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003. testimony	Diego Balcewich (partial) (1 page)	01/23/2001	b(6)

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

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WHCCAM Meeting Testimony, January 23, 2001 [3]

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RESTRICTION CODES

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Good morning. My name is Sharon Reilly and I am from Windsor, CT. I am here as a mother and consumer of direct-entry midwifery services as well as the president of Friends of Midwives in Connecticut (FOM/CT).

My husband and I have 2 daughters. While we considered having a homebirth with our first, it was difficult to obtain information about this option and I was unable to locate a midwife.

During my first birth – a breech born in the hospital – I was not permitted to drink water during labor despite tremendous thirst, I was strapped to a continuous electronic fetal monitor, attached to an IV stand, my labor was artificially induced with Pitocin, an episiotomy was cut without my permission, the placenta was pulled out of me almost immediately following the birth, my baby was whisked away from me for testing minutes after her birth, and what little sleep I got was regularly interrupted for blood pressure checks. Even though this was considered to be an exceptionally "good birth," it was, without a doubt, a medical birth. I wondered what non-medical birth was like.

For the next pregnancy, I paid out-of-pocket for the services of a Certified Professional Midwife (CPM). My prenatal visits generally lasted 1-2 hours with no wait. The routine was that when I arrived, I checked my own urine, weighed myself, and reported my findings to the midwife. Much of the remaining time was spent talking about nutrition and all the things I could do to maintain a healthy pregnancy and prevent complications. My midwife provided me with copious information, counseling and support – tools that enabled me to take personal responsibility for my health and that of my baby.

On the day of our second daughter's birth, the midwives arrived and checked heart tones and blood pressure intermittently. I gave birth with the assistance of two relaxed, experienced midwives without ever having a single internal exam. With gentle massage, our newborn started breathing without crying. Then she nursed within minutes after being born. An hour after her birth, she was lovingly handed over to her father while the midwives helped me into my own shower. Then they organized our house again, brought us a home-cooked meal and some juice, and left us alone. The midwives stayed for four hours, occasionally checking in to make sure we were thriving. Follow-up home visits were scheduled for the next day, four days post-partum, two weeks post-partum, and six weeks post-partum.

The Midwifery Model of Care is completely different from the Obstetrical Model of Care. Midwives use natural means of preventing and resolving complications that, under obstetrical care, would normally be treated with medicines or a host of other unnecessary, expensive technological and surgical interventions. Direct-entry midwives frequently refer women to alternative health care practitioners for complimentary therapies, and many are dually trained in midwifery and another healing modality. The benefits of midwifery care are many, including substantially lower costs, larger, healthier babies, higher rates of breastfeeding, and greater satisfaction with the birth experience. Barriers of access include the lack of state licensure of direct-entry midwives, lack of insurance reimbursement, and an absence of easily obtainable, objective information for consumers.

Over the past 2 years, the number of telephone inquiries our organization receives has grown. After its founding in 1994, FOM/CT received roughly 1-2 phone calls per month from women seeking information and referrals to midwives. Last fall, around the time of our childbirth conference, we received 2-3 calls per day. Since then, the number of calls has remained steady at 1-2 calls per week. Many women do not even realize that it is legal to have a homebirth in Connecticut, but that is changing with our efforts to educate. FOM/CT would like to see our state license CPMs using the NARM's certification process as the licensing mechanism. CPMs are currently licensed in 18 states using this approach, while neighboring Massachusetts has introduced a bill this session to do so.

CAM practitioners should welcome direct-entry midwives under its umbrella of health care professionals. It is time for us to follow the leads of other Western industrialized nations in the area of evidence-based maternity care, including the full integration of direct-entry midwifery as a safe and healthy option for families.

Thank you.

Sharon Reilly/43 Remington RD/Windsor, CT 06095/860-688-4703

Therapies, effective resources (87)
are available + undeniable (pg 2)

Anne Markowitz, CSW

I am a therapist in two grant programs at a major city hospital in New York City. The hospital serves a poor black community, and I work with abused women, occasionally abused men, and their children in individual and family therapy. There are four points I would like to raise today about which I have become increasingly concerned during my work at the hospital over the last twelve years.

The first area of concern is nutrition. The hospital is a designated heart center, because this community has an extraordinarily high rate of heart disease, stroke, diabetes and other diet-related health problems. Despite this, the city hospital has given the lobby restaurant franchise to McDonald's--this, despite the fact that there is a McDonald's one block away. Every day lines form out into the lobby as staff people, patients' visitors and patients themselves buy unhealthy food. There has been, to my knowledge, no serious, community effort to organize any guidance toward healthier eating, despite the fact that there is no question their diet is killing people.

The second area of concern is that an inordinate number of black boys, ages five to fifteen, are being diagnosed with Attention Deficit Disorder or other, related disorders, and prescribed Ritalin or some other drug. I would guess that seventy-five percent of the boys in this age range whose mothers have been my clients have stated that their children were acting up in school, usually as a result of the chaos at home, and had been tested and treated for ADD. I recently spoke with a pediatrician in a white, middle class, Upper West Side private practice, who told me that his estimate of the percentage of boys he sees with ADD is about five or seven per cent. Two boys who were in danger of this diagnosis but who entered weekly individual and family therapy in our program are no longer thought to be at risk for ADD. This suggests to me that if many of the boys who are acting out at school or at home were given therapy, better attention at school, or some other kind of intervention, they could avoid the special education route which, in the inner city, is often the first step toward dropping out.

A third area of concern is the widespread use of anti-depressants and anti-anxiety drugs that I see. The women who come into our program are in crisis; they are often leaving abusive relationships or simply unable to cope with them any more. They are often depressed. However, when they are referred to Psychiatry, they are usually given anti-depressants, little or no therapy, and sent on their way, often with a referral but without follow-up outreach. Several women who came into our program after a referral from

Psychiatry were on anti-depressants but stated that they were numbed and mentally a little unclear from the drugs. It is very hard to compare cases, but if I could generalize about the women I have seen, those who arrived depressed but unmedicated made faster and better progress in therapy than those who were on anti-depressants.

The fourth problem I wanted to mention is the shortage of batterers' programs in the community and the city in general. Anger management classes, batterers' programs--which are two very different things--and other organized approaches to reducing stress, increasing insight and making behavioral changes should be part of the core of any health organization, including a hospital. It is simply neglect and denial of family violence that allows our city and our country to ignore the need for these inexpensive programs.

For all of these problems, I think that inexpensive, effective resources are available and unutilized. Stress reduction techniques, nutritional guidance, therapy and support groups can all be cheap and effective. It is also worth noting that the older generation of the black community had home remedies and different dietary habits that have been lost to the present generation, which might be recovered or built upon within the community.

and CPM), the establishment of accredited educational programs in direct-entry midwifery, and uniform practice guidelines and licensure.

90. **FeiLong Qi,** Doctor of Traditional Chinese Medicine, World Shaolin Chanmigong Association

Thank you Doctors Gordon, Chow and Groft, and you (audience), our fellow humans with an interest in health. It is an honor to speak here today. The assembly of a Commission to consider alternative and complementary medicine is very pleasing to me. Ten years ago, we could only hope for such a commission to help bring alternative medicine into the American mainstream. At that time, I was also preparing my talent so that I might improve the condition of people and society. My role in health care started long before I was born. I am the ninth generation healer in QiGong, 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 tern research. I can demonstrate my ability and welcome any offer to join in the development of research and trials so that there will be no doubt as to the effectiveness of my art. I already have research proving the success of Chanmi 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 a history of great accomplishments, and the established system can do so as well. But only 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 everyone, and look forward to working with you, with open minds, in a spirit of cooperation, finding success, for the sake of the patient. Then we will celebrate the emergence of a new age where the patient comes first and the best of all worlds are readily available to make life better for us all.

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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.

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

Thank you for the privilege!

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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.

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Report to the White House Commission on CAM Policy
Jan. 23, 2001/1/22

Presented by Yi-Lin Hu, Lic. Acu.
President of the United Alliance of New York State Licensed Acupuncturists
Extended member of the New York State Board for Acupuncture
Member of the AAOM Chinese Advisory Council
Member of the National Association of Chinese Medicine and American Association of Traditional Chinese Medicine

Honorable Chairman and Members of the Commission, allow me to represent my association and colleagues to present our view point on acupuncture. Our members has practiced acupuncture for 10-20 years in New York and many of them have both Western and Chinese Medicine background. The three associations LANYLA, AAFCM and NYSAPA have been working closely with the legislation in Albany to pass three legislative bill to further expand the scope of practice and request a reasonable health insurance coverage for our service.

Acupuncture and Chinese Medicine have contributed to the health of the people, not only in China for centuries, but also in United States for a decade. It really can complement with the western medicine to render better service and better result to the public. Many practice of CAM although came from folk remedies, has been carrying out as tradition medicine in many countries which is very popular and welcomed by the people and it is cost-effective. United States is a multiracial and multi-culture country. We should respect each other and respect each profession. In order to promulgate CAM, the only problem is to regulate the standards of education and training, so as to licensure each profession. The quality and safety is the main issue of concern to protect the consumer.

Acupuncture is part of Traditional Chinese Medicine (TCM). In New York States, a licensed acupuncturist is required to complete three years of accredited academic education and training, including TCM fundamental theory and energy flow meridian theory and practice on the principle of Yin-Yang balance. It also requires a pre-requisite of 9 credits in anatomy, physiology and pathology of western medicine and one year clinical practice experience. After graduation, the person has to pass the national standard examination on acupuncture issued by NCCAOM in order to apply for a licensure to practice on a state-by-state basis. Based on my personal experience, I suggest that an acupuncturist should understand some interpretation of the western medical tests, such as basic blood test profiles, X-ray, MRI, CT-scan, and a western medical doctor should also understand the basic concepts of Chinese Medicine. Illness such as chronic pain, depression, asthma hemiplegia, migraine headache or Fatigue syndrome, etc. are best to be treated in combining the Western and Chinese medical approach to achieve the maximum result. In this country we should encourage integrative medicine.

Health insurance coverage policy should be fair and responsible. In New York State, some health insurance programs cover acupuncture services, but only if done by a certified acupuncturist, who is a MD with only 300 hours of training in acupuncture. Assemblyman Sullivan of the Higher Education Committee of New York State held a public hearing on acupuncture last spring that explored the lack of training of a certified acupuncturist. Where as, a licensed acupuncturist whose training reaches 4050 hours, are not reimbursed or are reimbursed as a lower level. There is a lot of misconduct or abuse in acupuncture services that is ruining the profession as well as harming the public. It is neither appropriate regulated nor properly industry-controlled. We wish the White house Commission on CAM policy would look into this matter and set-up a reasonable and responsible regulatory policy towards the health care industry to benefit the patients in the long run.

Thank you for your attention.

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United Alliance of New York State Licensed Acupuncturists
American Association of Traditional Chinese Medicine
New York State Association of Professional Acupuncturists

present

A REPORT

On the Proceedings of the Assembly Higher Education Committee
Public Hearing

"Acupuncture in New York State"

Albany, New York
May 24, 2000

January 2001

Vernon Benjamin, Legislative Consultant

A REPORT
On the Proceedings of the Assembly Higher Education Committee
Public Hearing
"Acupuncture in New York State"
Albany, New York
May 24, 2000

The New York State Assembly Standing Committee on Higher Education held a Public Hearing on "Acupuncture in New York State" on Wednesday, May 24, 2000. Committee members present throughout the full-day hearing were Committee Chairman Edward C. Sullivan and Committee member Assemblywoman Audrey Pheffer. Assemblyman Joel Miller attended part of the hearing as well. Thirty-six experts and interested parties testified before the Committee. A 250-page transcript of the hearing resulted; in addition, more than 85 pages of supplemental exhibits were entered into the record. This is a Report on that public hearing and its implications for acupuncture and traditional Chinese medicine in New York State.

