Withdrawal/Redaction Sheet
Clinton Library

DOCUMENT NO. AND TYPE	SUBJECT/TITLE	DATE	RESTRICTION
001. testimony	Sheldon Lewis (partial) (1 page)	01/23/2001	b(6)
002. testimony	Sheldon Lewis (partial) (1 page)	01/23/2001	b(6)
003. testimony	Caroline Rider (partial) (1 page)	01/23/2001	b(6)
004. testimony	Simone Charlop (partial) (1 page)	01/23/2001	b(6)

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

OA/Box Number: 43232

FOLDER TITLE:
WHCCAM Meeting Testimony, January 23, 2001 [5]

2011-0568-S
kc826

RESTRICTION CODES

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

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

C. Closed in accordance with restrictions contained in donor's deed of gift.
PRM. Personal record misfile defined in accordance with 44 U.S.C. 2201(3).
RR. Document will be reviewed upon request.

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

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

To: Michelle Chang, White House Commission on Complementary/Alternative Medicine
From: Joseph Loizzo, M.D., Columbia-Presbyterian Center for Meditation and Healing
Re: Policy recommendations on CAM's role in healthcare waste-reduction

From the vantage of complementary psychiatry, the single largest source of waste in American healthcare today is the neglect of complementary methods of teaching consumers and providers time-tested, evidence-based practices of self-healing and health promotion such as mindfulness-based stress-reduction (MBSR). The disease-fighting strategies and provider-driven interventions of American medicine are at best incomplete and at worst inherently wasteful, because they are reactive rather than preventive; and because they systematically ignore the single most important variable in disease-prevention and health-promotion: consumer health behavior. While mainstream medicine has made remarkable strides in its fight against the obvious killers of modern civilization—heart disease, substance abuse, mental illness and cancer—it has hardly begun to face the insidious killer behind all these masks: our own stress-driven, disease-prone habits. Fifty years of stress research have shown beyond any reasonable doubt that disease-prone habits of mind and action exert a pervasive, corrosive effect on natural systems of defense and healing, leaving us prey to diseases of all kinds. Fortunately, stress research has also brought the good news that stress-reduction methods can tame the killer within by teaching skills to unlearn disease-prone habits and build the natural self-healing competence of our body and mind. The most effective methods of stress-protection and health-promotion to emerge from the new "mind/body medicine"—such as Herbert Benson's relaxation response, Jon Kabat-Zinn's MBSR, James Gordon's mind/body skills learning and Dean Ornish's lifestyle therapy—in fact distil the time-tested self-healing traditions preserved in the Asian healthcare systems of Ayurveda, Chinese and Tibetan medicine (i.e., systems designed to heal without our high-cost, high-risk technological methods). These methods deserve to be singled out as the cutting edge of complementary and alternative medicine, both because they have been shown to be among the safest and most evidence-based of CAM practices, and also because they directly target the largest source of waste in American healthcare: the systematic neglect of the patient's responsibility and right to act in pursuit of his or her own health. Based on this analysis, my policy recommendations to the committee are simple.

- In the short run, to put teeth into the March 1999 National Institute of Health initiative to develop mind-body medical centers by advancing legislation (such as a patients' bill of rights) supporting insurance reimbursement of mind/body programs such as those mentioned above or comparable programs to teach the basic concepts and skills of self-healing.

- In the long run, to build public and professional awareness of the need to complement the reactive, provider-driven paradigm of modern medicine with the proactive, consumer-driven paradigm of self-healing preserved in Asian healthcare systems and applied in mind/body medicine, by seeing that courses in stress-protection and self-healing become required in the basic education of all health professionals.

Some Major Obstacles for CAM Research

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

Kevin Chen, *Ph.D. MPH*
Department of Psychiatry, UMDNJ—New Jersey Medical School
30 Bergen St. ADMC 1419, Newark, NJ 07107
(Email: chenke@umdnj.edu)

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

PANEL 2

NO #6 Rossman

PANEL 7

36 – 41

36 –
37 –
38 –
39
40 - will send in
41

My name is Renate Siekmann and I am the mother of 4 children. All of my children have benefited tremendously from alternative forms of medicine, especially homeopathic treatment. One of my son's came down with a double ear infection and double conjunctivitis when he was just a toddler. He was given a powerful antibiotic by our pediatrician. The result was such bad diarrhea that he began bleeding from his anus. For a year and a half after that he had daily stomach cramps, diarrhea and regular vomiting. My pediatrician had no solution. I finally found a homeopath who was able to cure him and return him to the old self he had been before his ordeal began. Another one of my sons came down with a bad case of eczema as an infant. My pediatrician suggested using Hydrocortisone cream, an option unacceptable to me. I would not use that type of medicine on myself and I will certainly not put in on my 3 months old son. Again, homeopathy came to the rescue and within 10 days of treatment all eczema disappeared. I would be happy to give you many more examples where Homeopathy in particular has been a wonderful and effective form of treatment for my family and myself.

I feel that allopathic medicine is doing a wonderful job in trauma care and we would certainly never want to be without everything it has to offer. However, there are many illnesses where treatment is either ineffective or can even be harmful. There are wonderful, gentle alternative therapies, which have survived the test of time. Homeopathy, for example, has been used successfully in Germany for over 200 years, longer than most forms of allopathic treatment In Germany as well as many other countries in the world natural alternative forms of treatment are available to the patient by specialized practitioners as a complement to allopathic medicine. It is up to the patient to decide which type of treatment he or she prefers. Freedom of choice is what it is all about. I feel that it is important that the patients are given the choice. Let the different forms of medicine work hand in hand and allow the consumer to choose freely without breaking the law. Let the trained practitioners practice freely without breaking the law. This type of system works beautifully in many other countries and it can work in this country as well. Let's all work together towards one common goal – a healthier population.

Withdrawal/Redaction Marker
Clinton Library

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

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

OA/Box Number: 43232

FOLDER TITLE:
WHCCAM Meeting Testimony, January 23, 2001 [5]

2011-0568-S
kc826

RESTRICTION CODES

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

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

C. Closed in accordance with restrictions contained in donor's deed of gift.
PRM. Personal record misfile defined in accordance with 44 U.S.C. 2201(3).
RR. Document will be reviewed upon request.

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

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

001

Sheldon Lewis (b)(6) **New York, NY 10025**
(b)(6) **e-mail: SL10548@aol.com**

Statement for White House Commission on Complementary and Alternative Medicine January 23, 2001

My name is Sheldon Lewis. As a journalist, I have covered alternative and complementary medicine for more than 20 years. As a parent, I am the father of an almost 17-year-old young man with special needs, who depending on the label of the moment—and the labeler—has been diagnosed with pervasive developmental disorder, Asperger's syndrome, Tourette's, ADHD, and many more. For 17 years, my family and I have dealt with pediatricians and medical specialists who for the most part know little about human development—by which I mean, the development of the whole person, not just his or her body. And they know even less about healing: and by that I mean, changing our relationship—as individuals, families, communities, and society—with illness and disability and health and ability.

On our own, as case managers, driven by hope and desperation, we sought help from other approaches to health and healing—including homeopathy, chiropractic, cranial sacral osteopathy, nutrition, environmental medicine, reiki, meditation, prayer, social therapy, movement therapies, and many others—most of which were helpful. Unlike most parents, my wife and I knew where to look and had personal contacts to help us.

But just as the medical model is limited, so is a scattershot approach to alternative and complementary medicine. In both cases, you are searching for a magic bullet—when none is available.

"Conditions" haven't been cured, "problems" haven't been fixed. What ultimately has been the most healing has been the journey, the conversations, the love, interactions with caring people—and building a life for our children and our family.

Children don't develop "medically," "homeopathically," or "chiropractically." They develop socially, intellectually, emotionally, and spiritually as well as physically. Unfortunately, in the current climate, physicians, educators, therapists, healers, and parents generally operate independently of one another, which results in a fragmented, antidevelopmental, non-holistic model.

One of the great triumphs for my family has been to get a school psychiatrist to talk with a neurologist who prescribes essential fatty acids as well as psychotropic medication, to get a Freudian school social worker to talk with a performatory psychotherapist. And to get everyone to talk to us, the parents, and most of all to talk—and listen—to our son. He is the one truly holistic member of our team (which includes his older brother by the way). He talks to his doctors about prayer, amino acids, and blue green algae. He teaches his therapists and friends to do deep breathing and other behavioral or mind/body techniques he calls "preventions."

We need to follow his example and create new models that include every aspect of a child's development, including the family, the school, and the community.

We need to make information, support, and care of all kinds available, accessible, and affordable to all parents, so that they can make informed choices for their child and their family.

We need to build new models so that people who raise and teach and treat and heal and help children and their families can talk to each other and listen to each other and learn from one another and work together for the collective healing and development of ourselves, our children, our health care and educational systems and the world we all live in. Thank you.

Sheldon Lewis
Co-author, with Jimmie C. Holland, MD, of *The Human Side of Cancer* (HarperCollins 2000). Co-author, with Sheila Kay Lewis of *Stress-Proofing Your Child* (Bantam 1996). Editorial Director, Inner Doorway.

Sally Ekaireb
January 23, 2001

FREEDOM OF CHOICE IN THE PURSUIT OF HEALTH

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

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

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

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

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

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

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

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

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

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

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

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

SALLY EKAIREB

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

by George Vithoulkas

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

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

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

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

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

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

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

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

SALLY EKAIREB

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

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

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

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

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

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

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

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

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

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

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

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

SALLY EKAIREB

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

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

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

I would like to give you now some personal background:

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

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

My first reading of a book on homœopathy was a revelation. I studied everything that was available. I attended various homœopathic colleges but was totally disappointed with the low standards of teaching. I felt that homœopathy deserved a better kind of teaching, a better way of presentation, but most of all better results than those the practitioners of the time were able to present. In order to do that, I felt that I had to solve for myself the thousand questions that were plaguing my mind concerning homœopathy and its presentation to the world as a serious therapeutic modality.
I learned a lot from looking upon human suffering in all these tens of thousands of cases, and I can say that out of sympathy I experienced pain in all its manifestations and at all its levels through my patients. I felt when I was examining them what it means to suffer mentally, emotionally, as well as physically. The urge to help and the idea that this could be done through homœopathy inspired my efforts during those early days and gave me some hope in my nights of agony.

