughout the winter months. At this point it was clear that her immune system just was not working. I needed to look for a treatment that would improve her immune system and make her less susceptible to disease. With this goal in mind I researched and talked with friends and finally came upon homeopathy. The early treatment of homeopathy helped by curing the viral infections before they developed into bacterial infections. She needed less and less anti-biotics each year. Then finally the homeopath found a remedy to treat her chronic state and this cured her susceptibility to strep throat. She has not needed any anti-biotics for 3 years now.

My son David was born in a lower state of health than his sister. He had immediate lung, digestive and neurological problems. It was clear from early on that his neurological system had problems that resulted in extreme over-sensitivity to his environment: noise, touch and light. Yet on other levels he had no sense of boundaries or pain. From the night he came home from the hospital he woke screaming with terror. Holding him gave no sense of comfort. Most often he would scream as someone approached and then when they withdrew he screamed louder as being alone was even more terrifying. There would be a wild, vacant look in his eyes and it would take about 20 minutes of just "being with him" before he would become calm. We started weaning him from naps at 18 months because this transition from sleep to consciousness was so terrifying for him and so painful for us to watch. I felt so helpless to comfort him and it was so clear that he did not have that sense of security and safety that is so vital to a young child. His deep state of mental terror was expressed physically by lack of impulse and hyperactivity. His emotions were extreme and easily triggered. He was crawling by 5 months and running by 9 months. He was the textbook model of "The Difficult Child" and quickly labeled by adults a ADD or ADHD. As his behavior became more hostile he became more difficult to control and hitting, biting, scratching and screaming were daily events. He required enormous energy from me and from his teachers. Keeping other children safe was often a major issue. There were days when I thought I would loose my mind, the constant stress of his behavior affected the entire family. His nursery school suggested therapy to adjust his behavior and occupational therapy to improve his neurological functioning. The specialist said that this was a child that lived in a sensory state that felt like he was constantly being attacked – a kind of "Jungle Mentality" of fight or flight. So this is where the treatment began.

As much as I reacted with anger and frustration at the attention his behavior required, I always knew that as much as I suffered, he suffered more. I had to help this child. He felt the frustration of not being able to control himself and his impulses. He suffered the pain of being ostracized and left out. I'll never forget the day when his lack of control had broken some object and I was feeling angry; he turned to

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me and said, "Mommy, **I am a good boy.**" I knew that I had to fight to maintain that healthy core image he had of himself, even while the rest of the world was labeling him a "bad boy."

He was given a remedy 2 years ago that has helped him immensely. The first thing that changed was his level of anger. On a physical level, his bronchitis cleared-up and warts on his legs disappeared. He started to be able to control his impulses, both physically and emotionally. This meant that he was not so "scary" to the other children. He started to make friends. After about a year he was able to end both Therapy and Occupational Therapy. Academically, he is at the top of his class in mathematics and was named the "Puzzle King" in kindergarten. He is able to participate in class like a "normal" child. He can sit, listen, and raise his hand when he wants to participate. He is learning to read and here we still see some problems with his intake and processing of information as he reverses letters. The image of his past impulse problems are still there, but they are less intense. He is not an easy child, but he is moving in the right direction. Just last week he started sharing with me dreams he has been having. The miracle in this is that when he had those intense nightmares, he could not remember them. Even when I shook him to consciousness. So he has gone from nameless terrors that attacked him in the night to dreams of a sweet girl he has a crush on.

For me and my family homeopathy offers a solution that Ritalin and other drugs cannot offer. I did not want to condemn my child to a lifetime of prescribed drugs if there was any other option. I consider myself very lucky to have found this solution and to have found a qualified homeopath who can treat our family. My heart goes out to all the other children and their families that are still suffering because they have not found a true solution to their problems. Perhaps some people are content to have their children's system altered by drugs because it is easy. Sometimes the results are very functional children. But what will happen when these children grow up and want to become parents themselves? What effect will all the years of drugs have on these girls' eggs and ovaries? What state will their children be born into???

I have attached a speech that the Greek homeopath, George Vithoukas, delivered to the Swedish Parliament that I found on the Internet. (When I copied the speech I did not expect to reproduce it so I apologize for the imprecision of references.) In his speech George Vithoukas discusses the idea that disease when not cured moves in an internal direction and attacks the central and peripheral nervous system. Perhaps as you study the health issues in the United States you too should think about why children in this country suffer from neurological disease and mental/emotional problems far and beyond what is experienced in other parts of the world. He also presents a definition of health which I would like to read for you:

"I [George Vithoukas] came to the conclusion that health can be defined best by the word 'freedom': freedom from pain on the physical level, having a feeling of well being; freedom from passion on the emotional level, having a feeling of dynamic serenity and calmness; freedom from selfishness on the mental and spiritual level, the individual having a connection with Truth or with God. I saw how many people not only lacked such a perfect state of health but often lived in fear, agony, panic, depression, in mental confusion or mental aberration. All of them had to take chemical drugs in order to be barely functional."

The kind of healthcare that I seek for myself and my children creates an overall sense of "well-being" that relates to a sense of freedom from physical pain and from perverted passions of the mind, spirit and emotions. My hope is that more people will embrace this definition of health and that disciplines, like homeopathy, will become more available to the people. Please help us achieve this freedom of choice.

Thank you for your time and for listening to the story of my children.

Acceptance Speech to the Swedish Parliament at the Presentation of the Right Livelihood Awards

by George Vithoulkas

Madame Speaker, Your Excellencies, ladies and gentlemen, friends,

I would like to thank the Right Livelihood Award Committee for honoring me with such a great distinction. In doing so, they have primarily honoured Classical Homœopathy itself, as well as all my students who have worked with such enthusiasm and dedication towards the proper application and teaching of this therapeutic system.

When I started practicing homœopathy 36 years ago in South Africa, and after having treated successfully to my great surprise quite a number of chronically ill patients, I decided to find out where one could receive formal training in such an effective therapeutic method. To my utter amazement, frustration and disappointment, I found out that this subject was not taught in any European or American Medical School, and only the rudiments were being taught in India and Mexico.

Not only that, but I soon learned that in the whole of the western world, homœopathy remained entirely on the fringe, hidden from the public eye, so that most suffering people were oblivious of its existence and its possible therapeutic benefits. Having witnessed its therapeutic effects in more than 150,000 cases in these 36 years of practice, I felt, that the fact that it was so much ignored by our societies was an almost inexplicable peculiarity of nature rather than human neglect.

Homœopathy's main rule 'similia similibus curentur', or 'like is cured by like' had already been mentioned by Hippocrates. But it was at the beginning of the 19th century that it was organized as a therapeutic methodology by the German doctor Christian Samuel Hahnemann. When I first heard of homœopathy in 1960, this important therapeutic modality had remained in the same state that Hahnemann had left it 150 years before.

In 1963 I had already vowed, promised myself, to work to the best of my abilities to develop it to the full and to give it back to the world to stand on its true merit. I took up this task because I realized by that time, that nobody else was willing to do the work. Most probably because no one perceived its real value in helping humanity. Since then I have devoted all my time and energy to the task of reviving classical homœopathy as it was taught by Samuel Hahnemann, upgrading it to the level of a science and giving it back to the world with the proof that it works. To this day, I think that I have not retreated, nor faltered, from this task. After some years of practice, and having the experience of treating thousands of cases, I started investigating and researching all these cases, all these human medical tragedies, that had come to my attention seeking help, and I tried to give answers to a lot of perplexing questions. Since then I have written several books that I believe have clarified many issues that had remained unresolved in homœopathy and answered many of those questions.

This untiring research and investigation led to the structuring of a new theoretical model that gives an altogether new direction and dimension to medical thinking. I think that for the first time the rules have been determined for an 'energy' medicine, the subtle force that is behind all medical phenomena in living organisms. I have stipulated the laws and principles that govern Health and Disease, that govern any therapeutic system actually, so that the therapist may know whether under a specific treatment the patient is improving or actually degenerating. According to this model, the world, and conventional medicine in particular, has been moving in the wrong direction in therapeutics.

I understand that it sounds strange even arbitrary, pretentious or superficial that such a strong criticism of conventional therapeutics should come from someone who has not had conventional medical training. Yet facts are

stronger than prejudices, and when the issues are so important and urgent, perhaps the medical authorities will have to listen to someone who has experience in treating more than one hundred thousand cases, cases that were not only given up on by conventional medicine but had often been a result of it.

I claim that diseases of the human race have never been tackled properly by conventional medicine; on the contrary, they have been treated wrongly - suppressively - and therefore while the symptoms were masked, the real disorder underneath progressed and finally was pushed to the interior of the organism, which is the central and peripheral nervous system.

Let me give you just a few facts to judge for yourself:

Multiple sclerosis, a disease that eventually leaves its victims totally paralysed, is one which thousands of people are suffering from in the western world. Yet it is entirely unknown to Africans, Asians or South Americans, who have not had the 'benefit' of the excellence of western medicine. Amyotrophic lateral sclerosis, a terrible disorder of the neuromuscular systems, is also unknown to all these people. Myopathy and muscular dystrophy is the same, known only to westerners. Epilepsy, which is rampant in the western world, is seldom encountered in these countries. Anxiety neurosis, compulsive neurosis, and in general mental disorders of a severe nature from which millions of patients are suffering in the western world, are almost unknown in these groups that have not had the 'benefit' of modern medicine and vaccinations. Chorea and a host of other nervous system disorders are also unknown to them.

The model suggests that all these chronic diseases, including hay fever, asthma, cancer and AIDS, are the result of wrong intervention upon the organisms by conventional medicine. It claims that the immune systems of the western population, through strong chemical drugs and repeated vaccinations, have broken down and finally admitted the diseases deeper and deeper into the human organism, to the central and peripheral nervous system.

In short, this model claims that conventional medicine, instead of curing diseases, is actually the cause of the degeneration of the human race. It is also very simple for anyone to think that if conventional medicine were really curing chronic diseases, today we would have a population in the west that was healthy, mentally, emotionally and physically.

Due to this model, I had already, in 1970, predicted the appearance of AIDS, saying to a group of medical doctors in Athens that if conventional medicine continued to use antibiotics the way it did, there would come a time when the immune system would break down and new incurable diseases would emerge. It was an unfortunate but precise and timely prediction of the appearance of AIDS.

Today, I want to make another prediction. If conventional medicine does not take notice of what we say and drastically change its practices and its logic in treating with chemical drugs; if it does not also change the direction of its research, soon diseases will go to the very center of the organism, which is the nervous system, and most of the population on earth will be mentally ill individuals.

I do not expect that this theoretical model will be understood or appreciated soon by the medical authorities, but I think that from now on there is no excuse for ignoring the so called side effects that conventional therapies have inflicted and are still inflicting on the human race. The full explanation of what I am claiming here has been published in a thesis of mine with the title *A New Model for Health and Disease, or A New Dimension in Medicine*.

I am really glad and deeply thankful to the Right Livelihood Award Committee for giving me the opportunity to express my word of warning to the world, and I would be more than happy if, due to this warning, the suffering of human beings is considerably lessened.

I would now like to present some of the landmarks in my work:

At the moment, I am writing a homœopathic pharmacology, a *Materia Medica* as it is called, of which I have

completed eight volumes. There are another eight volumes in preparation. For the last 30 years I have taught classical homœopathy to medical doctors and health practitioners and have converted to classical Hahnemannian homœopathy thousands of medical doctors and health practitioners, primarily from Europe and the United States. I have helped and encouraged my students to establish several teaching centers for classical homœopathy all over the world in order to teach other interested practitioners.

In cooperation with Namur University of Belgium, I have developed an expert computer system that imitates my thinking in the analysis of difficult cases. This computer system is helping homœopathic practitioners in solving difficult and complicated cases.

I saw a longtime vision come true in 1995 when I established the International Academy for Classical Homœopathy on the island of Alonissos in the Aegean Sea. In this institution I aspire to teach, from A to Z, all the material that I have taught in the last 20 years in different seminars all over the world. Already I have started teaching an international group, a group of Russian doctors as well as a group of Italian doctors. It is a truly satisfying experience for me to see that 2,500 years after Hippocrates, medical doctors are coming back to a Greek island to be taught what I am convinced to be today the most advanced form of therapy.

I would like to give you now some personal background:

I was born in Athens in 1932. During the second world war I lost eight members of my family, including both my parents. I had to work hard from the age of 11, firstly in order to survive and then in order to study.

Since that time I seem to have learned to think for myself and to solve problems without asking for help from others. In any case, during those difficult war years, nobody could afford to offer help. Another event in my life that marked my later development was that as a result of malnutrition suffered in the terrible famine in wartime Athens, I developed a serious spinal condition at the age of sixteen. I lived in pain for 12 years, refusing to take the orthodox treatment that was proposed in 1948, as the doctors told me that there was a strong possibility of paralysis if surgery was performed. I lived in that condition, still working hard to support myself and my studies, as well as to support my sister, until I came into contact with homœopathy in 1960.

My first reading of a book on homœopathy was a revelation. I studied everything that was available. I attended various homœopathic colleges but was totally disappointed with the low standards of teaching. I felt that homœopathy deserved a better kind of teaching, a better way of presentation, but most of all better results than those the practitioners of the time were able to present. In order to do that, I felt that I had to solve for myself the thousand questions that were plaguing my mind concerning homœopathy and its presentation to the world as a serious therapeutic modality.

I learned a lot from looking upon human suffering in all these tens of thousands of cases, and I can say that out of sympathy I experienced pain in all its manifestations and at all its levels through my patients. I felt when I was examining them what it means to suffer mentally, emotionally, as well as physically. The urge to help and the idea that this could be done through homœopathy inspired my efforts during those early days and gave me some hope in my nights of agony.

I learned from such painful experiences that real health is a primary and basic 'possession' that in fact very few people possessed in the western world. I came to the conclusion that health can be defined best by the word 'freedom': freedom from pain on the physical level, having a feeling of well being; freedom from passion on the emotional level, having a feeling of dynamic serenity and calmness; freedom from selfishness on the mental and spiritual level, the individual having a connection with Truth or with God. I saw how many people not only lacked such a perfect state of health but often lived in fear, agony, panic, depression, in mental confusion or mental aberration. All of them had to take chemical drugs in order to be barely functional.

Yet I feel the despair of the person whose cries fall on deaf ears. Conventional medicine strongly resists the information that comes from us, does not even want to hear about it, does not even want to begin a dialogue and profit by it. We have the recent example of the Swedish Medical Association's negative reaction to my being

awarded this Prize.

However, if one perceives the total insignificance and shortness of our lives on this planet and on the other hand the eternity of the cosmos and its eternal evolution, the controversies and confrontations that spring from selfish interests and personal greeds or insecurities have no place at all in our efforts and endeavours to help ailing humanity. As the greatest resistance to homeopathy which is the cheapest way of curing diseases comes from the pharmaceutical industry, I would propose that pharmaceutical companies by international law should not be allowed to earn profits from their sales. Only then, I think, may there be hope for change.

If the world's medical authorities still choose to ignore Hahnemann's beneficial discoveries, not only will they miss a tremendous opportunity to introduce a health system that could promote better healthy and therefore a more harmonious and more peaceful life on the planet, but they will also be accused by succeeding generations of criminal negligence and short-sightedness. I believe that humanity has an uphill battle to wage in its fight to attain real health, and I honestly believe from hard earned experience that homœopathy can offer some solution to this problem.

I feel that I have totally exhausted myself in these 36 years of uncompromising efforts to prove the validity of such a wonderful therapeutic system and I was ready to give up the unequal struggle. But if this award makes a difference to the so far deaf ears of the medical authorities, then I could say, like Hahnemann, 'non inutilis vixi', 'I did not live in vain'.

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Speaker: Grand Master Qi Feilong Time: Jan.23, 5: 00 P.M. Panel: 16
 Chairman: World Shaolin Chanmi Kung Fu Association
 President: World Chinese Changes, Geomontic & Astrology Academy
 Personal: Master of the 31st Generation of the Jin Gang One Finger Stand in Meditation
 Of the Shaolin Temple
 9th Degree Black Belt of the International Kung Fu Federation.

Thank you Doctors Gordon, Chow, Groft and you(audience), our fellow humans with an interest in health. It is an honor to speak here today.

I am very pleased that here is an assembly of a Commission to consider alternative and complementary medicine. Ten years ago, we could only hope for such a commission to help bring alternative medicine into the American mainstream.

My role in health care ^{was destined} ~~started~~ long before I was born. I am the ninth generation healer in Qi Gong, and my great grandfather was the royal medical doctor in the Forbidden City in the Qing Dynasty. I have spent my life learning and developing my own unique method of healing patients. I have also perfected and am the only one who can successfully treat patients using acupuncture meridians in the human mouth.

I believe the first step in the integration of mainstream and alternative medicine will be for a mutual recognition of each philosophy's strengths, a continued display of respect between the two, and a commitment to long-term research. I can demonstrate my ability and welcome any offer to join the development of research and trials so that there will be no doubt as to the effectiveness of alternative medicine. I already have research proving the success of Qi Gong, but the commitment between both philosophies is what will result in acceptance and integration into current treatment plans. If billions of dollars can be spent each year on drugs, we can find a way to access some of those resources to finally prove how effective alternative medicine really is. It is my hope that from today's meeting, I can establish some common ground between alternative and traditional medical practitioners, and start a project where we, together, come to understand where we can best help the patient, and develop research, trials, and ultimately combined treatment approaches.

I can demonstrate great acts, and have a history of great accomplishment. But once we each accept each other, and come to understand how we work will the policy insurance and business considerations fall into place.

Thank you for the privilege!

Demonstration: With the use of his (Qi) internal energy, he can break through the meridians without touching the person, he can improve your blood and oxygen circulation and actually remove the impurities of your biochemical system causing you pain and discomfort. Red marks seen on the body indicate impurities or poison being extracted from the body, and cast out by the Grand Master Qi.

The Annie Appleseed Project 153 East 32 Street #3C New York, NY 10016-6029
www.annieappleseedproject.org (212)545-0050 fax (212)545-0025 Ann Fonfa

I am Ann Fonfa, founder of The Annie Appleseed Project. The Project was formed to help inform, educate and advocate for cancer patients and concerned others. Our special area of focus is complementary/alternative, natural therapies.

Since studies show that up to 87% of patients are interested in this area, and that they rarely discuss issues with their healthcare providers, The Project works to bridge this information gap providing a website with lots of downloadable information, including patient perspectives at all times.

Today I would like to talk about the need for a new research direction-often called paradigm shift. I would urge this panel to use its powers to help create this shift. I sometimes refer to it as the Patient Track.

Presenters at the last three annual conferences of the American Association for Cancer Researchers proudly offered very positive studies of green tea. Yet no cancer patient I know would take green tea alone. We ALL combine elements and the study of natural, nontoxic combinations is part of the Patient Track. Looking at what we do NOW would yield information of the highest quality and usefulness.

Studies done on the Patient Track would look at combinations of therapies, such as antioxidants with chemotherapy or radiation. It would examine the use of herbs in combination, and with dietary supplements. Many of us juice daily and do detoxification routines as well as mind/body medicine. Patients' real life regimens should be studied under conditions approximating their use in our real world.

A study of patient use of CoQ10 along with anthracycline-based chemotherapy regimens might be included for possible reduction of cardiotoxicity, or the use of taxanes and alpha-lipoic acid for possible prevention of neuropathy.

Pharmaceutical companies might have much to gain from such studies. If it could be shown that the use of dietary supplements might enhance conventional therapy, this would benefit many of the stakeholders.

As a cancer patient myself, I know the frustrations of having to make treatment decisions with little or no evidence of efficacy. Yet in the 9 years since I have been using natural therapies, I have successfully achieved tumor reduction with three different regimens. And if I can do it, so can other needy patients.

I consider myself a highly educated patient, having attended literally ninety to a hundred conferences, meetings and events. I read journals, newsletters, books and articles. I have met health practitioners of every persuasion. Many are open to new ideas. Some say they oppose alternative medicine-a statement that clearly indicates ideology and not science. At the same time, patients are asking questions of their providers and it is important to get answers.

And still 9 years later I have to make treatment decisions by my GUT. At just about every meeting I have attended, I rise to ask when will we have answers on various natural regimens. The response has always been "We have no studies on that" or "That hasn't been studied yet". If I had waited for the studies, it would now be 9 years later with NO answers. And maybe I would not be here for them anyway.

We patients cannot afford to wait. We need answers now so that we do not have to waste our money and our time-our precious time, on the wrong things. The Annie Appleseed Project offers information on alternative therapies as possibilities. We believe if they have worked for someone, they may work for someone else. As in the conventional therapies world, not all things work for everyone. We are forced to pick and choose among many options, most of which have not been studied in humans. Certainly almost none at the highest level of evidence as required by FDA-randomized, multi-center, double-masked studies.

I heard it said in reports of clinical trials, that there were NO unexpected effects. Just because they were expected does not excuse the highly toxic and painful effects of conventional cytotoxic drugs. Just because we call them "side effects" does not reduce their damage, often permanent. Great marketing idea calling them "side" effects although they are not aside of anything. Often larger numbers of patients experience the unwanted effect than the desired one.

When discussing dietary supplements, one complaint is that we do not know the effects. At FDA meetings I hear lots of references to safety. Considering that cancer patients are routinely given highly toxic medicines, this concern for safety in the alternative use of dietary supplements and nutrition, seems VERY overstated. Thinking about this seriously, knowing as I do that vitamin overdoses can be reversed without permanent damage, unlike cytotoxic drugs, I often wonder when did we fall down the rabbit hole?

In conclusion, I urge this commission to take the Patient Track. Work for and sponsor studies that will yield immediately useful information for patients and their caregivers, healthcare practitioners and ultimately our society.

Distinguished members of this commission:

Fontaine  (136)

I am a consumer of alternative medicine. I particularly use homeopathy for my daughter, my father, and my mother.

