

presented, you're under duress. I mean, you're treating a really difficult group of clients. And how about yourself, is CAM therapy utilized there in your own dealing with the stress?

TRIBBIE: Well, one of the things that I do for my staff . . .

CHEN: Yes, well, that's what I mean, your staff, because attrition rate must be terrible with it.

TRIBBIE: You tend to go through periods where, you know, stress is sort of like an elevator, it goes up and down. So during periods of high stress . . .

GORDON: Speak a little closer, please, to the mike.

TRIBBIE: We try to make those services available to the staff. Give them the opportunity to either access acupuncture, massage therapy, whatever their choice is.

JOSEPHER: We've actually been very fortunate in that we've gotten some private grant monies to create a meditation room, and we purchased an entire set of the quartz crystal bowls for all the shakras. And every Friday, we were, it has stopped now, but every Friday we were conducting full hour and a half meditation for any staff that wanted to attend. They really saw the benefit in leaving the anxiety and the stress at the office, especially for the weekend. I myself, I mean, I've been a meditater for about twenty-five years. So if I don't meditate, there is a major difference, especially in dealing with the populations that we deal with. It's so important.

MARKOWITZ: And I would say, at Harlem Hospital, absolutely not. There is nothing utilized. The staff is as nutritionally challenged, I would say, as the patients. And there is a kind of air of depression over a lot of the work that goes on because the resources are so poor.

GORDON: I just wanted to say a word about Exponents because I have worked with the program from the beginning, and it's an extraordinary program. We just didn't have time yesterday, but I would really suggest to the commissioners that if you have an opportunity, if it's not too much of an imposition, that sometime you come and see the program if you're in New York. One of the amazing things about is about eighty percent of the staff came through the program. Wasn't it about eighty percent or more?

JOSEPHER: All of the direct services staff. Out of forty-five staff members, thirty-eight, who are direct services staff, were ex-offenders or are ex-offenders and have a personal history of addiction. So that is why our employee wellness program was so important to us because we want to keep them. And dealing with some of the difficulties and the aftermath of addiction, we would have no longevity on our staff if we hadn't done something about it, and that's why we did.

CHEN: My point is that in practicing CAM, we can't be hypocritical. We sort of have to practice what we preach. So I'm glad to hear that. Thank you.

GORDON: One other thing I want to say about the program is it's an extraordinary example of a holistic approach, of which CAM therapies are a significant part, as well as using videos to help people go for job interviews, as well as having small group work and a lot of very practical instruction about nutrition, and about dealing with welfare agencies, and dealing with anger has helped to transform people who have been, essentially, crippled and dependent on the system. Most of the time jails, but also health and mental health system, and have helped people become independent at a relatively low cost. Do you want to say something about the cost?

JOSEPHER: The two months of a sixty-hour training costs about \$700. With what they learn in the training, if we keep them out of the hospital for less than a day, it has already paid for the training. We have a very very high employment rate as well, so that one can easily extrapolate if one gets a job, and gets off of welfare, it immediately pays for the cost of the training. We've been able to keep it at a very low cost for the last twelve years.

GORDON: Joe.

JOSPEH FINS: It would be helpful if you could supply that cost benefit analysis information.

JOSEPHER: . . . Package.

FINS: Okay, I didn't see it. Also, if you could perhaps think of maybe now what kind of demonstration projects should the federal government engage in to sort of replicate and amplify the kind of work that you guys are doing in other places, in other venues?

JOSEPHER: This was actually Oneida funded grant. The research started twelve years ago. We designed the program, Arrive, so that it could be replicated anywhere. Everything is totally documented. The standards of training and practice within the organization are totally documented so that it, and there are a lot of other organizations in New York, who are doing this type of work. The AIDS Institute was one of the first in the State Department of Health to interview organizations like ours and have put those standards in the RFPs that they are putting out to the community. So it's that type of thing that if we did that nationally, and in the prison system as well, would be extremely helpful.

GORDON: Any other questions? Anne, I just wanted to ask you if you had some thoughts about what would make sense as a program, not even so much as a program, but what kinds of things you think we could do as a commission to address some of the needs of the people with whom you work, who are clearly getting a few of their needs met, but meanwhile are being compromised in other ways.

MARKOWITZ: Right. I think a nutrition program, a real blitz of a nutrition program for the whole hospital. All kinds of, you know, there should be a nutritionist as part of each of these programs, certainly a consultant, and to do some kind of big program in the hospital to encourage the staff to start teaching so that they don't bring up a McDonald's breakfast and have it on the nurses station when the patients come by. You know, contests, Weight Watchers, any kind of organized program for nutrition. I remember when I was working in OB/GYN . . .

Panel 15 (cont'd)**Panel Coordinator, Corinne Axelrod**

JOSEPHER: . . . Now they're getting some protein and carbohydrates. And they really need to be educated, so nutrition is an easy one. Stress reduction techniques, everybody needs them there, the staff, the clients. And I think, to really encourage some grassroots efforts in the community to bring back the traditional medicine of the grandparent generation that's now going out to the young people who are coming in and who are having children, that would have an enormous effect because it's a built-in structure you've got already.

GORDON: Great. Thank you very much. One thing I'd just like to ask you if you could do, Anthony, as well, is I remember visiting Betances over many, many years and seeing what is going on. I wonder if you have any data sort of on cost of services and any thoughts. Perhaps if you don't have them now, if you will be willing to offer us some thoughts about the kinds of, in addition to the recommendations you made, the kinds of services that should be offered, and any thoughts about cost-benefits of the services that you're offering there and have been offering for a long time. Because I think it's also a wonderful example of a low-cost clinic serving people with very low incomes and being very helpful to them.
Yes, Linnea?

LARSON: Thank you all for your testimony, I truly appreciate it. It's quite courageous work. This is directed to Ann. How many of your fellow social workers share, within your hospital, share your perspective and are unified with it along these same four principles or recommendations?

MARKOWITZ: Frankly, I haven't had that much communication. I work part time and I haven't had that much communication. It's also a reduced social work staff. The other therapists in my program do see the same problems, but there has been no organized effort at all among the social work staff. But the social work staff is very disparate because of the reduced size of the staff.

LARSON: So what you're telling me is the hospital has reduced that function and then carved out certain kind of part-time positions, so any kind of unified effort would not occur.

MARKOWITZ: Right. And I'm on a grant program anyway, so it's not even part of the hospital system.

LARSON: Okay, thank you.

Panel 16**Panel Coordinator, Corinne Axelrod**

GORDON: Thank you very much. I'd like to call Panel 16 forward. Could FeiLong Qi, Yi Lin Hu, David Lew, Ding Peng, Phyllis Tan, and Ruth Hillman come forward, please? After this panel there will be a fifteen-minute break. We'll begin with FeiLong Qi.

O'HARA: Thank you, Dr. Gordon, Dr. Chow, Dr. Groft and esteemed panel. I'm going to speak for Qi FeiLong, grand master. And he is a world Chinese . . .

GORDON: Could you identify yourself, please?

O'HARA: Yes, Robert O'Hara.

GORDON: Great. Thank you.