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

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

SALLY EKAIREB

awarded this Prize.

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

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

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

My name is Renate Siekmann and I am the mother of 4 children. All of my children have benefited tremendously from alternative forms of medicine, especially homeopathic treatment. One of my son's came down with a double ear infection and double conjunctivitis when he was just a toddler. He was given a powerful antibiotic by our pediatrician. The result was such bad diarrhea that he began bleeding from his anus. For a year and a half after that he had daily stomach cramps, diarrhea and regular vomiting. My pediatrician had no solution. I finally found a homeopath who was able to cure him and return him to the old self he had been before his ordeal began. Another one of my sons came down with a bad case of eczema as an infant. My pediatrician suggested using Hydrocortisone cream, an option unacceptable to me. I would not use that type of medicine on myself and I will certainly not put in on my 3 months old son. Again, homeopathy came to the rescue and within 10 days of treatment all eczema disappeared. I would be happy to give you many more examples where Homeopathy in particular has been a wonderful and effective form of treatment for my family and myself.

I feel that allopathic medicine is doing a wonderful job in trauma care and we would certainly never want to be without everything it has to offer. However, there are many illnesses where treatment is either ineffective or can even be harmful. There are wonderful, gentle alternative therapies, which have survived the test of time. Homeopathy, for example, has been used successfully in Germany for over 200 years, longer than most forms of allopathic treatment In Germany as well as many other countries in the world natural alternative forms of treatment are available to the patient by specialized practitioners as a complement to allopathic medicine. It is up to the patient to decide which type of treatment he or she prefers. Freedom of choice is what it is all about. I feel that it is important that the patients are given the choice. Let the different forms of medicine work hand in hand and allow the consumer to choose freely without breaking the law. Let the trained practitioners practice freely without breaking the law. This type of system works beautifully in many other countries and it can work in this country as well. Let's all work together towards one common goal – a healthier population.

Withdrawal/Redaction Marker
Clinton Library

DOCUMENT NO. AND TYPE	SUBJECT/TITLE	DATE	RESTRICTION
002. testimony	Sheldon Lewis (partial) (1 page)	01/23/2001	b(6)

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

OA/Box Number: 43232

FOLDER TITLE:
WHCCAM Meeting Testimony, January 23, 2001 [5]

2011-0568-S
kc826

RESTRICTION CODES

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

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

C. Closed in accordance with restrictions contained in donor's deed of gift.
PRM. Personal record misfile defined in accordance with 44 U.S.C. 2201(3).
RR. Document will be reviewed upon request.

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

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

[002]

Sheldon Lewis (b)(6) **New York, NY 10025**
(b)(6) **e-mail: SL10548@aol.com**

Statement for White House Commission on Complementary and Alternative Medicine January 23, 2001

My name is Sheldon Lewis. As a journalist, I have covered alternative and complementary medicine for more than 20 years. As a parent, I am the father of an almost 17-year-old young man with special needs, who depending on the label of the moment—and the labeler—has been diagnosed with pervasive developmental disorder, Asperger's syndrome, Tourette's, ADHD, and many more. For 17 years, my family and I have dealt with pediatricians and medical specialists who for the most part know little about human development—by which I mean, the development of the whole person, not just his or her body. And they know even less about healing: and by that I mean, changing our relationship—as individuals, families, communities, and society—with illness and disability and health and ability.

On our own, as case managers, driven by hope and desperation, we sought help from other approaches to health and healing—including homeopathy, chiropractic, cranial sacral osteopathy, nutrition, environmental medicine, reiki, meditation, prayer, social therapy, movement therapies, and many others—most of which were helpful. Unlike most parents, my wife and I knew where to look and had personal contacts to help us.

But just as the medical model is limited, so is a scattershot approach to alternative and complementary medicine. In both cases, you are searching for a magic bullet—when none is available.

"Conditions" haven't been cured, "problems" haven't been fixed. What ultimately has been the most healing has been the journey, the conversations, the love, interactions with caring people—and building a life for our children and our family.

Children don't develop "medically," "homeopathically," or "chiropractically." They develop socially, intellectually, emotionally, and spiritually as well as physically. Unfortunately, in the current climate, physicians, educators, therapists, healers, and parents generally operate independently of one another, which results in a fragmented, antidevelopmental, non-holistic model.

One of the great triumphs for my family has been to get a school psychiatrist to talk with a neurologist who prescribes essential fatty acids as well as psychotropic medication, to get a Freudian school social worker to talk with a performatory psychotherapist. And to get everyone to talk to us, the parents, and most of all to talk—and listen—to our son. He is the one truly holistic member of our team (which includes his older brother by the way). He talks to his doctors about prayer, amino acids, and blue green algae. He teaches his therapists and friends to do deep breathing and other behavioral or mind/body techniques he calls "preventions."

We need to follow his example and create new models that include every aspect of a child's development, including the family, the school, and the community.

We need to make information, support, and care of all kinds available, accessible, and affordable to all parents, so that they can make informed choices for their child and their family.

We need to build new models so that people who raise and teach and treat and heal and help children and their families can talk to each other and listen to each other and learn from one another and work together for the collective healing and development of ourselves, our children, our health care and educational systems and the world we all live in. Thank you.

Sheldon Lewis
Co-author, with Jimmie C. Holland, MD, of *The Human Side of Cancer* (HarperCollins 2000). Co-author, with Sheila Kay Lewis of *Stress-Proofing Your Child* (Bantam 1996). Editorial Director, Inner Doorway.

Sally Ekaireb
January 23, 2001

FREEDOM OF CHOICE IN THE PURSUIT OF HEALTH

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

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

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

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

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

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

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

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

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

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

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

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

SALLY EKAIREB

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

by George Vithoulkas

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

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

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

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

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

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

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

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

SALLY EKAIREB

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

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

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

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

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

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

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

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

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

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

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

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

SALLY EKAIREB

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

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

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

I would like to give you now some personal background:

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

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

My first reading of a book on homœopathy was a revelation. I studied everything that was available. I attended various homœopathic colleges but was totally disappointed with the low standards of teaching. I felt that homœopathy deserved a better kind of teaching, a better way of presentation, but most of all better results than those the practitioners of the time were able to present. In order to do that, I felt that I had to solve for myself the thousand questions that were plaguing my mind concerning homœopathy and its presentation to the world as a serious therapeutic modality.
I learned a lot from looking upon human suffering in all these tens of thousands of cases, and I can say that out of sympathy I experienced pain in all its manifestations and at all its levels through my patients. I felt when I was examining them what it means to suffer mentally, emotionally, as well as physically. The urge to help and the idea that this could be done through homœopathy inspired my efforts during those early days and gave me some hope in my nights of agony.

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

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

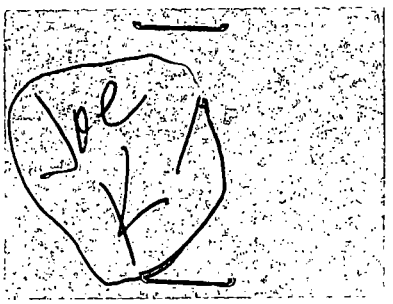
SALLY EKAIREB

awarded this Prize.

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

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

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


Joe

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

9:15am PANEL 1

1. Ansel R. Marks, MD, JD
Executive Secretary for the Board of Professional Conduct
New York State Department of Health, Board of Professional Medical Conduct
✍

2. **Margaret B. Buhrmaster**
NYS Department of Health, Office of Regulatory Reform

3. **Caroline V. Rider,** Attorney at Law
The gist will be that we consumers need freedom to choose our CAM providers...that since most CAM practices are gentle, low-risk interventions, LICENSURE IS NOT NEEDED and will both restrict access and increase cost. Disclosure and accountability should be all that is required for legal CAM practice in any state. As an attorney I can see several simple ways in which that could be implemented.

4. **Stephen Lee Lockwood,** Lockwood & Golden, Esqs.
Federal legislation should be enacted to protect complementary and alternative physicians from discriminatory disciplinary proceedings by state regulatory bodies whose staffs are uninformed about and therefore biased against fate and effective CAM treatment modalities which compete with current accepted methods of conventional care, many of which are often neither safe nor effective. The impact of current regulatory enforcement schemes deprives patients of their constitutional right to choose among various complementary and alternative treatment modalities by discouraging physicians from pursuing CAM therapies for fear of being the subject of disciplinary actions designed to revoke their licenses. Disciplinary proceedings against CAM physicians are costly to defend. The mere threat of such disciplinary actions has a chilling effect on the use of non-conventional treatments by CAM physicians even though many such treatments are far safer, more cost effective and more efficacious than the accepted conventional treatments. The result is consiiderably higher health care costs to patients and the nation. Several states have enacted legislation to provide some protection to physicians who use non-conventional treatments; however these laws are neither uniform nor sufficient to protect CAM physicians from unfair disciplinary proceedings. New York State's Alternative Medical Practices Act serves as an example. Passed in 1994, the Act mandates at least two of the more than 200 members of the Board Of Professional Medical Conduct be physicians who devote a significant

portion of their practice to the use of non-conventional treatments yet their is no requirement mandating that such CAM members of the Board serve on the panels in disciplinary proceedings against CAM physicians. New York's Office of Professional Medical Conduct utilizes medical experts unfamiliar with CAM therapies to evaluate CAM physicians during its investigations. New federal legislation could be part of a Patients' Bill of Rights designed to protect patients' constitutional right to choose health care treatments.

5. Simone Charlop

As a user of many alternative practices, I do not want to see any restrictions put on any practitioner - I am well able to decide for myself which practices may be beneficial to my health. Also, most practitioners use a variety of techniques taking from many disciplines so how could there be any possible way to licensed practitioners. The important thing to remember is that these practices do no harm but can be very beneficial. Let me choose.