Five years ago my mother got injured while working. A hammer fell on her foot. The pain was excruciating and she went to see her doctor who prescribed a pain killer which she took. The pain remained, I told her to call my homeopath. After a month, she was still in pain and had great difficulties walking. MRI's of the foot were performed, in fact the whole skeleton. And although, it is neat to have a "picture" of the whole skeleton on a 4 X 8 inch film, it did not do anything for my mother. The diagnostic became "decalcification of the metatarsals" which would require possibly years to resolved. I got the feeling, listening to the doctor, that it would never be resolved and that she would have to live with it for the rest of her life. She stayed with this "reality", the film is irrefutable evidence, for a whole year. She retired. She complained about her foot, I told her to go see my homeopath. And she finally did. Within two weeks, of taking the remedy he prescribed, she was pain free and has never complained about it ever since. She now claims that homeopathy "is great for the feet."

My daughter has been treated with homeopathy almost her entire life. Ever since she got 12 ear infections within one winter she has been seeing my homeopath. From that year on, she has suffered from only one ear infection.

I suffered from allergies and asthma so bad that I could not go outside after June 1st. Imagine what my summers were like as a child and then as a working adult. Ever since I started homeopathic treatment I have been well.

1: I support my homeopath who is not licenced to practice medicine. I support legislation that will free him up to practice without fear of persecution and prosecution. He is a patriot because he is risking his freedom and welfare everyday for the better of this country. He has proper credential within the world of homeopathy. This man has done great work for us and for some of my friends.

2: I believe in my right to choose the person I wish to be treated by as long as this person discloses his or her credentials.

3: We hear so much about the costs of medicine. Homeopathy has provided my family with affordable and more importantly extremely effective health care. My mother would have saved a small fortune had she gotten her remedy right away.

4: The federal government has to help the states pass legislation that will free these people up and recognize the need of citizens to access natural, low risk, practitioners without breaking the law. If caught, I would be a felon!

The federal government has to promote or at the very least educate its citizens through the mass media about alternative therapies for what they are: effective and affordable.

Institute of Physical Therapy

Kenneth I. Frey, PT
Director

White House Commission on Complementary and Alternative Medicine Policy
New York City Town Hall Meeting
January 23, 2001

I would like to thank the White House Alternative Medicine Commission for its commitment to the development and practice of safe and effective alternative medical practices in the USA, and for the opportunity to represent over 50,000 alternative medicine (AM) practitioners practicing CranioSacral Therapy (CST). CST is a gentle non-invasive hands-on modality widely used by osteopathic physicians, physical and occupational therapists, chiropractors, licensed massage therapists and other health care practitioners.

2B. How can access to safe and effective CAM practices and interventions be improved?
The methodology used to determine what constitutes safe and effective treatment is an important consideration. We believe outcome studies in addition to double blind studies are a necessary form of scientific inquiry for AM practices. Some of the problems that arise using double blind studies are: there are no two patients exactly alike. When patients are placed in groups many other problems are ruled out. E.g. If two patients with sciatica, one may have headaches the other cardiovascular problems. Therefore these patients have different reactions to treatment.

Since hands-on treatment is personal no two treatments are exactly alike. Treatments are individually customized for each patient. So treatment can't be double blind. Further different therapists can't do exactly the same treatment. Thus the result can't be exactly compared. We believe CST needs to be evaluated as an approach, patient outcome pre and post treatment needs to be assessed, and the patient should be the control.

CST evaluation and treatment are less expensive than traditional allopathic medical approaches for many problems. A whole body non-invasive CST evaluation by a qualified CST therapist, takes 5-10 minutes to identify restrictions anywhere in the body that can potentially impact most pathoanatomical musculoskeletal problems. CST has been demonstrated to be clinically and economically cost effective in providing symptomatic relief to a wide variety of problems, including orthopedic and neurological disabilities. CST has been instrumental in treating musculoskeletal pain syndromes, including: low back and neck pain, joint pain, arthritis, scoliosis, headaches, fibromyalgia, temporomandibular joint dysfunction, cerebral ischemia, and trauma; and developmental disorders in children including autism, CP, learning disabilities; overall stress reduction and general health enhancement.

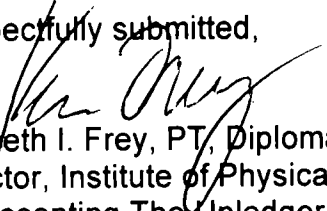
Non-invasive hands-on interventions like CST are also cost effective compared to invasive and expensive surgeries e.g. spinal, with potentially long, problematic and expensive post surgical rehabilitations.

3. Are performance standards or practice guidelines needed to ensure the public will have access to the full range of safe and effective CAM practices and interventions?

The CranioSacral Therapy Techniques and Diplomate Certification Program was developed to establish a testing mechanism to identify and demonstrate a standard of high quality of care for qualified CST practitioners. A copy of the certifying body is published for the public and health care practitioners.

CST and other AM practices are part of our national treasure. We support the commission's activities to preserve and further development of these treasures for the benefit of all Americans and humanity.

Respectfully submitted,



Kenneth I. Frey, PT, Diplomate CST
Director, Institute of Physical Therapy, New York
Representing The Upledger Institute, Palm Beach Gardens, FL

Rev. Victor Fuhrman, MSc, R.M.

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Statement Before the Whitehouse Commission on Complementary and
Alternative Medicine Policy

January 23, 2001

Dr. Fisher and the other Distinguished Members of the Commission:

First, I would like to thank you for giving us the opportunity to present our opinions and points of view on these very important topics and praise your efforts in fact finding and truth finding for as we have come to learn...sometimes facts are far from true and sometimes the truth is far from factual.

I have come to ask you to carefully consider what many refer to as energy healing or light work and what in my personal practice is called Reiki. For most of us, this practice....this path is not a vocation but an avocation and a spiritual practice. Reiki is not a religion. However, Reiki has given me a greater connection to my personal faith and beliefs than I had prior to this discipline coming into my life. It is that point that I would like to emphasize...personal faith.

The majority of Reiki Masters and practitioners that I have met are honest, upstanding, well-trained, professional and compassionate people of high integrity and very strong faith. These same people are barely scraping out a living with their practices and often have other pursuits to support themselves. I manage an industrial business here in New York. I am fortunate enough to earn a comfortable living from that business which affords me the opportunity to give Reiki pro-bono to those in true need and without the means to pay for it. I also volunteer with an organization called the Distant Healing Network which sends healing energy and prayer to those in need through out the world...coordinated over the Internet.

Reiki, this healing work, is part of my spiritual practice. I ask that you report back to those who commissioned you that this work should not be subject to control, licensing or other oversight either by federal or state governments. Many scientists and medical professionals have studied and documented the effects of absent prayer on hospitalized patients...studies that have shown remarkable results on patients prayed for in comparison to those not prayed for. Yet, I am certain that none of you would advocate that people who pray should be tested, licensed and controlled by governmental agency. This would be in direct violation of the Establishment Clause of the First Amendment to the Constitution and quite frankly, defy common sense. I ask that you consider my spiritual practice, Reiki, in the same light.

Thank you again for your time and consideration.

Karen Fuller, ND, CSW, LicAc 601 W. 110 Street, New York, NY 10025

Director of Health and Nutrition Services at DOROT, Inc.

As a 30 year veteran consumer of alternative/complementary practices, a wholistic practitioner with 25 years experience and the Director of a wellness program for seniors for the past 6 years, I am honored to have the opportunity to address the commission on this very important topic.

The bottom line is that I have seen so many, many people benefit, find hope, feel better, be cured of the incurable, and have an improved quality of life from using alternative methods. I want to impress upon the commission that we must invest more money and time in researching what these modalities have to offer.

We must make sure that all people have equal access to alternative medicine. As it is now, many people are denied access because insurance does not cover most alternative modalities and the state licensing boards do not license many alternatives.

We must focus on prevention and health education. Empower people to take more responsibility for their wellness. Teach everyone the basics of how to care for themselves through good nutrition, exercise, and stress management including conflict resolution and communication skills.

Science has given us miraculous medical tools, but it has few answers for the more chronic degenerative diseases that are troubling our society. It has also excluded and cut us off from the wisdom of mind-body energy healing methods which have been used for thousands of years in other cultures. Fortunately, acupuncture has become an acceptable treatment modality even though we cannot fully explain how it works. There are many other unlicensed modalities that we could be using to help people - to list a few that I have personally seen effective in increasing relaxation and assisting healing: Reiki, Polarity, Qigong, Reflexology, Craniosacral Therapy, Shiatsu, Homeopathy, Yoga, Meditation and Visualization Techniques.

I hope that the government will be very careful about how they regulate the practice of alternative medicine. We need to have the right to use whatever will help us stay healthy. I recommend more consumer education and requirements for practitioners to disclose their training and qualification. Many of the alternative modalities are unique practices and should not be grouped under wide umbrellas.

The seniors with whom I work are incredibly interested in learning about and trying alternative medicine. In the last 4 years, we had over 11,000 participant hours in our wellness classes. Seniors come twice a week to do Chinese exercise no matter what the weather. They come because they feel better, stronger, more optimistic and the quality of their life improves.

I hope that the commission will recommend generous funding to explore alternative medicine which has many cost effective, beneficial and sometimes miraculous healing methods to offer.

HEALTH & EXERCISE

January 2001: Exercise Your Mind & Body

Stretch and Strength Weight Training

Ongoing Mondays, 1:00 - 2:00 p.m. No class 1/1, 1/15

Ongoing Thursdays, 2:00 - 3:00 p.m.

Fitz Sam, Medical Exercise Specialist

Yes, you can turn back the clock! Learn 8 simple exercises using weights from the "Strong Women Stay Young" Program. Increase mobility and balance, halt bone loss and prevent fractures. Medical clearance is required. You must have your own weights which can be purchased through DOROT.

Reflexology: Massage for your hands and feet

Monday, January 8

10:30 - 12 PM

Wendy Coad, Certified Reflexology Instructor

Learn how to use pressure points to reduce stress, promote relaxation and improve overall energy. This powerful technique can aid circulation and assist muscular and nerve function.

★Funded by the New York Open Center

Brain Gym

Monday, January 22

10:30 AM - 12 PM

Paula Oleska

Improve your balance, vision and concentration with exercises that integrate the right and left sides of the brain. Have fun while you sharpen memory and increase coordination.

★Funded by the New York Open Center

Continuum Movement

Monday, January 29

10:30 - 12 PM

Mary Abrams, Authorized Continuum Teacher

Try something new and different - a dynamic movement class using breathing and sounds to develop deeper sensation, fitness and healing. Reduce the debilitating effects of chronic illness, trauma and aging, and increase your flexibility, strength and range of motion.

★Funded by the New York Open Center

OVER→

Chinese Exercise with Mr. Gu

Ongoing Tuesdays, 1 - 2 PM

Ongoing Fridays, 1 - 2 PM

Beginners Class: Thursdays, 11:30 AM - 12:30 PM

Cheng-de Gu, T'ai Chi Master

Lift your spirits and move toward health in Mr. Gu's inspiring exercise class. Learn simple, gentle exercises based on Chinese Medicine and designed especially for seniors, to increase energy and help relieve incontinence, constipation, insomnia and digestive disorders. Beginners are welcome.



Movement to Music with Reba

Tuesday, January 2

1 - 2 PM

Reba Perez, Professional Dance Instructor

Renew and rejuvenate with stretching and moving to music. Join us for a wonderful, relaxing time.

Exploring Meditation

Tuesday, January 2

2:15 - 3:30 PM

Cecile Schey, Facilitator

Join our ongoing, introductory group, discussing and practicing different kinds of meditation for relaxation and spiritual rejuvenation.

Meditation with the Labyrinth

Tuesday, January 9

2:15 - 4:15 PM

Elizabeth McGowan, Artist and Lecturer

Learn about the age old design of the labyrinth used by mystics for meditation and experience walking the labyrinth. Elizabeth will lecture on the history of the labyrinth and lead us on a meditative journey.

Reiki Level 1 Practice Session

Tuesday, January 16

2:15 - 3:30 PM

Cecile Schey, Reiki Master (& other Reiki Instructors)

For Seniors who previously completed Reiki I Training, practice and develop your Reiki skills.



Jewish Meditation

Tuesday, January 23

2:15 - 3:15 PM

Mindy Ribner, Master Teacher of Meditation & Author of "New Age Judaism"

Experience the relaxation, peace and joy of an authentic Jewish Meditation.

★Funded by the New York Open Center



Special Guest Lecture: Ancient Healing Methods

Tuesday, January 30

2:15 - 4 PM

Dr. Juan Almendares

Dr. Almendares is a powerful healer, a leading Honduran physician and a pioneer in Latin American alternative medicine. Join us for this exciting lecture and demonstration of traditional healing methods.

★Funded by the New York Open Center

Wellness Circle: Healing from Cancer with Alternative Medicine

Friday, January 12

11 AM - 12:30 PM

Marian Schuler Divittorio and Drew Divittorio, DIPL,CM

We are very pleased to welcome Drew's mother, Marian Schuler Divittorio, a cancer survivor for 32 years. She will discuss her healing journey and how she cured herself with completely natural methods including herbs, food, exercise and meditation.

★Funded by the New York Open Center

Synergy Dance

Friday, January 19

10:30 - 11:45 AM

Anna de Pagan, Latin Dance Specialist

Experience a gentle workout with stretching, conditioning, movement exercises and joyous expressive dancing to many kinds of music - good for body, mind and spirit.

★Funded by the New York Open Center



Wellness Circle: Review of Healing Foods Diet

Friday, January, 26

11 AM - 12 PM

Drew Divittorio, DIPL, CM

Drew will discuss the principles of healing with foods and designing your own diet based on Chinese Medicine.

★Funded by the New York Open Center

OVER→

The Health and Exercise Program is directed by Karen Fuller, Director of DOROT's Health and Nutrition Services. She is trained in Social Work, Acupuncture and Naturopathic Medicine.

Suggested Donation for classes:
 One class/lecture per week - \$5 each
 Two classes per week - \$4 each
 Three or more classes - \$3 each



All classes will be held at DOROT
 171 West 85th Street,
 2nd Floor Auditorium
 New York, NY 10024
 (212)769-2850

Mon

Tue

Wed

Thu

Fri

JANUARY

1

No Classes

2

1:00 Movement
 2:15 Exploring
 Meditation

3

4

11:30 Mr. Gu
 2:00 Weights

5

1:00 Mr. Gu

8

10:30 Reflexology
 1:00 Weights

9

1:00 Mr. Gu
 2:15 Meditation with
 Labyrinth

10

11

11:30 Mr. Gu
 2:00 Weights

12

11:00
 Wellness
 1:00 Mr. Gu

15

No Classes

16

1:00 Mr. Gu
 2:15 Reiki

17

18

11:30 Mr. Gu
 2:00 Weights

19

10:30
 Synergy
 Dance
 1:00 Mr. Gu

22

10:30
 Brain Gym
 1:00 Weights

23

1:00 Mr. Gu
 2:15 Jewish
 Meditation

24

25

11:30 Mr. Gu
 2:00 Weights

26

11:00
 Wellness
 1:00 Mr. Gu

29

10:30
 Continuum
 1:00 Weights

30

1:00 Mr. Gu
 2:15 Ancient
 Healing Methods

31

Clinton Presidential Records Digital Records Marker

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

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

G

Divider Title: _____

To: White House Commission on Alternative and Complementary Medicine
 From: Michael Gaeta, LAc, LCN
 Re: Acupuncture law & certification
 Date: 23 January 2001

Groups opposed to 300-hour training for acupuncturists in statement or in principle:

- Acupuncture patients
- Licensed acupuncturists
- Acupuncture students
- National Commission for the Certification of Acupuncture and Oriental Medicine
- Acupuncture Society of New York
- International Chiropractic Association
- Accreditation Commission for Acupuncture and Oriental Medicine
- National Acupuncture and Oriental Medicine Alliance
- Council of Colleges of Acupuncture and Oriental Medicine
- American Association for Oriental Medicine
- New York Acupuncture Coalition
- Acupuncture schools & colleges

Why these groups oppose abbreviated training:

1. The current minimum, entry-level standard established by the acupuncture profession is graduation from a master's-level program of at least 1,725 hours in length, and passing the national certification exam administered by the National Commission for the Certification of Acupuncture and Oriental Medicine (NCCAOM). These are the minimum requirements for anyone seeking to practice acupuncture properly. These standards have evolved over the past 20 years as a means of protecting the public from poorly trained or unsafe practitioners, to ensure a basic level of competency, and to help states establish standards for licensure. Doctors and dentists in New York and other states bypass the national certification exam, and do not meet even the basic standards established by the profession.

2. Podiatrists and chiropractors in New York also seek this privilege mostly because it was given to physicians and dentists in 1974. In 1974, when the 300-hour standard was set forth, no one knew what training was required to practice acupuncture properly. 26 years later, it is very clear. There are more than 40 acupuncture colleges in this country offering serious, master's-level training to thousands of students. Dozens of physicians, chiropractors and other professionals have completed these programs and are practicing at a high level of competence. 1974's 300-hour standard was intended to promote research into this very new field, not provide a fast track to patient care.

3. Ultimately, it is the consumer who will suffer, because the average layperson does not recognize the difference between a properly trained licensed acupuncturist, and an inadequately trained certified acupuncturist. People are simply not aware of the vast disparity in training. From a consumer perspective, this is irresponsible and misleading.

4. The World Health Organization has recommended that 2,500 hours of training is necessary for the practice of acupuncture.

5. Within the chiropractic profession, there is disagreement about chiropractors including acupuncture in their scope of practice with minimal training. Only a small faction within the chiropractic (and podiatric) community is interested in acupuncture

certification. The policy statement on acupuncture issued by the International Chiropractic Association reads:

This organization has not encouraged doctors of chiropractic to extend their scope of professional activities into acupuncture. ICA holds that the focus of chiropractic practice should be its specialty of adjusting the spine. Acupuncture is viewed as a profession in itself, and requires very serious education and professional qualification via separate licensure. It should not be a sideline for the doctor of chiropractic. It is the best interests of the consumer, in the end, that determined this position. (Source: Traditional Chinese Medicine World, Vol. 2, January 2000.)

6. Unlike licensure, the certification process does not require a qualifying examination, so there are no standards of competency. Such standards are established to protect the consumer. The National Acupuncture and Oriental Medicine Alliance is a professional membership organization that embraces the many traditions within the field. The position of the Alliance is that anyone who practices acupuncture should meet established and regulated standards of competency. Anecdotal reports from acupuncture patients indicate less satisfaction and clinical success with acupuncture performed by physicians as compared to licensed acupuncturists.

7. The 1,725-hour minimum national standard is set by the Accreditation Commission for Acupuncture and Oriental Medicine. (Most professional acupuncture schools have programs of 2,700 hours in length). 360 hours of the 1,725-hour requirement consists of western biomedical course work. Removing that component, which podiatrists, chiropractors, physicians and dentists presumably already have, leaves 1,365 hours of training in acupuncture theory, technique and clinical practice, four-and-a-half times that of the 300-hour proposal. Professional acupuncture colleges generally waive course work in biomedical sciences that other professionals already have, easing their way to licensure. These facts challenge the necessity for abbreviated programs.

8. It is irresponsible to assume that a licensed acupuncturist could learn enough about chiropractic manipulation or podiatry to practice those professions safely and effectively after only 300 hours of training. No one has yet adequately explained why practicing acupuncture would be any different. There is nothing in the education of a podiatrist, chiropractor, physician or dentist that prepares them for acupuncture practice. The ability to give an injection or perform surgery is of little relevance to the practice of acupuncture. There is no overlap in training beyond the minimum 360 hours in biomedical sciences.

9. Some licensed acupuncturists have experience with training physicians in 300-hour programs. Their most common finding is that the physicians, understandably, feel incompetent, particularly alongside students of a professional training program. And chiropractors who first go through abbreviated programs before pursuing serious education invariably describe their amazement at how profound acupuncture is, and how inadequate their prior training had been.

10. There are great concerns regarding the quality of education in 300-hour programs. Nearly all such courses are taught by other 300-hour graduates, not licensed acupuncturists. There are no national standards of competence or training, no core curriculum, and literally no other quality control other than a certificate of completion. Such programs often rely on video instruction for much of their didactic material. These are not the practices of higher education in this country. And unlike nationally-certified

acupuncturists, certified/medical acupuncturists have no continuing education requirements.

11. Nationally-certified diplomates in acupuncture need to demonstrate, through a written and a practical exam, that they know how to practice acupuncture safely, according to federal guidelines for infection control. Certified acupuncturists are not required to meet this requirement.

12. Two wrongs do not make a right. It is inappropriate for physicians and dentists to practice acupuncture without meeting established national standards for proper theoretical and practical training. Extending the same error into the podiatric and chiropractic professions does not serve the Oriental medicine profession or the public. Over the years the professional acupuncturists have raised the educational standards substantially in order to elevate the level of practice in the profession. It has been a grievous error to degrade those standards for such a large community of other practitioners.

13. Some chiropractors that advocate the spread of poorly trained practitioners claim that the type of acupuncture they want to practice does not require much theoretical study. This argument is quickly cast aside from even a casual perusal of a curriculum outline from any college of acupuncture. Students there generally spend 300 hours just learning point location. Add about 200 hours for acupuncture technique, and two years of clinical observation, assistantship and practice—often 1,500 hours or more in total. This does not include the hundreds of hours in theory, diagnosis, treatment principles and case studies that these chiropractors claim is unnecessary. Even for chiropractors who think that acupuncture is just another technique, it is clear that it cannot be learned properly in only 300 hours.

14. Some Chiropractors argue that since other states allow them to practice with minimal training, so should New York. Again, two wrongs do not make a right. And in most of those states, there was little if any organized opposition to chiropractic acupuncture practice bills, or adequate consideration of the questionable merits of such legislation.

15. Certain conditions, like recovery from stroke, are time-sensitive. Effective early treatment is essential to clinical improvement. Acupuncture practitioners inadequately trained in assessment and treatment will not provide these patients with the best possible outcomes.

16. Insurance companies like Oxford who include acupuncturists in their provider rosters only admit nationally-certified practitioners. Their refusal to admit certified acupuncturists clearly indicates their acknowledgment of the differences in training and quality of patient care.

17. With over forty acupuncture schools in the US producing well-educated practitioners, there is no need to add poorly trained acupuncturists to the field.