O'HARA: And I'm going to deviate a little bit from what you received and ask your indulgence. He asked me to read the following statement and then he'd like to do a little demonstration.

And he believes that the first step in the integration of mainstream alternative medicine will be mutual recognition of each philosophy and strength and continued display of respect between the two and commitment to long-term research.

He also wants to demonstrate an ability and welcome any offer to development of research trial so that there'll be no doubt as to the effectiveness of alternative medicine. And he already has done research proving the success of Chanmigong(?). But the commitment between both philosophies is that it will result in acceptance and integration into current treatment plans. If billions of dollars can be spent each year on drugs, we can find an easy way to access some of those resources to finally prove how effective alternative medicine really is. And it is his hope that, from today's meeting, he can establish some common ground between alternative and traditional medical practitioners and start a project where we, together, can come to understand where we can best help the patient and develop research trials, and ultimately combine treatment approaches.

At this point he'd like to do a little demonstration within the time limit that he has, and we have a volunteer. And the demonstration will be about internal Chi energy.

WOMAN: Can you cough? Jim, can you cough? Cough.

QI: [Demonstration.]

WOMAN: . . . What you felt?

JIM: Extreme heat going up through my back, radiating. And it was penetrating like into my center mass and rising up into my head. I was starting to think I was going to black out because it was getting so hot so fast.

WOMAN: . . . Explain what that . . . Master already felt that there's virus in your body and also that somehow she received the message that your child also has some problem. Some serious problem.

O'HARA: I thank the panel for the indulgence. That was the demonstration of internal Chi. And Master Qi is looking forward to any assistance that he can give in the development of furthering this program in this country. They're doing some research already, as some of the panel members are aware, on Chanmigong in various universities. Thank you.

GORDON: Thank you very much. Actually, we don't really have more time at this point. Thank you. Yi Lin Hu.

HU: Honorable chairmen and committees, ladies and gentlemen. My name is Yi Lin Hu. I'm New York state licensed acupuncturist. And I worked here about sixteen years already. And now I'm the president of United Alliance of New York State Licensed Acupuncture Association. I'm also the Acupuncture State Board . . .

GORDON: Come a little closer, please, to the mike.

HU: Okay. So, today I just say three points. The first point is that acupuncture uses attractive(?) to treat the pain problem and the paralyze tension, stress, such as migraine headache, cervical syndrome, low back pain, sciatica, arthritis, etc.

The second point, acupuncture is low cost and a high good result treatment. Usually to treat a pain problem, about eight to ten times, each time costs about \$40-\$50, such as in 1992 I treated paralyzed patients with . . . he suffered with arthritis for five years and is sitting in wheelchair for three years. And, after my treatment, after ten times treatment he stand up from the wheelchair. And of the fifteen times he can use a walker to walk. And because he is a Medicaid patient, in the beginning Medicaid denied to pay because they don't cover acupuncture. But, after George Sendance(?) said, you are a licensed hez(?) practitioner and you treat the patients with good results. Medicaid should pay.

And finally Medicaid paid the patient all the costs. And they said, did you give him a discount. And I said, I did. And they said, no discount. You can charge any amount as long as this patient hold the Medicaid we would pay. So this is an example with low cost and high good result.

I should have said because now acupuncture needs more education from now it is three times two hundred hours for the graduate from the Chinese Medicine University. Actually, you have more the modern medical knowledge, one thousand(?) more hours, and it becomes like a doctor's degree, can communicate with the ragra(?) and the doctor. Thank you.

GORDON: Thank you very much. David Lew?

LEW: Hello, my name is David Lew. I'm a licensed acupuncturist in New York State and I'm a board member for The Acupuncture Society of New York. I'm here to represent Dr. Roger Sau(?) and myself.

Our goal as health care professionals is protecting America's health and safety. The biggest threat to Americans involves the use of traditional Chinese herbal medicine and acupuncture by untrained or minimally-trained persons. There are practitioners who have completed a nationally-accredited program by the accreditation commission of acupuncture and oriental medicine. Some are trained in conventional Western medicine and have undergone two thousand hour, three-year acupuncture program. Unfortunately, there are others who choose not to do so. In fact, they may not be required to educate themselves but are still allowed to practice acupuncture.

In many states, medical doctors are not required to have training in order to practice acupuncture. Some states, like New York, allow doctors to practice after three hundred hours of training. Others, like New Jersey, allow doctors to practice with no prior education. In fact, Hawaii is the only state that requires doctors to complete at least fifteen hundred hours of course work. This is like night and day between the states. When people see the benefits of traditional Chinese herbal medicine and acupuncture, some will practice with minimal or no training. Others would choose sufficient training in order to truly help the patients and the public.

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

The following diagrams compare standardized acupuncture program and an abbreviated program. The diagrams are behind this page. In this diagrams, Education One represents an accredited program by the Accreditation Commission of Acupuncture and Oriental Medicine. Education Two represents an abbreviated three hundred hours program. ACAOM is the accreditation agency that sets the standards for acupuncture education in the United States.

For Education One, courses and total hours are from a master's program at Pacific College of Oriental Medicine, an ACAOM-accredited college. Acupuncture programs and other accredited schools

follow similar course guidelines.

Diagram two breaks down the total classroom hours for the following five categories: acupuncture points, theory, clinical acupuncture, assistantship, internship, and elective non-core courses.

To reiterate the importance of thorough education, a list of textbooks that are basic to acupuncture education is included on the last page. This sums up to approximately fourteen thousand to fifteen thousand pages of required acupuncture reading.

GORDON: Thank you. Ruth Hillman.

HILLMAN: I'm a patient of Dr. Lao(?)'s, who practices acupuncture . . .

GORDON: Come a little closer.

HILLMAN: Closer? Is this better? I'm a patient of Dr. Lao(?)'s, who practices acupuncture in Brooklyn, New York. I became a patient of Dr. Lao's, who is a dedicated acupuncturist and herbalogist, in September of 1992 because I discovered what acupuncture in the hands of a really good practitioner could do for me. I'm still her patient in 2001.

As everybody knows, acupuncture is used to alleviate pain. But it does much more than that. Acupuncture does wonders for me. It lifts my energy levels and immune system, so I am able to fight off many viruses which I had been subject to. By now it has strengthened my body so I do not get sick as much as I used to.

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

GORDON: Thank you very much. We have time for questions. Any of the commissioners would like to ask questions at this point? Any questions at all? Yes, Ming.

TIAN: Question for Dr. Qi. I understand you are using the external chi to treat this patient. Could you share your information with us and what kind of condition the traditional acupuncture may not work or herbal medicine may not work, but external Channigong will work as a therapy? Or what condition you're treating, that will be easier to answer.

QI INTERPRETER: . . . For Susan to testify?

GORDON: Sure, that's fine. Thank you.

GRAVES: Hello, panel, my name is . . .

GORDON: Come up, please.

GRAVES: Come up? Okay. Thank you to the panel and the audience. My name is Sue Graves. I'm a holistic nurse practitioner in Connecticut. And I recently met Master Qi as a result of a mutual client. This was a client who was dealing with breast cancer. But before I just show some information about her, my understanding, to answer your question further, is that what I've seen in Master Qi's office seemed to be a variety of types of patients, everything from asthma and arthritis and headaches and that

kind of malady.