6. **Martin Rossman,** Academy for Guided Imagery

PANEL 2

7. **Grace Marie Arnett,** The Galen Institute
"Maximizing the Economic Impact of Assimilation of CAM Modalities through 1) Enhancing Market Forces, 2) creating Efficiencies through Individual Empowerment and 3) Waste Reduction by Targeting Root Causes" (Co-panelist with Camilla Rees and Joseph Loizzo, M.D.)

8. **Camilla R. G. Rees,** Strategic Communications Counsel

9. **Joseph Loizzo,** Columbia Presbyterian Eastside

10. **Kevin Chen,** UMDNJ - New Jersey Medical School
Many scientists are not willing to get involved in the study of CAM because of (1) lack of incentives (funding is very limited in comparison with other areas; (2) lack of resources and knowledge in the area (hard to find collaborators or good therapists); (3) discrimination from the peer and the funding sources -- afraid of affiliate their names with non-scientific area of research and may lose their future funding in the conventional research areas.

11. **Leo Galland,** Foundation for Integrated Medicine
Because they derive from a perspective that equates illness with disease entities, conventional clinical trials exclude patients with complex co-morbidities. CAM trials should embrace the problems of patients excluded from conventional trials and take as endpoints global health status, quality of life and costs of service.

PANEL 3

12. **Fredi Kronenberg**, Rosenthal Center for Complementary and Alternative Medicine, Columbia University

13. **Elaine Stern**

14.**Kerri Ann Gruninger**, Rosenthal Center

15.Frank Lipman

16. Faye Schenkman

As Director of the Wholistic Health Center at the New York College, my remarks will focus on the current breast cancer research study that the College is about to begin utilizing CAM therapies in conjunction with conventional medical care. I will also discuss the need for preventative medicine via CAM modalities in the area of breast cancer.

17. **Carole Sherri Margalit,** SHARE
I am a six year, two time bc pt who recd chemotherapy, tamoxifin and had a saline implant upon initial diagnosis, and had further chemotherapy, radiation and participated in a HDC stem cell clinical trial upon recurrence. I have suffered severe side effects from the medical treatment including inital paralysis, peripheral neuropathy, menopausal symptoms, heightened cholesterol and osteopenia. Frequently the medical doctors have had no answers for the treatment of side effects from the highly toxic drugs which were used for the bc treatment. I have had to find complementary treatments to counter those effects on my own. I would like to see hospitals and medical centers begin to incorporate more preventative and supplementary services at their sites to make access more user-friendly for the pts. In addition these services should be covered by insurance co-payments, like doctor visits generally would. In addition I would like to see more accountability by hospitals and institutional review boards with respect to the clinical trails that are conducted, especially in the area of high dose chemotherapy.
✍

BREAK

11:15am <u>PANEL 4</u>

18.**Ann E. Fonfa,** The Annie Appleseed Project
I am a (breast) cancer patient who runs a website for those interested in compementary/alternative therapies. I speak at meetings, either as invited speaker or speak out to represent pateints' interest. I have spoken to many healthcare providers too, in an effort to bridge the information gap between patients and their providers. I have been recommending certain types of clinical trials in order to explore CAM issues of greatest importance to patients. I will discuss these at greater length.
✍

19.**Cecile Schey**
I have been interested in alternative care for 30 years. I had severe asthma (took injections weekly) and medication - condition remained. When I started alternative care , I no longer suffered from asthma. I am 77 years old and in very good health. Alternative care should be included in our medical system.

20.**Johanna Frances Antar**
As consumers, many CAM practices are preferred as out primary health care system. However, many people cannot avail themselves to CAM practices because they are not covered by insurance programs and therefore we are "forced" to either use health care systems we are not comfortable with and not get any CAM care because of the costs involved

21.**David E Molony,** American Association of Oriental Medicine
Educational requirements for Oriental Medicine have been rising to meet the rising expectations of our patients needs as we see more chronically ill people and we become aware of what is truly needed to function well within the Oriental Medicine paradigm in any of its modalities.

22.**David Yens,** NY College of Osteopathic Medicine, NY Institute of Technology
For many CAM therapies it is difficult to assemble a sufficient number of patients with the same kind of problem requiring the same kind of treatment in one place for a study. For other therapies, such as Osteopathic manipulation, a given problem may be treated in different ways by different practitioners depending upon collateral conditions that may exist. For both of these, home type of National data collection and analysis mechanisms need to be developed and supported so that a sufficient number of cases can be assembled for scientific analysis. The creation of an Osteopathic Electronic SOAP Note will be used as an illustration of what is needed and the problems that must be addressed.
✍

23. **Prabhat Kumar Pokhrel,** M.S., M.D., Ph.D. (candidate), New York College for Wholistic Health, Education and Research
Hello, I am Dr. Prabhat Pokhrel and I am serving as a Director of Research at the New York College for Wholistic Health, Education and Research....One of the problems I am facing is the lack of IND numbers for most herbal or other type of supplements. It would be very helpful to the area of CAM research if a government agency like FDA would train some of the CAM researchers on how to apply for IND numbers, or develop IND number themselves for some commonly used products or product with long safety record or waive IND for specific products that are already in the market and are being used by thousands of people. Thank you.
✍

PANEL 5

24.**Jennifer Daniels, MD, MBA** Family Medicine, Solo Practice
Dr. Jennifer Daniels MD MBA is a family physician, practicing solo in Syracuse, New York. She built her own clinic and opened its doors on March 18, 1991. Dr. Daniels' practice is located in the impoverished south-side neighborhood in which she grew up.

Essentially, I properly diagnosed a patient as diabetic. We discussed insulin and I told him that diet and exercise might control his diabetes without insulin. He had a Bahamas trip already planned and did not want to pack insulin and needles. I advised diet, exercise and vitamins. He followed my instruction and his blood sugar came down from 465 to 138. He did well on his trip. Upon returning to the states, his compliance became poor. He went to an emergency room where his glucose was found to be 565 and insulin was started. He was in the hospital for 2 days and is now doing fine. A report was made to the office of professional conduct and I am now being investigated. OPMC requested a copy of my records, and then decided that an informal hearing is needed. I attended an informal hearing with my lawyer and followed it with a letter of clarification; attached. It was then decided that the matter was quite serious and an office review of records is needed. My new lawyer, Catherine Gale, is delaying this. OPMC called Gale Esq. to schedule a time to enter my office. She informed them that she would move to quash and they told her she could not and they would charge me with unprofessional conduct for non co-operation. Later they called her back and said they were mistaken but that if she moves to quash (prevent the next stage of the investigation) they would just charge me with something else.

I am accused of a pattern of inappropriate care. I have checked with the hospitals where I have privileges and they told me my record is squeaky clean and they wish the department heads had records as clean as mine and they would testify to this. To my knowledge, there is only this one case.

25.**Charles E. Gant, MD, PhD.**, Private Practice
My talk will focus of the OPMC (Office of Professional Conduct), a branch of the NY State Health Department, and their attempts to criminalize healing in New York. The consequences of persecution of alternative physicians prevents the shift to potentially safer, more effective and less costly paradigms of CAM treatments, because doctors are fearful of prosecution. This chilling effect on the medical community to innovate and explore alternatives takes precedence over all other issues (e.g., research, reimbursement, economic, education and training) because CAM could never be brought into mainstream medicine in an environment of paranoia, regardless of other incentives and opportunities. My entanglements with the OPMC specifically stemmed from my work on ADHD and finding ritalin alternatives. I threatened a pharmaceutical ideology and it has cost me over $90,000 in legal fees, 3 years of interrogations and office raids, missed sleep and stress. Most of all, patients who would have otherwise have been able to access safer and more effective CAM treatments have been harmed.

26. **Serafina Corsello,** Corsello Centers for Integrative Medicine
Serafina Corsello, MD, FACAM is the founder and executive medical director of the Corsello Centers for Integrative Medicine in Manhattan and Huntington, New York. She is cofounder of the Foundation for the Advancement of Innovative Medicine (FAIM). Dr. Corsello was one of the 25 physicians who, in 1992, participated in the formation of the Office of Alternative Medicine within the National Institute of Health. Her approach is based on the use of noninvasive diagnostic testing and natural therapies, integrating mainstream treatments when necessary. Rather than simply alleviating symptoms, the Corsello Centers' staff focus on restoring the body's own healing process, including natural menopause management, nutrition education, weight management, smoking cessation, detoxification, toxic metal chelation, stress management and counseling. Professional staff includes medical doctors, physician assistants, nurse practitioners, registered nurses, nutritionists, stress management therapists, biofeedback specialists and acupuncturists.

26. **Arnold Gore,** Consumers Health Freedom Coalition
There are not enought doctors with an MD who practice Complementary and Alternative Medicine (CAM). Although New York State has a law providing that doctors should not risk losing their license just because they practice non conventional therapies or use treatments that are not the orthodox standard therapy. The Office of Professional Medical Conduct (OPMC) has not observed this law, although it is now six years old and should be known to the entire staff of OPMC. As a result young doctors starting out are somewhat hesitant to risk their reputations and careers if it will cause professional and legal problems that could be avoided by wearing blinders and "keeping your head down" in order for CAM to gain wider acceptance there must be more physicians who are willing to recommend and use some of the more controversial treatments that directly compete with conventional treatments. Chelation therapy for Heart Disease has been shown conclusively to be safer and more effective that the conventional treatments such as Coronary Bypass Surgery and Angioplasty. The latter treatments remain a profit center in the economics of most hospitals. Diet and Exercise have been shown to be effective in the treatment of Diabetes, but is not often used and New York State regulators have been violating the Alternative Medical Practice act in respecting the rights of physicians to use these treatments. Prescription drugs have been found to cause 2.2 million injuries and 106,000 deaths from prescription drugs correctly prescribed and taken as directed. This was reported in the Journal of the American Medical Association. There should be a source of information on natural vitamins, minerals and herbal substitutes for FDA approved prescription drugs, which are usually laden with dangerous side effects and are usually only marginally effective in alleviating the symptoms they were designed to fight. It is very rare for a prescription drug to

actually reverse or cure the underlying cause of the symptons. If the Medicare System reimbursed patients for use of vitamins, minerals, herbs and other dietary supplements they would be even more widely used and would save on medical costs. European Countries reimburse for some herbal remedies that are widely accepted as treatments. Particulary in Germany. The most significant advancement in the treatment of Cancer has been made by Dr. Stanislaw Burzynski, MD of Houston, Texas. He has been in FDA clinical trials for four years, and had reported fantastic results, but FDA has not seen fit to grant approval of his antineoplastons as a new drug which can be prescribed by all physicians. This fact is a disgrace io the integrity of the Drug Approval Process and undermines the patients' faith in the impartiality of the Drug approval process. Something must be done to expedite this approval.