18. Proponents of podiatric acupuncture practice bills claim that podiatric acupuncturists are “only going to treat the foot”. This statement is misleading. Certified podiatric acupuncturists will in fact be able to use acupuncture points anywhere in the body, which have effects on areas and functions unrelated to the feet. They will be free to treat a wide range of pathologies, without enough training to even locate acupuncture points accurately. Patients will not know that their podiatrist is limited to treating the foot, and in the unlikely event that a podiatric acupuncturist was challenged, all he or

she would have to do is justify the use of those points as being related to a foot problem. Clearly, granting podiatrists (or chiropractors) the privilege of practicing acupuncture will greatly expand their scope of practice, regardless of how their bills are worded.

19. Chiropractors, physicians, podiatrists and dentists regularly complete postgraduate diplomate programs in a wide range of areas: neurology, nutrition, radiology, etc. These programs are extensive, and generally lead to a national certification exam. Why would this tradition be changed or ignored for a field as vast and diverse as acupuncture, which has a specialized body of knowledge, clearly delineated curriculum, and national certification exam that leads to a diplomate?

20. Many insurers who cover acupuncture care will only do so if the therapy is performed by a physician. Coverage is not extended, in these cases, to licensed acupuncturists who have the highest degree of training and demonstrated skill. Giving the unjustified privilege of acupuncture certification to other professionals would compound this error. Lack of insurance parity denies consumers coverage for the most competent care.

Below are proposed solutions to the acupuncture practice issue. These are designed to put patients first—to protect the public and insure that properly trained practitioners will treat them; and to maintain minimum standards of competence in the acupuncture profession.

1. Require all acupuncture practitioners to meet the national standards of knowledge and competence.

2. Podiatrists, chiropractors, physicians and dentists that wish to practice acupuncture will complete the education necessary to sit for the NCCAOM national certification exam in acupuncture—to prove minimum competence and to practice safely and effectively.

3. Physicians, dentists and other practitioners who are allowed to practice acupuncture without completing adequate training or demonstrating competence, should be required to have their patients sign a statement, as is required in Rhode Island. This statement would explain that the practitioner is not a licensed acupuncturist, that the care they will receive does not replace that of a licensed acupuncturist, and what amount of acupuncture training the clinician received. This is needed to responsibly inform the public, and is consistent with the principles of the Patient's Bill of Rights.

4. In the above scenario, chiropractic acupuncturists, like licensed acupuncturists, would be required to advise patients to consult a physician for the condition they are seeking treatment for. This requirement is set forth in NYS Title VIII Education Law, Article 160 (Acupuncture), Section 8211.

5. All certified acupuncturists will have a distinct title, which differentiates them from licensed acupuncturists. For example, physicians certified in acupuncture would refer to themselves as “medical acupuncturists,” a title consistent with the American Medical Acupuncture Association. Dentists would have the “dental acupuncturist” designation.



Michael Gaeta, L.Ac, LCN, LMT
Diplomate in Acupuncture (NCCAOM)
Diplomate in Oriental Bodywork Therapy (NCCAOM)
NYS Licensed in Acupuncture, Nutrition and Massage Therapy
Faculty member, New York College for Wholistic Health Education and Research
Chairman, Acupuncture Society of New York
Director, Hands-On Health Wholistic HealthCare Center, LLC

Contact: phone: 718.847.7278
fax: 718.847.4879
e-mail: michaelg1@earthlink.net

Organizational Resources

National Commission for the Certification of Acupuncture and Oriental Medicine
phone: 703.548.9004 website: nccaom.org
Acupuncture Society of New York
phone: 914.923.0632 website: asny.org
Accreditation Commission for Acupuncture and Oriental Medicine
phone: 301.608.9680
National Acupuncture and Oriental Medicine Alliance
phone: 253.851.6896 website: acupuncturealliance.org
Council of Colleges of Acupuncture and Oriental Medicine
phone: 301.608.9175 website: ccaom.org
American Association of Oriental Medicine
phone: 610.433.2448 website: aaom.org

Lawrence Galante, Ph.D., Adjunct Professor at SUNY University

I would like to give testimony on the benefits that I have personally observed in both my self and in my family from taking homeopathic remedies.

Some thirty years ago I worked as a biochemist for the City of New York's Chief Medical Examiner. At that time I contracted Giant Papillary Conjunctivitis, a condition that made it impossible to continue wearing contact lenses. After 2 years of conventional treatment from the finest doctors at NYU medical center my condition remained unchanged and I was told there was virtually no chance that it could ever be changed.

While traveling in India I witnessed homeopathy cure a friend's case of dysentery within 24 hours. When I returned to the USA, I was treated by an unlicensed homeopath that was able to clear up my condition with one safe and inexpensive remedy, in about 2 months.

Several years later, I developed excruciating pain from a kidney stone. Once again I turned to homeopathy, which arrested the pain immediately, and allowed me to pass the stone painlessly, over a period of one month. During that time I was able to return to work, have x-rays taken to confirm the existence of the stone, and function normally.

I have also had my mother treated homeopathically. She suffers from chronic nosebleeds and severe hemorrhages, once or twice daily, an incurable hereditary disorder. She has had years of corticizations and was often in the hospital for blood transfusions. Now that she takes a daily homeopathic remedy the bleeding is much more manageable, she has not needed to have another blood transfusion and her nose is corticized only occasionally. This is a good example of how different modalities can complement each other.

In all of these cases the total output for over the counter homeopathic medication was under \$10.

I believe that as a consumer, living in what is supposed to be a free country, I should have the right to pursue and obtain any system of safe, non invasive therapy. I don't think that the government should act as Big Brother overseeing how I take care of myself, and that I, and only I, should have the right to make decisions about my personal health care.

I have traveled extensively throughout Europe and Asia, and I wish that we Americans could enjoy the same availability to alternative therapies as other countries do. I was also very impressed by the Minnesota Natural Health Care Bill that was recently passed, giving consumers the right to choose the therapies they wished to use, whether the practitioners are state licensed or not. This saves the state time and money, and grants its citizens freedom of choice.

CHARLES GANT MD PHD

I have been licensed to practice medicine in New York and have practiced orthomolecular medicine and CAM¹ for twenty years. Over three years ago, my drug-free, successful treatments of ADHD² were widely publicized. The New York State Office of Professional Conduct³ subsequently launched an investigation⁴ of my practice. Since then I have endured two interrogations, an office raid, charges of negligence, incompetence and fraud and eight months of hearings. My family and I have suffered enormous economic and emotional stress. Were it not for the prayers and support I have received, the gratifying effects of orthomolecular treatments in healing my grateful patients, good lawyers and expert witnesses who have generously allowed me to defer my economic debt and a spiritual basis for my life, I could not have survived this hell.

During the office raid, the OPMC seized nine charts from which charges were drawn up. Six of those nine patients eventually followed through with my CAM orthomolecular care and have had good outcomes. A patient's prostate cancer was reversed and arrested. A patient with disabling, severe fibromyalgia is relatively pain-free and has the energy to work again. A vegetative, severely autistic child has been educationally mainstreamed. A child with juvenile rheumatoid arthritis is medication free and mostly asymptomatic. A teenager with chronic sinusitis and migraines on nine medications is off medication and has fewer headaches. Another teenager with chronic, severe gastritis and colitis is well.

¹ Complementary and Alternative Medicine

² Attention Deficit/Hyperactivity Disorder

³ The Office of Professional Medical Conduct (OPMC) is a division of the NY State Public Health Department.

The OPMC has broken New York State law⁵ in many areas:

- 1) Education Law, Section 6527, subsection 4e⁶ basically says that a physician can't be prosecuted for CAM care if it works. My CAM care worked but I was prosecuted for it anyway.
- 2) Section 230, subsection 6 of the Public Health Law⁷ states that my jury "shall consist of two physicians and one lay member." The panel assigned to my case consists of two physicians and a physicians assistant⁸!
- 3) Public Health Law Section 230, subsection 10(a)(ii)⁹ indicates that "medical experts (who practice CAM) shall be consulted" during investigations. Only conventional physicians, who have little understanding of CAM, were consulted during my investigation.
- 4) My charges concern the "care and treatment" of nine patients for indefinite periods of time. But when it became obvious CAM care "effectively treats human disease¹⁰" in six of the nine patients, the state has tried to block admission of this evidence and alters the charges as the case proceeds.

⁴ Under the law in New York State, the origin or source of a complaint against a physician is deemed confidential, so one is never aware of, much less faced by, their accuser.

⁵ The Alternative Medical Practices Act (Chapter 558 of the laws of 1994) made changes to both the Education Law (Section 6527) and the Public Health Law (Section 230).

⁶ "This article shall not be considered to affect or prevent the following: (subsection e.) The physician's use of whatever medical care, conventional or non-conventional **which effectively treats human disease, pain, injury, deformity or physical condition.**"

⁷ "Any committee on professional conduct appointed pursuant to the provisions of this section shall consist of **two physicians and one lay person.**

⁸ For all practical purposes, a physicians assistant functions as a physician, ordering diagnostic lab testing, performing physical exams, taking histories and prescribing drugs. A physicians assistant could never be considered to be a "lay person" as is mandated by this law.

⁹ Public Health Law Section 230, subsection 10(a)(ii) states "if the investigation of cases referred to an investigation committee involves issues of clinical practice, **medical experts shall be consulted.** Experts may be made available by the State Medical Society of the State of New York, by county medical societies and specialty societies, and by **New York state medical associations dedicated to the advancement of non-conventional medical treatments.**"

¹⁰ Education Law, Section 6527, subsection 4e.

A recent article in the Journal of the American Medical Association¹¹ suggested that conventional medicine itself is the 3rd leading cause of death¹², resulting in one quarter of a million deaths per year¹³ - deaths mostly from mistake-free, medical interventions conforming to accepted standards of care. CAM is conventional medicine's answer but what prevents conventional physicians from adopting CAM technologies? The chilling effect of prosecutions like mine is the primary deterrent to physicians. CAM will never be melded with conventional medicine until healthcare professionals are free to practice CAM without fear of unwarranted investigation and prosecution. And even if protective legislation is passed, there must be provisions dedicated to upholding existing law with clear punitive consequences for healthcare regulators who place themselves above the law.

¹¹ JAMA, July 26, 2000-Vol 284, No. 4, pp. 483-485.

¹² Behind cardiovascular disease (1st leading cause of death) and cancer (2nd leading cause of death).

¹³ This calculates to approximately one death every 2 – 3 minutes in the US.

As an allopathic MD teaching at a naturopathic medical school, what issues are important in terms of allopathic vs. naturopathic training programs?

A licensed naturopathic physician who has graduated from an accredited institution has similar training to an allopathic physician. Similar does not mean equal. In allopathic training, the last two years of medical school involve the apprenticeship method of learning with increasing levels of supervised patient contact and increasing responsibility in patient exam, diagnosis and management of clinical problems. In the naturopathic schools, the students are getting clinical experience, but not of the same caliber.

My goal with my naturopathic students has been to introduce them to applied physical exam and clinical diagnosis by discussing clinical situations and later exposing them to actual patients. The students can then make the connection between reading about a condition as opposed to seeing the condition. You can discuss heart failure all day; when you first see a patient with the condition, then everything you have studied falls into place and you won't hesitate to consider and better yet, recognize this problem in the future.

In the hospital, I have my students talk to patients about proper nutrition, "alternative" therapies for various conditions, diet and exercise and have had good acceptance. Talking to parents about possible children's food allergies as a cause of frequent ear infections, discussing manipulative therapies and acupuncture for chronic pain, herbals and homeopathy as well as vitamin therapy as adjunctive therapies - all of these hold patient interest and can not be discussed by the allopathic medical students or residents to any degree.

In class, I stress possible interactions of "alternative" therapies with other medications, the need to understand allopathic treatments to successfully "complement" them and the need to take traditional medicine seriously. They are taught not to negate and try to supplant traditional therapies for naturopathic modalities, but to attempt to work together to best serve the patient.

Most of the terms for this new medicine are not good ones - "alternative" seems to have the most patient support, although it is a confrontative term - "integrative" and "complementary" are not good catch phrases - maybe one of the newer terms, "blended medicine" is not too far off the mark.

Unfortunately, I've seen other instructors mock and ridicule traditional medicine to their students. Some of these teachers claim homeopathy can cure almost all ills; that immunizations are not needed and cause harm; that there are no conditions that botanical therapies can not alleviate and that all allopathic physicians are not capable of any patient understanding and just prescribe harmful and unnecessary expensive medicines which make the patient more ill.

I've also seen allopathic MD's do exactly the same with "alternative" therapies. My bottom line is that the patient can survive without most of the "alternative" therapies (even though I believe many of them work well) HOWEVER a patient who is told by his or her "alternative" physician that vaccinations, or surgery, or further work-up of various complaints including some traditional cancer therapies are not needed violates the first law of medicine: Primum non nocere - First do no harm.

If this occurs, both medical communities suffer and the patient is again caught in the middle between two different schools of thought and practice and NCCAM's goal becomes unobtainable.

What I believe is needed is better communication and cooperation between the two medical communities. If I am the allopathic physician teaching the naturopaths, where is my counterpart in the allopathic medical school? Where is the research, which should be done with the participation of both groups?

We need to establish a division or department of "alternative" medicine (CAM) in every allopathic medical school and a division or department of "traditional" medicine in every naturopathic medical school for true "blended" medicine to become a reality.

As this progresses, not only needed dialogue and shared faculty participation will develop between the two camps, but insurance reimbursement issues and other matters related to the huge patient out of pocket expense for "alternative" therapies will cease.

The naturopathic students need more clinical exposure to allopathic diagnosis and treatment to be able to better "complement" traditional medicine, to be able to feel comfortable referring patients to allopaths. As the allopathic students interact with the naturopaths, they will feel comfortable referring their patients for consultation and alternative modalities and finally, these modalities will not be "alternative" any longer. We need formal affiliations between the naturopathic medical schools and the allopathic schools and increased clinical rotations in teaching hospitals for the naturopathic students. We need to establish postgraduate residencies for the naturopathic physicians in more of our teaching hospitals. Thank you.



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Greenwich Hospital
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Greenwich, CT 06830



TESTIMONY OF PATRICK GENTEMPO, Jr., D.C.

Chief Executive Officer, Chiropractic Leadership Alliance

Presented January 23, 2001

**Testimony of Patrick Gentempo, Jr., D.C.
C.E.O., Chiropractic Leadership Alliance**

Presented to the White House Commission on Complimentary and Alternative Medicine Policy

**The Importance of Understanding Chiropractic as a Principle and
Distinct Profession Rather than a Modality.**

Ladies and gentlemen, thank you for taking the time to allow me to present these concepts, which I find to be of critical and defining value. Let me start by saying that I perceive this White House Commission to be of great importance and know that the conclusions you draw will mean the difference between life and death for countless thousands of people. I see this as a serious endeavor and suspect that you all adequately embrace the power and importance of your roles. Market forces have demonstrated the need and desire for expanded and different views and philosophies towards health care. As a part my introduction I would like to make a distinction between health care and sick care, both of which are important services to our culture. In short even though it is referred to as health care, I look at the traditional practice of allopathic medicine as sick care. It is the diagnosis and treatment of disease and crisis intervention. Health care on the other hand deals with quality of life, performance, and potential. This brings me to the distinction that I have this brief time to make.

Some people both inside and outside of chiropractic view it as a part of the sick care paradigm. In essence, they see it as a modality (spinal manipulation) that is used to ameliorate musculoskeletal symptoms. As such this mechanistic approach becomes a sub-specialty of allopathic medicine. With this view there is little distinction between chiropractors and other providers that perform spinal manipulation. Although there are some chiropractors who choose to limit their practice to back and neck pain treatment only, this should in no way be a limitation that is imposed on the entire profession lest the masses be deprived a remarkable, non-duplicated service. An argument for chiropractic being restricted to this view is that there is no scientific evidence to support it otherwise. In my very limited time here today, I cannot reasonably address this issue but suffice it to say, based on the evidence and any sense of rationality, I strongly disagree. In exploring this subject we would have to define what science is and what one would accept as proof.

Chiropractic in its traditional and most widely practiced form is vitalistic in nature. It is not in any way, shape, or form a duplication of allopathic medical services but possesses a unique philosophy, science, and art. Chiropractic views the body as a three dimensional, non-linear, chaotic biological system; therefore linear mechanistic views do not apply. In essence chiropractic's culture possesses independent metaphysical views towards biological systems and congruent with these views an epistemological system that results in a practical application that is matchless and powerful. All this culminates into a phenomenon, branded by chiropractic, referred to as vertebral subluxation. Two axioms used in chiropractic are:

1. The body is a self-healing and self-regulating organism.
2. The nervous system is the master system and controller of that body.

Taking the above into consideration, we must conclude that if there is disturbance in nerve function, there must then be disturbance in the ability for the body to heal, regulate, and adapt. By definition, a vertebral subluxation is a spinal segment or group of segments that are mal-aligned and related to that is a disturbance in neural function. The clinical goal of chiropractic is detection and correction of vertebral subluxation for the purposes of optimizing health, well-being, and quality of life. Let me emphasize this distinction. Chiropractic is not the diagnosis and treatment of disease, but rather the detection and correction of vertebral subluxation. This means that a person may receive chiropractic care regardless of disease for the purposes of improving overall well-being and quality of life. Whether a person has no symptoms or a debilitating disease, they should have the option to choose chiropractic services to express more life.

I thank you for your time today and am happy to receive any questions.

White House Commission on
Complementary and Alternative Medicine Policy
Testimony Given by Kristen Georgi,
Traditional Chinese Medicine World Newspaper & Foundation
January 23, 2001

My name is Kristen Georgi. As editor of the Traditional Chinese Medicine World newspaper, the largest print media and website of its kind and one arm of the New York-based Traditional Chinese Medicine World Foundation, it is our goal to help build bridges of understanding between East and West, to sort through misunderstanding and misinformation and deliver what is authentic, beneficial, and sound through a variety of forums such as our newspaper, books, seminars and classes.

There is an ancient saying in Chinese medicine – “As long as you know the principles of Yin and Yang, you can be a good doctor.” Chinese theory holds that the entire universe is composed of Yin and Yang, two complementary but distinct energies that are evident in all things.

We have come to a time in this nation’s history when Eastern and Western medicine are merging to create a new complementary system for the health of the world. Because they are vastly different from each other in philosophy and practice, the key to the success of this merger is for each side to understand and accept its complement. There is no room for ignorance, suspicion, competition or fear.

It is our strong belief that education is the cornerstone needed to make this bridge structurally sound and enduring. We believe that it is the right of the American public to know that there are other options for healthcare available, options that fill the gaps left by conventional Western medicine. Our newspaper reaches the general public, 350 hospital-based centers of complementary medicine, and many of the 25,000 practitioners from novice to expert with articles about TCM theory, practice, policy, training, and research. With a circulation of 80,000 and more than 1.5 million visitors to our website, we have evidence that the consumer is hungry for this information.

In the World Health Organization’s Report 2000, it is stated that the media can play an important role in healthcare stewardship by helping to set ethical standards for conduct, fostering balanced public information and serving as an effective interface between the public, healthcare providers and policy makers. Our paper’s goal is to do exactly that by conveying thousands of years of Chinese experience-based knowledge to the modern, scientific, technological mindset of the West. It is our experience that the best way to achieve such a dialogue is to create a new dialect, one that weaves together the anecdotal evidence of 5,000 years with the science of today.

As an example, the cover article of our current issue is about a highly regarded researcher at Mt. Sinai School of Medicine who has just published the first paper in a prestigious Western medical journal concerning the use of a Chinese herbal formula for asthma. The meticulous research methodology is described, along with the TCM theory behind the efficacy of these herbs. The study concludes that the Chinese formula is as good as standard corticosteroids for the treatment of asthma, without the worrisome side effects. This work, which has been called courageous by reviewer Dr. Renata Engler of Walter Reed Army Medical Center, will bring new medicines to the West based on the

wisdom of the East. We ask you to support all such efforts that foster the most fundamental of human needs, the need to live in good health. You can do this by endorsing Chinese medicine's philosophy of healthcare, by providing platforms to meet the public's demand for information, and by funding additional research.

We believe it is essential for Western medical doctors to be further educated so that they can support their patients' choice of complementary care. Of all the complementary therapies, Chinese medicine is the most sophisticated and complete, employing herbal medicine, acupuncture, diet and specific kinds of energy exercise that have been used for centuries to prevent and cure diseases such as hepatitis, diabetes and cancer. Today in China both medical systems are taught and utilized side by side. It is common practice there to treat cancer with Western medical modalities such as radiation and chemotherapy in conjunction with Chinese herbs that strengthen the immune system and increase the T-cell count.

Unfortunately, that is not the case here in America. Many Western doctors discourage their patients from pursuing avenues of healing other than their own. This is especially alarming when a life-threatening diagnosis sends a patient in search of additional methods of care. In instances of chronic and acute disease, Western medicine's weak points are Chinese medicine's strengths. It is unconscionable that physicians undermine their patients' ability to access this valuable option because of their own fear and lack of knowledge. There is no need for competition. With education about the fundamentals of Chinese medicine, the consumer, the Chinese medicine practitioner and the conventional Western physician together can have the best of all worlds. The time has come to join in cooperation between Western and Eastern methods that use different approaches but share the same goal – the good health of the patient. We ask this commission to make a commitment of time, money, and people to provide the high quality resources needed to make this a reality.

Chinese medicine is not "new age" medicine. As long ago as 1979, the World Health Organization listed forty-one clinical indications for acupuncture and strongly supported it as a beneficial, cost-effective, preventive and therapeutic system for use worldwide. In her keynote speech at Beijing University in November 2000, Dr. Gro Brundtland, Director General of the World Health Organization, said, "China has made some of the most significant contributions to the advancement of medicine. Long before Europeans addressed medicine in a scientific manner, China had developed advanced techniques of diagnosis and treatment. Many of these traditional techniques are today applied around the world. Thousands of years of knowledge are there for the world community to tap and share."

Let us take a page from China's book by combining what is best in East and West. We ask you to provide support for education about the benefits of Chinese medicine for the American consumer. We ask you to end the atmosphere of suspicion and competition regarding Chinese medicine that is still pervasive in the Western medical community. We ask not for balance, but for harmony. Two things can be balanced. They can have equal weight on a scale but still be separate. Harmony means that they are not separate, but blended into a seamless whole. That is our wish for the healthcare of the future.