The patient that I could talk to you about is someone who elected not to do traditional therapies for her breast cancer. She did have a lumpectomy and she did have a removal of that. And after that, she herself is a licensed acupuncturist, just decided that after coming within about five minutes of consenting to chemo and radiation that she really wanted to go ahead and try the complementary approaches first. And what she did do was work with a Chinese herbalist, and she worked with me for her nutritional and immune support, and she works with Master Qi in his Chanmigong work. She recently had her blood work done, and all of her cancer markers were down, and her oncologist was very pleased with the results. And I thought it was a beautiful case of working with both sides, with the surgery and then the complementary.

I also use a validation system that tests(?) on the acupuncture meridian. And, Dr., if I may just present this to you. The validation system is a way to measure the chief flow on the acupuncture meridians. And it's a skin conductance measurement, so it shows resistance at the acupuncture point. The first paper that has the red and yellow and green, looks like a stop sign, was the measurement on those particular acupuncture points of this patient that we were talking about with the breast cancer. Those were the Chi measurements. They're a numerical number. And on a scale of zero to one hundred, fifty is the theoretical optimum. So you can see on the first paper that there were a lot of imbalances. By imbalances I mean there was too much energy or too little. And there were a few balance meridians.

Master Qi did his work with her, and afterwards I tested her. And I really showed up in his office because I was just curious to be able to use this validation system to see what his work was like. And after the treatment you can see the variation that all of the meridians were balanced and would tell me that the chief flow in her body was now more appropriately flowing, the obstructions were gone. And the point that is red, where there's just one red point, had previously been yellow, and that showed suppression on the particular breast point where she had the cancer. So it was showing now that the immune system has become more activated.

Thank you very much.

GORDON: Thank you. We have a question. Do we have the patient's permission to look at this data?

GRAVES: Yes, we do. In fact, it was her hope to be here today and to present it herself. However, I've done that in her behalf.

GORDON: Thank you for raising that. We have one more speaker. Since we're running unprecedentedly early, which means several minutes early, we have a speaker who is on time and therefore late. So please sit down and we'll have Phyllis Tan speak. While you take a deep breath and accumulate your Chi, I wanted to ask Dr. Lew a question.

QI INTERPRETER: I'm very sorry, Master Gordon, because Master would like to add some more to the question that Mr. Tan just asked. To the question, Master just told me -- I'm the translator -- and he said there is nothing, no one is perfect as in the medical society, so that's why we bring all the alternative and introduce it to the mainstream American market. And his job is to provide his help so everybody can benefit from it. Acupuncture is very great, and Chanmigong is very great. We all want to work together and to promote health. That's the purpose. Thank you.

GORDON: Thank you very much. You're presenting the comparative data about the extent of training of different, say, basic training that physicians sometimes have versus the higher level of training. What are the implications in your mind of these differences?

LEW: The number of hours is actually the main difference. I think that training in acupuncture is not only a technique, it's actually learning the theory behind it and also the diagnosis according to traditional Chinese medicine. So, the chart that I showed is actually, when you see that, there's an abbreviated course work for acupuncture. It's such a low amount that I feel that treating the patient would not be beneficial to them or even . . .

GORDON: So your feeling is that physicians who have that amount of training should not treat patients with acupuncture, is that right?

LEW: It's not only physicians, it's just that any health care provider that would like to use acupuncture, I believe that they should undergo complete training.

GORDON: Okay, I just wanted to check on that. Thank you. Joe, do you have a question?

FINS: Yes, a question for Master Qi. We're also interested in learning about the basic science dimensions of your work. What would you like science to answer about your skill and your talents as a healer?

QI INTERPRETER: Can you explain in terms of science?

FINS: I would be delighted. Perhaps the source of the energy, the frequency of the energy, where it is on an energy spectrum, those kinds of issues.

QI INTERPRETER: Master has been studying Shaolin Temple for about nine years, and also he went to Tibet to learn from the Benchalama(?). This is years and years of practice he developed his unique way to build his energy, which is internal energy. And he also did a lot of experiment in many, many countries like Japan, China, and Australia and Singapore. And what Sue showed and testified is just one of them. Thank you.

GORDON: Phyllis Tan.

TAN: Do I have time? I'm going to talk about Chinese herbal medicine.

GORDON: Again, come close to the mike, please.

TAN: Just to introduce myself briefly, I am cofounder of a Chinese herbal company called BMK International.

GORDON: I don't think people can . . . again, it's a combination of speaking loudly and being close to the mike.

TAN: Okay. Just to introduce myself, my name is Phyllis Tan and I am cofounder of BMK International, a Chinese herbal company based in the Wellesley, Massachusetts area. And we have a lot of experience in clinical background and pharmacy. And I want to talk today about Chinese herbal medicine.

In what I am presenting is that allopathic medicines have made great strides in its development. These strides have mainly developed during wartime, and during wartime it's the eradication of diseases and surgical procedures that we've really developed and excelled in. Hence its strength is in critical care and in ER.

With less than a hundred years of history, allopathic medicines research and development in chronic diseases and prevention is still in its infancy. I think we can all probably agree with that here. Chinese herbal medicine has five thousand years of history, and its strength lies in chronic diseases and prevention. Unlike many other forms of medicine, the development of Chinese medicine did not stop in Asia when allopathic medicine was introduced. Indeed, in China you can see that Chinese and allopathic medicine is an integrated and parallel system of medicine that complement each other.

The advantage that we have in Chinese herbal medicine is that it's a working model that we can touch, feel, and see. Thus, for integrated medicine, Chinese herbal medicine is not really a leap to the unknown for complementary care. We're looking at a leap into a field of medicine that we have yet to learn. I think that's a really important point. Having said that, it's easy for anyone to fear what we do not know. And I believe that there are three important steps to overcoming the fear and moving towards integration. And the three steps are in science, research, and education.

In science, I want to bring up a case that is very important. Recently the FDA has requested companies to recall herbal products as a result of the FDA's actions regarding an isolated chemical constituent called Aristolochia acid and sixty-three years of which the FDA has said that it may cause cancer and kidney failure. I'm not sure if anyone's familiar with this issue, but it's based on the Belgian case on which the FDA is largely basing their recall, published on June 8th 2000 in the *New England Journal of Medicine*. The abstract did not mention the diet clinics' combination use of multiple drugs, pharmaceutical substances as well as herbal substance combinations, including the list that I put there: amphetamines, Fen-Phen-Fen-Phen tranquilizers, etc.

While the abstract included that the Chinese herb of the Aristolochia species is responsible for the high rates of kidney failure and cancer, the article notes that there is still much debate over the matter. Furthermore, four physicians wrote to complain to the *New England Journal of Medicine* as they were concerned that the article laid unfair blame on the Chinese herb when the real culprit could be any of the previous-mentioned drugs and diet clinic.

GORDON: I have a quick question.

TAN: Sure.

GORDON: What do you suggest as a remedy to the issue that you just raised, which is one of those cases that gets a great deal of prominence? What do you think would be a better way to deal with such a case, and what kind of either investigation or legislation or approach to dealing with possible adverse consequences of combinations would you propose?