27. Edna Fishman

I have beneffited greatly from change of diet and recommended diet and herbs. Cholesterol lowering drugs were very disruptive but the above lowered my cholesterol. I feel that people who are trained to perform special non-invasive treatments should be allowed to do so legally. Their training and teachings have helped so many people in so many ways, especially me.

29. Helen Choat

I have always been greatly interested by alternative medicine practices and I feel the opportunity to enjoy them should be available to all people, everywhere. And information regarding these should be available to everyone

30. **Janet Susan O Faolain,** B.A.-Performing Arts, New York State Reflexology Association
At this time, CAM practices (as you are calling them) are either too regulated or unregulated by the public and private sectors. Practitioners are not aware that they may be commiting felonies or knowingly continue to practice feeling protected by the Constitution. Are we really protected from legal action by outside parties that know little about these healing modalities? Ignorance is certainly more expensive than education. How can we unite all practitioners to a. serve the public b. practice freely protected by our government c. or act independently from the government chosing to create our own licensing standards. Where are we on this path? and will continue etc.

31. **Vera C. Smith**
As a senior, it is imperative that we have access to health information that will be beneficial to improving the quality of life, mobility, thinking process. It would be cost effective if everyone could improve their health through nutrition, exercise, and supplements that will be helpful to all. If practices can provide people with the means to maintain their fitness level it would be of value to the entire population.

32. **Monica Miller,** Foundation for the Advancement of Innovative Medicine (FAIM)
To present the viewpoint of FAIM, the preeminent voice for health freedom in New York State for 14 years. This largely volunteer organization advocates the reform of laws that affect access to and delivery of CAM, including insurance and medical practice laws. FAIM as well offers CAM education to patients and professionals.

33. Philip Shinnick

34. Patricia Connolly

35. Gary Wadler

36. **Renate Siekmann**, Parent

When my first born was 6 months old he had eczema on his face, chest and arms. His pediatrician recommended cortisone cream - a suggestion I was not comfortable with. I will not use medication like that on myself and I will certainly not give it to a 6 months old boy. Hence, I wanted to find an alternative form of treatment. At that time I did not have anetwork of friends who are familiar with alternative healers and I also felt uncomfortable going to anyone who was not "certified" in a particular form of alternative treatment and so I took my son all the way to Germany for Homeopathic treatment. The homeopath in Germany has treated my family for a long time. The eczema cleared up within 10 days of treatment without harsh drugs. My second son had a double ear infection as well as conjunctivitis when he was 2 and the pediatrician prescribed a very powerful antibiotic (Augmentin). My son developed such diarrhea that he began bleeding from his anus. Following that he had diarrhea and stomach cramps for 1 year. There was nothing the pediatrician could do about that. I was unable to return to Germany for treatment and so it took me a long time to find a Homeopath in this country with whom I felt comfortable and whom I trusted. Homeopathic treatment finally cleared up the diarrhea. I strongly feel that everyone should have access to alternative forms of treatment expecially if the allopathic physicians know that they are unable to help with a particular problem. Allopathic medicine is great for trauma care but successes in chronic care are very limited. In Germany Homeopathic Medicine has coexisted with Allopathic Medicine for a long time and Allopathic Physicians will freely refer patients to Homeopathic Practitioners if they can't help themselves. Both disciplines of medicine work hand in hand for the good of the patient.

✍

37. **Sheldon Lewis**, forHealers.com

As a parent of a 17-year-old boy with developmental disabilities (as well as a journalist with a special interest in complementary/alternative therapies), I have found that despite some excellent clinical work and research in CAM for children, parents are basically left to their own devices to case-manage their child's integrative medical care. There is a critical need for a comprehensive approach to accessing clinical evidence that exists on the use of CAM with children as well as a directory of practitioners who are competent in using these approaches. Moreover, pediatricians and pediatric specialists generally have little, if any, knowledge of CAM--a need that should be seriously addressed immediately in medical school and specialty training.

✍

38. **Sally Kimball Ekaireb**, NYNHC

I use alternative medicine for my personal treatment and for that of my children. My daughter suffered years of recurrent infections which caused repeated uses of anti-biotics throughout the year. Through the use of homeopathic treatment, she has had no further strep infections or ear infections and therefore no antibiotics for 3 years even while being constantly exposed to strep from close friends. My son has a neurological condition that would probably be categorized as ADD or ADHD. Hyper-activity is present in my family line as well as my husband's. Also there is a history of alcoholism and drug addiction (prescribed and recreational) that I believe contributed to his condition. I wanted healthcare that would treat this deeper physical inherited weakness. Through homeopathic treatment this child, now 7, enjoys a normal, life as a first grader in one of NYC's finest schools. He almost was not admitted because at the time he was interviewed, his behavior was extreme and he was under psychiatric treatment as well as that of an occupational therapist. Both of these latter treatments were discontinued as no longer needed. I believe that it is very important that we stop drugging the children of our country and look for better ways to heal their minds and bodies. Drugs like Ritalin do not cure. Moreover they are addictive and 80% of these prescribed children move on to recreational drugs by their teens. They don't know what it is to live in a drug free state. I also want people to know that homeopathy saved us and the insurance company the continued expense of psychiatric treatment and occupational therapy. The remedy itself cost only about $5.00 for a whole tube. Why is this kind of care so difficult to obtain in the USA when it is so accessable in England, Canada, Europe, South America and India???

✍

38. Jordana **Sontag**, Parent

✍

39. **James Navarro**, Parent

Thomas is the four-year-old son of Jim and Donna Navarro. In September 1999, Thomas was diagnosed with medulloblastoma, an aggressive form of brain cancer. Recently, doctors operated on him and removed a golf ball size tumor. After surgery, Jim and Donna learned that patients treated with chemotherapy and radiation at their son's age were either crippled or dead. Because of their discovery, Thomas' parents have decided not to subject him to the dangers and cruelty of radiation therapy and chemotherapy. The side effects of such treatment included fatigue, nausea, vomiting, as well as hyperthyroidism, spinal growth deficit, secondary tumors, and retardation.

The Navarros also discovered, in their search for alternative drugs, a viable treatment that offers a real chance for a cure and, more importantly, a treatment that will provide Thomas with a good quality of life. Thomas has been denied a promising therapy because of an FDA ruling that states that patients must first endure irradiation and chemotherapy simultaneously and then fail the treatments before attempting to use any other alternative forms of treatment. Then because the Navarros were unwilling to subject their son to traditional, FDA approved treatments, doctors turned the family over to child protective services! The Navarros left the country to seek treatment for their son.

The Navarros located Dr. Stanislaw Burzynski (bur-ZIN-ski), a medical doctor and cancer researcher. Dr. Burzynski has been able to use the body's defense systems to fight cancer in humans with drugs he has developed and named antineoplastons. These non-toxic, antineoplastons are peptides, small proteins and amino acid derivatives found naturally in the human blood. Normal healthy cells in the human body live a short time and die. Cancer cells, on the other hand, continue dividing and never die. The program for cell death is never activated. These antineoplastons work by reprogramming cancer cells to die as normal cells. What is more exciting is that the healthy cells are not affected as with traditional chemo and irradiation. Dr. Burzynski has used this treatment in patients as young as three months of age.

Jim will testify on June 7 and 8 in Washington, DC before a full House of Representatives committee regarding patient's rights bill. Currently, Jim is fighting his own battle against prostate cancer and two brain tumors have grown back in Thomas' brain.

41. **Jordi Ros,** Documentary Filmaker

42. **Robert Schiller,** Beth Israel Medical Center

42. **Ellen Paula Tattleman,** Albert Einstein College of Medicine, Montefiore Medical Center

43. **David Katz,** Yale School of Medicine

44. **William Prensky,** Mercy College

46. **Kenneth Steven Gorfinkle,** Columbia University/New York Presbyterian Medical Center

✍

47. **Constance Park,** Columbia University College of Physicians and Surgeons
Medical students need to learn, as part of the required curriculum, at least basic information about all CAM practices in use in the communities in which they train. This should be considered to be, at the very least, part of the "cultural sensitivity" curriculum. Students also need to know the scholarly literature about efficacy, mode of action, and potential interactions (both positive or negative, including herb-drug Interactions) of CAM treatments with more mainstream medical modalities. And they must learn how to critically assess any new literature, and how to discuss these issued with patients as part of joint patient-physician decision-making.

✍

48. **Mark L. Hoch,** American Holistic Medical Association
I thank you for this opportunity to address you in your quest for providing higher quality health care for America. I will address the requirements of physicians with regard to assuring access to safe and effective CAM practices. Physicians need training in medical school, residency, and continuing education when they are practicing in the community. This needs to include; an understanding of the core philosophy and frame work of various disciplines, their history, their scientific and practical basis, their range of efficacy and safety, and some experience of the practice of each. I speak as a board certified family physician, and a 14 year member of the American Holistic Medical Association (AHMA). I am the Secretary of the AHMA and have been on its Board of Trustees for 6 years. I have teaching experience as faculty at a residency program and as a community preceptor for 9 years. I have also taught at several national conferences on holistic medicine and on the faculty of the American Board of Holistic Medicine national review course. I have several years of practice

experience in holistic medicine and CAM including at 2 prominent multidisciplinary centers. Physicians need open and honest access to information in the American and world literature including evidenced based data. This includes cutting edge research and all quality research and information gathered at any time in the past.