Thank you for allowing us to testify before this committee and we welcome the opportunity to continue this important work with new administration.

Sezelle Gereau Haddon, MD
Riverside Church Wellness Center

With millions of dollars being spent every year on alternative medicines, this is fast becoming a field that is available only to the very rich. Complementary and alternative medicine, though, has much to offer those who can't afford to pay out of pocket for these modalities. In these less affluent communities, there are higher death rates from cancer, heart disease, and other chronic illnesses in which lifestyle plays a great role in their cause and treatment. Complementary medicine often begins with healthy lifestyle changes, and emphasizes maintenance of health by changes in diet, exercise, stress reduction, and use of supplements. Once disease does occur, use of alternative modalities can often be cheaper, and its effects more generalized to overall good health and well being, than allopathic remedies are aimed at specific illnesses. As such, use of alternative therapies in poorer communities could result in general better health, at less cost. Here indeed, an ounce of prevention is worth a pound of cure.

The question then becomes how to provide access to complementary and alternative medicine in the most cost effective way, one that will reach many people in need. I stand before you today to propose that faith based communities are well suited to assist in this regard. Here are some of the factors that make faith based communities prime for this role.

First, churches begin with the same premise that drives alternative medicine that the patient is intrinsically a curable entity, and that access to this cure stems from within the patient themselves, not from an externally applied medication or treatment. Alternative medicine seeks in many instances to balance imbalances, and as such, restore an individual to wholeness and health, not solely to cure a disease. Churches in many ways do the same in addressing the person as a whole entity, mind, body and spirit, in the context of a community.

Secondly, churches have a wide audience of individuals that use the facility, from parishioners, to people who access the church for social services, such as food, shelter or clothing. It also provides an environment in which the patient feels safe, unlike hospitals which can be stress inducing in and of themselves. Here is a captive audience in a space that lends itself to healing.

Thirdly, churches have their own resources that might be used to offer alternative therapies to patients. At Riverside, for example, we offer a variety of modalities, including meditation, massage, therapeutic touch, support groups, programs on complementary cancer care, and movement activities. We have been able to provide these for free, or at minimal cost to the participant.

Many churches already have "parish nurses", who serve in various capacities. Having these nurses learn more about alternative therapies, when to prescribe them, what's available and appropriate, how to refer to practitioners in the community as needed, could only help bridge this gap between rich in poor in their access to alternative medicine.

If alternative medicine is the new wave, let's not let that wave pass by some of those who could most benefit from it. Ways must be found to include members of our community with less financial resources in this movement. I urge you strongly to consider making faith based communities, allies in this quest.

Thank you.

Dear Sir/Madam:

*
My name is Magnolia Goh; I am a Licensed Acupuncturist and Medical Consultant for Herbology in Highbridge Woodycrest Center.

Highbridge Woodycrest Center (HWC), a state founded 90-bed skilled nursing facility for men, women and children with AIDS, has offered its patients access to Traditional Chinese Medicine (TCM) since its opening in May 1991.

Complementary and alternative medicine has been given to all patients. In the facility, as medical staff, there are physicians, nurses, licensed acupuncturists and acupuncture detox specialist. Work as a team, all medical staff give complementary medical services to treat both the underlying infection with HIV; reduce side-effects from medication and any therapies; treating and preventing patients from a range of opportunistic infections and HIV-related symptoms, and then, the most, to improve the patients quality of life.

Since the treatments are different and new to all patients coming to HWC, education to staff and patients is offered regularly. All formulas and supplements are discussed and decided by "Committee of Complementary Medicine". Medical Director always over sees acupuncture and Chinese herb treatments, which are part of treatments to all patients in the facility. One of the herbal formula—Herbal Tea #1 had studies and presented to three international AIDS conferences.

Since all patients in HWC are advanced HIV infected patients, most of them in very serious condition and could not live in regular life pattern. Some of the patients are so weak that they could not take any medicine. The combination of acupuncture, Chinese herb with regular AIDS treatment have show the great improvement for the patients, many of patients get helped in their immune system and quality of life. Some of patients become better enough to starting regular AIDS treatment, some of them go out of facility to the community to have their regular life.

As experience in HWC, we found:

1. Since CAM practices are more effective and efficient, it should put to any kind health facilities.
2. More research on CAM should be guided to find out the best integrate medicine for our society.
3. CAM education should put into regular medical training, include all medical service staff.
4. Regular training with regulated certification regulate CAM practice is urgent needed to start the practice of CAM widely.

* REPLACED BY ZHAO YANG CHEN

Acupuncture for Nature Healing

250 W 57th Street Suite 831 New York NY 10107

Telephone: (212) 974-2880 fax: (212)974-2880

January, 13, 2001

White House commission on complementary and
Alternative Medicine Police
New York City Town House meeting
111 East 59th Street
New York NY 10022

Dear Sir:

My name is Zhao Yang Chen, a licensed acupuncturist of New York and teacher of Pacific College of Oriental Medicine. I am writing to you to **introduce a new Chinese rehabilitation exercise, and our Active Acupuncture** to you, I wish it can help practitioners and the public increase their knowledge about Chinese medicine and acupuncture through New York City Town Hall Meeting on January 23, 2001.

The effectiveness of acupuncture in reducing or stopping pain has been recognized and accepted by main stream of medicine, however, for many other diseases, there are still debates. Even though, we understand this is related to a). There are very different theory systems between western and eastern medicine, many medical works educated by western medicine are difficult to understand eastern medical theories; and b). Since individual's disease is different and **the technique levels between acupuncturists are very different.**

Chinese medicine believes that diseases are the result of unbalances of the internal body. Acupuncture promotes restoring the balance of the internal body since its stimulation can excite and regulate the functioning of the nervous-endocrine- immune systems. If we choose correct acu-points and give enough of an amount of stimulation, and promote the nervous system to receive a properly exciting level to effectively control and regulate the endocrine and immune systems, **there is no doubt, acupuncture can prevent and help many diseases. Its treatment scope will be much wider than people commonly recognized today. Unfortunately, many times, simple acupuncture stimulation can not excite our body receive such a properly exciting levels. To resolve this issue, we have created Active Acupuncture.** Active Acupuncture combines a new Chinese exercise and acupuncture stimulation.

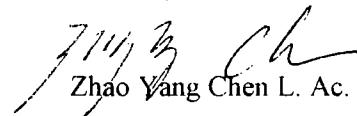
The new Chinese exercise is different from Tai Ji Quan and other Chinese martial arts exercises. Its creation follows Chinese medical theories that the health condition of the body is based on the balance of the internal Qi and blood, Yin and Yang. It emphasized on strongly promoting the blood circulating in the internal organs and greatly exciting the nervous system and regulating the endocrine and immune systems, thereby to promote and restore the health. **The exercise and acupuncture like two branches have developed from one root, and have same therapeutic mechanism but via different ways. Therefore, it is possible to combine these two therapeutic methods into one that we named Active Acupuncture. Simply put, Active Acupuncture gives acupuncture stimulation after this special exercise fully excited the nervous system and internal organ functions. Based on internal organs and systems receiving such a high exciting level, the stimulation comes from acupuncture in this time is**

no more original and simple acupuncture stimulation, its stimulating quantity and intensity will be much more increased than simple acupuncture stimulation. Under such an intense and effective stimulation, we believe many diseases, include some diseases that are believed difficult to treat by both conventional and non-conventional medicine, for example, pain of late stage of cancer and arthritis, can be improved and controlled.

We strongly encourage you to visit the exercise classes located at New York City and Westport, Connecticut, this will help you to understand why and how the exercise helped too many seniors and ill people to improve and restore their health. Since the time is close to the meeting, you may have no time to visit theses senior centers before the meeting, however we hope you can visit them after the meeting so you can get you own experience about the exercise and our Active Acupuncture. I attached some reports from different newspapers to you to help get some idea about the exercise. We believe that after you visited Dorot, Y 14 in the New York City and Westport senior center, Connecticut, you will have interest to talk about Active Acupuncture with us.

Thanks for you time.

Sincerely



Zhao Yang Chen L. Ac.

Through ments

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needs of mature adults that con-
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fiber as well as essential vita-
mins, minerals and proteins

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and proteins. For an added
boost, Staminex is also avail-
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fat while helping reduce your
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Invigorating Blood Circulation Exercises

It sounds like a remedy from
one of those old traveling med-
icine shows. However, there is no
snake oil here. Mr. Gu's
Invigorating Blood Circulation
Exercise program is devel-
oping a following in New
York City.

Each week a group
of women gather at
the Dorot Senior
Citizens Center
on Manhattan's
Upper West
Side to partici-
pate in Cheng-
de Gu's exer-
cise work-
shops. The
median age
for the Dorot
students is
80. The sur-
prising aspect
is that all of
the women in
Mr. Gu's
classes look
years
younger.

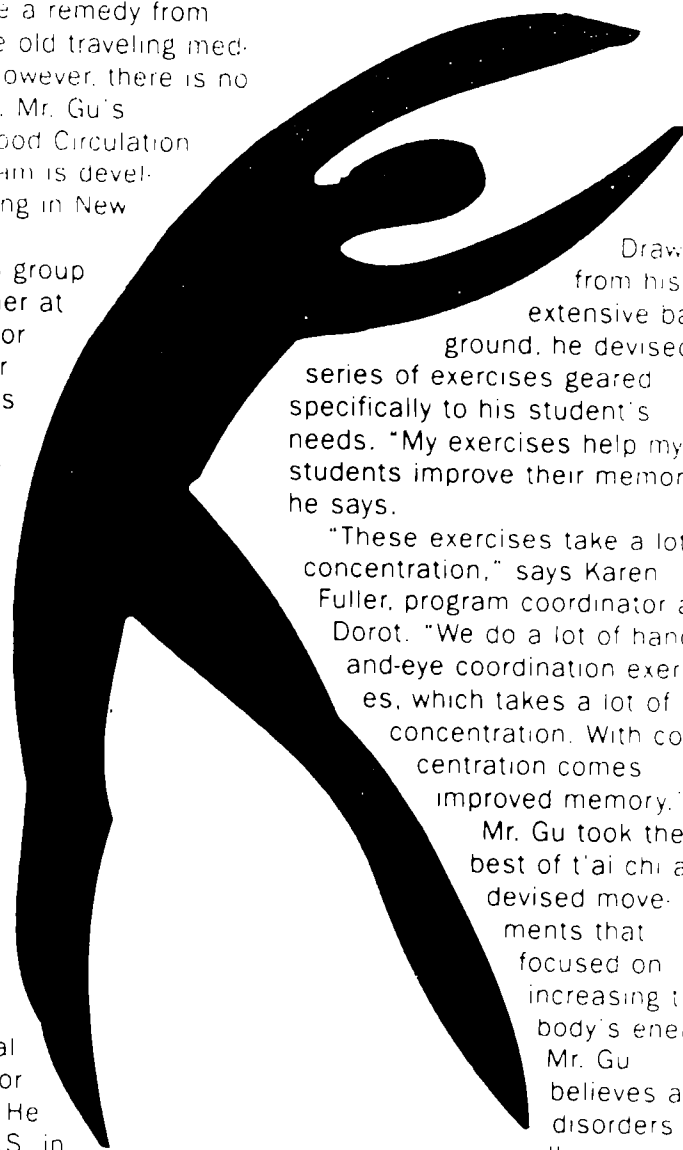
Mr. Gu
studied
Chinese martial
arts in China for
30-plus years. He
came to the U.S. in
1989 and taught t'ai chi to sen-
iors at the Downtown Learning
Alliance. He found that his stu-
dents had a hard time learning
t'ai chi due to poor memories.

Drawing
from his
extensive back
ground, he devised a
series of exercises geared
specifically to his student's
needs. "My exercises help my
students improve their memory,"
he says.

"These exercises take a lot of
concentration," says Karen
Fuller, program coordinator at
Dorot. "We do a lot of hand-
and-eye coordination exercis-
es, which takes a lot of
concentration. With con-
centration comes
improved memory."

Mr. Gu took the
best of t'ai chi and
devised move-
ments that
focused on
increasing the
body's energy.
Mr. Gu
believes all
disorders or
illness are

related to poor blood circulation.
"By regulating and promoting
blood circulation in the internal
organs, you heal the body,"
he says.



50
plus

SENIOR NEWS

Vol. XXV • No. 12

MANHATTAN • BROOKLYN • BRONX • STATEN ISLAND EDITION

July 2000

July 2000

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NEW YORK NEWS

Seniors Prove That Exercise Works At Any Age

More than 75 seniors joined Chinese exercise expert Mr. Cheng-de Gu at Dorot on May 31 to commemorate Senior Fitness Day, which was celebrated by thousands of elderly around the country.

Cheng-de Gu, a Tai Chi master from China, has been working with seniors at Dorot for the past five years, and the results have been astonishing — 93 percent report improved movement, 86 percent better coordination and energy.

As Nowie Bullock, a class member in her 80s said, "With warm hands on cold days, you've taught us the importance of exercise."

Gu's Invigorating Circulatory Exercises are designed to focus energy inside the body, massaging and stimulating organs, and dramatically improving circulation and immune functioning.



Mr. Gu leads a group of interested seniors through a series of invigorating circulatory exercises.

Photo by Paule Rogol

Classes are held at Dorot, 171 West 85th Street, on Tuesdays and Fridays, from 1-2 p.m. They are only one of a number of health and exercise pro-

grams at Dorot which provide a range of services to New York's elderly. For information, contact Karen Fuller, Dorot's Director of Health and Nutrition Services at (917) 441-3702.

Seven tips to prevent exercise injury

- Dress right and wear the right gear, like a bike helmet or sneakers
- Warm-up before you exercise
- Exercise at least 30 minutes a day — you can break it up into short sessions.
- Never increase your exercise time by more than 10 percent a week
- Try not to do the same routine two days in a row.
- Make sure you understand how to use equipment— get help if you need it
- Stop if it hurts!



Education in Our Community

believer that improved blood circulation can prevent or alleviate many health problems.

Participants in the class report that, since taking Gu's exercise class, they feel more invigorated and have more energy. Plus, they feel less pain from arthritic conditions.

Mildred Roach, who has a history of generalized arthritis, travels all the way from Brooklyn by subway to take Gu's class twice a week. She reports that, due to his exercises, she is feeling less pain.

Renee Stern-Cohen reports that her asthma condition has improved since she has been taking Gu's class. The doctor told her that her lung capacity has improved and she threw away her inhaler.

A number of seniors have reported to staff privately that their incontinence problem has been greatly improved by Gu's exercises.

The martial arts expert has also designed certain exercises involv-

ing hand-to-eye co-ordination to improve mental concentration and memory. He has also been teaching these particular exercises at Mount Sinai Medical center.

Fees for non members of the Sol Goodman YM/YWCA of the Education Alliance are \$55 for 12 sessions.

Gu's classes are part of the ECRA program (Educational center for Retired Adults) which runs for three semesters a year, fall, winter/spring and summer.

Gu's exercise classes are so popular, that they run non-stop, without a break, to cope with demand.

The ECRA program is a diversified program that includes not only exercise classes, but also classes in Jewish studies, recreation, cultural and performing arts, current events, foreign policy and so forth.

There is a special ECRA membership fee of \$150, which allows participants to take as many classes as they please for the whole year, with only a nominal

extra \$10 fee for registration.

For more information about Gu's class or any of the other activities available at the Sol Goodman YM/YWCA, call Dr Esther Aranson on 780-0800 ext. 233.

FIT FOR LIFE — Gu's classes are among the most popular at the New 14th Street Y.



CHALLENGE YOUR MIND.....
STRENGTHEN YOUR BODY.....

Mr. Gu applies Eastern arts to Western Ills

BY GLORIA HUNTER

They gather every Wednesday afternoon in the exercise room at the Senior Center, 35 to 40 people of all ages and body types to do "Reinvigorating Exercises for Circulation," sponsored by the Westport Y. Their routine has aspects of Tai Chi, yoga, calisthenics, and the swivel motion necessary to keep a hula hoop aloft or, indeed, do a hula. They shake, they wiggle, they stretch, they prance; they also laugh a lot and are very supportive of each other.

Their instructor is Gu Cheng De, who has a friendly, outgoing manner, a ready laugh, a flattop brush haircut, and English that is "improving." A native of Shanghai, he has a wife and daughter there whom he visits yearly, and hopes to bring to America.

He explains that he has devised his exercises, which are one form of Tai Chi, because Americans are so impatient. "Conventional Tai Chi takes three years to change body, one year to master one movement. In 10 weeks with my exercises I can make the body much better. Chronic diseases can be removed but it takes longer. Tai Chi is good, but my exercises are much more powerful and faster. I teach 'two fists,'" he says proudly.

Mr. Gu was trained in China,

where masters taught only part of what they knew or 'one fist,' reserving the more powerful 'two fist' secrets for a chosen few. These energies are also used for martial arts. During the cultural revolution, the government tried to suppress these schools, seeing them as a threat to the regime. Fearing death, masters passed on their secrets more readily. Mr. Gu was one of the fortunate recipients.

He explains that his methods move both chi, which is energy, and ying, which is blood, but includes all the body fluids, and brings them into balance, the unity needed for good health. Mr. Gu believes that all disorders or illnesses are related to poor blood circulation.

Now he feels he has a mission to share his techniques with as many students as are receptive, and with a special focus on the elderly. He feels older Americans are sicker than they need to be, with poor circulation, weak memories, and diseases that Western medication does not cure, such as Parkinson's. Americans generally exercise for appearance, he says, and develop muscles. But muscles will not fight a virus or cure a disease.

He claims his methods will help not only the chronically ill but strengthen anyone's immune system. He has a 10-minute series of exercises to

eliminate colds and flu in healthy people, and shorten their duration in the chronically ill.

These are strong claims, but his students are quick to back him up. They tell of the benefits they are achieving: lupus, kidney trouble, diabetes better or cured; lower blood pressure, better sleep and memory, greater creativity and less pain. One woman said her bone density had improved, another that the exercises were keeping her migraine headaches at bay.

The most dramatic testimonial came from a woman who was diagnosed with lupus and disabled with fatigue and pain. A friend brought her to Mr. Gu's class, where after five minutes he said to her, "Your immune system is bad, you are sick a lot."

He promised that his exercises would help, but that she must do them every day. Once reduced to coming downstairs on her fanny, she no longer needs massive medications and has become so adept at the exercises that she led the class recently when Mr. Gu was taking his citizenship examination.

Her husband, a cameraman, said he had just put in 17- and 11-hour days back to back. "I'm not so young anymore but I can keep up with anyone and I feel great." He attributes much of his well-being to the exercises.



Mr. Gu helps George Miller with one of the exercises he teaches at the Senior Center at Staples.

While the effects people told of are wonderful, they come at a price. Mr. Gu seems to be able to tell at a glance who is focus-

ing, who has been doing their "homework."

"I teach," he says. "American students must practice."

Tai chi expert teaches how to move like a snake at YMCA

BY WAYNE BROWN

The name itself — Gu's Invigorating Circulatory Exercise System — is unusual and may bring a smile, but it's apt.

If it brings an image of secret Chinese exercises, this is also true, as it's based on ancient tai chi movements.

Cheng-de Gu, who's been teaching his system since May at the Westport-Weston YMCA, originally began working with seniors to help them with common problems, including hypertension, poor circulation, and lack of mobility. However, through word-of-mouth, younger residents here are joining for the health benefits.

"What impresses me," said Susan Gregory, the Y's Aerobics Director, "is that young and old seem to enjoy it. Even people who are disabled."

Director of Health Services Donna Broomall-Cain seconded this. "Older people who may be infirm take just one class and feel so much better about themselves," she said.

Gu, who is the picture of robust health, has been in the U.S. for seven years. He teaches in senior centers and Young Men's Jewish Centers in New York City, and he also has a class for Alzheimer patients at Mt. Sinai Hospital.

"Tai chi is good," he said, "but hard to learn. So I take tai chi as basis — and add exercise." For those who know the martial arts, he is a tai chi master and studied three Tai Chi schools: Yang, Wu and Wah.

For his nine students on November 27, Gu began with oriental breathing, and gradually worked into unusual flexibility movements while standing.



Photo by Wayne Brown

Just like this

Cheng-de Gu, a tai chi instructor at the YMCA, demonstrates flexibility exercises to Westporter Edna Higby.

Then gradually he works all parts of the body without strain or tension. Near the end of the session he had them "move like snake," for back flexibility.

Often Mr. Gu will ask a student: "Is the body inside feeling warm?" Later, he added an explanation. "I don't want to waste energy — throw out water. So I keep energy inside," he said. When an exercise for the head was done correctly he told the group: "You see their faces — the color from improved circulation."

Also in the class was Robert Marshall, a Weston chiropractor, and his wife Beverly. Marshall said he has previously stud-

ied yoga and physical therapy, but said that tai chi is new for him.

"I find, from an objective viewpoint, that the tai chi exercises are very interesting because they put the joints of the body through their more normal range of motions that we would not ordinarily put them through," Marshall said. "This is something very beneficial for all human beings." He also said the movements create an aerobic effect which benefits the cardiovascular and circulatory systems.

In fact, Marshall was so impressed that he has arranged for Gu to come to Weston on Mon-

days and teach at his home. The first class is December 2. "I wanted to see the effect on my body, and then to bring in patients it can help," Marshall explained.

It was one of his patients who first took him to the YMCA — Bonnie Brooks of Westport. "It has definitely made a difference in increased energy," she said of the Chinese exercises. "I feel very centered — I think it's fantastic."

Susan Ryerson found it different from other classes which are usually aerobic, such as running or working with weights. "The benefits are internally, but

not just muscles. It's more like a mind-body experience."

Students have noticed that Gu seems to be very intuitive and, with Ryerson, he seemed to perceive, without prior knowledge, that she was recovering from illness. "He had a sense that I had been ill, and he said if I came for two or three months, my circulation and energy would improve, and I would feel much better," Ryerson said. Like others, she believes you can't just do Tai Chi once a week, so she does the movements at home.

Edith Elsaesser, a Westport senior, has found that her bad balance has improved. "He's teaching you so much; it's so beneficial. He does circular movements with the back. He does it from the head to the toe. He's marvelous," she said.