TAN: First of all, I have to say that having been working in pharmaceuticals for many years, I know that drug/drug interaction is a big issue. I think we all understand that. And there's very little known about drug/drug interaction and multiple medication use. The difference with Chinese herbal combination use is that in empirical evidence and empirical data, the combinations of formulas have really gone through an empirical period of trial and error. So there's an efficacy in the safety and the use of a combination of Chinese herbs, and patent formulas in particular.

In terms of legislation, I believe that we should look at a model of integration and perhaps even, for example like homeopathics, maybe grandfather certain patent formulas in that are in the pharmacopeia in Japan and in China where they've already done a lot of the clinical research. We don't have to necessarily go back and do clinical research. I think it's important to do so, but at the same time I think that we can certainly look from the empirical evidence and the case studies in Asia to be able to understand the multiple herb use.

GORDON: Thank you. Thank you all very much. We're going to take a fifteen-minute break, which

means we will come back at three minutes before six. Five fifty-seven.

Panel 17

Panel Coordinator, Dr. Kenneth D. Fisher

It's time for Panel 17. I'd like to call Panel 17 up, please. Could Victor Fuhrman, Ellen Louise Kahne, Robbie Fian, Missy Vineyard, Martha Hart Eddy, Jodi Danielle Sherman please come forward?

We are beginning again, so if everyone could sit down, please. The first speaker on this panel will be Victor Fuhrman.

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

I've come to ask you to carefully consider what many refer to as energy-healing or light work, and one of my personal practices called Reiki. For most of us, this practice, this path is not a vocation but an avocation and a spiritual practice. Reiki is not a religion. However, Reiki has given me a greater connection to my personal faith and beliefs than I had prior to this discipline coming into my life. It is that point that I would like to emphasize: personal faith. The majority of Reiki masters and practitioners that I have met are honest, upstanding, well-trained professional and compassionate people of high integrity and very strong faith. These same people are barely scraping out a living with their practices and often have other pursuits to support themselves. I happen to manage an industrial business here in New York, and I'm fortunate enough to earn a comfortable living from that business, which affords me the opportunity to give Reiki pro-bono to those in true need and without the means to pay for it. I also volunteer with an organization called the Distant Healing Network, which sends healing energy and prayer to those in need throughout the world, coordinated over the Internet.

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

I ask that you consider my spiritual practice, Reiki, and the spiritual practice of so many like me, in the same light. And I thank you again for your time and your consideration.

GORDON: Thank you very much. Ellen Louise Kahne?

KAHNE: Thank you, distinguished members of the commission. I'm a certified teaching Reiki master and a healer.

GORDON: I think you're also going to have to come a little closer.

KAHNE: Okay. I'm a certified teaching Reiki master healer, a published writer of many articles on Reiki and alternative medicine, and the head of a major Reiki teaching and organization: Reiki Peace Network, Inc. and Reiki University, which connects an international network of several thousand students, colleagues, and teaching Reiki masters of all Reiki lineages.

I have come to ask this committee to recommend to the federal legislature that Reiki, which is laying on of hands spiritual healing art and the personal empowerment which de-stresses and relaxes and heals, it is from nineteenth century Japan, that it be kept free and protected from all government regulation.

First, as I said, I emphasize that Reiki is a spiritual laying-on-of-hands healing. It is a meditative and healing spiritual practice and discipline originating in the Japanese Buddhist tradition, but open to people of all faiths and cultures. Additionally, spiritual laying-on-of-hands healing is done by people of all faiths as charismatic healing in church and synagogues, lay religious groups, by ministers, priests, nuns, rabbis, lay healers alike, as faith healing, and as such is a protected First Amendment right under the U.S. Constitution, as Vic Fuhrman mentioned.

I implore the committee to respect and honor the constitutionally-protected right to practice and teach Reiki and to refrain from interfering with my spiritual rights and those of other Reiki practitioners and masters throughout the United States and in many foreign countries who have urged me to speak for them today. Legislative controls of Reiki on any jurisdictional level -- federal, state, or local -- would be a violation of this protected right and would subject both clergy and lay healers who have always used Reiki and faith healing to both prosecution and persecution for their spiritual practices and beliefs. The legislature has no more right to regulate, limit or discriminate regarding who can teach and practice Reiki, to decide or determine set fees for Reiki healing, or decide who can teach and/or practice Reiki than it does to interfere with the salary and/or fees and practices of local parish priests, rabbis, nuns, and ministers or to interfere with donations given lay healers by their congregations or recipients of their services, so long as we healers of faith faithfully pay our personal income taxes. Nor does the government have the right to legislate what may be taught or excluded in our courses or workshops or interfere with the traditional master apprentice Reiki teaching system.

And I will say that there are local authorities that have tried to interfere with Reiki and monopolize in restraint of trade, including massage boards in the state of Florida and Nevada and elsewhere. And we have fought it. And in Texas legislation was approached by Representative Danburg to control Reiki and put it in the hands of people who would charge \$10,000 for master level of Reiki. We wish to see that Reiki is kept available and open to all people. It is valuable. It goes through all healing modalities. And furthermore, you have the rest of my speech. You also have a tape in your hands, which is two hours on what Reiki is and how it works.

I am not opposed to Reiki being studied as a science through any discipline, and I have children who are surgeons and who have asked me to step into the hospital and help patients, for which they had nothing else to do in allopathic medicine. I volunteer my time to give any member of this committee a Reiki session or to come to Washington and to demonstrate it to the legislators to show them what spiritual healing is. I would be happy to do this, and I honor you for having us here and hearing us today. Thank you.

GORDON: Thank you. Robbie Fian? Is she here? Missy Vineyard.

VINEYARD: Ladies and gentlemen of the commission and the public. I am happy to be here today. My name is Missy Vineyard and I represent the American Society of Teachers of the Alexander Technique.

We're especially concerned to express to you today about our worries over the lack of definition for the term "complementary and alternative medicine." We're also concerned about how the Alexander technique is frequently misdefined and misunderstood, and we'd like to tell you a little bit about our society, AMSAT, and what we're doing to voluntarily self-regulate our profession.

The first consideration must be on what basis does a discipline become defined as a type of complementary and alternative medicine. Everything from Tai-Chi and meditation to aroma therapy, colonic irrigation, and music therapy is being called CAM. Is every modality that claims to offer health

benefits but isn't yet regulated to be thrown into the CAM grab bag? The differences among these diverse practices must be considered. Toward this end, a critical question should be: Is the discipline primarily a treatment modality administered to a passive patient who has little role in how the treatment administered? Or is it an educational modality in which the recipient is consciously engaged and gaining knowledge and skill, enabling him to make new choices and change behavior?

Western medicine is principally treatment-oriented. So, too, are many nontraditional disciplines. On the other hand, the Alexander technique is an educational one. It promotes health and well-being by teaching people how to change unconscious habits of mal-coordination. If you slump for hours in your chair, walk with your shoulders hunched in and your head down, you are mal-coordinating yourself. If you do this for years, eventually you will affect your health. You will have back and neck pain, shoulder pains. Eventually your spine may even become fused.