The first speaker at the hearing was Frank Munoz, Executive Director of the Office of Professional Responsibility and the Office of the Professions of the New York State Education Department. The Office of the Professions is composed of 38 professions regulated by the New York State Board of Regents, including acupuncture. Mr. Munoz explained that New York currently licensed 1,426 acupuncturists, the vast majority of whom were approved since the implementation of the 1990 law creating acupuncture as a stand-alone profession. As of April 1, 2000, he said, 1,230 new acupuncturists were licensed and registered to practice as a result of that law.

In his testimony, Mr. Munoz addressed the certification of physicians and dentists as acupuncturists before discussing the licensed professionals. He explained that New York State allows physicians and dentists to practice acupuncture through a certification program that involves 300 hours of additional study. He then gave the parameters for licensure as an acupuncturist in New York, a much more detailed requirement. Licensed acupuncturists (traditional practitioners and other professionals who are not physicians or dentists, or physicians or dentists who choose to pursue full licensure instead of certification) are required to complete a three-year formal training program following a minimum of 60 hours of course work completed in an accredited college or university, and to pass a national certification examination. Only the completion of the 300 hours of attendance at an approved study program is required for physicians and dentists to legally practice acupuncture in New York; by virtue of their status as recognized health-care

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 Chiropracty 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 acupuncturists 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 mdeol 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 that 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.

United Alliance of New York State Licensed Acupuncturists
American Association of Traditional Chinese Medicine
New York State Association of Professional Acupuncturists

Vernon Benjamin, Legislative Consultant
Ten Finger Street
Saugerties, New York 12477
845-246-6553

THE ACUPUNCTURE CENTER

Roger Wei-Ming Tsao, Ph.D., L.Ac.
David Ka-Man Lew, L.Ac.
Board Certified in Acupuncture (NCCAOM)
Licensed in New York, New Jersey, California, and Florida

Our goal as concerned health-care professionals is protecting America's health and safety. The biggest threat to Americans involves the use of traditional, Chinese herbal medicine and acupuncture by untrained or minimally trained persons.

There are practitioners who have completed a nationally accredited program by the Accreditation Commission of Acupuncture and Oriental Medicine (ACAOM). Some are trained in conventional, western medicine, and have undergone the 2000 hour, three-year acupuncture program. Unfortunately, there are others who choose not to educate themselves. In fact, they may not be required to do so but still allowed to practice acupuncture.

In many states, medical doctors are not required to have training in order to practice acupuncture. Some states, like New York, allow doctors to practice after 300 hours of training. Others, like New Jersey, allow doctors to practice with no prior education. In fact, Hawaii is the only state that requires doctors to complete at least 1500 hours of course-work. This is like night and day between the states.

When people see the benefits of traditional, Chinese herbal medicine and acupuncture, some will practice with minimal or no training. Others will choose sufficient training in order to truly help patients and the public.

As a community concerned with health-care ethics and safety, we need to educate the public on these differences by providing information and pamphlets on current qualifications. This will protect us from fraud and misuse. In addition, those wishing to practice traditional, Chinese herbal medicine and acupuncture, should undergo complete training. America's trust in TCM practitioners can only be accomplished through a national standard of education.

210 East 68th St., 1-G, NY, NY 10021, Tel: 212-517-4040, E-mail: AcupCentre@aol.com

The following diagrams compare a standardized acupuncture program and an abbreviated program.

In the diagrams, Education 1 represents an accredited program by the Accreditation Commission of Acupuncture and Oriental Medicine (ACAOM). Education 2 represents an abbreviated 300 hours program. ACAOM is the accrediting agency that sets the standards for acupuncture education in the United States.

For Education 1, courses and total hours are from a Master's program at Pacific College of Oriental Medicine, an ACAOM accredited college. Acupuncture programs in other accredited schools follow similar course guidelines.

Diagram 2 breaks down the total classroom hours for the following five categories: Acupuncture Points, Acupuncture Theory, Clinical Acupuncture Assistantship, Clinical Acupuncture Internship, and Electives/Non-Core. For Education 1, these are the exact hours at Pacific, not including biomedical sciences.

Using percentages, the hours for Education 2 would be: 54.9 hours for Acupuncture Points, or 18.3% of 300, 86.4 hours for Acupuncture Theory, or 28.8 % of 300, 52.8 hours for Clinical Acupuncture Assistantship, 80.4 hours for Clinical Acupuncture Internship, and 25.5 hours for Electives/Non-Core.

As we see, Education 2 satisfies only 14% of the standard acupuncture education (300 hours as compared to 2142 hours).

To reiterate the importance of thorough education, a list of textbooks that are basic to acupuncture education is included. This sums up to approximately 14,000 - 15,000 pages of required acupuncture reading.

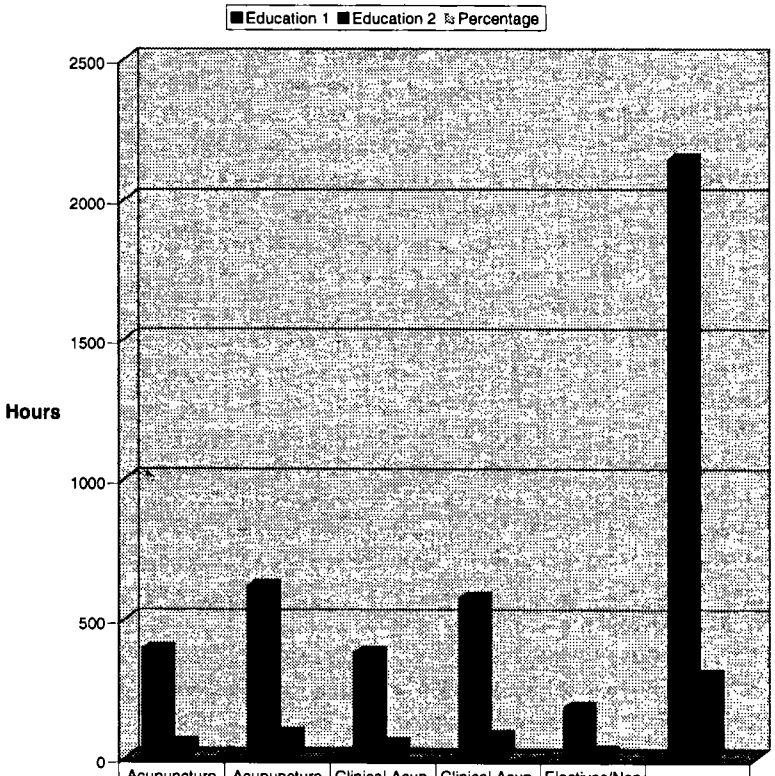
Standard Educational Requirements for Acupuncture

(Education 1 - Excluding Biomedical Sciences)

Acupuncture Points	Acupuncture Theory	Clinical Acup. Assistantship	Clinical Acup. Internship	Elective/Non-Core
Acupuncture Points 1	Oriental Medicine 1	Acupuncture Assistantship 1	Acupuncture Internship 1	Tai Ji
Acupuncture Points 2	Oriental Medicine 2	Acupuncture Assistantship 2	Acupuncture Internship 2	Qi Gong
Acupuncture Points 3	Oriental Medicine 3	Acupuncture Assistantship 3	Acupuncture Internship 3	Required Elective 1
Acupuncture Points 4	Oriental Medicine 4	Acupuncture Assistantship 4	Acupuncture Internship 4	Required Elective 2
Acupuncture Points 5	Oriental Medicine 5	Acupuncture Assistantship 5	Acupuncture Internship 5	CPR and First Aid
Tuina Hand Technique	Oriental Medicine 6	Acupuncture Assistantship 6	Acupuncture Internship 6	Practice Management
Tuina Structural	Oriental Medicine 7	Diagnostic/Evaluation 1	Acupuncture Internship 7	
Clinical Technique	Oriental Medicine 8	Diagnostic/Evaluation 2	Acupuncture Internship 8	
Needle Technique	Oriental Medicine 9	Diagnostic/Evaluation 3	Acupuncture Internship 9	
Acupuncture Technique	Oriental Medicine 10			
Auricular Acupuncture	Chinese Philo. And History			
	Counseling 1-3			
	Herbology 1			
	Oriental Diagnosis			
Hours: 392	616	378	574	182
Total Hours for Education 1				**2142**

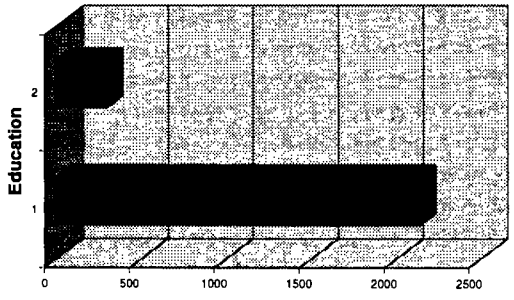
Created by: David Lew, L.Ac.

Comparison of Acupuncture Education (Excluding Biomedical Sciences)



	Acupuncture Points	Acupuncture Theory	Clinical Acup. Assistantship	Clinical Acup. Internship	Electives/Non-Core	Total
Education 1	392	616	378	574	182	2142
Education 2	54.9	86.4	52.8	80.4	25.5	300
Percentage	18.3%	28.8%	17.6%	26.8%	8.5%	100%

Comparison of Total Acupuncture Education Between 1 and 2



Education 2 Satisfies Only 14% of the Standard Acupuncture Education

	1	2
Total	2142	300

Required Textbooks Basic For Acupuncture Education

(At an ACAOM Accredited Program)

***Totals to Approximately 14,000 – 15,000 Pages of Basic Acupuncture Reading**
**** Not Including Readings For Research and Case Studies**

Acupuncture, A Comprehensive Text, O'Connor and Bensky, 741 pp.
Acupuncture Risk Management, Essential Pracitce Standards, Kailin, 336 pp.
Practical Therapeutics of Traditional Chinese Medicine, Wu, 750 pp.
Chinese Acupuncture and Moxibustion, Cheng, 544 pp.
Practical English-Chinese Library of TCM, Clinic 1, Shanghai College of TCM, 455 pp.
Fundamentals of Chinese Acupuncture, Ellis, Wiseman, Boss, 484 pp.
Handbook of Traditional Chinese Gynecology, Flaws, 243 pp.
The English-Chinese Encyclopedia of Practical TCM, Higher Education Press
Acupuncture Case Histories from China, Chen and Wang, 300 pp.
Clinical Counseling Reader, (Pacific College Bookstore)
Clean Needle Technique Manual, 4th Ed.
Clinical Technique Reader, (Pacific College Bookstore)
Foundation of Chinese Medicine, Maciocia, 498 pp.
Fundamental of Chinese Medicine, Wiseman and Ellis, 532 pp.
Introduction to Wiseman's Glossary, (Pacific College Bookstore)
Statement of Fact in Traditional Chinese Medicine, Flaws, 107 pp.
Practical Diagnosis in Traditional Chinese Medicine, Deng and Ergil
Practice of Chinese Medicine, Maciocia, 924 pp.
Tongue Diagnosis, Maciocia, 164 pp.
Pulse Diagnosis, Li Shi Zhen, 128 pp.
The Secrets of Chinese Pulsse Diagnosis, Flaws, 160 pp.
Acupuncture 1 Reader, (Pacific College Bookstore)
Navigating the Channel, Dr. Ni
Graspinng the Wind, Ellis, Wiseman, and Boss, 462 pp.
Locations of Acupoints, China Academy of TCM, 276 pp.
Chinese Bodyworks, San Chengnan, 250 pp.
Essence of Tai Chi Chuan, Lo and Inn
Sources of Chinese Tradition, Vol. 1, Debary and Bloom
Acupuncture Point Combination, Ross, 476 pp.
The Web That Has No Weaver, Kaptchuk, 402 pp.
Sticking to the Point, Vol. 2, Flaws, 276 pp.
Acumoxa Therapy, Vol. 1, Feit and Zmiewski, 195 pp.
Acupuncture: How it Works, Mann
Insights of a Senior Acupuncturists, Lee, 140 pp.
Chasing the Dragon's Tail, Manaka, 453 pp.
Japanese Acupuncture, Birch and Ida, 348 pp.
Chinese Herb Medicine: Formulas and Strategy, Bensky and Barolet, 562 pp.
Chinese Herbal Medicine: Materia Medica, Bensky and Gamble, 556 pp.
Study Guide of Chinese Herbs
Commonly Used Chinese Herbal Formulas
Acupuncture and Moxibustion, A Guide
NCCAOM – Clean Needle Technique
Medical Interview: Mastering Skills, 3rd Ed., Coulehan, 369 pp.
Clinical Assistant Reader, (Pacific College Bookstore)
Reader for Clinical Technique
The Chinese Medicted Diet, Luk
Modern Guide to Ear Acupuncture, Wexu191 pp.
Homeopathic Medicine at Home, Panos
Homeopathy Medicine of the New Man, Vithoulkas
Designing Clinical Research, Cummings, 247 pp.
Medical Board of California, Laws and Regulations Relating to the Practice of Acupuncture, Sacramento: 1991
Business Mastery
Medical Board of New York, Laws and Regulations Relating to the Practice of Acupuncture, Acupuncture Committee, Sacramento: 1991
Family Practice Review, Swanson

IF IT WORKS, THEN GET IT COVERED

Ruth Hillman – Registered Speaker

(95)

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.