When she told Gu there was no way she could move her arm one day, because of her "tennis shoulder," he took up the challenge and rubbed it. "I could then raise my arm all the way up and I couldn't before," she said.

Gu sometimes has difficulty with English. "I love his accent," said Elsaesser. "I get a big kick out of him." Gu says it this way, "A little English — now more."

And he wants the public to know about his classes, of which he said: "Tai chi is good for balance and coordination. I take best things from tai chi and teach to students."

As a teacher he rates high with students, and this includes Marshall. "I think he's a great teacher, knowledgeable, and very concerned. He sees everyone is doing it perfectly," he said. Classes at the YMCA are Wednesdays from 2 to 3 pm, and there is a \$2 charge for non-members.

YMCA to Sponsor Chinese Exercise at Senior Center

Starting Sept. 16, YMCA instructor Gu Cheng' de will be teaching his "Invigorating Circulatory Exercise Class" at the Westport Senior Center.

Mr. Gu, who travels from

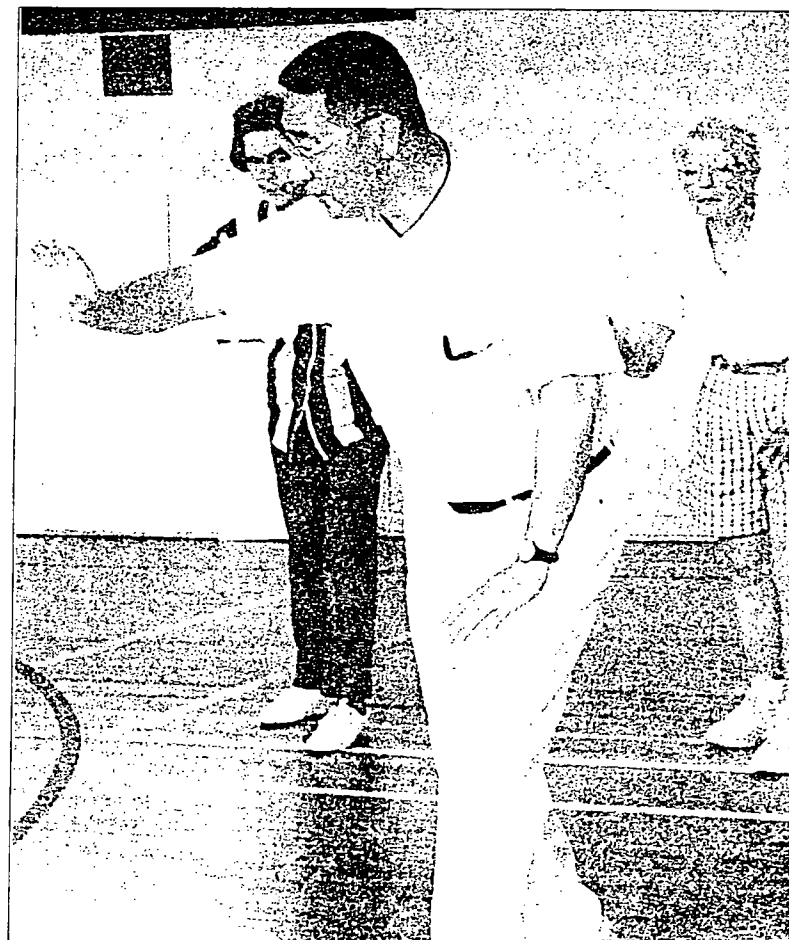
Queens, N.Y. has been teaching to a group of YMCA members for three years. Mr. Gu, is a T'ai Chi Master and teaches many classes in New York, and is passionate about his specially designed class. YMCA officials said. Mr. Gu's Circulatory class is a mixture of ancient Chinese exercises designed to increase blood flow and improve physical and mental function. Neck, shoulders, arms, legs, hips, spine and abdominal muscles are all exercised to promote a feeling of warmth and ease throughout the body. The exercises

are easy to follow. Many of the current YMCA students suffer from chronic pain and conditions such as Parkinson's Disease and arthritis. Currently Mr. Gu's class is funded by The Westport/Weston YMCA and a private grant. YMCA members attend at no extra cost. The YMCA will continue to fund this vital class once it moves to the Senior Center. The Senior Center is located at The Staples High School, 70 North Ave. Both Suzy Gregory director of group exercise at the "Y" and Sue Pfister, senior center co-ordinator, agree

that relocating Mr. Gu's class will benefit many more members of the community.

Two helpful factors are that there is door-to-door transportation provided by the Westport Transit District (203) 226-7171

and the Center is easily accessible for those with disabilities. Mr. Gu's class at the Senior Center will begin Tuesday, Sept. 16, at 2 p.m. For information call Suzy Gregory 226-8981 or Sue Pfister 341-5099.



Contributed Photo

Above, Gu Cheng teaches a class in T'ai Chi. He will instruct a class at the Senior Center Sept. 16

Gertrude Haas walks the streets with a cane. Except for Tuesdays, that is, following her class with Mr. Gu. Then she "can walk down the block" without support.

Anne Seigal, 74, "always feels good" after a class with Mr. Gu. "We all love him," she adds with the reverence of a disciple.

Haas, Seigal and about 15 other regulars move to the rhythms of "Gu's Invigorating Circulatory Exercises" at Dorot on West 85th Street.

Cheng-de Gu, a tai chi instructor who has taught in America for eight years, brought his "special for seniors" exercises to Dorot last year. He has attracted a devoted following among the 65-and-older crowd, who swear on their newly soothed joints that they haven't felt this great in years.

While some seniors have reported increased mobility and energy, others say they no longer have constipation problems, poor circulation or memory blocks.

"I've really loosened up," Haas says.

Having built a reputation teaching at the Sol Goldman Y, Gilda's Club, the Alzheimer's unit at Mount Sinai hospital, a Chinatown community center and other locales, Gu attracted the attention of Karyn Fuller, the coordinator of the exercise and relaxation program at Dorot. She had been looking to create a class centered on the prevention of falls.

"I picked his exercises because I think he took the best of Chinese disciplines and tailored them to people's complaints," she says. "Also, his exercises are simple enough. People can learn and remember them."

Fuller, a social worker, acupuncturist and naturopath doctor, also was attracted to Gu's exercises because she had studied Chinese medicine for several years. In China, "I would watch old people doing tai chi in the park every day, which increases their longevity," she says.

The robust, cheerful Gu — everyone calls him Mr. Gu — originally had tried to teach tai chi to seniors in America. "Tai chi is beautiful, but young people don't have time for tai chi. Seniors have time but don't remember ... too hard,"

Dorot exercise class energized by its soothing instructor, one Mr. Gu.

SUSAN JOSEPHS
STAFF WRITER

Cheng-de Gu has taken "the best of tai chi" in getting seniors to move their bodies.

Photos by Michael Datikash

the fiftysomething instructor says.

That's when Gu "took the best of tai chi" and devised movements that focused on increasing energy inside of the body. "Make body hot," he says, evoking the stock image of a sage brimming with ancient Chinese secrets. "Burning prevents cancer."

On a recent Tuesday Gu, casually attired in white jeans, asks his students how they feel. "Hot," they chorus, although one woman complains she feels dizzy and needs to take a break. "Just keep moving," admonishes the man next to her — the lone man in the class that day.

Gu smiles patiently and shows his students a series of pushing motions. Next he demonstrates how to roll the shoulders forward and back and move the pelvis from side to side. "It's like jumping," one woman says. "I feel like a kangaroo."

Gu again smiles patiently. "OK, OK, sit down," he says, segueing into a series of hip movements. "Think, then do," he adds.



Most of the class knows what's coming. And while the movements look simple, they take practice. "Not like that ... like this," says the woman next to me, who's taken an avid in-

terest in my botched-up execution of the "one-thumb, one-pinkie, one foot" exercise. The exercise primarily taxes concentration skills; the woman implores me to put away my notebook and focus.

"OK, OK ... look at me," Gu says, instructing his students in circular, dance-like motions for the legs that improves their balance.

One woman smiles coyly. "I like looking at you," she says, eyelashes fluttering.

On a more serious note, Anna May Franklin, 87, observes that she signed up for the class because of a balance problem. The class is definitely helping, she says.

For 71-year-old Rosemary Brady, the problem is a narrowed disc in her back. "This class works on your inside and has made me feel a lot better," she says. "People are now telling

me I look so young. ... I really try not to miss class."

Neither does Miriam Whittner — only doctor's appointments keep her away. "He has helped me so much," the 80-year-old Upper West Side resident says of Gu. "Even though his English isn't so good, we all get on with him so well."

Although the class has been designed with seniors in mind, Lee Noonan, a 50-year-old copywriter and massage therapist, has become an avid regular. Noonan attended the class to write a press release about Gu and kept returning. "It's fantastic," Noonan says. "I'm trying to get him to do a class for the young and healthy."

Fuller agrees that Gu's exercises allow "people to really get a sense of their bodies" — a benefit that applies to people of any age. But for seniors, it can be especially powerful.

After attending Gu's class, "I've noticed them walking better, feeling more confident," she says. "Everyone can get something out of this class." □

New exercise program at Y helps seniors circulation

By TODD MAISEL

Medical experts will say that exercise for the body and mind makes for a healthier life

style. Some medical experts suggest that good exercise for senior citizens, can improve circulation that in the inactive elderly, can lead

to stroke, hardening of the arteries and even poor blood circulation.

At the Educational Alliance Midtown Emanu-El Y on East 14th Street, a new program is being practiced with seniors to improve circulation - leading to a new, healthy mental attitude as well.

The class is entitled Gu's Invigorating Circulatory Exercise, developed by Tai Chi instructor Gu Cheng de. It is a series of martial arts movements simplified for seniors to learn easily. Gu, as he likes to be called, instructs the seniors once a

week for two hours, leading them in slow, deliberate movements that seem to make them float on air.

People with back problems, some who suffered minor strokes in the past, waved their arms, jumped up and down slowly - all with smiles on their faces.

From deep breathing, stretching of the arms and chest, shoulder movements, rolling the head from side to side down to the pelvic cavity shuffle, the seniors seemed to have more mobility that they may normally have during the day.

Gu believes that his exercises create better circulation of the blood to the brain,

keeping the oxygen flow steady.

"Older people who do these exercises leave with no pain, they don't feel sick," Gu said. "This helps them with circulation to the brain and also helps other problems including lower back pain. Ask them."

Dorothy Wachter of Stuy Town said she was recovering from a spinal tumor operation and the exercises helped her.

"I feel like I am rebuilding and strengthening my body. There are so many things I couldn't do after back surgery. I'm doing it all now - I have so much more energy," Wachter said.

Hilda Riger says she uses the exercise to control her high blood pressure.

"It leaves me feeling energetic, warm and comfortable," Riger said. "When I take my blood pressure before and after, I find my pressure is down after doing these exercises."

Herb Latner of East 4th Street said he does Yoga shortly before doing these exercises, and he believes it is a perfect way to complete his workout.

This exercise is a little more vigorous and it is marvelous for limbering up," Latner said. "It leaves you with a nice feeling - like I can go for another 30 years."



Photos by Todd Maisel



Seniors feel better after a good work out at the Educational Alliance Midtown Emanu-El YM-YWHA on 14th Street.

NEW TREATMENTS

RESEARCHERS LEAD THE ALZHEIMER'S BATTLE

Every day, 6,000 Americans turn 65. Thanks to medical advances, an American born today can expect to live nearly three decades longer than his great grandfather did at the turn of the century, when the average life expectancy was 47 years.



Gu Chengde, a volunteer Tai Chi master, teaches the memory support group at Mount Sinai Medical Center Eastern exercises which are designed to increase physical and mental well-being.

Today the number of Americans over 65 exceeds the total population of Canada and their number is expected to escalate in the 21st century.

New expertise is needed

To keep these older persons functioning at a high level, America needs experts in aging who can explore the basic mechanisms in memory, speech and other functions. It also needs gerontologists, exercise physiologists, social workers and other practitioners who can come up with new ways to foster the vital link between health and productivity.

Mount Sinai Medical Center, Fifth Avenue and 101st Street, Manhattan, is meeting this challenge by conducting basic as well as applied research to determine what can be done to maintain normal cognitive functions and to impede or reverse the effects of diseases like Alzheimer's, a degenerative disease that attacks the brain and eventually leaves victims unable to care for themselves.

It was among the first medical centers in

the U.S. to establish an Alzheimer's disease research center. "We are exploring everything from the basic mechanisms of the disease to therapeutic agents because Alzheimer's disease takes a terrible toll on patients and their families," said Dr. Kenneth L. Davis, director of the Alzheimer's disease research center. "Patients suffer a gradual memory loss,

decline in the ability to perform routine tasks, become disoriented in space and time, and experience impaired judgment. Some also experience personality changes and lose the ability to communicate."

Researchers at Mount Sinai have developed tacrine, which improves Alzheimer patients' memories by providing a

neurotransmitter that their brains lack. "We are now coordinating a multicenter study funded by the National Institutes of Health to determine whether low doses of a traditional anti-inflammatory agent will slow the course of the disease by altering a process suspected of exacerbating brain cell deterioration in Alzheimer's patients."

Pioneering research in neurobiology by Dr. John H. Morrison, director of the neurobiology of aging, is providing a clearer understanding of what happens in the brain as Alzheimer's disease proceeds. Using computed-assisted microscopy, he has developed three-dimensional renderings of the cellular changes in the cerebral cortex, the site of intellectual capabilities.

"For neurons, successful aging means staying alive," Dr. Morrison said. "It is not true as was once assumed that neurons die automatically as people age

because some very elderly people show no significant neuron loss. In Alzheimer's patients, however, there is significant death in a selected group of neurons that are crucial for memory functions. Alzheimer's patients can't make sense of what they see because key circuits are destroyed."

Studying the brain

Other researchers at Mount Sinai Medical Center are developing animal models of age-related brain abnormalities and studies of the structure and function of amyloid protein which is deposited in the brain and forms part of the destructive plaques in the brains of Alzheimer's patients.

Still another study is detecting the earliest psychological and physiological symptoms of decline so that a profile of those at risk might be developed.

"Unfortunately today there is no lab test that we can do to identify people with high risk for Alzheimer's disease," said Dr. Richard C. Mohs, professor of psychiatry. "By the time patients begin to lose their memories and other cognitive function, the disease has been going on



Dr. John H. Morrison, the director of neurobiology of aging at Mount Sinai Medical Center, sits before a confocal laser scanning microscope which is used for the quantitative analysis of brain cells.

for as long as 20 years. But if we could identify it in the early stages and treat it with some benign agent, Alzheimer's disease would be amenable to treatment like high blood pressure in its earliest phases."

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January 23, 2001

Testimony to: The White House Commission on Complementary and Alternative Medicine Policy, Topic: Standards of Education in the Profession of Acupuncture and Oriental Medicine.

Good afternoon members of the Commission, thank you for your attention today. My name is Kathleen Golden; I am a licensed provider of acupuncture and Oriental medicine in New York State. I am here to represent the Acupuncture Society of New York (ASNY). ASNY is a professional organization representing the interests of practitioners and patients in New York. I maintain a private acupuncture and Oriental medicine practice in New York City. I am on the faculty of the Tri-State College of Acupuncture (NY), and have taught for other colleges of Acupuncture and Oriental medicine in New York. In addition to private practice and education, I have a background in public health. I have supervised acupuncture services in addiction rehabilitation programs and have worked as a provider of acupuncture and Chinese herbal medicine in an AIDS day treatment program for seven years.

For approximately thirty years, the acupuncture and Oriental medicine profession in this country has worked diligently to create high standards of education for the preparation of the practice of this more than two thousand year old form of medicine. There are three main national regulating bodies that create the foundation for educating the prospective professional. These organizations are: The Accreditation Commission for Acupuncture and Oriental Medicine (ACAOM), The Council of Colleges of Acupuncture and Oriental Medicine (CCAOM) and the National Certification Commission for Acupuncture and Oriental Medicine (NCCAOM). These organizations have evolved the programs and national qualifying exams that are the basis for achieving entry-level status into the profession.

The national minimal standards for licensed acupuncture training require a three year master's level professional program of at least 1,725 hours, passage of the NCCAOM national exam in acupuncture or Chinese herbal medicine, demonstration of competency in point location and clean needle technique. In New York and many other states, schools exceed the 1,725 hours. In many cases the training will approach 3,000 hours. These accredited programs, draw on an international pool of the world's most experienced, talented acupuncturists and herbalists, educators and clinicians.

Once NCCAOM Diplomate status is achieved, a Diplomate is required to participate in 30 hours of continuing education with renewal of their national standing every four years.

The profession is proud of the level of education it provides for the practice of acupuncture and Oriental medicine in this country. The profession is constantly striving through internal discussion and dialogue to enhance the level of education available to the student of acupuncture and Oriental medicine. The profession is currently involved in creating the requirements for a clinical doctorate in acupuncture and Oriental medicine.

The Commission may hear testimony from other health care providers in this country that given a professional education in biomedicine, chiropractic, nursing, physical therapy or podiatry, and the many hours spent practicing the chosen medical art, that this is a basis for taking abbreviated training programs in acupuncture and incorporating it into an extant practice of medicine. This is simply not true. Acupuncture is not a single or simple 'technique or modality' that can be added to a healthcare practice with an abbreviated survey-like course. It is a healthcare system, with detail, complexity and subtlety, requiring long and serious study.

It is not appropriate for an allied healthcare provider to assume that they are capable of understanding the body and depth of work that students spend three years studying simply because they are already a healthcare provider. Acupuncturists do not assume that with a survey-like course of say 300 hours, which is the average for "acupuncture certification", that he/she could begin to make diagnosis of western medical conditions, chiropractic adjustments, or provide podiatric care. It is of constant amazement to my colleagues and myself that our profession is the only healthcare profession, we are aware of, that is in jeopardy of being pillaged by extant professions.

I find it professionally and culturally insensitive that abbreviated training programs publish these words in their brochures: "...By eliminating the multitude of superfluous, non-practical concepts surrounding myth and folklore which abounds in the usual acupuncture program..." The reference to myth and folklore is an implication that the medicine so generously shared by the Chinese and carefully cultivated over thousands of years has no basis in theory. This insults a complex form of medicine based on the Dao and the early observation of nature and the interrelatedness of all things on this earth.

One abbreviated 300 hour training program claims that it will "...give emphasis to the clinical, practical aspects of Asian healing arts to include acupuncture, Chinese/Japanese herbal medicine, Qi Gong, and Tui Na." It is difficult to believe a provider could be competent in these complex subjects with 300 hours of training. It takes most providers a lifetime to cultivate expertise in any of these single practices.

I have encouraged Ms. Tsao Moy to testify here today. Ms Moy presents a unique opportunity for the Commission to gain insight into the specifics of an education in acupuncture and Oriental medicine. Ms. Moy represents the current student body preparing for entrance into the profession of acupuncture and Oriental medicine. It is clear from the many hours of study Ms. Moy and her fellow students invest in their

education, that this is not an educational process that should be “abbreviated”. To do so, insults the profession and destroys the integrity of the medicine. I believe it also inhibits the hope of the student to have a whole medicine to look forward to practicing with equal opportunity for an equitable livelihood.

Acupuncture should not be subjected to a diluting process so that healthcare providers can tack on an additional charge to a medical bill. Because the American public pursues acupuncture and Oriental medicine as part of their healthcare, does not mean the profession should be adulterated for the convenience of providers. The American public deserves access to the finest the medicine has to offer, not what can pass for treatment. It is not a question of ‘do no harm’, it is that acupuncture and Oriental medicine has much to offer and should be offered as a whole, not piecemeal.

All medical professions excel at dealing with specific issues. I think individual professions should cultivate the finest that their particular profession offers. When one is in a car crash one wants a well-trained ER doctor, if one wants a spinal adjustment one wants a well-trained chiropractor. If one is looking for treatment by an acupuncturist, one wants the provider with the most education and clinical experience available, not the one who took a quick survey course. The differences in medical care available in this country should be applauded as freedom of choice, and should continue to be cultivated in their own right.

Recommendations to the Commission:

- Recognize the existing national education standards for the safe and effective practice of acupuncture and Oriental medicine that have been established in this country by the ACAOM, CCAOM and NCCAOM.
- ASNY encourages the Commission to support the profession in it’s belief that anyone wishing to practice acupuncture and Oriental medicine be required to complete a training program that is closely modeled after the extant accredited programs that currently exist for competent entry level into the profession.
- That the Commission support the ‘wholeness’ of the medicine of acupuncture and Oriental medicine, and resist the political pressure that is applied in this country to ‘piecemeal’ the profession.
- That the Commission acknowledges the richness of this medicine and the generosity of the people of China to share this medicine with the people of the United States. That the Commission resist the use of continued cultural insensitivity that makes up a portion of the argument that allied healthcare providers use to substantiate their insistence that ‘abbreviated’ training programs are a valid form of education for providers in this country.

- That the Commission support the many students currently enrolled in Oriental medicine colleges in this country in having a ‘whole ‘medicine to practice when they graduate, and that they are fairly remunerated for their work.

Thank you for your time here today. As always, ASNY (914-923-0632) remains available as a resource for the Commission in pursuing its important work.

**TESTIMONY OF ARNOLD GORE, CONSUMERS HEALTH FREEDOM
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There are not enough doctors with an MD who practice Complementary and Alternative Medicine (CAM). Although New York State has a law providing that doctors should not risk losing their license just because they practice non conventional therapies or use treatments that are not the orthodox standard therapy. The office of Professional Medical Conduct (OPMC) has not observed this law, although the law has been on the books now for six years, and should be known to the entire staff of OPMC. As a result young doctors starting out are somewhat hesitant to risk their reputations and careers if it will cause professional and legal problems that could be avoided by wearing blinders and "keeping your head down". In order for CAM to gain wider acceptance there must be more physicians who are willing to recommend and use some of the more controversial treatments that directly compete with conventional treatments. Chelation therapy for Heart Disease has been shown conclusively to be safer and more effective than the conventional treatments such as Coronary Bypass Surgery and Angioplasty. The latter treatments remain a profit center in the economics of most hospitals.