Physicians need broad training in nutrition, herbology, the use of nutrients, manual medicine, various traditional medical systems, and spirituality. They also need training in the true art of healing and facilitating patients getting to the root causes of their health problems. This will enable them to provide quality advice to patients and effective, safe treatment or quality referral for such treatment. Over time they also need to know the general scope of safe and effective practice in each area and common contraindications of therapies and common harmful interactions between therapies. They also need organizations that will support them in their ongoing development as healers, their continuing education, and in networking. These organizations need experienced physicians who not only know the literature on CAM and holistic medicine but who are effectively practicing it. The AHMA which will put on its twenty-fourth annual scientific conference this year is one such organization. They also need certifying organizations such as the American Board of Holistic Medicine to examine them and help insure a high standard of practice. My colleagues and I in holistic medicine have helped thousands of persons to remarkably improve or restore their health after they have been told by several physicians that this was impossible for them to do. We know this approach works because they have been doing it for many years. We also know it can work for all Americans with the proper support and high quality training for physicians and other health care practitioners.

✍

49. **Fran Catherine Starr,** American Holistic Nurses Association

To bring attention to the need for monies needed to provide development of alternative education in the nursing venue as well as engaging interest and involvement by key hospitals, nationally.

✍

50. **Sally Bishop,** Mt. Sinai Hospital

51. **Bhaswati Bhattacharya,** American Public Health Association

The issue of training and education of CAM is an important one that has magnified in the past ten years, and has resulted in the formation of courses, centers, and institutes at mainstream medical centers throughout the country. The challenge is for us to be wise, broad-minded, and open enough to encompass and encourage all forms of healing without passing judgments as to who is "good enough" to be approved by such training for clinical practice. Examples include MDs who by virtue of their degree assume knowledge of herbal medicine, which is in fact not well taught at med schools; acupuncturists who quibble with other acupuncturists; and unlicensed healing practitioners who assume that all "doctors" are closed-minded. Training and education must be designed by people who understand training not because they have NIH grants, not because they have MDs, not because they have been doing it at mainstream medical centers, but rather because what they propose makes sense to a wide variety of healers, practitioners, trainers, students, and other healers-in-training.

52. **Pamela Miles,** Institute for the Advancement of Complementary Therapies
1, Current law does not recognize natural, non-invasive healing technigues as separate from the practice of medicine, and therefore all practitioners and consumers operate unter potential legal threat. 2. Conventional medicine does not recognize approaches that do not fall within its parameters and therefore usually limits itself to practitioners of natural therapies who have some kind of medical licenses, but who rarely have profound understanding of natural healing.
✍

53.**Brian J. MacNamara**
In 1929, an Act of Congress declared Naturopathy a distinct and separate branch of the healing art on the same basis as medicine, osteopathy and chiropractic. The authority of this Congressional Legislation, comes from codified lex scripta- The Herbalist Charter 34 & 35 Henry VIII, c.8 (1542). SSA and IRS recognize naturopaths as legitimate healthcare providers: federal definition Dept. Labor-079.101-014 since 1939. Citizens have the right to access the natural practices and practitioners of their choice without breaking the law. Integrating all modalities into the current system does not serve the majority of holistic practices because: research methods for efficacy cannot be applied to natural modalities in most cases; traditional forms of regulation do not fit natural modalities, many of which reach proficiency through non-traditional methods including, practicums, apprenticeships, distant learning and study with the masters. For instance, I had the opportunity to study with world renowned Clinical Nutritionist, Dr. Bernard Jensen, DC, ND, PhD on the tenets of replenishment nutrition. However, the 136 hours of coursework and certification won't appear on any curriculum transcript. Distant learning courses offered by Westbrook University, Trinity and Clayton are but a part of one's education as a nutritional or health consultant, or classical Naturopath. Many already have degrees from traditional schools or are seeking additional related coursework from traditional colleges. I do not want health insurance reimbursement for natural practices. Our current insurance system has failed by increasing the cost of care and services and by restricting the rights of practitioners and consumers. Low-risk natural modalities should not be put into this failed system. I am happy with the practitioners and their fees as they stand now. However, virtually all clients I have seen have asked if my nutritional services were covered by insurance. I want to be within the law when I see a natural practitioner and I want them free from risk when they see me. Naturopathic Physicians are first and foremost medical doctors and must be licensed medical doctors. They are already regulated by current means. Naturopaths are not medical doctors, they do not practice medicine and the nutritional supplements and herbs are not drugs. Therefore, the effort to subsume Naturopaths into medicine and current medical regulation should be stopped. I am a student member of the American Naturopathic Medical Association

and am seeking certification in nutrition from the American Naturopathic Medical Certification and Accreditation Board, Inc. which is endorsed by the Federal Intermediary Council of Alternative Medicine (FICAM) registered will all government offices. The former organizations membership is made up of many medical doctors who recognize the value of classical, non-medical Naturopathy. It is through organizations such as these that standards and ethics can be established through certification. Physicians, Naturopathic or otherwise are already MD's and must adhere wo current law and regulations. The government's acceptance of these organizations will allow consumers to obtain information about modalities and practitioners. I believe those claiming to be Naturopathic Physicians without Doctor of Medicine degrees are breaking the law. Funding can promote research without licensure or restricting the naturopath's right to exist. To abolish the non-medical, Naturopath, nutritional consultant or health counselor's right to exist and homogenize Naturopathy into the current medical establishment would not only be unethical, but, I believe, unconstitutional under the Ninth Amendment's protection of innumerable rights of American citizens.

54. **Andrew L. Rubman,** AANP, University of Bridgeport, CSNP

55. **Mark W. Garber,** Greenwich Hospital
As an MD who teaches naturopathic students as well as allopathic students, and who also works full time as a clinician, my perspective is a practical one in terms of CAM.

56. **Bronner Handwerger,**

57. **Jonathan A. Daniel,** Pacific College of Oriental Medicine

58. **Steven Schenkman,** The New York College for Wholistic Health Education and Research
Steven Schenkman, B.A., L.M.T., President NY College, The New York College for Wholistic Health Education and Research Based on my experience as President of a CAM college, my oral statement will focus on the difficulties of integration with

conventional medical institutions and practitioners. I will draw upon my experiences and will conclude with some basic recommendations to improve the climate between the CAM and conventional research communities. I will also address the need for training in Eastern and Wholistic medical practices by physicians and other Western trained health care providers in order to help facilitate an environment of understanding and education.

✍

59. **Michael Charles Gaeta,** New York College for Wholistic Education and Research

All those who wish to practice acupuncture in the United States should meet the minimum educational & testing requirements established by the profession. The public needs to be fully informed as to the differences in training between licensed acupuncturists and other providers who practice acupuncture with abbreviated training. Insurance companies who choose to cover acupuncture care should do so whether the practitioner is a physician acupuncturist or a licensed acupuncturist.

✍

60. **Kathleen Ann Golden,** Acupuncture Society of NY

61. **Donald Dangelo,** American Society of Acupuncture

62. **Tsao-Lin E. Moy,** Tri-State College of Acupuncture

I would like to offer testimony regarding the standards of education from the perspective of a student in an accredited Acupuncture program. The rigor of the program, and the amount of hours of study and hands on training and supervision a student experiences. I am a representation of this process.

63. **Huaihai Shan,** University of Medicine & Dentistry of New Jersey

How to promote the Traditional Chinese Qigong in the United States: The Application of Traditional Chinese Qigong in psychiatry. Presenter: Huaihai Shan, M.D.; Associate Professor of Psychiatry; Shanghai XUHUI Mental Health Center, P.R.China; Shanghai University of Traditional Medicine, P.R.China; Shanghai Institute of Qigong Research, P.R.China; Visiting Associate Professor, Department of Psychiatry, UMDNJ,RWJMS.....CAM sssociated with psychiatry was included for Biofeedback therapy, Acupuncture, Chinese herbs, meditation, Autonomic training, hypnosis, relaxation therapy and Biotherapy that have been used in behavioral medicine. The patients seek to CAM for their health due to side effects of some drugs in neurotic disorders or other mental disorders. NIH and practitioners increasingly recognize Qigong as one of the CAM. Although the concept of Qigong has not yet been fully, practitioners and patients in the world have accepted it. There is good evidence supporting the use of Traditional Chinese Qigong. Traditional Chinese Qigong is increasingly practiced in conventional medical settings for mild anxiety, depression and other medical problems. The most medical problems were benefited from Qigong practice are psychosomatic disorders; for example, asthma and cancers, etc. These therapies have been done in the research and treatment for psychosomatic diseases and other medical problems in psychiatry. But there are few psychiatrists who are interested and study in this field in the world, especially in China. Currently, there are following some questions about Qigong that should be discussed in order to promote correctly the Traditional Chinese Qigong in the United States and the application of Traditional Chinese Qigong in psychiatry. 1. Many Qigong masters do not have extensive medical knowledge to diagnose properly for medical problems that will be treated by Qigong masters. 2. The evidence of efficacy cannot accept by conventional medicine because research is no placebo controls and lack of research skill among CAM practitioners. 3. Qigong is not scientific term according the conventional medicine and is not consistent with known medical science. Qigong has been misused in the community and conventional medical settings in China. There few results of research had scientific because many studies had no good design of research even though many studies have been done in China. What is Qigong? Although Qigong is widely practiced in the world and there is growing number of people and patients who are interested in the practice of Qigong, there are still some different opinions about the definition of Qigong at different fields in the world. Qigong embodies two principles: Qi is the vital energy of the body and gong is the practice and training of the Qi. What I am teaching now Qigong is one of the Traditional Chinese Qigong that is also called as medical Qigong. Qigong is well known in the world, but there are few people know what is real Qigong. Traditional Chinese Qigong is a different method from external Qigong and one of the self-practice as behavioral therapy. However, people practice Traditional Chinese Qigong could produce a serious psychophysiological reactions and reach far beyond our physical health. The many psychiatrists and psychologists were interested and involved in this field right now. But there is tendency the misleading the application of Traditional Chinese Qigong in psychiatry. Traditional Chinese Qigong is the ancient art of health maintenance and healing that originated several thousand years ago in China. Traditional Chinese Qigong has three elements: mind, breathing and movement. The ultimate goal on Qigong is to improve the functions of the Mind/Body in a balanced way. Traditional Chinese Qigong is also one of the psychological rehabilitation techniques. For thousands of years, millions of people have benefited from Qigong practices and believed that improving the function of Qi maintains health and heals disease. It is believed that regular practice of Qigong helps to cleanse the body of toxins, restore energy, reduce stress and anxiety, and help individuals maintain a healthy and active lifestyle. I hope that psychiatrists and psychologists would consider Traditional Chinese Qigong as behavioral therapy in psychiatry and the community because Traditional Chiniese Qigong is of the Mind/Body interventions. I suggest that NIH could build up a center for research of Traditional Chinese Qigong in NCCAM that would control and manage the practice of Qigong including what is