91. **Yi Lin Hu,** United Alliance of New York State Licensed Acupuncturists

92. **David KM Lew,** The Acupuncture Center

93. **Ding Peng,** T.C.M.A.

94. **Phyllis W. Tan,** BMK International Inc.

95. **Ruth Hillman,** New York Oriental HealthCare Center
Practitioners of CAM need to deliver quality service with competent background in the field that they are practicing. Also, if the government recognizes CAM, then it must pay for it.

96. **Victor Fuhrman,** Independent Reiki Master
The practice of Reiki transcends the "CAM" concept and for many is part of their spiritual path. It would be as wrong to legislate mandatory licensing or standards for Reiki as it would be to attempt to legislate standards for a religious faith.

97. **Ellen Louise Kahne,** Reiki Master/Teacher, Reiki Practitioner, Reiki University-Reiki Peace Network, Inc.
As a Reiki Master/Teacher, I am concerned about government regulation of Spiritual laying on of hands healing (a first amendment right) and monopolistic trade practices of the massage and other health care lobbies in limiting the teaching and practice of Reiki. My group opposes national regulation. We are professional certification.

98. **Robbie Fian,** American Association of Oriental Medicine
First, I would like to comment on the CAM misnomer. Oriental medicine is a traditional. holistic, integrative, complentary, supplementary, and even synergistic system of health care philosophy and intervention. Oriental Medicine simply does not fit into an "alternative" medicine mold. As health care providers, we appreciate your efforts to gather information anout traditional and modern, shall we say, "non contemporary" methods of health care diagnonsis nad intervention. We have been suprised at how many have come fourth to testify before your commission, and we look forward to receiving a compilation of your efforts in the form of professional and patient educational materials. We believe that high standards of care are best developed and assured through high standards of education. Our goal is to develop a professional doctorate degree for our profession as the standard, as it is in the Asian countries from which it originates. Of course, there is room for many levels of health care providers, from technical to vocational to professional to expert, and many niches to be filled by varing levels of education even within Oriental Medicine. Access to consistent and high quality health care services is best accomplished through standardized licensing in all fifty states, with herbal mecicine, acupuncture, and bodywork therapy at the core of our practices. Three standardized and accredited national cerification and educational programs have been adopted for our profession and are being re-evaluated and upgraded regularly. While standards vary from state to state, we have come a long way since 1973, when no licensing existed for our profession, today, where forty states have adopted licensing laws for Oriental Mecicine. If you have any further questions, please feel free to inquire. We are at your service.

99. **Missy Vineyard,** American Society for the Alexander

A definition of the Alexander Technique and details on our voluntary self-regulation of the profession through the American Society for the Alexander Technique. Lack of clarity in definition of 'health' and CAM. 'Health Care' versus 'Health Education'. Voluntary self-regulation for all CAM disciplines, citing example from the UK. Educating the public.

100. **Martha Hart Eddy,** Ed.D. International Somatic Movement Education & Therapy Association

The Role of Somatic Movement Education and Therapy in complementary and alternative medicine with an expression of opinion about licensure, standards, and access. The presentation will represent the International Somatic Movement Education & Therapy Association's belief that the public should have the freedom to access any practice they choose.

101. **Jodi Danielle Sherman,** SUNY Downstate

102. **Bruce L. Erickson,** B. L. Erickson & Associates
How can alternative methods of health testing and assessment be made available and what can be done to further this effort?

103. **Cassandra Y. Harris-Lockwood,** B.A., Alternative Healing Center
Practitioners of beneficial alternative and complementary therapies are not only provided by licensed medical professionals. John Hurley, the developer of the biomechanical alinement process, is such an example. He was sued by both the AMA and the ACA for practicing medicine and chiropractic without a license and was found innocent. The biomechanical alinement process is a safe and highly effective technique for relieving chronic pain stemming from the spinal process. Recent and continuing advancements in energy medicine such as biofeedback computers, sound therapies, magnetics, nutrition, homeopathy and reiki must all be taken into account. These therapies and the traditional work of native healers, from various cultures, are all included in the vast array of alternative medicine and deserve protection under the law. The constitutional right of patients to choose their treatment is inalienable. Those modalities, which do in fact prove effective, deserve to be included in payment plans by insurance companies and HMO's. To do otherwise is to infringe upon the patient empowerment that these modalities involve. This empowerment involved lifestyle changes to enhance wellness thus reducing the need for expensive drugs and surgery.

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

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

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

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

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

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

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

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

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

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

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

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

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

ISMETA

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

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

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

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

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

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

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

AmSAT American Society for the Alexander Technique

Ladies and Gentlemen of the Commission:

My name is Missy Vineyard, I represent the American Society for Teachers of the Alexander Technique. We are especially concerned about how CAM is being defined and about how the Alexander Technique is frequently misdefined. And we want to tell you about AmSAT, and what we are doing to voluntarily self-regulate our profession.

The first consideration must be: on what basis does a discipline become defined as a type of CAM? Everything from tai chi and meditation, to aromatherapy and colonic irrigation is suddenly CAM. Is every modality that claims to offer health benefits, but isn't yet regulated, thrown into the CAM grab-bag? The differences among these diverse practices must be considered. Toward this end, a critical question should be: is the discipline primarily a treatment modality, administered to a passive recipient who has little role in how the treatment is administered; or is it an educational modality, in which the recipient is consciously engaged in gaining knowledge and skill enabling him to make new choices and change behavior? Western medicine is principally treatment oriented. So too, are many non-traditional disciplines.

On the other hand, the Alexander Technique is an educational discipline. It promotes health and well-being by teaching people how to change unconscious habits of malcoordination. If you slump for hours in your chair, walk with your shoulders hunched in and your head down, you are malcoordinating yourself. If you do this for years, eventually you will affect your health. You'll have back and neck pains, shoulder pains, and eventually your spine may become fixed in its curvature. For over a century, Alexander teachers have been teaching students to become aware of maladaptive habits and behaviors and to prevent them. In time, the student learns to maintain his improved coordination independently, without the teacher. But it isn't only for those with physical complaints. Teachers work in performing arts departments and arts festivals around the world, including Juilliard and Yale, helping students achieve the highest levels of muscular control and artistic expression.

We are an educational discipline that sometimes produces therapeutic benefits, depending on the student's habits and ability and motivation to learn new behaviors. We aren't medicine, traditional or otherwise. We don't treat, diagnose, or make claims for cure. We aren't an alternative to appropriate medical care, and we aren't complementary to it. AmSAT-certified Alexander teachers receive an intensive, three-year, 1600-hour course of instruction. Only highly experienced Alexander teachers can assess the competency of new teachers, and only teachers can assess if the Alexander Technique is an appropriate choice for an individual. Since 1987, our Society has been working to responsibly protect the public we serve by maintaining

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professional standards through voluntary self-regulation. We are affiliated with a network of 23 societies worldwide, comprising a membership of over five thousand teachers, sharing the highest standards for teacher training, evaluation of training courses, professional conduct and adjudication of complaints, and continuing education. Most teachers are self-employed; we do not seek insurance reimbursement. We strive to chart a path of growth, development, and independence for our profession and to educate the public about its benefits. We are autonomous, and we adamantly maintain our right to remain so. The only circumstance under which we might appropriately be considered CAM, is if this were to encompass a sub-category for 'health education,' as opposed to 'health care.'

On the regulatory side, we would emphasize that until CAM is better delineated, and the disciplines within it distinguished from each other, regulation of any type is premature. And, no single type of regulation can possibly be appropriate for all. Treatment modalities should require a different type of regulation than those that are educational. We urge you to consider offering guidelines for voluntary self-regulation, as we have done, and consider that many of these modalities should be permitted to maintain their autonomy so long as they adequately regulate themselves.

In closing, we hope you will consider that it isn't only 'treatments', applied by a practitioner to a passive patient, that can and do effect beneficial changes in health. Educational approaches, which teach people how to understand and change their behavior also produce significant health benefits. But such systems aren't treatment and don't belong within the medical model or squeezed within the narrow confines of a single, over-arching type of regulation. Further, to genuinely understand non-traditional modalities, you must begin with non-traditional thinking and develop new ideas that address the many complex questions before you. Only in this way can you achieve your aims of genuinely protecting the public interest, investigating the validity of health claims, and expanding our understanding of human health and behavior.

Thank you for your time and consideration.

Missy Vineyard, Director
The Alexander Technique School of New England
Founding member and past chairman,
The American Society for Teachers of the Alexander Technique

AmSAT American Society for the Alexander Technique

June 21, 2000

Dr. Strauss, Director
National Center for Complementary and Alternative Medicine
National Institutes of Health
9000 Rockville Pike
Building 31, Room 5B37, MSC 2182
Bethesda, MD 20892

Dear Dr. Strauss:

This letter is in response to your call for comment on the National Center for Complementary and Alternative Medicine's Draft Strategic Plan. I'm writing on behalf of the American Society for the Alexander Technique (AmSAT) and the more than five hundred teachers and teachers-in-training which it represents. We hope you'll give this your attention and contact us for further explanation or with additional questions.

AmSAT was formed in 1987 as a professional organization for teachers of the Alexander Technique in the U.S. AmSAT establishes and maintains national standards for the training and certification of Alexander teachers with an aim to protecting the public we serve through responsible self-regulation. AmSAT has a Code of Ethics and adjudication procedures, a periodic three-year review of teacher training courses and training course directors, and is affiliated with societies worldwide upholding similar standards. In addition, we seek to educate the public about the Alexander Technique, promote research, and provide services to our members. We will be sending you via post AmSAT's handbook for your perusal.

Upon receiving your Strategic Plan and the Classification of CAM Practices, we were surprised to find the Alexander Technique listed as a form of Complementary and Alternative Medicine under the category of "Massage and Body Work." As we will explain in this letter, we do not belong in this category nor do we consider the Alexander Technique a form of Complementary and Alternative Medicine as currently defined in this document.

The Alexander Technique is an educational method that promotes conscious awareness and control of the self. Through the teacher's verbal feedback and hands-on guidance as the student performs everyday movements such as standing and sitting, the student becomes aware of habitual psychophysical reactions and the impact these reactions have on his/her overall coordination. Students are taught three specialized skills: 1. inhibiting, which is the capacity to cease maladaptive patterns of reaction; 2. directive thought, a precise type of thinking that aims the body in movement to optimize coordination; and 3. accurate sensory awareness and perception. Utilizing these skills, students learn to maintain a more integrated psychomotor coordination of themselves in any activity. Practiced over a period of time, students experience:

a. an improvement in conditions created by chronic malcoordination;
b. greater conscious understanding and control of habitual reactions;
c. enhanced ability to learn and perform complex motor skills.

We want to emphasize that the Alexander Technique is not Complementary and Alternative Medicine as defined in the Strategic Plan. First, it isn't "medicine," which is usually defined as a practice for

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the treatment of disease. The Alexander Technique does not treat disease and it isn't treatment. It is an educational process that must be learned and consciously put into practice over time by the student in order to be of benefit. It is more akin to the process of learning to play the piano or play tennis. The better you are taught, and the more you learn and apply what you learn, the higher your skill and performance level.