Diet and Exercise have been shown to be effective in the treatment of Diabetes, but is not often used and New York State regulators are currently violating the Alternative Medical Practice Act by bringing a case against a doctor for using this medically and scientifically documented treatment even after they have been provided with this documentation.

The *Journal of the American Medical Association* of April 15, 1998 published a study highlighting the dangers of prescription drugs. The researchers, analyzing published data reported that 2,216,000 patients suffered adverse drug reactions requiring hospitalization and 106,000 patients admitted to hospitals from these reactions died. These figures understate the problem in that it only covers those admitted to hospitals. Many did not go to hospitals after their adverse reactions.

There should be a source of information on natural vitamins, minerals and herbal substitutes for FDA approved prescription drugs, which are usually laden with dangerous side effects and are usually only marginally effective in alleviating the symptoms they were designed to fight. It is very rare for a prescription drug to actually reverse or cure the underlying cause of the symptoms.

The Health Insurance Industry and the Medicare program should be encouraged to make available materials showing patient-subscribers materials showing how safer more natural vitamins, minerals and herbs can be substituted for more dangerous and expensive prescription drugs. In order to avoid the appearance of only being interested in the cost savings, I would like to suggest that they refer patient-consumers to the websites of such respected Medical Doctors as Dr. Andrew Weil, www.drweil.com or Dr. Julian Whitaker, www.drwhitaker.com For research on herbal medicines they can look up www.herbweb.com or www.botanical.com or The American Herbal Pharmacopeia, www.herbal-ahp.org

The benefits can result in more appropriate health care with less complications of adverse drug reactions. The resultant savings to patients and third party payers could be significant and will in any case be far exceeded by the increase in health benefits realized by the people who substitute safer natural therapies for their prescription drugs.

If the Medicare System reimbursed patients for use of vitamins, minerals, herbs and other dietary supplements they would be even more widely used and would save on medical costs. European Countries reimburse for some herbal remedies that are widely accepted as treatments, particularly in Germany.

The most significant advancement in the treatment of Cancer has been made by Dr. Stanislaw Burzynski, MD of Houston, Texas. He has been in FDA clinical trials for over four years, and has reported fantastic results, but FDA has not seen fit to grant approval of his antineoplastons as a new drug which can be prescribed by all physicians. This fact is a disgrace to the integrity of the Drug Approval Process and undermines the patients' faith in the honesty and integrity of the Drug approval process. Something must be done to expedite this. Dr. Burzynski's most notable successes has been treating difficult brain cancers.

His antineoplastons are in FDA sanctioned clinical trials for varying cancers. Website www.cancermed.com you can link to a patient group that did well on the treatment and is willing to speak about its benefits at www.burzynskipatientgroup.org.

The detailed protocols for each of the clinical trials is on his website www.cancermed.com click on clinical trials for the 72 FDA supervised protocols.

The latest report of FDA supervised Phase 2 clinical Trials of Antineoplastons A10 and AS2-1 that I received in September 2000 included 35 evaluable patients diagnosed with glioblastoma multiforme (39% of patients), anaplastic glioma (36%), low grade glioma (14%), PNET (8%) and malignant meningioma (3%).

In the CAN-1 results of 35 evaluable patients of 43 results improved slightly some movement from partial response to complete response

Complete Response-CR	25.7%
Partial Response-PR	22.9
Stable Disease-SD	31.4
Objective Response CR+PR	48.6
Positive Resp CR+PR+SD	80
Progressive Disease	20

In Medullablastoma (PNET) in children under 12-2 protocols, The kind Thomas Navarro, a 5 year old, with national publicity to get FDA approval for antineoplaston treatment.

Objective Response CR+PR	33.3%
Stable Disease- SD	33.3
Progressive Disease	33.3

Other trials consistently show at least 60-70% positive response according to National Cancer Institute criteria. Other results are on the patient group website

"MIND-BODY MEDICINE IN THE TRENCHES"

I am a pediatric psychologist working at the bedside of critically ill children. We provide treatment that is alternative and complementary to allopathic medical/surgical care in a large tertiary-care teaching hospital. We do so with full cooperation and close involvement of the medical surgical and nursing staff. For over twenty years, we have attended to children's quality-of-life needs. While our medical colleagues attend to pathogen and disease, we focus on their pain, their fears, and many of the unintended side effects of their medicine, surgery, and radiation. This includes pain, nausea, weight loss, fatigue, immune compromise not to mention loneliness and despair. The tools of our trade are, unlike the suture and scalpel, friendly to children. They involve harnessing the child's imagination and natural tendencies to joy and playfulness and using that to transform the meaning of the hospital stay from nightmare to feelings of mastery and understanding. Because we work elbow to elbow with medical and nursing staff and trainees, they too inevitably adopt an increasingly integrative, holistic approach to care. Our role in providing complementary care to sick children is hard-won. We are committed to put our treatment methods to rigorous testing and evaluation that you might expect of an intervention with a critically ill patient. That commitment has been instrumental in forging a working alliance with our medical colleagues. I would like to see academic medical institutions welcome practitioners who wish to integrate traditional, naturopathic and oriental approaches with our current technological focus. These approaches clearly offer a great deal to children. They have not been made available because:

- 1 Such approaches do not lend themselves well to empirical examination.
- 2 There are yet few satisfactory ways to establish qualifications and standards of practice in most modalities.
- 3 It is difficult but essential to question how a child can provide informed consent for alternative and complementary interventions.
- 4 We are reluctant to lay our hands on other people's children, even in the hospital, and even when they are healing hands, lest someone interprets it as a breach of medical ethics.

In conclusion, Pediatric Psychologists are uniquely suited to the task of bridging the gap between eastern medicine approaches and those of the average American physician. Key steps to take include establishment of qualifications for practitioners in whose hands parents must place their children's care and safety. Better educational information is needed for parents and pediatricians alike to render informed consent on behalf of their minor children as they expose them to traditional and complementary medicine. And finally, as a parent, I would wish know a great deal about any method or approach employed on behalf of my own children. Are their potential pitfalls or contraindications that I should know about? Are my child's doctors aware and supportive of non-Western approaches, even as they plug away at finding a medical cure? I thank the organizers of this commission for the opportunity to speak on this topic.

Kenneth S. Gorfinkle, Ph.D.

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Kerri Ann Gruninger

(b)(6)

New York, New York 10024

January 23, 2001

I am present to testify as a patient that has utilized traditional and complimentary medicine. Over the past 15 years I have been diagnosed with numerous medical problems. At first, I would try the routine route for the treatment of cancer and chronic pain but would find that complimentary treatments were also beneficial in treating my health problems.

The practices of meditation, hypnosis, imagery and yoga have been a part of my daily routine for over 15 years. After being diagnosed with Hodgskins disease and choosing traditional chemotherapy and radiation I decided that I needed to "do" something else to reach remission. Through a close friend I learned meditation and self-hypnosis, which soon became part of my morning ritual. A psychotherapist worked with me on imagery and soon Pac Man was eating the "bad guys" that had invaded my body. Yoga was the final part of the equation. Creating a center and a balance for both my mind and body.

In 1993, I was involved in an automobile accident. Once again I chose the traditional route of surgery, medicine, physical therapy and an array of tests and procedures. Unfortunately, chronic pain soon became part of my life along with a neurogenic bowel and bladder.

Less than 6 months after my last back surgery I was diagnosed with Stage IIB Breast Cancer. I was only 31 years old. My family has a history of breast and ovarian cancer but, I held the distinction of being the youngest. My body had not fully recovered from the

last 8-hour surgery and 10 day hospitalization and it had a new challenge. After the initial biopsy to confirm the diagnosis, I chose to have a mastectomy with reconstruction followed by 8 months of chemotherapy. I discussed all the options for pain control with my physicians and decided that drugs were not the answer for me. I also wanted to aid my immune system to put up the best possible fight while on chemotherapy. My oncologist was upfront when he said he did not know enough about vitamins and herbs but he had an open mind and was willing to work with me. I discussed pain control with my orthopedist who suggested narcotics and I asked about acupuncture. Unfortunately, my counts were too low during chemotherapy to try acupuncture so, physical therapy, massage, yoga and imagery were my choices. Most importantly for my treatment was group therapy with other women diagnosed with breast cancer between the ages of 20-40, sharing, laughter and hugs are great medicines.

During my course of chemotherapy I experienced “chemical menopause”, hot flashes I thought were for women in there fifties. Herbal remedies were the only help. After finishing chemotherapy, my menstrual cycle returned and brought with it migraines, another new experience for which I have utilized complimentary medicine in the form of English feverfew, peppermint and acupuncture.

Acupuncture has become a very important part of my treatment. Through acupuncture my back pain is controlled, migraines are more manageable, my immune system functions at a higher level and most importantly I feel better.

My current and previous acupuncturists are licensed Medical Doctors and I tend to seek out a doctor who practices complimentary medicine. My supplements, both vitamins and herbs, were prescribed also by a licensed doctor. But, if I were ever to be admitted as an inpatient to the hospital of my choice my

“Complimentary” Physicians would not be allowed to treat me with acupuncture or additional herbs as an inpatient. However, I could continue my morning ritual, a few people might stare but who cares. Most importantly, if we are going to work together to find or create the best care for the patient, a hospital must allow the practice of non-traditional therapies. More research and funding is needed to find complimentary therapies that are safe but, patients should have the right to receive treatment that has proved successful for their specified condition.

I am blessed by the fact, that my physicians listen and take the time to do the research. We work as a team that communicates and educates one another. We now need a system that can do the same for all patients.

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Testimony to the White House Commission

By Bronner M Handwerger ND (cand)

University of Bridgeport College of Naturopathic Medicine docbron@netzero.net

I am delighted to address the commission on matters concerning licensing and Naturopathic Education.

I am a 4th year medical student at UBCNM, which is a regionally accredited four-year post-graduate medical program, with admissions requirements comparable to those of conventional medical schools. As primary care physicians, we are rigorously trained in the basic medical sciences. Our clinical training, in part, includes the study of chronic pathology, clinical physical diagnosis, minor surgery, emergency medicine, medical genetics, and lab diagnosis. Instructors of conventional medicine from Yale and the University of Connecticut teach many of our required courses. The Council on Naturopathic Medical Education, recognized by the USDOE, accredits our program at University of Bridgeport, as well as those offered at National College, Bastyr University, and Southwest College. In order to sit for licensure, naturopathic medical students are required to have graduated from an accredited program and to have completed all appropriate board exams and clinical residencies.

Naturopathic medicine is at the forefront of the alternative and complementary healthcare movement as it evolves today. Naturopathic physicians are the most comprehensively trained doctors of natural medicine, and are thus the most suited to help integrate the healthcare industry, in the transition to what Dr Gordon refers to as the “New Medicine.”

Because currently naturopathic medicine is not a regulated profession in 39 states, some individuals who call themselves “naturopaths,” in those states do not meet our professional standards of education. Such individuals often obtain degrees or diplomas from correspondence schools or weekend seminar programs. The public needs to be protected from the consequences of misdiagnosis, non-diagnosis, and inappropriate medical treatment that may be offered by such individuals.

Without standardized laws, individuals are being denied the basic freedom to access responsible health care of their choice. Untrained or under trained persons calling themselves “naturopaths,” may put individuals at risk by delaying the diagnosis of a critical condition needing conventional care. The science-based, medical school trained naturopathic physician uses standard diagnostic methods, and is taught when it is appropriate to refer to specialists. Licensure of naturopathic physicians throughout the country would insure public safety by requiring the highest level of education, training, and accountability. As more consumers turn to natural medicine they need to be assured of the standards of care and practice.

Globalization of healthcare information, due to the Internet, has raised some interesting questions and challenges as to how we may protect the public from misrepresented healthcare claims. It is difficult for the average consumer to navigate this increasingly complicated maze. The naturopathic model of health and healing incorporates conventional diagnosis and treatment with the understanding of the clinical use of preventive medicine and natural pharmacy from a philosophical perspective of enhancing wellness. It will be well to recognize this training as the ‘expert standard’ within the so-called CAM disciplines.

IF IT WORKS, THEN GET IT COVERED

Ruth Hillman – Registered Speaker

To: White House Commission for CAM

Outline:

1. **PREVENTION** - Chinese medicine emphasizes on prevention, Western medicine just barely start talking about prevention today.
2. **SAFETY – Nothing added, nothing taken out.** Acupuncture does not cause liver or kidney damage as manifested in nearly all Western medications
3. **INSURANCE COVERAGE** – since acupuncture is recognized by NIH and approved by FDA, then it should get covered.

I became a patient of Dr. Lao, a dedicated Acupuncturist and herbalist in Sep/1992 because I discovered what Acupuncture in the hands of a really good practitioner could do for me. I'm still her patient in 2001. As everybody knows, Acupuncture is used to alleviate pain, but it does much more than that, acupuncture does wonders for me, it lifts my energy level and immune system so I am able to fight off my virus, which I had been subject to. By now, it has strengthened my body so I do not get sick as much as I used to.

Acupuncture is a modality in medicine that truly dedicated itself to prevention not just to early detection, it is non-toxic, does not cause liver and kidney damage, as so many other medications used by the traditional medicine. Now, many senior citizens like me use acupuncture regularly. I believe it should be covered by Medicare insurance particularly since it has been approved as a *bona fide* medical device by the FDA and has also won recognition by the NIH.

REMARKS

WHITE HOUSE COMMISSION COMPLEMENTARY AND ALTERNATIVE MEDICINE

**Mark L. Hoch, MD DABFP
Secretary, American Holistic Medical Association**

**224 East 83rd Street
New York, New York 10028
RiverHoch@aol.com
January 23, 2001**

I thank the commission for the opportunity and privilege to address you and for all your hard work in advancing health and medicine.

I will focus my remarks on the education of physicians with regard to complementary and alternative medicine.

I begin with a overview of my background so you will understand my perspective. I have a bachelors degree in biological sciences, a doctorate in medicine, three years of residency training in family medicine, am board certified and recertified in family practice, have been certified in Trager (a movement and neuromuscular reeducation therapy), have extensively studied and practice osteopathic medicine, nutritional medicine, mind/body medicine, herbal medicine, Qigong, and spiritual approaches to health. I have also been a community faculty member of several family medicine residency programs including specifically teaching holistic and complementary and alternative medicine (CAM). I have formally taught family medicine and CAM to residents and medical students as a faculty member at the Stamford Hospital/Columbia University Family Practice Residency program. I have extensive practice experience in holistic medicine, having helped design, set up, and run the Arizona Center for Health in Medicine in Phoenix, and at the Atkins Center for Complementary Medicine here in Manhattan.. I was the founding president of the Greater Hartford Holistic Health Association which is now the Connecticut Holistic Health Association. I am a fourteen year member of the American Holistic Medical Association (AHMA), have been on its board of trustees for six years and am currently secretary of the executive board. I have given presentations on a variety of topics at local and national meetings. I mention all of this so it is evident that I speak from both a broad and deep experience in holistic medicine.

From my perspective I feel it is critical for physicians to be well trained in CAM. This needs to start from the beginning of medical school. Students need to learn the history and core philosophic constructs of the various disciplines that make up CAM. They need to know the diagnostic and therapeutic strengths of each discipline. They need to know the toxic effects of therapies, and the known and potential harmful interactions of mixing modalities. They need to know how to evaluate the literature and where to find it. They also need to have an understanding of the language of the disciplines so they can communicate effectively with their patients and with practitioners they will be working with.

Also of critical importance is for much of their training to be given by teachers who not only have a solid intellectual grasp of the above but who also effectively practice the disciplines and can afford medical students and physicians a meaningful clinical experience. Without quality clinical experiences the probability of using treatments properly and effectively is low and the chance for harm is increased.

The most important point I want make goes way beyond the common concepts of "complementary and alternative medicine." We must be very careful not to CAM up the current

fatally flawed system of disease management. If our goal is to really improve the health of this nation and all the peoples that make it up we need to build a new foundation. A foundation that acknowledges, honors, and values health and the profound ability we have to heal ourselves and others. We need to teach and promote health to our children, to the whole of society, and to our students of medicine and the health professions. We need to empower our people to be self responsible and to learn how to care for themselves. We can not continue to wait for disease to manifest and then try to manage it with bankruptingly expensive and toxic technology. We need a new medicine that is rooted on the evidenced based truth of what is healing and not based on bias and economic gain. We need to combine the best of all the medicines, whether they be high tech surgery, anesthesia and imaging machines, diet, vitamins, herbs, manual medicine, social supports, or healthy thoughts. And we need a holistic philosophy that guides and gets us to our goals.

To help us get there we need to work with the pioneers who have already blazed the trail. Those who have researched the treatments in the laboratory and in the clinic, those who practice them effectively and safely, and those who can teach them. We need to not waste great talent, time and money trying to reinvent the wheel. Organizations such as the AHMA, which will be putting on its 24th annual scientific conference this spring and has cosponsored several three and four day conferences on the art, science, and practice of holistic medicine with the departments of family medicine at different medical schools, and the newly founded American Board of Holistic Medicine which gave its first national certification exam in December will be important partners in helping to create the evolving medicine. These organizations are not only teaching physicians quality medicine but are beginning to set evidenced based standards and guidelines of practice. We must also honor and utilize the gifts of the worlds many traditional medicines, such as Ayurveda, Traditional Chinese Medicine, and Native American Medicine, that have been effectively practiced for millennia.

This includes studying all the literature on a topic. Many conventional medical articles review the last three to five years of publications of a few American journals and confidently state that there is no scientific evidence to back up the "claims for X, Y, and Z." When one looks at other data bases such as the thousands of articles of world literature compiled by Rober Anderson, MD, one can often find several well done randomized, double blind, placebo controlled trials that show the efficacy and safety of treatments.

In summary, we need to train our physicians and healthcare professionals in the science and in the practice of CAM. We also need to create a true healthcare system in this nation. A system that is evidenced based and that is health based. Many practitioners are providing quality care that has helped restore or improve the lives of thousands of patients who were told there was nothing wrong with them or nothing that could be done to help them. We need to provide this exceptional quality of care that already exists and we need to train future generations to do even better and to be able to reach the entire population.

Respectfully Submitted,

Mark Hoch, MD

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practitioners, they also may recoup insurance coverage for the acupuncture they perform. In considering the qualifications of applicants for full licensure, on the other hand, the Education Department turns to national higher education acupuncture programs that meet the standards of the Accreditation Commission for Acupuncture and Oriental Medicine, an accrediting body for acupuncture schools and programs recognized by the U. S. Department of Education. There are seven programs of this nature in New York, Mr. Munoz testified, four of which lead to the award of a master's degree. Each program exceeds the Accreditation Commission standard of 93 semester hour credits for graduate programs and requires a minimum of three years, or nine 15-week semesters of full-time study. This constitutes more than 1,800 hours of study minimum, and more than 2,100 in practical terms.

Few of the licensed professionals have recourse to insurance reimbursement the way physicians and dentists do, and none on a par with the rates of reimbursement awarded to those professionals. Mr. Munoz alluded to the insurance situation in his comments on the benefits of acupuncture for New York's consumers. "Its effectiveness is evident," he testified, "by the fact that thousands of consumers pay for acupuncture services out of pocket because many insurers still do not provide coverage."

Mr. Munoz was joined by Ronnie Haushier, Executive Secretary for the State Board for Acupuncture, and Barbara Zatell, Executive Secretary for the State Board of Podiatry. (The Executive Secretary for the State Board for Chiropractic did not attend.) One of the reasons for the public hearing was the consideration of the Higher Education Committee of bills in the State Legislature to allow podiatrists and chiropractors to become certified in acupuncture the same way that physicians and dentists were now legally certified. Mr. Munoz said the Department was conducting a review of these legislative proposals and had met with (unspecified) members of these professional communities as well as the acupuncture community.

Chairman Sullivan quickly established the Committee's intention to address serious and complex issues relative to acupuncture laws and regulations in New York in the questions he posed to Mr. Munoz and his staff. The staff did not initially know how many hours were required for acupuncture licensure, but estimated the hours at 1,500. "A guess" of 300 hours of study within that curriculum was given for the hours that overlap with those studied by physicians and dentists in their professions. Mr. Sullivan quickly noted "a gap of about 900 hours of study" between a licensed acupuncturist's requirement for practicing acupuncture and the requirement for a physician or a dentist.

"And I'm wondering if the Department is comfortable with that?" Mr. Sullivan asked. Mr. Munoz said that was an issue under study by the Department. He said that the Department did not have a high incidence of professional misconduct complaints since the 1990 law establishing the 300 hours of certification for doctors and dentists. He added that these issues were among those under study by the Department; Mr. Sullivan requested the results of that study when completed. Later in his testimony, Mr. Munoz explained that the Department of Health, not the Education Department, receives and processes professional misconduct complaints for doctors and dentists. He said the

Education Department's information was that there was a very low incidence of complaints involving certified acupuncturists, but the Department would have to reach out to the Department of Health for specific information. Assemblywoman Pheffer requested that that information be shared with the Higher Education Committee when it became available.

The next person to testify, Dr. William Greenfield, a surgeon at the New York University College of Dentistry, was also president of the American College of Acupuncture, a Regents-chartered group that presents educational programs to physicians and dentists who want to be certified in acupuncture. Dr. Greenfield was a member of Governor Nelson Rockefeller's 1972 commission on studying the beneficial effects of acupuncture and has led the certification group for 25 years. He explained that doctors initially had to complete 100 hours to be certified; then the figure was raised to 200, and to 300 in the 1990 legislation. "There was nothing magical about 100 hours or 200 hours or 300 hours," he testified. "It is my belief that it is a somewhat arbitrary number." He justified the number of hours by the fact that it was physicians and dentists who were studying, all of whom took courses in basic science, anatomy, physiology, pharmacology and pathology, and completed residency programs. Under questioning from Mr. Sullivan, Dr. Greenfield stated that he had "very limited knowledge" of the curriculum required of licensed acupuncturists.

Chairman Sullivan posed the question of the disparity between certification hours of study (300) and licensure requirements (1500 hours) before an advocate of certification for podiatrists, Ravindar Mamtani, the director of the acupuncture training program at New York Medical College. Dr. Mamtani testified that podiatrists should be allowed to become certified acupuncturists with 300 hours of study, like doctors and dentists. He referred to the basic courses in science, anatomy, physiology and the like that doctors complete as justification for a 300-hour level of study for certification. He acknowledged that he had not "looked at the curriculum" that licensed acupuncturists must follow. The disclosure seemed to frustrate the Chairman in his attempt to understand justification for only 300 hours of study to practice acupuncture. "If you're involved in the study of acupuncture," he asked, "wouldn't just simple curiosity lead you to study the curriculum of acupuncture, the schools of acupuncture?"