indication and contradiction of Qigong practice. The practitioner should consider the safety of Qigong in the treatment of medical problems because Qigong may induce some pyschological responses the are not good for their health if they were practiced in a wrong way or inapproriately. We would offer some the training courses of Traditional Chinese Qigong in the United States. I hope the NCCAM establish the system of license of Qigong instructors in the future. The quality of research in the application of the Traditional Chinese Qigong in psychiatry should be improved. We are very interested in the application of Traditional Chinese Qigong for psychosomatic disorders in psychiatry. Now, we would like to compare Traditional Chinese Qigong and Biofeedback Therapy in Methadone Setting for Drug Abusers and will evaluate the possible therapeutic effects of the Traditional Chinese Qigong and Biofeedback Therapy for drug abusers. How to promote the Traditional Chinese Qigong in the United States? I wish to increase the research funds in the application of Traditional Chinese Qigong in psychiatry. There few people know what is Traditional Chinese Qigong that is different from External Qigong and energy therapies in the western country. There is a tendency the misleading the application of Traditional Chinese Qigong in psychiatry even though Qigong has been widely used in the world, but Qigong has been misused in the community and conventional medicine. I wish psychiatrists and psychologists would be involved deeply in the application on Qigong in psychiatry.

64. **Christopher Kent**, Council on Chiropractic Practice

65. **James Dillard,** Columbia University College of Physicians and Surgeons

66. **Barrie R. Cassileth,** Memorial Sloan-Kettering Cancer Center

67. **Raymond Y. Chang,** Institute of East-West Medicine

To make CAM more accessible and transparent, we need to win the trust of the conventional medical community, which is still divided and occasionally hostile to CAM. It needs to be clear that although CAM practices maybe unconventional or at times its mode of action (eg aupuncture) even yet unaccountable by the current state of science, we need to ultimately judge it by outcome data. Unfortunately, the relative trickle of public and private funding available for formal trials will make such data unavailable for many CAM modalities and interventions for a long time to come. This has to do with patentability and profitability as well as other commercial and policy issues, and will need to be solved on a macro level over time. Meanwhile, although limited curricula for CAM has been included in most medical schools, serious CAM practice and training is lacking at the residency and fellowship level making most CAM practitioners by and large self-taught or self-professed. This quality of CAM practice can be enhanced with appropriate introduction of CAM into post-graduate training programs as well as most medical conferences as sponsored by the major medical societies. Education is less expensive to fund than research but will generate an awareness crucial for a future generation of practitioners to accept CAM modalities and practitioners.

68. **Janice Pingel,**

Mrs. Pingel used CAM successfully 10 years ago for a back problem. She's been combining conventional and CAM treatment for lung cancer that has metastasized to the liver. She was originally given 6 months to live, but her response to her current chemotherapy, which began at the same time she began using a specific Chinese tea, has her oncologist impressed. The oncologist believes her good scan results are likely due to the combination of treatments.

68. Joan Runfola

As both a cancer survivor and an oncology social worker who has counseled and guided people with cancer and their families for 23 years (with a special concentration on CAM), I feel it is not only important to get information out to the public on all aspects of CAM, but especially to give people seeking these treatments and approaches guidelines on questions to ask CAM practitioners in order to determine how safe and effective the approach is likely to be for them. I have developed a "Brief" on this topic which is used by Cancer Care social workers to help patients in this decision-making process (see our web site, www.cancercare.org). Medical consumers also need to be given what to look for in selecting specific CAM practitioners (licensing, qualifications, etc.) and list of national or local organizations who can refer them to practitioners with these qualifications. I have developed a list of some of those national organizations and can bring it to this meeting. Additionally, it has been shown that approximately 60-72% of medical consumers utilizing CAM treatments and approaches do so without discussing this with their physicians. The public needs to be educated about the importance of this and the deleterious results that can occur (e.g., negative drug/herb interactions, etc.) if they do not. They also need to encourage communication between the CAM practitioner and their physician. For this to occur, physicians need to be gaining more education about these approaches, with some requirements built in so thay learn these (either in medical schools, CEU's,etc.). If patients get negative responses from physicians who are totally closed to the idean of the patient using any form of CAM, the patient will go behind the physician's back to seek out these approaches, with no guidelines or oversight to ensure that it's done responsibly. Some form of listserv providing: (1) guidelines for decision-making (questions to be asked CAM practitioners); (2) lists of organizations which could describe necessary qualifications and refer to qualified CAM practitioners; and (3) scientically based, unbiased information about methodology, risks and benefits of CAM approaches could be put out by a reliable, unbiased organization (such as this commission or the Center for Complementary and Alternative Medicine out of NIH) to serve both physicians and the public to ensure at least a baseline level of dissemination of information.

70. **Barbara Sarah,** Oncology Support Program/Benedictine Hospital

I address you wearing three hats: one as the co-chair of the National Association of Oncology Social Workers Complementary/Alternative Medicine Special Interest Group, second as the chair of the Complementary Medicine Committee and the Coordinator of the Oncology Support Program at Benedictine Hospital in Kingston, NY and third as an 8 1/2 year breast cancer survivor. In all three roles I face daily a quagmire of information about CM: patients, other

healthcare professionals and I, myself, have questions about the reliability of information flooding us from all sides. We need a national source that evaluates and promulgates this information and makes it available to us on a regular basis. We need doctors who are educated about CM and can spread the word to their colleagues; we need up-dates to other healthcare professionals (social workers, nurses) through the Internet or hard copy bulletins; we need patient advocates who are well-informed to pass information along to patient groups. I propose a Complementary Medicine Advocate Corps of educated and trained representatives from the above mentioned groups who would be regularly up-dated by the National Office on CAM on current research and these people could disperse this information through their respective networks.

71. **Virginia Mae Langley,** The Coalition for Natural Health

My experiences with CAM practices which include curing cancer, sinus infections, ear infections, and bladder infections. I would like to be allowed to practice as a CN in New York State.

72. **Robb Burlage,** National Council of Churches, Director of Health Justice Ministries

73. Swami Sada Shiva Tirtha

✍

74. **Ellen H. Schaplowsky,** Traditional Chinese Medicine World Foundation
We speak from the traditonal Chinese medicine (TCM) viewpoint alone. This 5,000-year-old medical system must be understood on its own terms in the West and we propose several ways to ensure consumers have ready access to TCM: one is symposia on how TCM can serve as a complement to Western medicine, and how this is being done successfully in China; another is education for the consumer and healthcare professional about TCM being far broader than acupuncture alone. It is also essential to develop programs that break down barriers that cause Western practitioners to negatively influence, and in some cases frighten, patients from complementary medicine.
✍

75. **Ming Jin,** MingQi Natural Healthcare
I would like to highlight three points: 1) Chinese Herbs and acupuncture are integral part of Chinese medicines and should be treated as such in regulations, research funding, education, etc. 2) In addition to preventive benefits, Chinese herbs are proven to treat various diseases whereas no effective drugs are available. NIH should provide more research funding in this area. 3) Most health incidents of Chinese herbs are caused by lack of understanding by manufacturers, practitioners, etc. A higher standard in medical herbologist education and license is required.
✍

76. **Thomas Leung,** Association of Chinese Herbalists

The Association of Chinese Herbalist would like to address the White House commission on two subjects. The first regarding the differences in training of herbal practitioners and acupuncturists, and second, the distinction between Traditional Chinese Medicine and Chinese Herbs. It is important that a distinction be recognized between the practice of Acupuncture and Traditional Chinese Herbology. They are two distinct disciplines that share some common theories, but are very different in their practices and training. An acupuncturist does not necessarily have any training in the use of herbs. It is not an educational or licensing requirement in the State of New York or any other state in the union for an acupuncturist to study TCM herbology. The reverse also applies to an herbalist's training, he/she does not have any training in discipline of Acupuncture. Therefore, it would be irresponsible and unethical for practitioners of either discipline to cross over and treat patients in modalities that they are not trained in. Our association recommends to the commission that these two different disciplines of TCM should be of two separate licenses with different educational requirements. They should not be lumped together as one practice under Traditional Chinese Medicine. The second subject is the importance of recognizing the roles of Chinese Herbs in Traditional Chinese Medical Herbology and Chinese culture in general. A Practitioner of TCM Herbology may use Chinese herbs in its practice. However, Chinese herbs are not limited to its role in TCM. Many herbs are also used as spice as well as food. Food as medicine is a concept that is deeply embedded in Chinese culture. There is often a very fine line between food and medicine. Therefore, it is important that we recognize that aspect of Chinese herbs. Our recommendation to the commission is that, if and when, an attempt to legislate the use of Chinese herbs, we must take into account its dual aspect. We should not limit access of Chinese herbs to strictly TCM herbal practitioners.

77. **Sezelle Gereau-Haddon,** M.D., The Riverside Church Wellness Center

In 1997 alone, $21.2 billion was spent on CAM therapies; at least $12.2 of this amount was paid out of pocket. Alternative medicine has great potential to becvome available only to the very rich, or very savvy medical consumer. As a practitioner in Harlem, I find this unacceptable. The education of communities such as our own in alternative methods could result in preventative lifestyle changes, ones that could ultimately result in a savings of money spent on disease treatment. No one stands to benefit more from this, than the medically underservede and financially deprived. I hope that the cvommission will examine ways to make finances for alternative practices available in all communities. The role that faith-based communities can play should be examined closely, as here again; there is the potential to reach many in need in a cost effective fashion.