For over a century, Alexander teachers have been teaching students to become aware of mal-adaptive habits and behaviors and to prevent them. In time, a student learns to maintain his improved coordination independently without the teacher. But it isn't only for those with physical complaints. Teachers work in performing arts departments and art festivals around the world, including, for example, Juilliard and the Yale Drama School, helping students achieve the highest levels of muscular control and artistic expression. We're an educational discipline that sometimes produces therapeutic benefits, depending on the student's habits and ability and motivation to learn.

We aren't medicine, traditional or otherwise. We don't treat, diagnose, or make claims for cure. We're not an alternative to appropriate medical care. We aren't complementary to it in the sense that only teachers can assess if the Alexander technique is an appropriate choice. AMSAT-certified teachers receive an intensive three-year, sixteen hundred hour course of instruction. Only highly-experienced Alexander teachers can assess the competency of new teachers. Since 1987, our society has been working to responsibly protect the public who serve by maintaining professional standards through voluntary self-regulation. We're affiliated with a network of twenty-three societies worldwide, and we share the highest standards for teacher training, evaluation of training courses, professional conduct, and adjudication procedures, continuing education. We strive to chart a path of growth, development, and independence for our profession and strongly fight for our right to remain autonomous.

GORDON: Is there a recommendation that flows from this?

VINEYARD: Well, yes. I have two quickly. I think that the only way that we probably belong within the complementary and alternative medicine banner would be if . . . the field incorporated a term of health education in addition to health care. As health education we think we are appropriate, but we would also like to suggest that health education systems be examined from a regulatory point of view, from a very different perspective than systems in health care.

And we would also like to suggest that you consider developing federal guidelines for such modalities that allow them to voluntarily and responsibly self-regulate themselves. Thank you.

GORDON: Thank you. Is Martha Eddy . . .

EDDY: I'm here, yes.

GORDON: Great.

EDDY: Hello. Thank you for inviting the diversity of this dialogue. I'm Dr. Martha Eddy, a professor at Columbia University Teachers College. I am currently involved in developing research models for the qualitative analysis of movement. I'm here to represent the International Somatic Movement Education & Therapy Association, otherwise known as ISMETA.

ISMETA is a self-regulating board that registers individual somatic practitioners of movement education and movement therapy. Somatic movement, education and therapy aims to enhance movement behavior, as indicated through awareness and embodiment. The eleven ISMETA-approved training programs that teach disciplines such as the Alexander technique, Rubinfeld synergy, Laban movement analysis, body-mind centering and Rolf movement integration, among others, train our registered practitioners.

ISMETA wishes to assert four ideas about regulation, access, and research. Firstly, access to somatic practices is currently threatened in New York state. This has included even those somatic movement practices that use movement repatterning to support the facilitation of new awareness and proprioception. The threat has come from the massage board for those that don't know. The assumption that one field can establish standards for another completely different field needs to be challenged.

Secondly, we realize that the NC-CAM classification of CAM practices has been developed for research purposes. However, we are aware that is being used right now by other governmental agencies, such as the Department of Education, as a model for their classification of instructional programs. Even without intention, NC-CAM is setting a precedent for other organizations. And in our case, our practices are not specifically or accurately classified. Thus, viable and successful practices are being omitted or inappropriately classified with other practices affecting the legitimacy of our field. This furthermore can create problems when licensing is being discussed on a statewide basis because the requirements for one discipline may not be appropriate or applicable to the others.

Thirdly, the notion of uniform standards to all CAM practices also concerns us. ISMETA would like to see regulatory standards be developed by practitioners from specific fields or committees. The somatic paradigm is not necessarily best represented by either allopathic or traditional hard science methods.

Therefore, I would propose that we have more research models that incorporate qualitative studies, combined quantitative and qualitative approaches, and single subject analyses as well as multi-variate analyses to better inform the public about complex and overlapping aspects of human movement and general behavior. This can help visibility of all of our practices. And I thank you for your time.

GORDON: Thank you. Do we have questions from the commissioners? David.

BRESLER: By keeping some of these techniques outside of mainstream medicine, it precludes you from getting insurance reimbursement. Is that a concern for any of you?

KAHNE: I would like to address that because one of my students is a nurse at Sloan-Kettering, and she is also a Reiki master. She applied for a program that's within Sloan that has Reiki being given to patients on the breast cancer floor where she works. She was turned down because she did not have a massage license in addition to an R.N. because I guess they were coding Reiki as massage, which it is not.

The other thing that I would like to contribute is that, at Columbia Presbyterian Hospital, I was told by a top nutritionist named Delores Perry, who is a protege of Gary Nolls in this city, that one of her patients who was then hospitalized was offered Reiki at Columbia Presbyterian for the fee of \$250.00 an hour, nonreimbursable. Now, as a person who has gone into the hospitals and worked free of charge in a voluntary manner, I am concerned at the way people are being ripped off. I am concerned at the way that a nurse cannot do Reiki except surreptitiously on her patients. I am concerned at the grab bag, the medical grab, of trying to take Reiki into the establishment because we are doing Reiki, and to abuse the patients by high fees. I am concerned with the medical insurance industry and the way in which it cares to abuse people who are doing Reiki and try to limit it and co-opt it.

And I think that Reiki needs to be open to everyone. I've taught it to five-year-old children. I

just taught it to a family of seven people with a child of eighteen who has gone through three years of cancer, and he told me that the only thing that relieves his pain is Reiki. And his family is on Medicaid and they cannot afford \$250.00 an hour for Reiki sessions at Columbia Presbyterian, where he goes to the hospital. I think that it has to be open and allowed. I would not like to see the insurance industry controlling it because I think they'd screw it up like everything else they do. Thank you.

VINEYARD: May I speak to that also?

GORDON: Is that clear, David?

BRESLER: Yes.

GORDON: Missy?

VINEYARD: One of the sentences I did not have the time to read was Alexander teachers do not seek health insurance reimbursement. We have two difficulties with it. The first is what's already been mentioned. We see the current state of affairs of the insurance system in this country ruining the health care system. But for our own practice, we, as I emphasized, are an educational discipline. As such, the relationship between the student and the teacher is precisely that. In a relationship between a doctor and a patient or a therapist and a client, it is an entirely different paradigm. And we maintain that it's precisely that educational relationship is a crucial element in what we do, and it can't . . . as soon as someone believes they're going to be reimbursed, they come at the study without the same level of commitment. They don't have to give in return for what they have received. They don't have to take as seriously their commitment to change. They don't have a kind of investment in applying what they're learning. It's free. Why should they bother? So we're not seeking insurance.

GORDON: Other questions? I have a simple question. Actually not so simple, but then again maybe it is. How do you distinguish between religious or spiritual practice and what is not religious or spiritual practice since all of the world's healing traditions are at base spiritual practice as well. Where do you draw the line? Can you help us draw the line because it's an interesting issue to be raised.