The Higher Education Committee then received substantial testimony on why limited training should not be provided for professionals who do not pursue a full licensure curriculum in acupuncture. A health care consumer, Robert Sullivan, offered information none of the professionals who testified in support of certification had: details on a full acupuncture study program. He noted that the program "encompasses 270 hours of TCM theory, 585 hours of acupuncture theory, 720 hours of acupuncture practice, amounting to 1,575 hours in total." He added that that leaves the health care consumer "shortchanged by 1,275 hours of professional training" for those merely certified to practice.

"What next?" he asked the Committee. "Should we reduce the requirement for a neurosurgeon down to the same requirement as a dentist; the requirement for a medical doctor down to medical technician?"

Elizabeth Call, a licensed acupuncturist who taught and supervised a certification program at TriState College of Acupuncture for the six years the program existed, provided the Committee with the actual numbers of doctors and dentists who were certified, information that Mr. Munoz and his staff did not have when questioned. "I actually called the Medical Board and its 662 M.D.'s are certified in acupuncture, and 59 dentists are certified in acupuncture," Ms. Call said. She described in detail her dissatisfaction with certification of physicians and dentists, noting that "many" of the physicians and dentists who pursued certification "perceived it as a ticket out of managed care, since they understood that many of our clients pay out of pocket for treatment." She said that to her knowledge certified practitioners "have not established standards as to their specific skills and competencies, and whether these fit within their scope of practice." How, she then asked rhetorically, can a patient know a certified acupuncturist meets a standard, when a standard has not been established?

Ms. Call also questioned a rationale behind certification of chiropractors and podiatrists as giving clients "the convenience of one-stop shopping." She questioned the use of such a justification for a law: "Is the convenience chain store model one that should drive clinical decisions?" She stated that "through ignorance" of acupuncture and its cultural basis, other professions considered traditional knowledge "superfluous" and simply wanted to "exploit" parts of the profession for themselves. "I believe that this is a clear case of cultural and intellectual imperialism," she added.

Additional information in support of full licensure and against certification was presented in detail by acupuncture students and professionals. Each of the comments were received with interest and discussion by the Committee through questions of those testifying. Details were provided on the clinical nature of acupuncture training, the importance of a philosophical understanding of the profession as an intimate aspect of its practice, and the technical resources and areas of study needed to become competent as a full, licensed professional. David Lu, a licensed professional associated with the Chinatown Practitioners Coalition, offered testimony showing that full acupuncture education involves up to 2,142 hours, "which excludes biomedical sciences that we also learn." Eighteen percent of this study concerns the clinical understanding of acupuncture points, he said, whereas the entire 300 hours of study required now for certification represents only 14 percent of a full course of study for competency in acupuncture. Dr. Lu provided charts and diagrams in support of his testimony that Chairman Sullivan said made the issue "very clear" for the Committee.

A dialogue also ensued between the Chairman and Dr. Lu over the use of the term "diagnosis" in acupuncture and in New York's legal terminology. Mr. Sullivan elicited the opinion that "diagnostic" was "used here in a generic rather than a specific legal or medical sense." Dr. Lu agreed that the use of the term in acupuncture was not the same as in Western medicine; he substituted the words "evaluation of the person's disease manifestation" as a more apt description from an acupuncturist's point of view. Mr. Sullivan brought up the subject because "diagnosis" is a protected term under New York statute. "Sometimes we get overly hung up on words, but that's the way the law is," he

said, adding that “if you could find another word, it might be in your interest.” The exchange alluded to the problems in defining the scope of practice of acupuncture more accurately, as is proposed in legislation under consideration in the State Legislature.

Dr. Irene Grant, a medical doctor certified in acupuncture who was now pursuing full acupuncture licensure, testified as to the deficiencies of certification as a practicing professional. “I learned firsthand that acupuncture in certain conditions, in certain fragile patients, could do harm, when I was not clear in my Chinese diagnostic approach, or acupuncture selection,” she stated. She suggested a change in Western medical thinking from a focus on molecular biology and biochemistry into “the realm of physics with research into electromagnetic fields” might help to focus a better understanding in Western terms of how acupuncture works. She allowed that physicians can learn acupuncture with only 300 hours because they are professionals who can recognize and react to adverse impacts, but such is not true for other Western professionals who do not take the time to learn traditional Chinese medicine diagnostic techniques.

The Committee received substantial testimony from the podiatry profession and its union in support of certification. Chairman Sullivan indicated that the information provided helped to “clarify” the issues for the Committee. Much more testimony ensued from professionals and health care consumers about why certification was not proper, most if it in considerable more detail than that provided by those in support of certification. Kathleen Golden, a licensed acupuncturist and chair of the Acupuncture Society of New York, pointed out that nine associations for acupuncture in New York—which represented the gamut of professional interests from Chinese, Korean, Japanese and American traditions--were acting “in complete agreement in opposing these bills” to certify podiatrists and chiropractors. “ASNY does not support abbreviated training programs for any provider of acupuncture,” Golden testified. She also asked that the 300-hour requirement for certification of other professionals “be revisited” so that “more comprehensive education” requirements can be instituted.

Prior to the hearing, members of the State Board for Acupuncture were told by the Executive Secretary that they could not testify at the hearing. That was clarified on the day of the hearing to mean that they could not testify as board members, but as a result of the initial information at least one board member did not testify. Rising to speak, however, was Dr. He-Hon Lao, a former State Board member, who indicated that her views were shared by Dr. Bing Lu, assistant professor of medicine at Maimonides Hospital in New York City. Dr. Lao termed the 300-hour requirement for physicians as “inadequate to ensure competence and effective use of acupuncture in medical practice,” and the dentist requirement as having an “inherent risk of oversimplifying acupuncture, expanding the practice or scope of dentistry, or both.” She said a similar problem would result if certification were given to podiatrists and chiropractors.

Dr. Doreen Chen, vice president of the National Association of Chinese Medicine and the holder of a medical doctor degree in China, looked toward a future, as other testifiers did, of an integration of Western and Oriental medicine as an ideal. She pointed out that acupuncture “is only a part of Chinese medicine,” all of which must be studied and

understood before practiced competently. She expressed support for legislation to clarify and expand on the scope of practice language in New York's acupuncture law, as well as legislation to provide for full insurance coverage for acupuncture services and to incorporate acupuncture within the provisions of Child Health Plus.

An "emphatic" opposition to the expansion of certification authority was also expressed by Charles Deng, a licensed acupuncturist and secretary of United Alliance of New York State Licensed Acupuncturists. "Practicing acupuncture without understanding Chinese medicine is like performing spinal manipulation without understanding the anatomical and physiological structure of the spine," he said by way of analogy. Dr. Deng said that all of the study work associated with becoming a licensed acupuncturist in New York can require as much as 4,050 hours of study when a year of clinical experience is included.

The Committee was also briefed on the academic requirements for licensure in China in testimony provided by Denis Chin-Hsiao Ting, chairman of the American Association of Traditional Chinese Medicine. Dr. Ting (like Dr. Chen educated as a medical doctor in China as well) said students spend a year-and-a-half studying traditional medicine theory, including diagnosis theory, and then a year-and-a-half in practical study concerning the channel (or meridian) theory and needle techniques. This course also involves a study of diseases and their etiology, pathology, physiology, Western treatments, and the use of herbs, nutrition and other Oriental modalities. A study of basic principals of Western medicine is also required in China, Dr. Ting said. Then there is a year's internship to an established doctor and a year of hospital training, for a total of five years of study.

Robert Certner, a licensed acupuncturist and president of the New York State Association of Professional Acupuncturists, related her experiences in helping to enact the 1990 acupuncture law. "There was a consensus by all parties present that acupuncture is a profession," she told the Committee, "and at that, a profession distinct and divergent from western medicine, having its own theoretical considerations and its own diagnostic parameters." The law had the effect of declassifying acupuncture as experimental in New York, Ms. Certner said, and a distinction was made in the law between certification and licensure.

"The issue of creating new categories of certified acupuncturists was discussed at that time and resoundingly turned down on the grounds that the acupuncture consumer would be best served by intensive programs of study and high standards," she said.

Increased education requirements and the general professionalization of acupuncture has resulted in "an unblemished reputation," Ms. Certner said. "However, we remain largely an uninsured profession." She expressed support for mandating insurance reimbursement for licensed acupuncturists, making acupuncture available to needy children through changes in the Child Health Plus law, and "especially" changes to the scope of practice language of the state acupuncture law, "which when passed will result in even more hours of education for licensed acupuncturists." She termed it "ironic and insulting" that while licensed acupuncturists sought to increase education requirements, podiatrists and chiropractors seek "abbreviated training" authority to practice acupuncture.

"We're asking you not to parcel out our profession to the highest bidder," Ms. Certner said in a kind of summary of expressions at the hearing. "Given current insurance reimbursement inequities, the uninformed consumer would seek only that practitioner who's covered by her insurance provider. And it would be unfortunate, as that person would conclude probably that acupuncture doesn't work, and the profession would languish. Instead, we ask you to pass our bills insuring us, putting us into the public health sector, and increasing our educational hours and scope of practice.

"The consumer of New York would be best served in doing this," she concluded.

Appreciation is expressed to the Standing Committee on Higher Education for providing a copy of the transcript of the Hearing. This Report on the contents of the transcript was prepared solely upon the authority of the organizations listed below and in no way or intent is meant to reflect the opinions or determinations of the Standing Committee on Higher Education or of any members of the New York State Legislature. Any errors or misrepresentations of fact contained herein are entirely the responsibility of the organizations and their Legislative Consultant.

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New York State Association of Professional Acupuncturists

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 American Association of Traditional Chinese Medicine (AATCM)
 American Association of Oriental Medicine (AAOM) Chinese Adversary Council.

To the Members of the Commission:

I am Dr. Ming Jin, a licensed acupuncturist and the medical director of the Ming Qi Natural Healthcare Center in Manhattan and Queens. During the past ten years, our center has treated more than 8,000 patients with a very high rate of success. In addition, I teach courses on acupuncture and Chinese herbal medicine at three colleges in the New York area.

I graduated from the Shanghai University of Traditional Chinese Medicine with a Ph.D. specializing in Obstetrics and Gynecology. My dissertation considered the efficacy of acupuncture and Chinese herbs in treating various OBGYN-related problems and diseases. In my Masters program, I studied the anti-aging effects of Chinese herbs.

I represent National Association of Chinese Medicine (NACM), American Association of Traditional Chinese Medicine (AATCM) and American Association of Oriental Medicine (AAOM) Chinese Adversary Council. I would like to highlight three points that are important in the development of policies and procedures with respect to Complementary and Alternative Medicine.

1. **Acupuncture and Chinese herbs are synergistic and complementary.** Today, acupuncture has been recognized and accepted by the government, most medical professionals and the general public. However, the lack of understanding of Chinese herbs - its uses, its effectiveness, and its complementary relationship to acupuncture - has significantly hampered the development of Chinese Medicine in the United States.

Both methods of treatment should not be viewed in isolation. I recommend that the government account for the synergistic and complementary benefits of using both treatments in combination when formulating policies and procedures for Complementary and Alternative Medicine.

2. **Chinese herbs are not synonymous with health food or food supplements.** In addition to prevention and body toning, many Chinese herbal formulations can

effectively treat various medical conditions and diseases. In an address at the American Institute for Cancer Research's 10th Annual Research Conference in Washington DC, Dr. Jan Geliebter of New York Medical College reported that in both laboratory and clinical observations, a specific mixture of Chinese and American herbs shows promise as an effective treatment for prostate cancer. In my own clinics, I have used acupuncture and Chinese herbs to lower prostate specific antigen (PSA) levels and shrink ovarian cysts and fibroids with more than an 80% success rate.

Society would benefit greatly from the establishment of clear and reasonable guidelines by the United States government to assist manufacturers and practitioners of Chinese medicine to evaluate and utilize Chinese herbs. I urge the National Institutes of Health and other governmental agencies to prioritize research funding for Chinese herbs.

3. **Most adverse events related to Chinese herbs are caused by improper use of products.** Although the majority of Chinese herbs are safe to use, certain herbs do contain toxic compositions and /or cause side effects. For example, Ephedra (Mahuang) has been blamed for potentially life-threatening health problems, especially when taken with caffeine. However, Mahuang is a very valuable herb in treating asthma and other health conditions. Its toxicity has been well documented by the Chinese medical community, which has long recognized that Mahuang should always be used in conjunction with other herbs and preserved with honey to eliminate potential side effects. Unfortunately such knowledge is not widely known by current manufacturers, medical practitioners, and government agencies.

Instead of banning effective herbs, such as Mahuang, due to a lack of understanding, I suggest that the FDA and NIH establish a panel of experts who truly understand both Chinese herbs and conventional medicine to provide valuable information to the medical professional as well as the public in dealing with such issues.

Thank you very much for your attention.

Exponents, Inc. 2000

White House Commission on Complementary
and Alternative Medicine Policy

Maria (Sam) Josepher

Exponents Inc., Deputy Executive Director

Focus: Employee Wellness/ Minority and Incarcerated Populations

1. Summary

Exponents is a not-for-profit, community-based organization, operating in New York City since 1990. A majority of Exponents' board members are from minority communities and reflect life experiences of the agency's clients. Exponents' clients are inner city individuals and families whose lives are caught up in cycles of drugs and crime. Most have been incarcerated, or involved with the criminal justice system. Most are HIV positive, or with AIDS, and many are existing with dual and triple diagnosed conditions. The agency has a long history of successfully engaging substance abusers and the incarcerated populations because of its strong reputation among recovering addicts and outreach efforts in the correctional system.

Exponents offers substance users and their families a continuum of prevention and care services. From early intervention/harm reduction to recovery readiness; from HIV/AIDS education to health and wellness education; from drug treatment to career planning.

Exponents oldest program, ARRIVE, was initially targeted (1988) for intravenous drug users coming out of prison and was one of the first efforts in the United States to address AIDS with individuals going in and out of prison. The program is presented in a training format and is delivered primarily by peers, persons who have had personal experience with addiction or HIV/AIDS. ARRIVE holds five, 8 week, 24 class training cycles a year for 750 individuals. ARRIVE is funded through the Ryan White CARE Act and private sources. An outcome observation from independent evaluation stated, "Students appear to emerge from ARRIVE not only somewhat better educated and better prepared for employment in HIV and drug treatment services organizations, but also with a better sense of self-worth and belonging." (Hunter, College, School of Health Science, Center on AIDS, Drugs & Community)

There are now over 5,300 graduates from ARRIVE, many employed in the AIDS and substance abuse field. While attending ARRIVE, and post-graduate classes, topics covered both traditional and alternative approaches to health and recovery. Workshop topics and experiences include; risk reduction for sex and drug use; tuberculosis; the immune system; nutrition and vitamin supplements; aroma therapy; hepatitis ; diabetes; stress management and meditation; sound healing for immune boosting (crystal bowls); cognitive, psycho-education relapse prevention; infection control; mainstream HIV/AIDS medications; complementary and alternative treatments; syringe cleaning and harm reduction education; and eroticizing safer sex. A brief meditation is practiced before and after all training sessions. Soothing music is often played softly in the background during presentations in order to optimize relaxation and learning.

Services are provided in a clean physical environment and in a non-judgmental, compassionate setting. Exponents utilizes hospital quality air purifiers throughout the facility to help reduce infections and specialized hepa vacuum cleaners which trap allergens, dust and fumes to reduce irritants causing asthma and allergy attacks. Purified water and medications refrigeration is also provided.

There are 45 fulltime staff members at Exponents, more than three-quarters of are ARRIVE program graduates, persons in recovery, and ex-offenders. Twenty-five percent

are HIV positive; a number have Hepatitis C; 15% have diabetes; and 25% have asthma. (These statistics are gathered through self-disclosure.) It is an organization that has been built from within and represents the efficacy of the peer model. It is also an organization that benefits from the participation of some very fine professionals. It was, however, the **need to keep people with disabling diseases well** and working which prompted the organization to look extensively into providing the skills and information that promote wellness and prevent further deterioration and other illnesses.

2. Comparison to convention

In many ways Exponents has broken away from conventional methods of engagement and treatment for substance using populations. Focusing on health and wellness, especially HIV/AIDS prevention and care, services are provided whether the individual chooses to be abstinent from substance use, or not. The consistent ability of ARRIVE to engage and graduate over 75% of its students, demonstrates both an eagerness and receptiveness to innovative programs of a population generally considered hard to reach. ARRIVE's training format is much less invasive than traditional treatments but draws upon many of the underlying values established in drug free treatment. The development of a sense of community among participants, a social learning approach and credible role models are intrinsic to the agency's culture.

At ARRIVE, getting off of drugs is not required for participation but overcoming addiction is a main theme of the program's overall message. Services offered include conventional and alternative modalities and we feel this is the best of both worlds. Final outcomes with regard to cost we feel are immeasurable. If a person learns something at ARRIVE that keeps them out of the hospital for one day, it would pay for the entire cost of the two month training (\$1000).

Added to the conventional, life-stabilizing services, are alternative therapies to enrich and move individuals forward with increased self-awareness and mindfulness through the practice of meditation. They are encouraged and given skill training to be **partners in their own healing**; on how to select a physician; preparing for a doctor's visit; and what questions to ask regarding HIV, Hepatitis C, etc. Curriculums are written to translate difficult disease concepts into easily understood subjects. **Coping skills to reduce relapse to drugs** are provided through conventional group support along decelerated music, auricular acupuncture and aromatherapy.

Stress reduction classes which included **progressive relaxation**, conscious breathing, and methods of rage reduction were also taught in the **Rikers Island prison** for its HIV population. These were well received and reported effective by inmates in helping them to reduce stress. These classes were stopped because of the difficulty in gaining cooperation of prison escorts, and lack of private training areas needed to maintain confidentiality.

Progressive relaxation tapes with affirmations written by drug treatment clients themselves have been produced and are distributed for those entering detoxification facilities, those **having problems sleeping**, and to those who want a 'feel good' substitute to drug use.

Programs for Staff

Exponents utilizes hospital quality **air purifiers** throughout the facility to help reduce infections and specialized hepa vacuum cleaners which trap allergens, dust and fumes to reduce irritants causing asthma and allergy attacks. **Purified water** and medications refrigeration is also provided. Air purifiers may be borrowed for home use during times of illness for both staff and families of employees.

An extensive **wellness lending library** for staff has been accumulated with books audio and videotapes on meditation, diet, exercise, yoga, herbs, asthma, skin conditions, hepatitis, nutrition, vitamin supplements, reiki, acupressure, massage, menopause, conscious breathing and spiritual practices. Employees are encouraged to borrow books and dialogue with other members of the staff as well as support each other in dieting, exercising, and smoking cessation.

Offices are equipped with soothing sound generators and rock fountains for both staff and client benefit. Staff members are provided with audio equipment and numerous relaxation CD's including those utilizing **brain synchronization technologies** now available to the general public and developed by musicians such as Steve Halpern, physicians such as Andrew Weill, and organizations such as the Synchronicity Foundation. These CD's are also provided for employees during their hospital stays. These have also been found effective among clients and staff suffering from insomnia. Quartz crystal bowls which produce relaxing harmonics are also distributed around the 15,000 square foot space.

Organizational policy allows for sick time to be used for well visits thereby encouraging employees to use preventive measures. **Organizational policy** implemented catastrophic sick time of up to one month for hospital stays of over four days and during which other staff members are committed to fill in for the sick employee. This policy was implemented when anecdotally it was observed that ill employees only became sicker when faced with the pressure of returning to work or having to go on disability at a greatly reduced pay. This **reduces the stress** a sick employee has when using up all one's sick and vacation time and fear of losing one's job when facing prolonged illnesses. It has been noted that persons with illnesses such as pneumonia (especially in the HIV population) return to work in an appropriate time frame when truly ready to begin work again without relapse to illness.

Smoking cessation and wellness workshops which included group meditations and crystal bowl harmonics presented by the Deputy Executive Director has also prompted more than half of the smoking staff to stop. Employees have been offered individual coaching in the creation of their own wellness plan.

3. Barriers

Political correctness of prison policy which keep our system **a warehouse of human life rather than an opportunity for re-education.**

Most employers (even in the HIV field) are **shortsighted in the handling of employee benefits** which would allow people with disabilities such as HIV to function productively in the workplace.

Lack of knowledge and **acceptance of technologies and modalities** which can create environments promoting healthier brain wave patterns, reduce stress, increase creativity, and enhance whole brain function.

Lack of research and hard evidence available supporting technological modalities.

For the most part, the conventional addiction treatment field maintains a politically correct, abstinence biased, opposition to new and alternative treatments. This opposition can be seen in the refusal of the federal, and many state governments, to support alternative harm reduction modalities such as needle exchange.

Complimentary and alternative methods utilized in drug treatment are not eligible for reimbursement under the current Medicaid system. What are needed are policies that acknowledge alternatives as a viable health choice. Funding needs to be made available for programs to educate and practice these alternative methods.

4. **Target**

Access should be made to those in most desperate need. The homeless, those incarcerated the poor communities, the infirm. Complementary and alternative approaches to health are generally self-empowering and can have their greatest impact in our poorer and most marginalized communities.

Persons with **mental illness and chronic diseases** who otherwise are able to work but need a **supportive environment and enhanced coping skills** also should have access to education and services which helps to foster wellness, prevention of disease and self-empowerment.

5. **Additional policy recommendations**

Prioritizing the hiring of persons with personal experience with addiction in all drug treatment and prevention programs receiving government funding. **Funding employers** to implement **employee wellness** within their organization to support productivity and longevity among persons with disabilities.

Funding of legitimate and acceptable projects utilizing meditation, enhanced coping skills and environmentally enhancing technologies for use in the prison system.

A shift in the spending of the federal government's drug budget to represent a 50-50 division between overseas interdiction and programs for substance abusers at home. Currently, 75% of federal funds goes for interdiction.