The Alexander Technique also is not "alternative." An Alexander Technique teacher would never recommend that a student study the Technique instead of seeking appropriate care for an illness or other physical symptoms by a competent physician. We make no claim that we are another form of medicine, nor that we are a replacement for medical care of any kind.

The Alexander Technique is not in our view "complementary" either. For over 100 years, the Alexander Tecnique has been practiced as a discipline unto itself, studied for the sake of the process of self-discovery and self-awareness that is its hallmark. Neither physicians, massage therapists or body workers can do what Alexander teachers are methodically and thoroughly trained to do, nor can they assess the competency of teachers, or the correct application of the Technique. Alexander teachers are highly skilled professionals in their own right. The Alexander teacher training course is a three-year program consisting of 1600 hours of in-class study; a five to one student/teacher ratio is maintained; and the course director must meet rigorous requirements.

The Alexander Technique is not massage or bodywork. While the teacher uses her hands to guide the student in movement, the purpose of the hands is not to manipulate or treat muscle tissue but to provide physically directive, and consciously educational, guidance. To receive a massage is to lie passively on a table (perhaps even fall asleep), while receiving the manipulative techniques of the practitioner. Conscious thought, education, active participation, or engaging in a process of learning to change psychophysical behaviors are not aspects of massage. In contrast, in an Alexander lesson the student is awake and alert, generally standing rather than lying down, fully clothed, and engaged as an active participant in a learning process. Bodywork also involves a primarily passive recipient who is moved or manipulated in some manner by the practitioner but the use of the practitioner's hands is not at all comparable with the Alexander teacher's. Unlike in various types of bodywork, correct movements or positions of parts of the body are not the goal of the Alexander Technique. Instead, the body is the vehicle through which students learn to become aware of interfering psychophysical habits that affect both their movement coordination as a whole and their overall behavior. Although practitioners in the massage and bodywork areas often refer to their disciplines as "mind/body," and may on initial inspection appear to be similar to the Technique because of the hands-on contact, these disciplines are in fact primarily about the body and not the mind.

The Alexander Technique is a true "mind/body" discipline. Through becoming aware of how he or she is moving, the student becomes aware of how his or her habits of thinking have created particular patterns of movement coordination, and how to use inhibiting and directing to change maladaptive patterns of coordination. Thus it is the thought, not the movement, which is the key for making successful change and improvement. (Imagine a baseball pitcher who is aiming his throw at the catcher. This physical act involves much more than muscle strength. In some way, the pitcher's mind must also have absolute clarity about where and how the ball is to travel. Similarly, the Alexander Technique teaches students how to think differently in order to perform differently.) The student's participation in this educational process includes practicing outside of the lesson what has been learned during the lesson, sustaining his or her practice over a long period of time, successfully acquiring new cognitive skills, and applying these skills to change habits of behavior.

The unique position--and dilemma--of the Alexander Technique is precisely that it doesn't fit into existing categories of classification. It isn't medicine, treatment, or therapy. It isn't alternative or complementary. It also isn't simply analogous to a piano or tennis lesson. The Technique is an approach to self-study in which improvements in health occur indirectly but aren't the single or main objective. While a student may come to a teacher complaining of a knee problem, the teacher explains to the student: 1. that he should be thoroughly examined by a physician; 2. that the purpose of the technique is to educate not to treat; and 3. that in the process of learning to improve his overall psychomotor coordination the knee problem may or may not resolve. This depends on the

cause of the problem and on his own ability to make use of what he learns. If the knee problem is caused by harmful habits of malcoordination, then the Alexander Technique is an appropriate avenue to help the student learn tools for changing behaviors of malcoordination which, once successfully prevented, allow a natural process of healing to occur. If the underlying cause of the knee pain is something else however, such as a torn cartilage, then the Alexander Technique can't address the problem. These facts and limitations are clearly explained to the student by the teacher. Often a student begins Alexander lessons because of a musculo-skeletal problem but continues his study because, after a number of lessons, he discovers that the benefits he experiences encompass many other areas of his life. Does a patient who goes to a physician for knee pain continue to see the physician even after the pain goes away? Certainly not. On the other hand, many Alexander students continue to study the Technique for years because of its continuing and broadening impact on their lives. This is an example of why we say that the Technique is not healthcare as commonly defined but education. In some cases, improvement of conditions caused by chronic malcoordination can be significantly improved but the goal of the Technique is larger in scope, and goes beyond, the aims and objectives of medical practice.

Following are some broader questions and concerns regarding the Strategic Plan itself:
* You have included the Alexander Technique in the NCCAM's Strategic Plan as massage and bodywork without asking Alexander teachers, as far as we know, for their input. We would appreciate knowing more about how you've decided which disciplines are CAMs, and how you've created and defined CAM's subcategories.

* There are so many types of practices listed in the Classification of CAM Practices, it begins to appear as though anything that might cause someone to feel better--and isn't already considered western medicine and healthcare--is a CAM. This weakens the seriousness of NCCAM's purpose by the sheer quantity of what the NCCAM considers to be CAM and proposes to investigate. Can the NCCAM possibly do sufficient justice to all of these practices for the purpose you state of determining each discipline's effectiveness and validity?

* In this country "healthcare" is everything from heart surgery to antibiotics, acne medication, breast implants, and back exercises. Western medicine's lack of clarity about what it means to be healthy contributes significantly to the ongoing confusion and debate about what is healthcare, and about appropriate reimbursement for healthcare. Currently, anything that is done by a licensed healthcare provider is healthcare. By extension, it now seems that anything that isn't healthcare but helps someone feel better is CAM. Could the NCCAM investigate and develop a definition of health as a better beginning from which to define and limit the scope of CAM? Toward this end, the NCCAM might ask practitioners of each of the CAM disciplines to submit the criteria for health that exist within their system and detail how these criteria are determined and maintained.

* The NCCAM also might consider asking NIH investigators and researchers to experience and practice some of these non-traditional disciplines in order to better understand them first hand. While this may seem at first to violate science's tenets of maintaining objectivity and eschewing empiricism, such direct experience could provide an interesting basis for designing appropriate research protocols. It might also promote more in-depth communication between scientists and CAM practitioners. Personal experience is a different but no less valid means of gaining knowledge and can add a vital piece to the process of learning about--and determining the effectiveness of--these disciplines.

* By declaring that the Alexander Technique and other disciplines are CAMs and therefore healthcare modalities, NCCAM is taking a serious step with potentially damaging impact. In this country healthcare providers must be licensed and practicing healthcare without a license is against the law. Many of the smaller, lesser known hands-on disciplines you list are currently being threatened by the national massage therapy organization (AMTA), which is submitting bills at the state level requiring practitioners who use touch to obtain massage licenses through expensive, lengthy, and irrelevant training as massage therapists. In the absence of other systems for regulation of non-traditional modalities, state lawmakers are seriously considering these bills. (Over the last several months, for example, AmSAT has had to defend the Technique against the New

York State Massage Board's effort to classify the Alexander Technique as massage. We have just won a favorable determination----at considerable time and expense--that the Alexander Technique is NOT massage.) While AmSAT is seeking to responsibly protect the public we serve through self-regulation, if the NCCAM defines disciplines such as the Alexander Technique as healthcare, then the AMTA's case for licensure is significantly strengthened. Your actions put practitioners of disciplines such as the Alexander Technique, Feldenkrais, and even tai chi in a tight squeeze. In short, have you given careful thought to the legal and legislative ramifications of your categorizations?

* Although on initial reading the stated purpose of NCCAM's Strategic Plan appears to be to develop and implement a system for funding and promoting research of non-traditional healing practices to better understand the mechanisms by which they affect health, on rereading it seems more accurate to say that your purposes also include determining which CAM practices are legitimate and effective, and which are not. Further, the document states that those that are legitimate should be "integrated" into mainstream western medicine. But if this is your intent, then the NCCAM needs to give further thought to the implications and impact of these determinations, including which unnamed group at some unnamed time in the future will be empowered to determine how this information will be used and how these disciplines will be permitted to be conducted. Who is going to do the integrating and how? Why do you assume that the practitioners of the modalities that are listed as CAMs want to be integrated, that the public would be better served by this, or even that systems which are derived from an entirely different premise than western medicine can or should be integrated with it?

* The Strategic Plan needs to better distinguish between conducting relatively straight forward clinical trials for researching the efficacy of an herbal remedy, and the much greater complexity of attempting to determine the "validity" of an entire discipline, such as Reiki or the Alexander Technique. We would like to point out that a fair and responsible determination of what is "safe" and "effective" is not necessarily achievable simply by funding some studies over the next five or even ten years. You are proposing to study disciplines that are not allopathic, and that have been developed by means very different from the usual approaches of western scientific research. You seem to assume that this will in itself be a sufficient means for determining validity, and the only necessary basis on which to judge these systems' efficacy and value. Non-western, ancient medical practices were created by just the means that the Plan describes as inadequate: anecdotally, experientially, empirically. These systems have been derived from ways of thinking, knowing and perceiving that are as yet largely unknown and little understood by the west. It is likely to be difficult to research capabilities that remain unknown to western researchers and physicians, and for which western technology has yet to develop a means for measuring, without first seeking to understand and learn about the skilled perceptions, training, and non-verbal experiences of the practitioner. (As an example, we would cite the Chinese tradition of diagnosis based on feeling the patient's pulses. In the west there is thought to be only one wrist pulse, and it has long been abandoned as a means of diagnosis. In Chinese medicine, however, the wrist contains twelve pulses, there are lengthy treatises on the nature of these pulses and on the process of training practitioners to feel and identify their meaning, and from which the Chinese physician can know, for example, whether a woman is pregnant within the first few weeks of pregnancy.)

Despite this expression of our reservations, we want to emphasize that we are entirely in support of research being conducted to shed greater light on the physiological mechanisms underlying the theoretical basis of the Alexander Technique. F. M. Alexander's empirical observations led him to theorize that, for all vertebrates, an important dynamic relationship exists between the head and the spine which is important for controlling coordination and other physiological functions. However, Alexander was not a scientist and did not appreciate the need for experimental research to verify what he could see with his eyes and feel with his hands. Frank Pierce Jones, an Alexander Teacher and classics scholar turned scientist devoted himself to experimental research on the Technique throughout the 50s and 60s at Tufts University. He sought to find ways to demonstrate the validity of Alexander's theory. Using multiple image photography, Jones showed that subjects' head and neck coordination was statistically correlated with distinct patterns of movement as subjects stood up from a sitting position. (1) In a clinical trial he found that Alexander's particular head-neck relationship improved vocal quality. (2) In other research, it has been shown that students of the Alexander

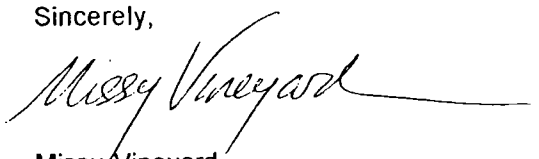
Technique experience improved respiratory functioning (3) and improved functional reach. (4) And in a clinical trial currently under way in England, preliminary results indicate that motor patterns in Parkinson's patients are significantly improved after a course of lessons in the Alexander Technique as compared with subjects receiving massage. (5)

Thus, while we must emphasize that we do not practice medicine and are not healthcare providers but teachers of an educational, mind-body discipline, we would like to suggest further discussions between ourselves and your department to determine if a suitable category can be developed within the Strategic Plan,or if your existing mind-body category could be redefined in a way so as to include the Alexander Technique as an educational modality, in order to enable qualified scientists to obtain grants for research. In addition, we would like to suggest for your consideration the term which Alexander used to define his work, "psychophysical reeducation."