KAHNE: Reiki is a spiritual discipline and a spiritual practice which is not confined to any particular religion. It's laying-on-of-hands healing. And when you look at it, and it's from a nineteenth century Japanese lineage and perspective. However, if you look at laying-on-of-hands healing, you will find a history going back to Native Americans thousands of years ago, you will find that the Aborigines have done it. All people close to the soil, all native peoples have done laying-on-of-hands healing. If you look at prayer combined with that there's a nun who trained with me many years ago in Reiki. My first teacher, Josephine Miranda, trained her sister Betty called Reiki-focused prayer. And that, in many instances or many particulars, is just exactly what it is. It comes from universal energy field, the organizational principle which creates and sustains life. Some of us call that God, some call it the enlightenment to the Buddha within. Some call that Jesus. We go in many doors to one house. And that energy is intelligent and it flows through us in a way that organizes us to either stay or leave in the case of serious illness. But what I say to my clients and my students is, at least if you go you should go with a red carpet and not in a baggage car. And at least if you stay, you should come to balance and peace in the way you stay. And this is what the Reiki does.

GORDON: I was asking somewhat broader . . . I understand that. I was asking, the medicine I do, and that all of us do, is spiritually-based. So, the question is asking you if you can help us understand, is potentially all of medicine regarded as spiritual? Are you saying that hands-on healing and prayer are

the spiritual aspect and other aspects are not? Where do we go with that because you invoke, both of you invoke, First Amendment issues.

KAHNE: Most healing is done in present time and it is done in the physical. I have two children who are surgeons. My son is a Yale-graduated M.D., a neurosurgeon and a prize-winning author of a Yale thesis on two molecules which he discovered which cause regeneration of nerve tissue in the *Journal of Neuroscience*. My daughter-in-law, who is the daughter of my heart, is a general surgeon. They're both in fifth-year residency at U-Penn. I asked my children: Do you pray before you work on a patient? Do you pray for your patients? And one day my son, who calls me up when he goes to work when there's something difficult that's happened to him that day said to me, well I sure did today, Mom. He said, because I had to be in three places at once, and a woman developed a clot in her neck after a laminectomy that I couldn't get to for three-quarters of an hour when I was supposed to check her every ten minutes. And thank God she is not paralyzed from the neck down. So, yes, prayer comes through our allopathic doctors, and it comes through our alternative practitioners.

But Reiki works as a time machine. It works on a spiritual level coming into the physical instead of working on the physical and perhaps going into the spiritual level. It works backwards and forward in time because we have a methodology by which we can send distant healing into the past, into the future, or into the cause of an illness. It is unique in this, that it does not start in the physical, and it is connected intimately with the spiritual, as I teach my students to say a prayer or a statement of intent before they begin to work. I don't know too many doctors or too many nurses or too many people, and I do train them all, who are trained to say a prayer of intent or a statement of intent for their patients before they work. But I'll tell you, my kids do it.

FUHRMAN: Sir, I think the only way I could define it for you would be to say that, although I'm sure every one of you approaches your disciplines from a place of compassion and faith and a belief, your work is governed by hard science. And I think that some of the spiritual realm and the spiritual healing that we are working with and that you are starting to study and examine, may some day fall within the confines of what we call pure science because I believe that the motion is there now, that we're seeing a joining between physical science and spiritual world. But, until that time comes, what we're asking for is that we be given the right to practice without the fear of control, legislation, and regulation. Thank you.

VINEYARD: And one other thing. What we do does no harm. We cannot do harm. If you go into an allopathic discipline, there are folks that are sued for malpractice for doing harm. Reiki has an intelligence of its own that flows through the hands. It does no harm.

FUHRMAN: And we always say, we do not use this as a substitute for traditional medical practices. We always insist that our people go to traditional physicians first.

GORDON: I think that's helpful in terms of understanding the definition of Reiki. I don't know that it addresses the larger issue. I think it's still a large area because there's a . . . anyway, I just wanted to add that.

KAHNE: May I try?

GORDON: I think it's an important issue because what we have on this panel is people who are talking about, as opposed to many of the other panels where we're talking about inclusion, essentially both groups of you one is saying there are other categories. One is spiritual, one is educational, and we don't want them included. So I'm trying to get as clear as possible about what distinguishes those two

different kinds of approaches.

KAHNE: What did you mean by we don't want them included?

GORDON: Does not. I thought Missy said she did not want them included.

KAHNE: Well, what I tried to say at the beginning of my talk was I think all of these questions depend on definitions. And I don't think we've reached that. And complementary and alternative medicine, the key word here is medicine, which immediately is a very specific kind of thing in this culture. And I don't think you're going to come up with a good system for delineating systems of complementary and alternative medicine until you come up with a good way of defining what health is. And, to me, health is the individual learning how to . . .

GORDON: Unfortunately we're out of time. But I'd appreciate any more of your thoughts about it because, the reason I've been pursuing this a bit is because one of the clear items of consensus on this commission, as I've been able to understand it, is an emphasis on education as a major part of health care. So that's why when you say that your approaches that are educational are not yet included in health care, I'm wondering if it's because of a system that doesn't seem to accommodate it, whereas in the larger perspective that we're looking at, and the same in a sense goes for spirituality, we include spiritual practice as part of health care. We could also look at it the other way, saying health care is part of spiritual practice. And we have an educational perspective as very much influencing the health care that we're interested in recommending.

KAHNE: But we're working within a system in which, if we claim to be providing health care, we are threatened with . . .

GORDON: No, I understand that.

KAHNE: . . . Felony charges. And so we come to you today from a somewhat paranoid perspective.

GORDON: Oh, okay. I understand.

KAHNE: There are Alexander teachers in New York who have been charged with felonies for practicing by the New York State Massage Board saying, you put hands on, you're massage, you have no business to be doing what you do. And for . . .

GORDON: Okay, that is a very helpful piece of information for us to have.

KAHNE: We welcome what you're doing and we applaud it, but we're paranoid.

GORDON: As a famous New York poet once said, "Even paranoids have enemies."

KAHNE: There are . . . Reiki just made it out of the New York Massage Board by the skin of our teeth in 1999. We had a decision which made the front page of *The Wall Street Journal* where they excused us and said we were not massage. A lot of these arts, including Alexander and some of the non-massage arts, Alexander is postural technique. Seldenrise(?) has to do with movement. A lot of these techniques have nothing to do under the definition of massage in the State of New York statutes, and we do not want a statute formed on a federal level that's going to allow commissions or various committees to be set up who will take that and say, regardless of what the definition is, we're saying you're included

in that and we're going to regulate you to death, and we're going to say that you have to spend \$17,000 to go to three years of massage school when you don't want to do body work.

GORDON: I think we get the picture.

KAHNE: But I want to tell you also that our professionals, who are massage therapists, who are occupational therapists, a transplant surgeon by the name of Devon John who is at NYU, many nurses and other health care professionals, are Reiki-trained. And we are educating and training. Part of what we do is education for health care professionals. We don't want to limit that, but we also don't want you regulating it. That's part of their spiritual practice and belief that they carry into the hospital. And we have no objection to them carrying it in.

GORDON: Thank you. One of the things that we would appreciate, especially with regard to -- I think that's quite clear about Reiki -- but with regard to Alexander technique and other somatic therapies. If you would like to present any kind of conditions under which you think might be included in health care and which might be . . . I'm not suggesting that it needs to be at all. And if there were some pathway by which a practice that's educational could become a part of health care, I'd appreciate any thoughts you might have about it. And if you feel that's not applicable, that's fine too. We've heard that.