Reform of mandatory minimum drug sentencing and reform of NY State's Rockefeller Drug Laws.

Lifting the federal ban on funding for needle exchange and increased support for harm reduction programs.

Decriminalizing the sale and possession of syringes (recently achieved in NY State).

Biography: Maria (Sam) Josepher

Ms. Josepher is the Co-founder of Exponents, Inc., a nonprofit organization dedicated to improving the lives of recovering substance users, ex-offenders and their families by providing innovative training programs and peer facilitated services. She was instrumental as co-creator of the ARRIVE Training, a model HIV prevention and skills building program for parolees and other high risk populations in New York City. Ms. Josepher has been with Exponents for twelve years where she successfully manages programs, finance, technology and development as Deputy Executive Director and Chief Financial Officer. She is also an executive mentor, coach and non-profit management consultant.

Sam has a twenty-five year professional history as an administrator, trainer, and grant writer. Her career as an educator and training developer has spanned many levels and settings including prisons, universities and schools, the military, and corporations. She has extensive experience in organizational and workforce development and grants administration.

Ms. Josepher is a long-term meditator and has a special interest in the use of modern meditative technologies for stress management in prisons, the workplace and for the disabled. She has been developing wellness strategies for organizations serving persons with a history of substance use and coaching employees in foundational skills for the last decade.

Sam is a member of the Screen Actor's Guild and has appeared in *Law and Order* and Woody Allen's recent movie release - *Small Time Crooks*.

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

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Divider Title: _____

To: WHCCAMP - Legislative Advisory Input Hearings
 Re: Committee Hearing - text of address (delivered at 6:15 p.m. on agenda)
 From: Ellen Louise Kahne, president, Reiki University and Reiki Peace Network
 Address: P.O. Box 754217, Forest Hills, New York 11375
 website: <http://www.ReikiPeaceNetwork.com>
 email: HealNet@aol.com
 Phone: 1-877-HealNet
 Date: January 23, 2001

I am a certified teaching Reiki Master/healer, a published writer of many articles on Reiki and alternative medicine, and the head of a major Reiki teaching and training organization, Reiki Peace Network, Inc. and Reiki University which connects an international network of several thousand students, colleagues, and teaching Reiki Masters of all Reiki lineages. I have come to ask this committee to recommend to the federal legislature that Reiki, which is a laying on of hands spiritual healing art and personal empowerment which de-stresses relaxes and heals from 19th century Japan, be kept free of and protected from all government regulation.

First, as I said and I emphasize, Reiki is **spiritual** laying on of hands healing. It is a meditative and healing spiritual practice and discipline originating in the Japanese Buddhist tradition, but open to people of all faiths and cultures. Additionally, spiritual laying on of hands healing is done by people of all faiths as charismatic healing in churches, synagogues, lay religious groups by ministers, priests, nuns, rabbis and lay healers alike as faith healing and, as such, is a protected first amendment right under the United States Constitution.

I implore the committee to respect and honor the constitutionally protected right to practice and teach Reiki and to refrain from interfering with my spiritual rights and those of other Reiki practitioners and Masters throughout the United States and in many foreign countries who have urged me to speak for them today.

Legislative controls of Reiki on any jurisdictional level (federal, state or local) would be a violation of this protected right and would subject both clergy and lay healers (who have always used Reiki and faith healing) to both prosecution and persecution for their spiritual practices and beliefs. The legislature has no more right to regulate, limit or discriminate regarding who can teach and practice Reiki, to decide or determine set fees for Reiki healing nor to decide who can teach and/or practice Reiki than it does to interfere with the salary and/or fees and practices of local parish priests, rabbis, nuns or ministers or to interfere with donations given lay healers by their congregations or recipients of their services, so long as we (healers of faith) faithfully pay our personal income taxes.

Nor does the government have the right to legislate what may be taught or excluded in our courses or workshops, or interfere with the traditional Master/apprentice Reiki teaching system, so long as individual Reiki Masters and practitioners behave and practice in an ethical manner, adhering to the preexisting laws of the land, just as we adhere to and teach Reiki codes of honor and ethics (those of Reiki's founding Master, Dr. Usui's 19th century Reiki principles (see appendix)).

Second, Reiki does no harm. Reiki practitioners do not diagnose or treat illness unless they are otherwise (medically) licensed to do so. Spiritual laying on of hands

healing comes from an intelligent source, that is Higher Power (G-d), and, as such, is not programmed by the practitioner or Master--rather, the subtle healing energy is allowed to flow through the hands of the practitioner to the area of need, or it is sent as focused distant healing for a recipient's best and highest good and is practiced with conscious and/or unconscious connection or intent to the source of all life force energy. Reiki practice is by nature both spiritual and meditative as is prayer.

The empowerments to enable a person to access Reiki for self healing and healing others are accomplished (taught) through a non verbal spiritual attunement which is invoked by a Reiki Master/teacher in a sacred ceremony. These attunements and the teaching of both traditional and modern Reiki are open to and have been taught to young children, adults and senior citizens on all levels. I have taught Reiki empowerment to professionals including the following: nurses, doctors (including an outstanding transplant surgeon practicing at NYU Medical Center), chiropractors, physical and occupational therapists, psychologists and psychiatrists, art and dance therapists, teachers, social workers, leaders and executives of business, industry, banking, renowned authors, professional artists, dancers and poets, ministers and rabbis. Almost all of my students have filled out workshop review sheets and have given feedback indicating that they value greatly and constantly use the Reiki techniques they have learned in their personal and professional lives.

Also, I have taught and practiced Reiki voluntarily and without fee on poor people, people who were and are sick with terminal illnesses in hospital or dying at home who needed spiritual healing and peace in order to die with dignity and resolution. My students who have worked voluntarily and in salaried positions in hospice and in hospitals have always had my encouragement to follow this example of giving service.

I have taught Reiki to leaders of the Peace movement in non governmental organizations, and to people of differing cultures and faiths from all parts of the United States, including Hawaii, and the following countries: Russia, Latvia, Israel, Ireland, Bahamas, Peru, Japan, Switzerland, India, Bangladesh, Lithuania, Canada, Mexico, Trinidad, Dominican Republic, Haiti, France, Greece, Italy, Pakistan, Poland, Germany, El Salvador, Guatemala, Columbia, Puerto Rico, England, China, Brazil, et al.

To restrict the practice and teaching of Reiki to one or several governmentally licensed professions or to regulate spiritual (subtle energy) laying on of hands healing in any way would constitute both a monopoly in restraint of trade and a spiritual violation of the hundreds of thousands of people of all professions, all nations, all ages and all levels of need who use, practice and teach Reiki. Also, licensing fees and regulatory entanglement would increase the cost of Reiki healing and that would put spiritual healing beyond reach of many in need.

We have a right to spiritual empowerment through Reiki healing. We have a right to practice Reiki, by the divine right of the spiritual energy which gave us life and keeps us in life. We do not need or request regulation. We request your protection, consideration and non interference from the government, as we are law abiding citizens harming no one and contributing much in every area of society.

Thank you for allowing my open contribution to this forum. I hereby volunteer to demonstrate Reiki healing for any member of this committee and would be happy to give a mini Reiki session to any of you during or after this Committee meeting or to arrange to come to Washington, D.C. with other Reiki Masters and practitioners to demonstrate Reiki to your committee or to any governmental official involved in proposed legislation of alternative healing arts.

Appendix

1. Dr. Usui was the 19th century founder (first Master) of Reiki healing. He recovered the lost art of Reiki healing from a Sanskrit Buddhist sutra and received the first Reiki attunement (empowerment) during his "enlightenment" at the end of a 21 day fast and meditation on Japan's sacred mountain, Mt. Kurama.

Dr. Usui's Reiki Principles

Just for today, let go of worry

Just for today, let go of anger

Honor every living thing

Be grateful for your many blessings

Work with integrity

2. Ellen Louise Kahne's Reiki lineage:

Dr. Mikao Usui

Dr. Chujiro Hayashi

Mrs. Hawayo Takata

Phyllis Lei Furimoto

Pat Jack Carol Farmer

Cherie A. Prasuhn Leah Smith

William L. Rand

Ellen Louise Kahne

Certified Reiki Master /Teacher

Certified Karuna +Plus Point of Focus Reiki Master

Ellen also studied in a traditional Reiki Master apprenticeship for two and a half years with Reiki Master Josephine Miranda (a student of Linda Kaiser Mardis, who studied with Phyllis Furamoto)

Ellen Louise Kahne taught with the Center For Reiki Training for two years (1995-7) before founding Reiki Peace Network, Inc. and Reiki University

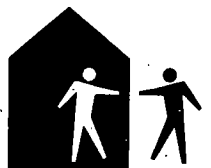
January 23, 2001

Attached are comments to the White House Commission on Complementary and Alternative Medicine Policy. Care for the Homeless wishes to thank the Commission for their invitation to present our views at this town meeting.

J. Daniel Kanofsky

J. Daniel Kanofsky, M.D., M.P.H.

Psychiatric Consultant



White House Commission on Complementary and Alternative Medicine Policy

Dr. Daniel Kanofsky, M.D., M.P.H.
Psychiatric Consultant, Care for the Homeless

January 23, 2001

I represent Care for the Homeless, a non-profit organization that sponsors health teams that provide medical and social services to 24 outreach sites in New York City. We cover a wide spectrum of facilities, including family residences, single adult shelters, soup kitchens, and drop-in centers. In 1999 medical care was provided to approximately 10,000 clients of which over 3,000 were children. Fifty-five percent of our patients had no medical insurance coverage; 43% had Medicaid coverage; 1.3% had Medicare, and 0.5% had VA insurance. Clearly Medicaid is a major determinant of what kind of medical care our clients receive.

Medicaid restraints often make providing alternative or complementary treatments a challenge. For instance, I recently evaluated a 40-year old woman from Puerto Rico who lives in a shelter with her four children. Leaving out the clinical details, this woman presents with a classical case of Seasonal Affective Disorder which is a pattern of regularly recurring episodes of winter depression seemingly caused by the dearth of sunshine in winter. Significantly, I believe this disorder led to the loss of her job, her husband and finally, her home. There is a very broad consensus among psychiatrists that the treatment of choice for Seasonal Affective Disorder is light therapy with a light box. However, New York State Medicaid will not pay the \$200 needed to buy it. The only state Medicaid program which will pay for a light box is Maine. Medicaid did pay for the antidepressants, Effexor and Prozac, which gave some minimal relief and cost a little less than \$200 per month. Thus, we have Medicaid spending almost \$200 a month to provide an inferior treatment when this same \$200 could provide an alternative treatment that is universally accepted as the preferred one and which could assist not just for one month but for many years.

Other examples of New York State Medicaid not reimbursing effective or promising alternative or complementary treatments involve the prescription policies for nutritional supplements.

Although Medicaid covers many supplements, such as vitamin C, folic acid and calcium, it will not pay for many others, such as vitamin E, omega-3 fatty acids and magnesium even though there is good evidence that these supplements can, respectively, be useful in slowing the progression of Alzheimer's Disease, stabilizing a manic-depressive disorder, and treating diabetes. Efforts to more favorably effect Medicaid coverage will permit much more of the homeless population access to alternative and complementary approaches.

Finally, more attention needs to be focused on the thousands of children living in homeless shelters, many of whom remain in the system for more than a year. These children may have nutritional deficiencies, learning problems, and psychosocial injuries that might be amenable to alternative or complementary techniques.

Recommendations to the White House Commission on Complementary and Alternative Medicine (CAM)

Regarding
– *Training in Integrative & Evidence-based Medicine* –

David L. Katz, MD, MPH

Associate Clinical Professor of Epidemiology and Public Health & Medicine
Yale University School of Medicine

Director, Yale Prevention Research Center
Integrative Medicine Center at Griffin Hospital
Derby, CT

Jan. 23, 2001

In allopathic (conventional) medical circles, and particularly in medical academia, disparities in the base of evidence are often cited as the principal distinction between CAM and conventional medicine. However, honest appraisals indicate that not more than half, and perhaps as little as 1/3 of conventional practices are subtended by evidence of reasonable quality. Thus, a more meaningful and less biased distinction might be the commitment to evidence-based practice and the underlying principles thereof. Among the arguments proffered by the CAM community to rebut the criticisms of allopathic medicine is the notion that CAM is not amenable to the research methods applied to conventional medicine, and from which the base of evidence derives. This argument is spurious. While it is true that allopathic medicine and CAM may view both disease and its treatment through the lenses of divergent belief systems, the pursuit of evidence may link them just as translation may link the ideas of those speaking various and disparate languages. The pursuit of evidence should not subjugate the belief systems of CAM, but neither should the application of the vocabulary of CAM (i.e., the pertaining systems of belief) subordinate or preclude translation so that others might understand (i.e., the assessment of evidence of effect). The reliable translation of CAM into terms of evidence may well require the application of creative research methods, robust in the generation of valid outcome data, adaptable to the settings and constraints of CAM practice.

Regrettably, allopathic practitioners and researchers have been actively dissuaded from the acceptance of CAM, or even open-minded consideration of its merits and limitations (e.g., Angell M, Kassirer JP. Alternative medicine--the risks of untested and unregulated remedies. *N Engl J Med.* 1998;339:839-41). The showcasing of CAM failures as a rationale for disregarding all of its attendant implications is no more valid than discarding all of conventional medicine in the aftermath of several adverse reactions to pharmaceutical agents. Common sense, open-

mindedness, and the play of chance suggest that CAM incorporates both effective and ineffective, less and more potentially harmful practices; the pursuit of evidence is the basis for making the requisite distinctions to advance the field and its service to the public health.

Proposed is the development of organized systems of education at both the undergraduate and graduate level for CAM practitioners devoted to the principles of biomedical research and evidence-based medicine. This proposal is based on on-going experience at the Integrative Medicine Center at Griffin Hospital in Derby, CT, where a naturopathic residency program is provided in the context of integrative practice and research. The resources of a clinical research laboratory (the Yale Prevention Research Center), an allopathic residency program in internal and preventive medicine, and the College of Naturopathic Medicine at the University of Bridgeport have been combined to develop a one-year residency in evidence-based integrative medicine for naturopathic physicians. The model is amenable to replication.

By systematically cultivating research expertise and sophistication regarding the generation and interpretation of evidence in medicine among CAM practitioners, leaders in CAM can provide the means to reconcile CAM and evidence-based medicine. This is the most responsible way of separating valid from invalid practice; influencing the allopathic community; identifying for 3rd party payers those practices most appropriate for reimbursement; and most importantly, of reliably guiding the public toward what is most likely to be safe and effective across the full spectrum of medical options.

Specific recommendations:

- Assemble national experts in medical education, clinical epidemiology, and research methodology to establish curricular guidelines for the training of all biomedical students who will ultimately be required to make treatment recommendations to patients in research methods and evidence-based medicine.
- Establish requirements for training in research methodology and evidence-based practice for those CAM practitioners subject to state licensure and/or credentialing.
- Establish funding mechanisms/incentives through such organizations as the National Center for Complementary and Alternative Medicine that encourage research developed and conducted collaboratively by investigators trained in allopathic medicine and CAM.
- Establish post-graduate training programs for certain CAM practitioners (e.g., naturopathic physicians, chiropractors) that specifically include experience and training in principles of evidence-based practice and research methodology.
- Consider the establishment of a Preventive Medicine Residency Program for certain CAM practitioners (e.g., naturopathic physicians), analogous to and modeled after that for allopathic physicians overseen by the preventive medicine residency review committee of the Accreditation Council of Graduate Medical Education. Such a program would include

graduate level clinical training, an academic program leading to the Masters degree in public health, and a practicum year devoted to clinical research methods and public health practice. Such a program would serve to train a cohort of leaders in research methods among those schooled in and devoted to CAM.

- Establish integrative medicine facilities at medical schools that allow for collaborative decision making by allopathic and CAM students/residents, and concomitant mentoring of such students by academic physicians in principles of evidence-based practice.
- Establish funding mechanisms to support the educational initiatives proposed above.

The institution of these and related policies should help to construct bridges across the current divide between allopathic practice and CAM, advancing both disciplines and the public health by so doing.

Respectfully submitted,

David L. Katz, MD, MPH

**Testimony of Christopher Kent, D.C.,
President, Council on Chiropractic Practice**

The Council on Chiropractic Practice (CCP) is an apolitical, non-profit, 501 c (3) organization.

The mission of the CCP is "To develop evidence based guidelines, conduct research and perform other functions that will enhance the practice of chiropractic for the benefit of the consumer."

EVIDENCE-BASED PRACTICE

Evidence-based clinical practice is defined by Sackett as "Use of the current best evidence in making decisions about the care of individual patients...(it) is not restricted to randomized trials and metaanalyses. It involves tracking down the best external evidence with which to answer our clinical questions" (1)

This concept was embraced by the Association of Chiropractic Colleges in their first position paper. This paper stated:

Chiropractic is concerned with the preservation and restoration of health, and focuses particular attention on the subluxation.

A subluxation is a complex of functional and/or structural and/or pathological articular changes that compromise neural integrity and may influence organ system function and general health.

A subluxation is evaluated, diagnosed, and managed through the use of chiropractic procedures based on the best available rational and empirical evidence. (2)

The CCP has developed a practice guideline for vertebral subluxation with the active participation of multidisciplinary experts in guideline development, research design, literature review, law, medicine, and clinical chiropractic.

GUIDELINE DEVELOPMENT PROCESS

The first step in guideline development was to analyze available scientific and clinical evidence.

Manual and computer literature searches were performed. This was followed

by a symposium for chiropractic technique developers, and an "open forum" where any interested person could present evidence. Those unable to attend were invited to submit written evidence.

After sorting and evaluating this evidence, the initial draft of the guideline was prepared and distributed to the panel for review and criticism.

International input from the field was obtained when the working draft document was submitted to 195 peer reviewers in 12 countries.

After incorporation of the suggestions of the reviewers, a final draft was presented to the panel for approval.

The finished document was printed and distributed free of charge to all known U.S. and Canadian chiropractors. Distribution to chiropractors in other countries is being undertaken.

Council on Chiropractic Practice Guideline No. 1, *Vertebral Subluxation in Chiropractic Practice* was accepted for inclusion in the National Guideline Clearinghouse after evaluation by ECRI, a collaborating agency of the World Health Organization.

As Sackett wrote, "External clinical evidence can inform, but can never replace, individual clinical expertise..." (1)

The most compelling reason for creating, disseminating, and utilizing clinical practice guidelines is to improve the quality of health care.

References

1. Sackett DL: Editorial: Evidence-based medicine. *Spine* 1998;23(10):1085.
2. Position Paper #1. Association of Chiropractic Colleges. July, 1996.

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Resources

Clinical Practice Guideline No. 1, *Vertebral Subluxation in Chiropractic Practice*
Full text online at <http://www.worldchiropracticalliance.org/ccp.htm>

World Chiropractic Alliance website <http://www.worldchiropracticalliance.org>

Journal of Vertebral Subluxation Research <http://www.jvsr.com>

CINAHL database <http://www.cinahl.com>

MANTIS database <http://www.healthindex.com>

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Complementary and Alternative Medicine: Issues for Women and Minorities

Testimony Submitted to:

The White House Commission on Complementary & Alternative Medicine Policy

Town Meeting, New York City
January 23, 2001

by

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Complementary and Alternative Medicine: Issues for Women and Minorities

Women and minorities have long been the primary users of alternative medicine and now lead the way in the use of CAM

Women, in fact are a driving force in this new market.

So, it is imperative that we look at women and minorities examine how they use CAM and what they are using.

How women use CAM speaks to a national trend

Increasingly women seek alternatives to **common surgical procedures** such as hysterectomy and cesarean section.

They seek alternative therapies during many natural hormonal related life phases – during menstrual cycle, pregnancy and childbirth, natural hormonal changes as they age, and during illness such as breast cancer.

In many cases they seek a **therapy with fewer side effects** than pharmaceutical drugs; or seek to avoid drugs entirely as during pregnancy.

They use alternative medicine for pain management, weight loss, to reduce the impact of stress – Eastern practices such as yoga and meditation are increasingly sought out. They are no longer the exotic and rare, but rather, are becoming **pervasive and accepted**, as evidenced by their being offered increasingly in medical settings, as well as being integrated into daily life to help optimize health and well-being.

Women have long used vitamins and herbs.

A number of years ago we conducted a survey of women over 40 through a popular magazine and received 15,000 responses from across the country. 1/3 were using hormone therapy. 72% of these were ALSO doing something alternative.

But, there are **not enough medical data** to support the safety and effectiveness of these remedies

And, while women are not going to wait for the scientific date (they are good at coping with uncertainty in daily decision making), women want to, and have the right to:

- 1) know that alternative remedies are safe
- 2) know that CAM remedies really work
- 2) know that their doctors are knowledgeable about CAM, at least to the extent of referring them to and working with quality CAM practitioners

Minority groups who come to the US bring the medicines from their own cultures and traditional medical systems

Women and minorities may obtain CAM goods and services in different ways –

In fact, there seems to be a 2 tiered way of obtaining and using CAM remedies.

Many **women**, particularly those more recent users of CAM, buy products, sold commercially, at **increasingly high costs**.

Minorities often seek and use CAM in their own neighborhoods, often in small local shops, and from local (sometimes family) healers, most often at very low cost.

Yet here too, there is little research to help people (both the users and conventional practitioners) understand when these traditional approaches are equal to or even better than Western alternatives, and when Western medicine might be the best choice.

Since women certainly won't hold their breath and wait for appropriate government action, they are using CAM without clear guidelines or full disclosure and information.

It is incumbent upon government fund research on remedies for women and minorities to provide users/consumers with appropriate information.

- 1) Is it safe?
- 2) Is it effective?
- 3) How do CAM remedies/practices interact with conventional medicines?
- 4) Are doctors informed?
- 5) Is the information reliable?

Yet in the danger in making policy is one of **over-regulating, over-medicalizing**.

So the challenge is: How can we increase the accessibility and quality of CAM and not detract from what makes it appealing and successful – and that is, often availability outside of conventional medical venues.

Policy and funding is critically needed to drive this research in a timely fashion and to provide the impetus to educate physicians and other healthcare providers in mainstream medicine