In summary, we want to state our support for the creation of the NCCAM, and to applaud you for your efforts to recognize the importance and contributions of non-traditional healing practices. We hope this letter clarifies what the Alexander Technique is and is not. In addition, we respectfully suggest that the NCCAM strive for better definitions for health and healthcare, as well as the meaning of, and discrete boundaries for, complementary and alternative medicine. In our view, research for the purpose of expanding mankind's knowledge and understanding of the human organism is to be commended. But research for the purpose of determining the overall validity of many of the disciplines you have listed in the Plan is a complicated undertaking that requires further thought in regard to both approach and impact, and demands a great deal of care and respect for the uniqueness and integrity of these disciplines.

Finally, we wish to express our appreciation of this enormous undertaking. We thank you for your consideration and look forward to further discussion of these many complex issues.

Sincerely,



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(2) Jones, "Voice Production as a Function of Head Balance in Singers," Journal of Psychology, Vol. 82 (1972): 209-215.
(3) Austin, "Enhanced Respiratory Muscular Function in Normal Adults after Lessons in Proprioceptive Musculoskeletal Education without Exercises," Chest, Vol. 102 (1992): 486-90.
(4) Dennis, "Functional Reach Improvement in Normal Older Women after Alexander Technique Instruction," Journal of Gerontology MEDICAL SCIENCES, Vol. 54A no. 1 (1990): m8-m11.
(5) Stallibrass, Chloe, unpublished manuscript, 1999.

cc: Dr. Michael Cantwell, Ms. Mary Chung, Dr. Richard Grimm, Ms. Susan Holloran, Dr. Janet Kahn, Dr. Konrad Kail, Dr. Ted Kaptchuk, Dr. Dana Lawrence, Ms. Diane Manley, Dr. William Meeker, Dr. Karen Olness, Dr. Herbert Pardes, Dr. Gilbert Ramirez, Dr. Everett Rhoades, Dr. Marilyn Schlitz, Dr. Leanna Standish, Mr. James Williams, Dr. Richard Nahin

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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.

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 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

Chinese Herbal Medicine - Education, Research and Science

Presented by: **Phyllis Tan**
BMK International Inc.
Wellesley, MA 02482

Presented to: **The White House Commission on Complementary and Alternative Medicine Commission**

Date: **January 23, 2001**

Allopathic medicine has made great stride in its development. These strides have mainly developed during wartime have been in the eradication of diseases and surgery. Hence its strength lies in critical care and emergency care. With less than 100 years of history, allopathic medicines research and development in chronic disease and prevention is still in its infancy.

Chinese herbal medicine has 5,000 years of history. It's strengths lie in chronic disease and prevention. Unlike many other forms of medicine, the development of Chinese medicine did not stop when Allopathic medicine was introduced to Asia. Indeed in China, Chinese and Allopathic medicine is an integrated/parallel system of medicine that complements each other. The advantage we have with Chinese herbal medicine it is a "working model" that we can touch, feel and see. Thus, for Integrative medicine, Chinese herbal medicine is not a leap into the unknown. It is a leap into a field of medicine that we have yet to learn of.

Having said that, it is easy to fear what we do no know. I believe there are three important steps to overcoming fear and move towards integration:

1. Science
1. Research
2. Education

Science:

Recently the FDA requested companies to recall herbal products as a result of the FDA action regarding the isolated chemical Aristolochic Acid and 63 herbs, which the FDA says, may cause cancer or kidney failure. The Belgium case on which to FDA is largely basing the recalls was published on June 8, 2000 in The New England Journal of Medicine (NEJM). The abstract did not mention the diet clinic's combination use of:

- Amphetamines
- Fenfluramine and Diethylproprion (FEN-PHEN)
- Tranquilizer, meprobamate
- Actetazolamide
- Artichoke extract and euphyllin injections

- Cascara sagrada
- Belladonna
- Magnolila cortex
- fangchi (mistakenly replaced the herb Stephania tetrandra.)

While the abstract concludes that a Chinese herb of the aristolochia species is responsible for high rates of kidney failure and cancer, the article notes that there is still much debate over the matter. Furthermore, four physicians wrote letters of complaint to the NEMJ. They were concerned that the article laid unfair blame on the Chinese herb, when the real culprit could have been any of the previous mentioned drugs and the clinics diet program.

I have worked with pharmacologist on the Aristolochic Acid issue and am concerned with the inconclusive science behind the FDA actions. If we are to progress in integration model, good science has to be used by all parties to develop a better healthcare system.

Research

For good science we need good research. Funding for research in Integrative medicine is extremely important. To Progress funding is needed for clinical investigation and clinical trials. Moreover, we should evaluate the empirical evidence of safety and efficacy. Although the studies done in the past have not bee rigorous double-blinded placebo studies, these studies do show evidence of efficacy that we can build on for Integration.

Education.

People fear what they do not know. To educate is to overcome fear and learn about the unknown.

Almost every paper I have read in medical journal discuss the problem that patients do not disclose with the primary care physician about their visits to Complementary and Alternative Medicine (CAM) practitioners. If we education our physicians I believe we can overcome this problem.

Rather than feeding on the fear of the unknown, we need to build confidence in education. Funding education program in medical, nursing and pharmacy schools is important. So to is government support in funding continuing education programs for healthcare professionals that have completed their educational training.

Conclusion.

Science, Research and Education. I believe these are three key factors to the development of CAM.

In conclusion, I would like to share a story with you. A veteran internist from a teach hospital told me. "Every year she would see hundreds of patients come in with virus infections. She would treat the patients with antibiotics, a few days later the patients would return with upper GI discomforts. She would the prescribe Prilosec, then the patients would return with another infection, and the cycle would begin again. After a while you forget what you are treating. One day she had an epiphany and thought there must a better form of treatment. Is she treating a disease or is she giving health care." If we are to progress, let us not try to reinvent the wheel. The working model of Allopathic and Chinese medicine system in Asia is a model that we can touch, see, and feel. Thus, for Integrative medicine, Chinese herbal medicine is not a leap into the unknown. It is a leap into a field of medicine that we have yet to learn of.

104. **Patrick Gentempo,** Chiropractic Leadership Alliance

The role of chiropractic in the health care delivery system. Making the distinction between sick care and wellness care. Why scope of practice and third party coverage should be so distinct so that scope may be broader than pay coverage.

105. **Peter Bruce Flaum,** T-CAM

1. Program and facilities development 2. Protocols and triage 3. Ownership and conntractual agreements 4. Integrating treatment, preventative and health enhancement phase programs 5. Public provider, government, private sector partnership

106. **Ken Frey,** The Upledger Institute

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 our 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~~ Imagery 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.

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DOCUMENT NO. AND TYPE	SUBJECT/TITLE	DATE	RESTRICTION
001. testimony	Kathleen Lukas (partial) (1 page)	01/23/2001	b(6)

COLLECTION:
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FOLDER TITLE:
WHCCAM Meeting Testimony, January 23, 2001 [3]

2011-0568-S
kc824

RESTRICTION CODES

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

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

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PRM. Personal record misfile defined in accordance with 44 U.S.C. 2201(3).
RR. Document will be reviewed upon request.

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

b(1) National security classified information [(b)(1) of the FOIA]
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b(8) Release would disclose information concerning the regulation of financial institutions [(b)(8) of the FOIA]
b(9) Release would disclose geological or geophysical information concerning wells [(b)(9) of the FOIA]

001

(11)

Kathleen A. Lukas
(b)(6)
New York, NY 10021
(b)(6)

STATEMENT FOR WHCCAMP
January 23, 2001

Good evening, I am a founding member of the New York Natural Health Coalition, a consumer group doing research and educating the public about citizen access to **all** health care practices, most especially to those which are natural, low risk, and unregulated in almost all states.

In an era when perhaps half of the citizens of our country use complementary and alternative practices for prevention and treatment, we want you to know that many of us, if not the vast majority, use the services of unregulated practitioners; that is, practitioners currently deemed illegal due to overly broad regulation of the healing arts.

While we understand that the federal government may have little to say about state laws regulating the unlicensed practices we use, from homeopathy to shiatsu, we also understand that the regulatory environment flows in both directions. We know that if it is recognized by this commission that citizen access must be broadened in a way which is reasonable, then it will be easier for our state regulators to hear us.

At present, our access to natural health care practitioners throughout the land is in great danger – and tens of thousands of citizens that use these unlicensed practitioners, often because their disciplines are the only ones having a positive affect on some illnesses, are in danger of losing the most effective and affordable health care they have found. And when we lose a practitioner, the medical doctors, hospitals, and insurers often inherit conditions for which they have no answers, and for which the cost in lives and public and private funds is inestimable.

- Respecting coordinated research and development, we ask that you understand that the practices that we use cannot be tested by the means which allopathic modalities are tested. Natural modalities require new research paradigms, and we cannot be without our health care providers while these paradigms are developed.

- With respect to reimbursement, we believe that nothing interferes with the healing relationship more than a third party payer, although they are sometimes necessary. The natural practices we choose are affordable and effective. We have used them successfully for decades, and we are not seeking the help of insurers.

- With respect to education, certification, and accountability, again the allopathic paradigm cannot be applied. Next month, you will go to Minnesota and see there a model of regulation we can all live with – one which protects the consumers' welfare and leaves citizens with their right of choice.

- With respect to dissemination of information - *support consumer access* - and reliable and useful information will materialize as our practitioners are freed to enjoy all the privileges and responsibilities of their allopathic colleagues, including the right to practice, educate, and advertise.

(112)

Rachel Chaput
Statement for WHCCAM
January 23rd, 2001

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

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

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

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

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

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

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

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

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002. testimony	Yong Ming Li (partial) (1 page)	nd	b(6)

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[002]

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To: White House Commission on Complementary and Alternative Medicine Policy
From: Yong Ming Li, MD, PhD, DCH
Re: Proposal on the regulation of medicinal herbs

Li's Proposal on Selling Toxic Herbs

It should be a mandatory requirement at a federal level that:

Any herbal stores including online retailers who sell potentially toxic herbs or herbal products should have a qualified herbalist on site to consult costumers on the toxicity, dosage, contraindications, and other available information.

Note:
1. This proposal is based on the fact that most recent reports on incidences of herbal toxicity are due to misuse, abuse and unawareness of medicinal herbs and herbal products. The proper consulting in most cases is not available to the consumers when they need it. Most incidences in fact can be avoided by simple consulting to herbalists.

2. The qualified herbalist is defined as those who have received minimal three years education in herbology, medicinal herbs, pharmacology, and herbal toxicology, and/or those who are board-certified in herbology such as NCCAOM certification in Chinese Herbology. The category of toxic herbs should be determined by an expert committee.

3. Each state may have additional requirement for the qualifications on consulting herbalists.

4. The proposer recognizes the diverse of schools of herbalists in USA; however, the minimal requirement for the qualification of consulting herbalists should focus on the safety and toxicity.

Proposed by

Yong Ming Li, MD, PhD, DCH

Bachelor in Traditional Chinese Medicine (MD, China)
Master in Physiology, Illinois State University
PhD in Molecular Immunology, University of Illinois at Urbana-Champaign
MD in USA (USLME certified)
Resident Physician in Pathology, North Shore University Hospital, NY Medical School
Instructor in Traditional Chinese Medicine, New York College for Wholistic Health

Contact:

(b)(6)

Fresh Meadows, New York 11366

The New England Journal of Medicine –
October 26, 2000 -- Vol. 343, No. 17

To the Editor:

The outbreak of Chinese-herb nephropathy in Belgium is an example of serious misuse and abuse of medicinal herbs. The toxic effects are not caused by the ingestion of herbs as they are commonly consumed but by the consumption of a toxic product for an extended period of time as a result of human error and perhaps inadequate training of the practitioners. The original formula for dietary treatment should contain fang ji (Stephania tetrandra) and huo pu (Magnolia officinalis). But the formula used for a mean period of more than 12 months by the patients with renal nephropathy contained guang fang ji (Aristolochia fangchi), as proved by chemical analysis. It is indeed the aristolochic acid in guang fang ji that had renal toxicity.

It is clear from the Chinese National Pharmacopoeia that fang ji is the root of the S. tetrandra plant, whereas guang fang ji is from a totally different plant, A. fangchi. (1) Since fang ji does not have a renal toxic component, the tragedy would never have occurred if the correct herbs had been used in the Belgian dietary clinic.