EDDY?: May I?

GORDON: Very briefly because we really are running overtime.

FUHRMAN: What we do invite is an education process where the scientific and medical community study us to find out what makes us tick. Absolutely . . . that. We will.

GORDON: Thank you.

EDDY?: What I'd like to say is that we have been in dialogue with what used to be CIP and now it's ONET regarding what this profession is. And these new modalities, as they emerge, are attempting to really work together to find their common thread, to be able to come forward as a new profession. And perhaps it's helpful just to forward some of that corresponding to you. Or are you looking for something that fits specifically within your system? What would be most helpful?

GORDON: I think that what we're looking for is your thoughts about where your profession might fit into an expanded notion of what health care and wellness care might be, and whether or not it appropriately fits there.

EDDY?: Sure. Thank you. And who do we send it to? You. Okay.

GORDON: Thank you very much.

EDDY?: Thank you.

FUHRMAN: Thank you.

Panel 18

Panel Coordinator, Dr. Kenneth D. Fisher

I'd like to call Panel 18 forward please. Could Bruce Erickson, Cassandra Lockwood, Patrick Gentempo, Peter Bruce Flaum, Ken Frey, and Sidney Safron come forward please? We'll begin with Bruce Erickson, please.

ERICKSON: I want to thank this commission and I want to apologize for not having a paper ready. But it's frankly the input from everybody here that has prepared this paper of what I'm about to say.

I come from a different, walk of a little different path. I'm an international management consultant who served with the World Health Organization and the World Congress for Medical Informatics, and currently serving as a consultant in strategic planning in emerging medical technologies.

I want to preface this by stating the problem and the issue in a larger context. Currently we, as a nation, face an ever-increasing complexity in national and world health problems. This includes environmental health issues, which are extremely serious, contagious diseases which are coming in from other countries, genetic degradation, decrease in immune systems, nutritional problems, and a lack of proper health education. Our current system's ability to cope with this onslaught of serious health issues is dramatically failing.

Number two. We need new information services and educational resources that embrace all the world's health and medical disciplines that CAM and allopathic medicine offer. Properly indexed in all major languages, this would be accessible by medical professionals, educators, policymakers, researchers, and the public. We've mapped the human gene library, we can holistically map all of human health.

Next point. We need to have health care systems that respect all modalities. We can no longer afford medical systems that are under control of special interests.

The next point. Revamping the Food and Drug Administration. We need representation both from the CAM side and allopathic side, and we need far more advanced testing tools and diagnostics to determine the safety and appropriateness of products.

And number one, we need to make health and wellness of everyone a national priority at the highest level. Thank you.

GORDON: Thank you. Cassandra Lockwood.

HARRIS-LOCKWOOD: First of all I'd like to say I'm not Cassandra Lockwood, I'm Cassandra Harris-Lockwood. I am not involved with the International Somatic Movement Education & Therapy Association. I am . . .

GORDON: We've got about twenty-five percent right.

HARRIS-LOCKWOOD: I'm Cassandra Harris-Lockwood. I'm a holistic healer and I am at the Alternative Healing Center in Syracuse, New York. I live in Clinton, New York.

John Hurley, master engineer and builder, designed the Golden Gate bridge. He was also the developer of the biomechanical alignment process. This alignment process is a safe and highly effective technique for relieving chronic pain originating from the spinal process. Gross distortions of the body are gently yet powerfully corrected by this method. As a result of demonstrating its effectiveness, Hurley was sued by both the American Medical Association and the American Chiropractic Association for practicing medicine and chiropractic without a license. He was found innocent. John Hurley was an innovator, a divinely-inspired innovator. Practitioners of this modality are trained to pray out loud prior to each session. Divine guidance is as much a part of this process as the plum line and t-squares on which he relied.

The state can no more regulate or control divine inspiration than it can control the times. In the same light, infusing that divine energy, which begins the healing process in the body, cannot be taught in the same manner that, say, biochemistry is taught. Meditation, contemplation, and sitting at the feet of the master, the mentor, or the elder are what accomplish this. The work of such innovators, traditional and native healers, priests, holy men and women from various cultures, have for all time been at the forefront of the human experience and deserve protection under the law. On the contrary, they function under fear of prosecution and loss of livelihood. The fate of New York State Midwives is a shameful example of this. They were the original primary care providers in this country. They were systematically driven out of business.

Many of these techniques have nurtured and supported mankind for thousands of years, somehow finding effectiveness without the double-blind study, believing in the ability of the body to heal itself from relief of toxic and harmful materials and providing the body with necessary nutrition and a healthy lifestyle essential to this work. This has nothing to do with the practice of allopathic medicine.

Recent and continuing advancements in energy medicine, such as biofeedback computers, sound therapies, magnetics, homeopathy, and hands-on techniques such as Shiatsu, Polarity(?), and Reiki, must all be taken into account. It is a shameful and oppressive system extant in New York State which seeks out, threatens, and punishes effective, energetic practitioners, licensed and unlicensed. The constitutional rights of patients to choose their treatments is inalienable.

These modalities which do, in fact, prove effective deserve to be included in payment plans by insurance companies and HMOs. To do otherwise is to infringe upon patient empowerment, which is ultimately the source of all healing.

GORDON: Thank you very much. Patrick Gentempo.

GENTEMPO: Good evening. My name is Patrick Gentempo. I'm a chiropractor and chief executive officer of the Chiropractic Leadership Alliance.

My topic for this brief presentation is the importance of understanding chiropractic as a principle and distinct profession rather than a modality.

Ladies and gentlemen, thank you for taking the time to allow me to present these concepts, which I find to be a critical and defining value. Let me start by saying I perceive this White House Commission to be of great importance and know that the conclusions you draw will mean the difference between life and death for countless thousands of people. I see this as a serious endeavor and suspect that you adequately embrace the power and importance of your roles. Market forces have demonstrated the need and desire for expanded and different views and philosophies towards health care.

As a part of my introduction I would like to make a distinction between health care and sick care, both of which are important services to our culture. In short, even though it's referred to as health care, I look at the traditional practice of allopathic medicine as sick care. It is the diagnosis and treatment of disease and crisis intervention. Health care, on the other hand, deals with quality of life, performance, and potential. This brings me to a distinction that I have this brief time to make.

Some people, both inside and outside of chiropractic, view it as a part of sick care paradigm. In essence, they see it as a modality spinal manipulation that is used to ameliorate musculo-skeletal symptoms. As such, this mechanistic approach becomes a sub-specialty of allopathic medicine. With this view there is little distinction between chiropractors and other providers that perform spinal manipulation. Although there are some chiropractors who choose to limit their practice to back and neck pain treatment only, there should no way be a limitation that is imposed on the entire profession lest the masses be deprived of a remarkable, non-duplicated service.