78. **Frances L Brisbane,** SUNY School of Social Welfare

79. **Ora J. Bouey,** SUNY at Stony Brook, School of Nursing

80. **Elsie Owens,** SUNY School of Social Welfare

81. **Eliza Townsend,** Private Practitioner

82. **Charles L Robbins,** SUNY School of Social Welfare


83. **Dan Kamofsky,** Care for the Homeless


84. **Maria Josepher,** Exponents Inc


85. **John Tribbie,** Greyston Health Services

86. **Anthony Vera,** Betances Health Center

Complementary or alternative medicine, in the form of home remedies or new self-care discoveries amidst the cultural diversity of New York City, has been a first choice of care for many Latinos and African Americans served by Betances Health Center. Located in the Lower East Side, an area rich with cultural diversity and neighboring Chinatown, Betances provides health care with a commitment to integrate the knowledge of Eastern and Western cultures. Ninety-one (91) oercent of our patients are Hispanic and African American, and our experience has been that all have utilized at least one complementary care remedy for acute or chronic conditions. Among Latinos particularly, the "botanica" continues to be more than a place for spiritual healing, one where herbal remedies are intricately connected to belief systems that are only now being ncovered by Western medicine to be a critical predictor of positive medical outcomes. Regrettably, the barriers posed by Western medicine are complicated by a market place culture that seeks to promote complementary health care the way it sells beauty and fashion. There is no scientific method behind culturally driven remedies that show their efficacy with the power of tradition and use over countless geneerations. And managed care, reimburesement practices, and quality assurance methodologies are locked into the paradigm of Western medicine and the scientific method. A paradigm shift is needed to make room for complementary care that is truly integral to the benefits that are derived from the ways of Western medicine. While we wait for such a revolution in Western medicine, there are some practical ways that community health centers can be allowed some room to practice good medicine using holisitic approaches that embrace traditional Western medicine with culturally syntonic complementary care practices.

87. **Anne Markowitz,** Center for Victim Support, Harlem Center

88. **Pamela A. Maurath,** Midwifery Task Force
Contrary to ghe general assumption that consumers are not capable of evaluating marketplace choices, I believe that given adequate evaluative information, the average citizen is fully capable of choosing the most appropriate health care options. To that end it seems that the direction of current research should be informed, at least in part, by the need to provide consumers with the best science available in order that they can make informed choices. In practice, that would mean looking at the full range of scientific methodologies and designing research projects that would best suit both the alternative medicine practice in question and the primary questions that the public, including government decisionmakers, would have concerning a specific alternative medical practice. The point being that there is not a one-size-fits-all research methodology, with the goal being to design a project that can in fact provide information and indicators central to the consumer decision making process.

89. **Sharon S. Reilly,** Friends of Midwives in Connecticut
I am president of Friends of Midwives in Connecticut and a consumer of midwifery services for the planned home birth of my second child. I would like to describe my own experience with the barriers to access to homebirth midwifery services in Connecticut, as well as describe the types of inquiries my organization receives from other families seeking this type of midwifery care. FOM/CT supports the national credentialing of midwives (CNM, CM,

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.

✍

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.

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

✍

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.

✍

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

117. **Ulises Vargas,** Coalition for Natural Health

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
✍

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

126. **Belinda Arocho**

127. **Francis Lane Rosenbluth**

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

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.

131. **Kathleen Bratby**, Feingold Association

We are concerned about the lack of access and information about available treatment options, specifically dietary intervention for behavior, learning & health problems such as those associated with ADHD. Consideration should be given in any ADHD assessment protocol to try diet first, to determine the most accurate diagnosis and treatment. The Feingold Program provides the most easily implemented and cost-effective approach.

✍

132. **Sandra Ehrenkranz**, Feingold Association

✍

133. **Ludwig Anaya**

Los beneficios que he podido ver en mis ocho aNos de experiencia, en Colombia, con pacientes Asmaticos. El usar corticoides a largo plazo, y pasarlos a remedios Homeopatico. Lo economico que es para una familia el tratamiento con remedios de Homeopatia. En la provincia donde vivo, la principal causa de morbimortalidad son los problemas respiratorios, y muchas muertes en ninos menores de 5 aNos son devida al poco poder adquistivo para comprar los inhaladores, lo antibioticos, los antihistaminicos, los cuales son el manejo comun, sin nombrar el manejo con CORTICOSTEROIDES, Y EL DANO QUE HACEN A LARGO PLAZO EN EL CECIMIENTO DE LOS NINOS Y NO SABEMOS QUE MAS PODAMOS ENCONTRAR EN EL FUTURO. Mientras que he TENIDO LA OPORTUNIDAD de manejar estos casos tanto en el Hospital que trabajo con medicina Tradicional, o sea con los tratamientos convencionales, y por aparte en mi consultorio, con Homeopatia y he podido comprobar lo economico y SOBRE TODO LO EFECTIVO de estos tratamientos. Como especialista en Epidemiologia, estoy dispuesto a conformar un grupo de estudio. En pacientes Asmaticos, tratados con Medicina Tradicional, y otro grupo con Homeopatia. Se puede hacer un estudio multicentrico. Gracias.

✍

134. **Diego E. Sanchez,** AOBTA

135. **Magnolia Goh,** Highbridge Woodycrest Center

136. **Pierre Rene Fontaine,** New York Natural Health Coalition
I will be presenting from a consumer point of view. How I use Homeopathy and what should be done so that people can have ready access to this safe and effective form of medicine that is practiced around the world.

White House Commission on Complementary and Alternative Medicine Policy

New York City Town Hall
January 23, 2001

Commissioners Briefing Materials

WHITE HOUSE COMMISSION ON CAM POLICY
TOWN HALL MEETING, NYC
January 23, 2001

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

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

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

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

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

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

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

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

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

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

WHITE HOUSE COMMISSION
ON
COMPLEMENTARY AND ALTERNATIVE MEDICINE POLICY

JANUARY 23, 2001
NEW YORK CITY

Ansel R. Marks, M.D., J.D.
Executive Secretary
New York State Board for Professional Medical Conduct

(brief outline of presentation)

1. MISSION STATEMENT of BPMC/OPMC
   -see addendum

2. BOARD - approximately 200 members (2/3 MD, 1/3 public)
   - largest of its kind in world

3. Sensitivity to issues of Complementary and Alternative Medicine
   - Public Health Law §230
     - 2 members of Board/Comp. Medicine
   - Seminar of Annual Meeting of the Board in Plenary Session

4. Origin of cases - 6690 complaints in year 2000
   - reactive not proactive
   - no hidden agenda specifically identifying physicians in a specialty of medicine

5. Investigation Strategy
   - includes over 750 experts

6. Standards of Care
   - national standards
   - negligence/Incompetence - deviation
   - divert patients from acceptable standards → patient detriment

7. Hearing - Fair Due Process
   -findings
   -appeal

BPMC/OPMC MISSION STATEMENT

The Office of Professional Medical Conduct (OPMC) is authorized pursuant to New York State Public Health Law Section 230 (PHL 230) to investigate on its own any suspected professional misconduct and to investigate each complaint alleging misconduct received regardless of the source. This same statute creates the state Board for Professional Medical Conduct (BPMC) which is authorized to conduct disciplinary proceedings and assist in other professional conduct matters by committees on professional conduct. OPMC's mission is as follows:

To protect the public from medical negligence, incompetence, illegal or unethical practices by physicians, physician assistants, and specialist assistants.

To deter the incidence of professional misconduct by physicians, physician assistants and specialist assistants.

To promote and preserve standards of medical practice which conform with applicable laws and regulations.

To respond to expressed public questions and concerns over the quality of medical care.

To: White House Commission on Complementary and Alternative Medicine Policy

From: Caroline V. Rider
consumer

Date: Tuesday, January 23, 2001

First, thank you for all the time, effort, thought, and concern you are giving to this project. It is very important for America.

Second, the MOST important thing I have to say is: Please do what you can to help us as consumers get, if we are in a state where we don't have it, or retain, if we are in a state where we do have it, the FREEDOM to purchase the complementary and alternative health care services from the providers WE choose, trained the way WE want them to be trained. Please DON'T advocate the spread of the traditional regulatory model for these services.

Please DON'T try to apply uniform standards of education, training, or licensure to all CAM practitioners. Let CAM practitioners disclose their qualifications to me as a consumer, and LET ME CHOOSE. Our present regulatory tools are clumsy, expensive, and not tremendously effective. Moreover, they take away the consumer's right to make a choice, informed or uninformed, as the consumer chooses. Although I can sort of see the logic, in theory, of having some specialist who is going to cut me open with a knife and do fancy things to my insides be qualified and overseen by other, similar specialists who work for the state and have the power to license and de-license; in practice, that power operates more to limit the supply of practitioners and increase their cost than it does to uphold the quality of the work done....and it certainly does not prevent iatrogenic illness and death.

How much LESS sense, then, does it make to apply that clumsy, expensive approach to those complementary and alternative health care services which have low risks of direct harm and/or side effects? PLEASE.....let my CAM practitioners be LEGAL, let them DISCLOSE their qualifications to me when I go to see them in their office, and then GET OUT OF THE WAY and let me choose for myself.

In the same vein, then, please DON'T have government-required education and/or training for each modality. Let the practitioners themselves figure out what they should do, let their professional associations debate these questions, and let the public vote with their feet. There is a very low risk of harm, so Big Brother is not needed.....and the complementary and alternative health care field will develop, evolve, and blossom into ever more effective ways of helping people heal and be well, much faster and less expensively, if the government does nothing more than make them legal, and mandate disclosure.

Performance standards and practice guidelines set and supervised by regulatory authorities are NOT needed for the complementary and alternative health care community. As in many other fields, practitioners in their professional societies will develop peer certifications, and will publicize them, and over time, the public will choose some certifications as being more valuable than others. The government should let this process take care of itself.