Guang fang ji and related herbs have antiarthritis and diuretic effects and are often used together with other herbs to optimize efficacy and reduce toxicity. None of these herbs have been used in traditional Chinese medicine for weight control. They have a low level of toxicity and should be used with caution; they should never be used during pregnancy. The proper dose is 3 to 9 g of the decocted herb per day, and the herbs should be used for only a short period of time. The patient's renal function should also be monitored regularly. In the Belgian cases, the physicians apparently did not follow these guidelines of traditional medicine.

Yong Ming Li, M.D., Ph.D., D.C.H.
North Shore University Hospital
Manhasset, NY 11030

References

1. Chinese national pharmacopoeia: color atlas of Chinese herbs. Hong Kong, China: Wang Wen, 1991.

Intakes

An Acid Test for a Carcinogenic Supplement

Despite an FDA Recall, Consumers May Not Find It Easy to Avoid a Toxic Substance in Chinese Herbals

Tuesday, January 23, 2001; Page HE07

The U.S. Food and Drug Administration (FDA) recently asked distributors of Chinese herbal medicines to recall herbal products containing aristolochic acid, which the agency says causes kidney disease and cancer.

"Aristolochic acids are potent carcinogens" and kidney toxins, the FDA reported last year. Even a small amount, which for years may cause no apparent adverse effects, can ultimately cause serious, irreversible damage, including kidney failure. The FDA cites a Belgian case in which more than 70 people who took a months-long regimen of diet pills -- whose ingredients were later found to include aristolochic acid -- subsequently required kidney transplants or dialysis. A study published last year in the New England Journal of Medicine (NEJM) analyzed these cases of kidney damage and associated the acid with renal disease and urothelial cancer.

The FDA action may protect people from aristolochic acid in eight products recalled earlier this month by two firms -- Lotus Herbs and FineMost/QualiHerb, both based in California. But consumers who want to avoid the substance completely face at least two obstacles

First: While one might expect that a staunch FDA warning, backed by authoritative, peer-reviewed research published in NEJM, would dissuade all distributors from selling suspect products, there are still many U.S. vendors selling Ma Dou Ling, Virginia Snakeroot, Canada Snakeroot and Wild Ginger, all of which the FDA says are likely to contain aristolochic acid.

The FDA -- whose authority to regulate the marketing of dietary supplements was severely restricted by Congress in 1994 -- says companies engaged in interstate sales of herbs that contain aristolochic acid will be asked to issue a "voluntary" recall. If they refuse, the FDA can make the recall mandatory.

But many in the alternative and Asian medicine communities oppose efforts to restrict their ability to use herbal treatments. "Many of these herbs have been used for 2,000 years, or longer," says Robbee Fian, president of the American Association of Oriental Medicine, which is based in Catasauqua, Pa. "If there were going to be problems, they would have been showing up."

David Kessler, a former FDA commissioner who is now dean of Yale Medical School, finds such thinking dangerous. "I'm astonished that, in light of the evidence that's been published, anyone would ever consider taking" products that contain aristolochic acid. "I think the evidence is overwhelming," he says.

In a letter to NEJM after the study appeared, Yong Ming Li, a professor of Chinese medicine at the New York College for Wholistic Health, Education and Research in Syosset, N.Y., defended "proper" use of the herbs. Li said they they are often used together with other herbs, which reduces the toxicity of the acid. He also said they should only be used for a short period of time and never by women who are pregnant.

Second: It's nearly impossible for even a well-informed consumer to know which products contain the potentially deadly substance. The FDA says about 30 herb species are likely to contain aristolochic acid. (A list can be found on the Web as "Attachment A" at http://vm.cfsan.fda.gov/~dms/ds-bot2.html.) Another 28 species (listed in "Attachment B") do not naturally contain aristolochic acid but are considered likely to be adulterated with the substance.

Chinese herbs are usually bought through an herbal medicine practitioner, not in a retail environment with standard packaging and labels. "There's no good way, unfortunately, for a consumer to know what's safe," says Kessler.

-- Marc Borb ▮ y

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The comments from TCMA* for the New York City Town Hall Meeting held by HWCCAMP
Jan. 23, 2001

The traditional Chinese medicine including acupuncture is a portion of Complementary and Alternative Medicine and as we don't know others well so our comments are concentrated on the traditional Chinese medicine. Traditional Chinese medicine and acupuncture have certainly played an important role in health care system.

Today, more and more people prefer the natural health care. Complementary and alternative medicine is a tendency which wouldn't stop. Traditional Chinese medicine, in particular, emphasizes the physical and mental balance of the human body. The central philosophy of traditional Chinese medicine is that human beings have the ability to adjust their physical and mental balance with (or without) help from the therapies to improve their system so thus their bodies can overcome the diseases.

It is estimated that 40 states have passed an acupuncture law and about one billion visits per year are related to Chinese medicine including acupuncture, many medical doctors have incorporated acupuncture into their regular practices as well. However, the attraction of huge profit and the variety of educational backgrounds of practitioners plague traditional Chinese medicine in the United States since there is no law at present to regulate the field.

Therefore, we strongly suggest the following measures to be adopted.

1. To help people understand more about traditional Chinese medicine and acupuncture. The federal government should assist the associations with financial support in order to issue an information brochure and magazine and set up a website and hotline for the public.

2. To support the associational finance so that it could use traditional Chinese medicine for health care. The association would introduce a list of the disorders that can be treated effectively by both modern medicine and traditional Chinese medicine. In this manner people could choose the treatment to follow.

3. To support the associations financially so that they could organize and catalogue herbal medicine. The catalogue would contain the herbs functions, indications, contraindications and dosages as well as the composition of the herbs. In addition, the catalogue will be divided into two parts, one lists the herbs are appropriate for daily use as a diet complements and another for treating disorders. The catalogue should be approved by the F.D.A..

4. To pass a law permitting qualified traditional Chinese medical doctors to practice by organizing a standard examination system. Applicants must have 5 years learning in a traditional Chinese medicine school either in USA or China. The applicants that pass the examination will receive the title of traditional Chinese medicine doctor

(T.C.M.D.) and are licensed to practice . In addition, a T.C.M.D. could specialize in a certain area by taking a specific training course and meet the requirements in dermatology, gynecology etc. After the course the T.C.M.D. would be called a T.C.M.D. specialist. The examination for herbology from NCCAOM is not adequate for this qualification.

5. To make it lawful for license acupuncturist to accept payment by patients through Medicaid and Medicare so as to provide the services to a wide segment of the population.

Health care is a profession which related to lives of human and medicine is a science not magic. More evidences should be collected to prove the positive and negative comments on TCM to provide people with accurate and updated information, more strict rules and regulation should be made to control TCM education system especially the qualified teachers in the school.

TCM is originated from China and huge amount of researches is being performed now to offer the best benefit to people. It's better to cooperate with Chinese medical society particularly those work on Chinese medicine and acupuncture. The progress of traditional Chinese medicine in the United States will be dramatically enhanced if there is an active relationship can be developed between two countries.

*TCMA is an academic organization with a commitment to introduce the extraordinary benefit of TCM to the people. All members are graduates from a traditional, Chinese medicine school in China (5-6 years program) and in the United States (3 years program). TCMA publishes a journal semiannually and has her own website (USTCMA.org). In addition, a seminar is held every two months. TCMA is charting the course of the future for TCM as no other association does.
We can be contacted as follows:

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Voice. (212)889-4802
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Email. Libang.Zhang@mssm.edu
Website. USTCMA.org

TCMA President Ding L. Peng

107. **Sidney Safron,** Natural Medicine Practice

108. **James H. Budd**

I am currently enrolled in Chinese exercise and other kinds of nontraditional wellness classes at my senior center. I have found them extremely helpful for my mental & physical well-being. It's important that we all can continue to have easy access in our daily lives to these low cost traditional healing techniques, not just to expensive, modern technology.

109. **Karen Fuller**

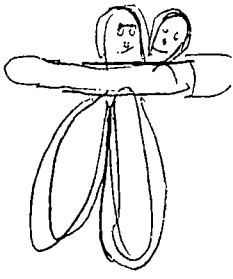
With the expanding senior population, and the high demands on the health care system, it is extremely important that we focus on teaching people how to improve their life styles and develop strategies to prevent illness. I work with seniors and I have seen an incredible interest in complementary therapies. I have seen may seniors health improve using these therapies. And it's important to allow access because they provide many simple, low cost interventions that can make an enormous difference in the quality of their lives.

110. **Martin Vincent McCarthy,** The Health Accord
Discuss personal experience of twenty five years of using alternative health and my recent (past 12 months) experience in developing internet/other media services for consumers and professionals.
✍

111. **Kathleen Ann Lukas,** New York Natural Health Coalition
My family has used homeopathy almost exclusively for 18 years for therapeutics and health maintenance. It has cured without legen drugs otitis medea, depression, colds, flues, chicken pox, and a host of physical infirmities following care accidents and broken bones. At all times we have been in the expert care of unlicensed providers. We want the esteemed members of the commission to know that there are many thousands of U.S. citizens being served by these unlicensed health care providers and we no longer want to have to put our health care relationships at risk because of licensing laws. We are lw abiding citizens EXCEPT when we are ill - and then the laws affecting health care make criminals of us all. The commission must pay attention to the rational laws in OK and MN and facilitate the same in the nation. Low risk should equal low regulation. Please help us stay out of hospitals and out of the insurance quagmire. We are perfectly satisfied with out ability to choose and pay for natural health care services. We only want the freedom to choose. Right now the only "risk" in our lives is the one imposed by licensing laws. Thank you - please help us.
✍

112. **Rachel Lee Chaput,** Green Party
My health and well-being have improved dramatically because of the access I have had to alternative forms of healthcare over the past decade. If it were not for the homeopaths, acupuncturists, energy healers and shiatsu practitioners I have seen during this time, I could not be here making this statement at this time. I'd probably be in a mental institution. None

of the practitioners who have helped me so much have been licensed, or insurance reimbursable. I consider it very backwards that I am breaking the law to see these practitioners, and that they are taking a risk to help me. On the other hand, I have been affected so profoundly and positively by my experiences with alternative medicine that I am now studying to be a homeopath. To my way of thinking, this is one of the most profound services I can offer to the citizens of the United States, and yet when I hang up a shingle to practice in time, I will be taking a risk. I think this is very wrong. I think the American population needs access to good healers who can provide services Western medical healers cannot, and alternative healers need to be able to offer these services in an environment that is more understanding and accepting of their value.



113. **Kimberleigh A. Murray-Nystrom**, B.A. Resonance Homeopathic Study Group
In 1990, I was battling life-threatening asthma. I was being rushed to the ER 2 to 3 times a week, cyanotic upon arrival. High doses of Prednisone, Theophylline, Albuterol, and other conventional drugs were not controlling or easing the severity and frequency of the attacks, which progressively worsened. I began to develop serious digestive and cardian side effects from these drugs as well. There was nothing more my conventional doctors could do. Be sheer luck and grace, I found the name of a homeopath and went to see him. After several doses of a homeopathic remedy, eight weeks later I was off all of my conventional meds, and asthma free, and have been for the past 11 years. I cannot say for sure that I would be dead right now without having had access to homeopathic medical care, but I believe this to be so, as my conventional doctors could do nothing further for me, and each attack was more serious than the last. I believe I would have eventually died from this disease. I am here today because I was lucky enough to find a homeopath just in time. What would have happened if I did not have access to this type of care? If the services and treatment he provided me with were illegal? I have also had a positive blood test for herpes simplex revert to show no further presence of this virus in my body since undergoing homeopathic treatment...also proven by blood test. This is unheard of with conventional medical treatment, and also believed to be impossible, but I have the medical proof. People need legal access to CAM. Sometimes it can be a matter of life and death.

115

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 cauterizations 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 corterized 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.

114. Anthony G. Bloch, BA

115. **Lawrence Galante, PhD.**, Lawrence Galante's School of Tai Chi/Adjunct Professor SUNY

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 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 cauterizations 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 cauterized only occaionally. 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.

116. Jeffrey R. Goin, Coalition for Natural Health

Concern that Recommendations not replace authority of the States etc.

Enable the flourishing of Natural and not the restriction of it

117. Ulises Vargas, Coalition for Natural Health

Testimony in Bethesda

118. Ridgely Ochs
Newsday

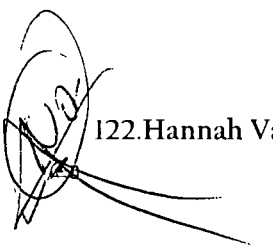
119. Ellen J. Schutt, Nutraceuticals World

120. **Peter Chowka,** PublickOccurrences.com

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

121. **Chao Chyan Pai,** AcuMD.COM

Internet can be a very effective way to communicate reliable and useful information on CAM to the public. Currently there are many internet sites scattering in cyberspace. But very few of them can provide comprehensive information to customers. Issues of content development, English translation, capital requirements, promotion and funding are critical issues to be addressed.



122. **Hannah Vance Bradford,** CAM Communications and Reports

123. **Diane McEnroe,** Sidley & Austin - National Nutrional Foods Assoc
On behalf of the National Nutritional foods Assoc (NNFA), I will provide the following testimony, in summary: NNFA is the largest trade association in the US comprised of manufacturers, distributors, and retailers of natural products, including health food products and dietary supplements. Dietary supplements are a large part of CAM. NNFA has been a strong proponent of the Dietary Supplement Health and Education Act (DSHEA), and has been working with NNFA members to continue to educate them on the provisions of that Act, as the Act continues to evolve and mature through implementing regulation. NNFA does not want to see legislative or other challenges destroy essential provisions of that Act. NNFA would like support from the Commission if any such challenge comes into focus. In addition, members of NNFA continue to attempt to educate the consumber about the positive benefits of these products. NNFA would like to see continuing efforts to educate the public and to foster additional scientific research into the beneficial uses of these products. In addition, NNFA spends too much time attempting to refute the unfounded position that this industry is entirely unregulated. Any support NNFA could receive in terms of helping to squelch this misconception would be greatly appreciated. Finally, NNFA believes in diversity and freedom of choice in matters relating to the health of individuals to assume more responsibility for their own health care. In that vein, NNFA will oppose unnecessary restrictions to limit or restrict the right of people to make health choices for themselves. Also, NNFA will support laws which protect health care providers who are licensed, certified, or registered to practice using CAM from harassment, unfair disciplinary action or other unfair charges. Thank you for allowing us this time.

124. **Theresa Marie Warner,** World Childrens Wellness Foundation

121

To the Members of the Commission: **January 23, 2001**

My name is C. C. Pai. I am a co-founder of AcuMD.com, a content-based website that aims to deliver comprehensive and comprehensible data and information on Chinese Medicine to medical professionals and the general public.

We have experienced a number of difficulties in developing the first-class content for our site:

1. Data that meet scientific standards are very limited.
2. Most lab and clinical data are from China and Taiwan and are in Chinese.
3. Few websites and databases provide comprehensive and comprehensible information for consumption by the general public.
4. Translation from Chinese into comprehensible English is challenging.
5. There are no clear rules, regulations, and guidelines about what can be published on the Web.
6. Funding of such a project is difficult.

Chinese medicine has remedied billions of people for more than four thousands years. More and more scientific studies have confirmed that Chinese acupuncture and herbs can be highly beneficial for patients with various medical ailments and diseases. Credible information should be delivered to the general public as soon as possible so that people understand Chinese medicine and can make sound decisions as to whether to pursue such alternative treatments.

To help overcome difficulties in compiling such information, we recommend the following:

1. Encouragement of investment and funding to develop websites with credible information.
2. Establishment of guidelines as soon as possible concerning presentation of lab and clinical data in the Internet.
3. Aggressive funding of scientific testing for Chinese medicine in order to collect reliable clinical data, with special attention to clinical data generated from China and Taiwan.

Thank you very much for your attention.

Chao-Chyan (C.C.) Pai, Co-Founder
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Chantilly Regent

125. **Stuart Peter Warner,** World Childrens Wellness Foundation

124

Belinda Arocho

127. **Francis Lane Rosenbluth**

128. **Yvonne R. Secreto,** The Respit Foundation and Wholistic Professionals Inc.

Yes

o.k.

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

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

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

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

Thanks

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

129. Pauline Ness

130. **Judy Schneider,** Feingold Association of the United
Although hundreds of thousands of families have successfully used the Feingold diet for attention & behavior problems since the 1970's, there has not been an adequate study on the effectiveness of the Feingold Program as it exists today. Information about this treatment is not made readily available to parents, and medical professionals who recommend it have been known to lose their medical license. As the oldest ADHD support group, we wish to bring this information to the attention of the Commission.

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DOCUMENT NO. AND TYPE	SUBJECT/TITLE	DATE	RESTRICTION
003. testimony	Diego Balcewich (partial) (1 page)	01/23/2001	b(6)

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

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FOLDER TITLE:
WHCCAM Meeting Testimony, January 23, 2001 [3]

2011-0568-S
kc824

RESTRICTION CODES

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P5 Release would disclose confidential advice between the President and his advisors, or between such advisors [a)(5) of the PRA]
P6 Release would constitute a clearly unwarranted invasion of personal privacy [(a)(6) of the PRA]

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

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

[003]

(134

WHCCAMP NEW YOR TOWN HALL 01/23/2001
Diego Sanchez Balcewich
Zen Shiatsu practitioner
(b)(6) **New York NY 10003**
e-mail:sohoshiatsu@aol.com

Dear Sirs/ Mesdames,

I appreciate the opportunity to speak about regulation of CAM.

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

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

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

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

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

continued

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

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

(135)

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.

Peter Chowka
writer . journalist . editor
medical-political analyst

E-mail: peter@journalism.com
http://PublickOccurrences.com *and* http://chowka.com

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

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

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

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

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

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

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

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

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

Recommendations

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

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

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

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

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

- - -

Notes for Presentation by Peter Chowka

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

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A power shift for patients takes first cautious steps.
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Nov. 26, 2000
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CAM moves to the forefront in the year 2000
Natural HealthLine Dec. 1, 2000
By Peter B. Chowka
http://naturalhealthline.com/newsletter/01dec00/cam.htm

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

Alternative Medicine Turns Mainstream
Latest research from InterSurvey Reveals Two-thirds of Americans Have Tried at Least One Form of Alternative Treatment or Therapy
InterSurvey June 20, 2000
http://www.knowledgenetworks.com/press/press/062000_alternativemedicine.htm

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

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

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

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

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

Examples

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

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

Below: Excerpts from
Alternative Medicine:
Expanding Medical Horizons

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

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

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

From *Research Databases*

Logic

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

Data Collection

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

Dissemination

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

From *Public Information Activities* (a different panel)

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

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

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

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

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Thank you very much for your attention.

Chao-Chyan (C.C.) Pai, Co-Founder
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WHITE HOUSE COMMISSION ON COMPLEMENTARY AND ALTERNATIVE MEDICINE POLICY

TESTIMONY OF DIANE C. MCENROE, ESQ.
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ON BEHALF OF THE NATIONAL NUTRITIONAL FOODS ASSOCIATION

Good evening. My name is Diane McEnroe of Sidley & Austin in New York, General Counsel for the National Nutritional Foods Association ("NNFA"). NNFA is the largest trade association in the United States for manufacturers, distributors and retailers of natural products, including health food products and dietary supplements. NNFA might be viewed as having a less-personal position than many of the people or groups who testified before you today, primarily because it is a trade association. However, many of its members share with millions of others a deeply held conviction regarding the use of complementary and alternative medicine. The retail membership also has an unusual relationship with their consumers as a result of years of face-to-face contact regarding their consumers' health and nutrition goals.

For a number of reasons, consumers are looking for alternate avenues to reduce long-term health care concerns and to decrease costs associated with conventional medicine. NNFA members have seen this and, for years, have been ardent supporters of this approach, sometimes in the face of relentless controversy. More and more consumers recognize the importance of nutrition and new methods of health promotion and disease prevention. NNFA supports this growing desire by individuals to assume more responsibility for their own healthcare.

NNFA members believe in diversity and freedom of choice in matters relating to the health of individuals. An open and competitive marketplace leads to more high-quality options for the consumer. As a national association, NNFA carefully reviews state legislation that would unnecessary limit or constrain the right of people to make health choices for themselves. NNFA would be wary of unwarranted laws that would prohibit qualified people from providing accurate, supported health information and treatments.

NNFA members believe that dietary supplements and other health food products are an integral part of complementary and alternative medicine. NNFA was a strong proponent of the Dietary Supplement Health and Education Act of 1994 ("DSHEA") and the Nutrition Labeling and Education Act of 1990 ("NLEA"), and has been working with its members to continue to educate them on the various provisions of these Acts as they evolve and mature through their respective implementing regulations.

NNFA members believe that these laws are invaluable resources in terms of educating consumers about what products can and cannot do. Manufacturers and retailers are in a position of telling their consumers what a product can do through the use of

"structure/function" claims and health claims. DSHEA's statutory "labeling exemption" also allows for the dissemination of "third party literature" to consumers in the context of a sale, which helps to foster scientific discussion about the attributes of many of these products. NNFA supports further research on these products, so that there is adequate and reliable substantiation for all statements made on product labels and in advertising.

In addition, other labeling requirements established by DSHEA and NLEA help to provide consumers with information about the content of dietary supplements and other nutritional food products. In order to ensure that products are properly formulated and labeled, NNFA has embarked upon the only industry supported program of good manufacturing practices ("GMPs"), jumping ahead of FDA, which has yet to publish its proposed GMP's. As a leader in the industry, NNFA takes very seriously its mission to ensure that safe, quality products are on the market.

The continued access to these products is dependent on DSHEA. NNFA does not want to see legislative or other challenges destroy these essential provisions of DSHEA. NNFA would seek the support of the Commission if any such challenges should come into focus. NNFA would also request continuing efforts to educate the public on complementary and alternative medicine, including the appropriate use of dietary supplements, and request further funding for research into their long term benefits and safe use.

Finally, NNFA expends enormous resources attempting to refute the unfounded position that this industry is entirely unregulated, which, given the adoption and implementation of DSHEA and NLEA, is clearly false. Any support NNFA could receive from the Commission in terms of helping correct this misconception would also be appreciated.

NNFA stands ready to help the Commission in its future endeavors to gain national recognition and understanding of complementary and alternative medicine. NNFA will also continue to lobby for additional funding for complementary and alternative medicine programs, a point that will be reemphasized by NNFA representatives in Washington when formal hearings are held on this matter.

Thank you for allowing us this time. We welcome any questions.

ANTHONY G. BLOCH

CONTRIBUTION TO
THE WHITE HOUSE COMMISSION ON COMPLEMENTARY & ALTERNATIVE MEDICINE

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

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 corterizations 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 corterized 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.

Testimony to the White House Commission on Complementary and Alternative Medicine Policy

January 23, 2001

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Good evening, ladies and gentlemen. My name is Ridgely Ochs and I am a health and medical writer for Newsday, a 600,000 circulation daily that covers Long Island and Queens. Thank you for giving me the opportunity to address you today. This is an issue of genuine importance to consumers and one that frankly deeply frustrates me as a journalist.

Almost two years ago now, my editors and I decided that I should do a project on alternative medicine. I was excited at the prospect. Every day then--as now--I received letters, call or emails from companies touting some wonder "all natural" cure for everything from impotence to flabby thighs to cancer. I received calls from advocates who felt that their treatment was either being ignored or maligned by mainstream medicine and deserved to be publicized And I also received a fair number of queries from people curious--like me--about whether any or which of this stuff worked.

At a deeper, cultural level, I, like many others, also sensed that the alternative medicine movement represented a profound frustration with mainstream medicine where the focus is all too often on the illness, not on the patient. What a great story, and also what a great opportunity for the paper to help the consumer figure out how best to help him or herself. Based on the evidence, I was going to tell people what works, what doesn't and how to tell the difference.