From my point of view as a consumer, insurance reimbursement is not that important. I paid about $480, over the course of a year, to a homeopath to get major, permanent relief from pet allergies. That is a small fraction of what it would have cost to get less permanent relief from a board-certified MD allergist in the same geographic area. It doesn't bother me that my insurance company didn't pay for it. I would rather have the care I want from the person I want, delivered without any HASSLE from the insurance company, than have some portion of it paid for by them. But if some of it were reimbursed, that would be fine, too, as long as it didn't begin to warp the nature or extent of the care because the insurance company wants to tell my homeopath how to practice.

I do NOT have the ready, unfettered access to complementary health care services that I would like to have. Because of the threatening regulatory climate, there are too few practitioners in the Hudson River Valley where I live. If it were clear that these low-risk practices are legally open to practice by anyone, without licensure or registration, but with the obligation to disclose whatever qualifications the person did have, then schools would spring up, there would be more practitioners, and I would have a greater range of choice. There would be more publicity about these practices from professional societies, schools, and practitioners, and I would have a much better range of reasonably priced services to choose from.

Let me emphasize that I am not some "irrational wildwoman" or some "knee-jerk, anti-science kook".....indeed, my undergraduate degree was in biochemistry, with honors. I did my own research on the ATPase activity of dystrophic muscle in the mouse. Though I am now a practicing attorney and a tenured professor of management, I still subscribe to and read Science News. I think that western methods of scientific research are very useful for solving certain types of problems. I think that they are of extremely limited usefulness in discovering and understanding the nature of the body-mind interaction, and I think that the body-mind interaction is absolutely central to healing many types of illness.

Like almost all users of complementary and alternative health care services, I also purchase the services of allopaths. I have a very fine OB-GYN, an excellent internist, and an extremely competent and kind surgeon who did one hernia in 2000 and will be doing another in 2001. I am grateful for their care, and I wouldn't do without them for the things that they are good at. Parenthetically, they are such conscientious, caring people that they would be JUST as good as they now are even if there were no licensure for MDs in the State of New York. I found them by following chains of personal testimonials from their patients and colleagues.

Withdrawal/Redaction Marker
Clinton Library

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

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

OA/Box Number: 43232

FOLDER TITLE:
WHCCAM Meeting Testimony, January 23, 2001 [5]

2011-0568-S
kc826

RESTRICTION CODES

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

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

C. Closed in accordance with restrictions contained in donor's deed of gift.
PRM. Personal record misfile defined in accordance with 44 U.S.C. 2201(3).
RR. Document will be reviewed upon request.

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

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

[003]

But I know, even if they don't, what their limitations are, and what OTHER kinds of health care providers I need, for certain types of health problems. I have been very successful finding cures using alternative health care modalities for problems that my children had that could not be cured by allopathy alone. I would be furious if the licensed health care community decided to take it upon themselves to try to impose the licensure/scope of practice/standards of practice model upon the CAM community. In my view, that model serves the pecuniary interests of the licensed practitioner far more than it serves either the safety or the prospect of healing of the consumer.

For analysis of the structure of the traditional system of health care regulation, and the weaknesses of that system, I commend to your attention the work of Michael Cohen, most particularly his book Complementary and Alternative Medicine.

In closing, let me reiterate: complementary and alternative health care practitioners need to be sure that they are legal, even though they are unlicensed, and they need to be left alone. If they do harm somehow, we already have a very well developed tort law system, advertised regularly and, may I say, unattractively, on TV every day, that can take care of the accountability and compensation problems. But most of them are low-risk modalities and will generate very few problems. We JUST DON'T NEED the form of consumer protection that licensure and state-mandated scope and standard of practice regulations are at least MEANT to confer.

What we NEED is freedom to choose the practices we want to use, and the practitioners we want to have. If I think that the best thing for me would be a reiki practitioner who is also a homeopath, then I want to be able to choose that. If we have the traditional regulatory system for complementary and alternative health care practitioners, my access to such people will be limited or nil, because very few people will be able to AFFORD the formal schooling, examinations, fees, and so on, which will be required. Given the low risk of me harming myself using complementary and/or alternative health care practices -- not NO risk, but LOW risk -- it seems to me that it would be good for me and good for society if you could help me make my practitioners legal, and then LEAVE US ALONE!

Thank you.

Caroline V. Rider

Caroline V. Rider, J.D.
(b)(6)
Red Hook, NY (Dutchess County) 12571

email: caroline.rider@marist.edu
telephone: 845-575-3000 x2909

In Support Of Federal Legislation To Protect Complementary and Alternative Physicians

By Attorney Stephen L. Lockwood
Delivered to the White House Commission
On Alternative Medicine
New York City
January 23, 2001

Federal Legislation should be enacted to protect complementary and alternative physicians from discriminatory disciplinary proceedings by state regulatory bodies whose staffs are uninformed about and therefore biased against safe and effective complementary and alternative medicine (CAM) treatment modalities which compete with current accepted methods of conventional care. The impact of current regulatory enforcement schemes deprives patients of their constitutional right to choose among various CAM treatment modalities by discouraging physicians from pursuing CAM therapies for fear of being the subject of disciplinary actions designed to revoke their licenses. Disciplinary proceedings against physicians are costly to defend. The mere threat of such disciplinary actions has a chilling effect on the use of non-conventional treatments by physicians even though many such treatments are far safer, more cost effective and more efficacious than the accepted conventional treatments. This results in higher health care costs to patients and the nation.

Several states have enacted legislation to provide some protection to physicians who use non-conventional treatments; however, these laws are neither uniform nor sufficient to protect CAM physicians from unfair disciplinary actions. New York State's Alternative Medical Practices Act (Chapter 558 of the Laws of 1994) serves as an example. Passed in 1994, the Act mandates at least two of the more than 200 members of the Board of Professional Medical Conduct be physicians who devote a significant portion of their practice to the use of non-conventional treatments yet there is no requirement mandating that such CAM members of the Board serve on the investigatory or hearing panels in disciplinary actions against CAM physicians. New York's Office of Professional Medical Conduct utilizes medical experts unfamiliar with CAM therapies to evaluate CAM physicians during its investigations. Furthermore, one never learns the identity of the person or persons whose complaints have generated the investigation and disciplinary proceedings.

New Federal Legislation could be part of a Patient's Bill Of Rights designed to protect patients' constitutional right to choose among various CAM therapies by protecting physicians using these therapies from unfair disciplinary actions. Such legislation could mandate education in CAM therapies for state regulatory bodies and that CAM physicians serve on investigatory and hearing panels which are assessing CAM physicians.

In Support Of Federal Legislation To Protect Complementary and Alternative Physicians

By Attorney Stephen L. Lockwood
Delivered to the White House Commission
On Alternative Medicine
New York City
January 23, 2001

Federal Legislation should be enacted to protect complementary and alternative physicians from discriminatory disciplinary proceedings by state regulatory bodies whose staffs are uninformed about and therefore biased against safe and effective complementary and alternative medicine (CAM) treatment modalities which compete with current accepted methods of conventional care. The impact of current regulatory enforcement schemes deprives patients of their constitutional right to choose among various CAM treatment modalities by discouraging physicians from pursuing CAM therapies for fear of being the subject of disciplinary actions designed to revoke their licenses. Disciplinary proceedings against physicians are costly to defend. The mere threat of such disciplinary actions has a chilling effect on the use of non-conventional treatments by physicians even though many such treatments are far safer, more cost effective and more efficacious than the accepted conventional treatments. This results in higher health care costs to patients and the nation.

Several states have enacted legislation to provide some protection to physicians who use non-conventional treatments; however, these laws are neither uniform nor sufficient to protect CAM physicians from unfair disciplinary actions. New York State's Alternative Medical Practices Act (Chapter 558 of the Laws of 1994) serves as an example. Passed in 1994, the Act mandates at least two of the more than 200 members of the Board of Professional Medical Conduct be physicians who devote a significant portion of their practice to the use of non-conventional treatments yet there is no requirement mandating that such CAM members of the Board serve on the investigatory or hearing panels in disciplinary actions against CAM physicians. New York's Office of Professional Medical Conduct utilizes medical experts unfamiliar with CAM therapies to evaluate CAM physicians during its investigations. Furthermore, one never learns the identity of the person or persons whose complaints have generated the investigation and disciplinary proceedings.

New Federal Legislation could be part of a Patient's Bill Of Rights designed to protect patients' constitutional right to choose among various CAM therapies by protecting physicians using these therapies from unfair disciplinary actions. Such legislation could mandate education in CAM therapies for state regulatory bodies and that CAM physicians serve on investigatory and hearing panels which are assessing CAM physicians.

Withdrawal/Redaction Marker
Clinton Library

DOCUMENT NO. AND TYPE	SUBJECT/TITLE	DATE	RESTRICTION
004. testimony	Simone Charlop (partial) (1 page)	01/23/2001	b(6)

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

OA/Box Number: 43232

FOLDER TITLE:
WHCCAM Meeting Testimony, January 23, 2001 [5]

2011-0568-S
kc826

RESTRICTION CODES

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

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

C. Closed in accordance with restrictions contained in donor's deed of gift.
PRM. Personal record misfile defined in accordance with 44 U.S.C. 2201(3).
RR. Document will be reviewed upon request.

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

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

[004]

TESTIMONY

Presented to the White House Commission
On Alternative and Complementary Health

January 23, 2001
New York City

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

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

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

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

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

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

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

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

Thank You and Blessings.

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

Oral Testimony [#72]
Robb K. Burlage, Ph.D.
Director, Health Justice Ministries c/o National Council of Churches
Consultant, Health and Wellness Ministries,
The Riverside Church, New York City
Convener, Interfaith Health Seminar at Riverside Church
Founder and Editor, *The Health/PAC Bulletin*
475 Riverside Drive, Room 824, New York, N.Y. 10024
Phone 212-870-3560
* * * * *

"Our Communities' Right to Universal Holistic Health Care"

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

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

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

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

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

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

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

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

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

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

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

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

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

* * * * *