Or so I thought. When I finished the project, I was downright depressed.

Newsday had been ambitious. We worked with Hofstra University in 1999 to conduct a random digit dialing poll of 1,056 Long Islanders and 600 Queens residents patterned on the Harvard poll conducted by Dr. David Eisenberg in 1990 and again in 1997. We asked them in-depth questions about whether they used any of 16 alternative therapies, how often they used them and why. We asked them how much they paid for them and whether they were covered by health insurance.

What we found was that about 58 percent of Long Islanders and 50 percent of Queens residents had used one form of alternative medicine in the previous year and one third had used two or more. We found that usage cut across gender, age, class, racial and ethnic lines: no one group was more or less likely to use an alternative therapy. Most reported that they were using the therapies to keep themselves healthy and most were fairly new to alternative medicine. Two-thirds of herb users--the most popular alternative medicine, used by about one-third of respondents--had been using them 5 years or less. It was clearly a popular and growing phenomenon, not a marginal movement of a fringy few.

The most disturbing finding was that although 59 percent said they considered doctors to be the most reliable source of health information, less than half of those surveyed said their doctors knew they were using the treatments. Only 17 percent said they began using the treatment on advice of their doctor. About 3 in 10 of herb users said they didn't know whether the herbs caused any interactions with other herbs or drugs.

This was particularly alarming because we were getting reports from local doctors that more and more patients were showing up for surgery with erratic blood pressure or bleeding problems that they suspected could be caused by supplements. Other doctors I interviewed told stories of patients, who, when asked, would show up at the office armed with shopping bags full of expensive and exotic supplements. I interviewed a man from Queens who suffered a subarachnoid brain hemorrhage. There was no sign of an anuerysm, the usual cause of such an event, and the doctor said he initially wondered if the man had ingested rat poison. It wasn't rat poison.

It was two aspirins a day, several garlic preparations, 240 milligrams of ginkgo biloba and 3 teaspoons of omega oils--all of which can thin the blood. In addition, he was taking niacin, coenzyme Q10, high doses of vitamin C and E, a vitamin B complex, chromium, potassium, magnesium, bilberry, cranberry juice, grape seed extract and lecithin. He hadn't told his doctor about any of these supplements and his doctor hadn't asked.

Why hadn't his doctor asked? Probably because he didn't know much about these preparations and perhaps had a strong bias against their use.

And this gets into probably the most frustrating aspect of covering alternative medicine. Generally in covering a mainstream drug, device or procedure there are studies one can read and experts one can interview. There may be considerable controversy about the safety and efficacy of the drug or device but there is at least the assumption that there is some sort of objective, scientific truth out there somewhere, or soon to be revealed in a study under way.

Not so with alternative medicine. I soon learned that there were precious few studies and precious few experts whom I could trust.

I probably don't need to tell this commission that what is and isn't allowed under the DSHEA amendment in terms of structure and function claims is downright confusing to the average consumer. Look at a bottle of echinacea capsules and it says "helps maintain immune function." What does "helps maintain immune function" mean? Food helps to maintain immune function. This is essentially a meaningless phrase, and since the companies don't have to base their claim on scientific studies, doubly so. And as you well

know, there's little financial incentive for herb or supplement companies to do the studies.

And some companies, particularly those that operate on the internet , simply flout the law. I did a story on colloidal silver, sold on the internet and in some heath food stores to cure everything from acne to AIDS, although the FDA has concluded "it is not generally recognized as safe and effective."

Indeed. In some cases it can lead to argyria, an incurable condition in which the skin turns permanently gray. I interviewed a former Long Island woman who has spent the last 40 years the color of a gray filing cabinet because her doctor believed it would help her sinus condition. Nevertheless, you can still go in the internet and find sites that tout its use.* The sites are also full of scientific-sounding testimonials that do not stand up to close scrutiny but can certainly can be misleading to consumers.

Getting solid information on more "mainstream" supplements can be equally frustrating. Because herbs were the most popular alternative medicine used and the ones that had the most obvious potential for causing physiological impact, we decided to look at the scientific evidence on five of the top-selling herbs, ginseng, saw palmetto, echinacea, ginkgo biloba and St. John's wort.

I consider myself a fairly good ferreter of information--that is, after all the job of the journalist But it often took me weeks to find studies. The National Library of Medicine's PubMed, which certainly is a primary source of studies on mainstream therapies, remains a poor source of information on alternative medicine. Information on the website of The National Center for Complementary and Alternative Medicine, while comprehensive as far as it goes, is quite limited: there are essentially three fact sheets available.

When I did find studies, I found that most up to now have been small, not always well designed and for the most part can't be called definitive or "proof' that the herb works. Most were done in Asia or Europe, primarily Germany, and until recently have not even been available in English--meaning that most U.S. doctors --forget the consumer--would not have been familiar with them. Many I looked at included handfuls of participants, were short-term--lasting weeks--were not always double blind or looked at end points or diagnoses that included terms not used in this country. For instance, many of the studies examining ginkgo biloba looked at its effectiveness in treating "cerebral insufficiency," a term most U.S. doctors are not familiar with

In some cases there were dosage and purity questions. What was the active ingredient? Was the right ingredient being tested? For instance, three types of echinacea are used medicinally. In addition, different parts of the plant are used. Different studies have looked at different combinations of preparations and different doses. Which is correct?

Or the studies looked at the herb in ways it's not usually used. Many of the studies conducted in Asia I saw on ginseng, for instance, have looked at its use in athletes or healthy young volunteers. But generally it is used as a tonic in older people or in people lacking vigor. So how applicable are these studies? Not very, I suspect.

The bottom line, I found after months of research and thousands of words, was in most cases as clear as mud. Were these herbs safe? Most were probably, although some like St. John's wort should probably be treated more like a drug. Were they effective? Some were, maybe. Should people take them? I couldn't really say.

As for the experts, I realized soon that the world of alternative medicine generally divided into two camps, the practitioners and mainstream doctors and scientists: The true believers and practitioners often choose to remain outside of mainstream medicine and often care little for scientific study or objective analysis. In many cases, I believe they are motivated by a genuine desire to help their patients; in some cases, I suspect they are simply ripping off the consumer. But since much of alternative medicine remains unregulated, there was and is no easy way for me as reporter to help the consumer figure who is who.

Many mainstream doctors--who normally would be a source of information for me--remain ignorant or strongly biased against alternative medicine, precisely because it has not been studied in a rigorous way. Those doctors or researchers who try to act as a bridge to both worlds often do so at their own peril. I covered the rise and fall the alternative and complementary center at the State University of New York at Stony Brook. The debate over the role of the center and its director deeply divided the faculty at the university, attracted national attention and mirrored what one source termed the "religious war" going on in this country between the believers in mainstream medicine and the believers in alternative approaches. Finally, the university let the director go and closed the center. Many Long Islanders were deeply disappointed; they were looking for a source in the community they could trust. As in many wars, the ultimate victim was the innocent bystander.

Which brings me again to the ultimate problem: Where does one go for reliable information? No where really. While I have found a handful of researchers and doctors I

trust to help me through the thicket of hype and hysteria, there are very few sources out there who don't have a financial or political agenda and not enough real studies to offset those agendas. The public needs help.

Thank you for your attention.

*A random and not comprehensive search for websites touting the curative qualities of colloidal silver for everything from sinus problems to Lyme Disease to AIDS include: www.wishgranted.com; www.ctaz.com/~mystical/silver/; www.colloidal-silver.com

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, temporo-mandibular joint dysfunction, cerebral ischemia, and trauma; and developmental disorders in children including autism, CP, learning disabilities; overall stress reduction and general health enhancement.

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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?

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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

Remarks given by Cassandra Harris-Lockwood
January 23, 2001
Presented to
The White House Commission on Complementary
and Alternative Medicine Policy
the Lighthouse
New York, New York

John Hurley, master engineer and builder, designed the Golden Gate Bridge. He was also the developer of the biomechanical alinement process (sic). This alignment process is a safe and highly effective technique for relieving chronic pain originating from the spinal process. Gross distortions of the body are gently yet powerfully corrected by this method.

As a result of demonstrating its effectiveness Hurley was sued by both the AMA and the ACA for practicing medicine and chiropractic without a license. He was found innocent

John Hurley was an innovator; a divinely inspired innovator Practitioners of this modality is trained to pray, outloud, prior to each session. Divine guidance is as much a part of this process as is the plumb lines and T-squares on which we rely.

The State can no more regulate or control divine inspiration than it can control the tides. In the same light, infusing that divine energy, which begins the healing process in the body, cannot be taught in the same manner that, say, biochemistry is taught. Meditation, contemplation and sitting at the feet of the master, the mentor or the elder are what accomplish this.

The work of such innovators, traditional and native healers, priests, holymen and women from various cultures, have for all time been at the forefront of the human experience and deserve protection under the law. On the contrary, they function under fear of prosecution and loss of livelihood. The fate of the New York State's midwives is a shameful example. They were the original primary care providers in this country. They were systematically driven out of business.

Many of these techniques have nurtured and supported mankind for thousands of years somehow finding effectiveness without the double blind

study. Believing in the ability of the body to heal itself when relieved of toxic and harmful materials and providing the body with necessary nutrition and a healthy lifestyle is central to this work. This has nothing to do with the practice of allopathic medicine

Recent and continuing advancements in energy medicine such as biofeedback computers, sound therapies, magnetics, homeopathy and hands on techniques such as shiatsu, polarity and Reiki must all be taken into account. It is a shameful and oppressive system extant in New York State which seeks out, threatens and punishes effective energetic practitioners, licensed and unlicensed.

The constitutional right of patients to choose their treatment is inalienable. Those modalities, which do in fact prove effective, deserve to be included in payment plans by insurance companies and HMO's. To do otherwise is to infringe upon patient empowerment, which is ultimately the source of all healing.

CHIROPRACTIC
LEADERSHIP
ALLIANCE

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

Chief Executive Officer, Chiropractic Leadership Alliance

Presented January 23, 2001

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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 personal 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.

January 23, 2001
New York City

TESTIMONY: WHITE HOUSE COMMISSION ON COMPLEMENTARY AND ALTERNATIVE MEDICINE.

I am a doctor of chiropractic. If you look upon me as a chiropractor then your preconceived notions will kick in and you will expect to hear a clinical or political or socioeconomic chiropractic position. If I were a doctor of medicine or acupuncturist you expect the same. I am by license; a chiropractor. I am by vocation the Director of Professional Services of HealthOne; a multidisciplinary health care center in Ridgefield, NJ and president of T-CAM; a consulting group which advises as to the structuring of **Traditional-Complementary and Alternative Medicine Practices.**

To achieve a meaningful T-CAM we must join the American consumer in **their new and inclusive health care paradigm**. All groups must be prepared to relinquish antiquated parochial centers of influence and power. Consumers have, and will continue to find what they want; with or without professional guidance. Reference the Eisenberg Report. Were it not for this grass roots revolution I suspect that this Commission would not exist.

The key elements are:

1. Differentiating **condition treatment** from **health care management and** recognizing as a truth in practice that health is more than the mere absence of disease.

2. Adopting 3 essential facets of health
   - A. Biochemical
   - B. Biostructural — Mind – Body - Spirit
   - C. Biosocial

3. Terminology:
   A. Health: More than the mere absence of disease
   B. Preventive: Beyond 'not sick yet' early disease detection
   D. Annual Physical: Expanded to include biochemical, biostructural and biosocial testing for parameters of **health** status.
   E. Medicine: a generic term and not a proprietary right (like all gelatin desserts are Jello and all tissues are Kleenex)

4. Who has decision making power? Who is the gatekeeper? Who does triage? No one and everyone. Each T-CAM must develop **protocols**. Following in depth history, examination and profiling, the protocols will determine the appropriate pathway.

We can no longer play intramural basketball with health care. The ball belongs to the consumer and they have already found their own courts to play on.

I sincerely hope, that when all is said and done, and after all the papers are filed, that this Commission will have drawn the blueprint for a new **health care paradigm**.

Respectfully submitted,
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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.

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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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