An argument for chiropractic being restricted to this view is that there is no scientific evidence to support it otherwise. In my very limited time here today, I cannot reasonably address this issue, but suffice it to say, based on the evidence and any sense of rationality, I strongly disagree. In exploring the

subject we would have to define what science is and what one would accept as proof. Chiropractic in its traditional in its most widely-practiced form is vitalistic in nature. It is not in any way, shape, or form a duplication of allopathic medical services, but possesses a unique philosophy, science, and art. Chiropractic views the body as a three-dimensional non-linear chaotic biological system. Therefore, linear mechanistic views do not apply. In essence, chiropractic's culture possesses independent metaphysical views towards biological systems, and congruent with these views in a pistomological(?) system that results in a practical application as matchless and powerful.

All this culminates into a phenomenon branded by chiropractic referred to as vertebral subluxation. Two axioms used in chiropractic are (1) the body is self-healing and a self-regulating organism, (2) the nervous system is the master system and controller of that body. Taking the above into consideration, we must conclude that if there is disturbance in nerve function, there must then be disturbance in the ability for the body to heal, regulate, and adapt. By definition, a vertebral subluxation is a spinal segment or group of segments that are mal-aligned, and related to this is a disturbance in neuro function. The clinical goal of chiropractic is detection, correction to vertebral subluxation for the purposes of optimizing health, well-being, and quality of life.

Let me emphasize this distinction. Chiropractic is not the diagnosis and treatment of disease, but rather the detection, correction of vertebral subluxation. This means that a person may receive chiropractic care, regardless of disease, for the purposes of improving overall health and well-being and quality of life. Whether a person has no symptoms or a debilitating disease, they should have the option to choose chiropractic service to express more life.

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

GORDON: Thank you. Are you Peter Flaum?

FLAUM: Yes, I am.

GORDON: Oh, terrific. Thank you.

FLAUM: I'm Peter Flaum. I am also a chiropractic but am not here as a chiropractor. I am the director of professional services of Health One, which is a multi-disciplinary health care center in Ridgefield, New Jersey and president of T-CAM, which is a consulting group which advises as to the structuring of traditional complementary and alternative medicine practices.

To achieve a meaningful integration of practices, what we call T-CAM, we must join the American consumer in what they have already defined as the new, inclusive health care paradigm. Special interest groups, regardless, must be prepared to relinquish antiquated parochial centers of influence and power. Consumers have and will continue to find what they want, with or without professional guidance. Reference the Eisenberg Report. Were it not for this grassroots movement I suspect that this commission probably would not exist.

The key elements are, one, to differentiate condition treatment from health care management, recognizing as a truth in practice that health is more than the mere absence of disease. We must adopt three essential facets of health in balance. One is a biochemical, two biostructural, and three biosocial or mind-body-spirit. And I suggest that these be suggested by this commission to be adopted as programs necessary for integrated health care centers.

Terminology has been discussed that health is more than the mere absence of disease. And that the annual physical be expanded to include biostructural and biosocial testing for parameters of health status that we look at these biological essentials; that medicine, as a generic term, and no longer consider . . . if we're going to use the term "medicine," then it's going to have to be looked at as a generic term and not someone's proprietary right. Like all gelatin desserts are Jello-O and all tissues are Kleenex. Then all health care, if we wish, will be called medicine. However, some people don't like it.

In these centers, who will have the decision-making power? And this is key and then I will finish. Who is going to be the gatekeeper? Who is going to do triage? We've got to stop this intramural basketball game.

Protocols. We must develop a system of protocols based on the information given by the patient or client, the examinations and testing on those three levels, and then develop the protocols. And it is the protocol, properly developed, that will determine the appropriate pathway, and not an individual. And we all have built-in prejudices. And I thank the commission very much for our time.

GORDON: Thank you. Ken Frey.

FREY: Thank you. I'd like to thank the White House Alternative Medicine Commission for its commitment to the development and practice of safe and effective alternative medicine practices in the United States, and for the opportunity to represent the over fifty thousand practitioners practicing cranial sacral therapy.

Cranial sacral therapy is a gentle, noninvasive, hands-on modality widely used by osteopathic physicians, physical and occupational therapists, chiropractors, licensed massage therapists, and other health care practitioners. The first point I would like to address today is that the methodology used to determine what constitutes safe and effective treatment is an important consideration. We believe outcome studies, in addition to double-blind studies, are a necessary form of scientific inquiry for alternative medicine practices, and in particular cranial sacral therapy.

Some of the problems that arise with regard to double-blind studies are that when people are put into groups other problems are ruled out. For instance, if a person with sciatica, one might also have headaches and another one might have cardiovascular problems. Thus, the patients have different reactions to the treatment. And since hands-on treatment is personal and customized to the individual, no two treatments are exactly alike. So treatments can't be double-blind studies. Further, different therapies can't do exactly the same treatment. Thus the result can't be exactly compared. We believe cranial sacral therapy needs to be evaluated as an approach. Patient outcomes pre-imposed treatment needs to be assessed, and the patient should be the control.

Cranial sacral therapy evaluation and treatment are less expensive than traditional allopathic medical approaches for many problems. A whole body, noninvasive cranial sacral therapy evaluation by a qualified practitioner takes between five and ten minutes to identify restrictions anywhere in the body that can potentially impact most pathos(?) anatomical and musculo-skeletal problems. Cranial sacral therapy has been demonstrated to be clinically and economically cost-effective in providing symptomatic relief to a wide variety of orthopedic and neurological disabilities, including musculo-skeletal pain syndrome, including low back pain, neck pain, joint pain, arthritis, scoliosis, headaches, migraines, connective tissue problems like fibromyalgia, TMJ dysfunction, cerebral ischemia and traumas, as well as developmental disorders in children including autism, cerebral palsy, learning disorders, problems like strabismus, overall stress reduction, and as a general health enhancement. Now, it's also a noninvasive hands-on intervention, so there is no surgery, radiation, or toxic elements introduced. Nor is there potentially a long and problematic post-surgical rehabilitation.

With regard to standards of practice as guidelines to ensure that the public will have access to safe and effective CAM practices and interventions, the cranial sacral therapy techniques and diplomate(?) certification programs developed to establish a testing mechanism to identify and demonstrate qualified practitioners of a high standard of quality of care. A copy of the certifying body is published for the public and for health care practitioners.

Cranial sacral therapy and other alternative medicine practices are a part of our national treasure. We support the commission's activities to preserve and further develop these treasures for the benefit of all Americans and humanity as a whole. Thank you.

GORDON: Thank you. Questions from commissioners? Veronica.

GUTIERREZ: Dr. Gentempo, we have already addressed the clinical guidelines, and you certainly addressed the chiropractic approach, philosophically and otherwise. Do you have any clinical outcome assessment tools that you could use to measure whether you were successful in your clinical efforts?

GENTEMPO: Yes. And, incidentally, I echo that I'm very supportive of the CCP guidelines, which I understand were disseminated earlier today by Dr. Kent. And in response to your question also I would agree with some of what the immediately-previously presenters stated, that I believe an important part of clinical outcome is not just simply blindly applying modalities that have been proven through randomized controlled clinical trials, but also using the subject as their own control and viewing outcome assessments, which I think a lot of the world is moving towards.

And in chiropractics, since we deal with the nervous system, there are objective tools such as infrared thermography, service(?) electromyography to name two that are very popular right now that can actually measure neuro-physiologic responses to chiropractic intervention. There are reference norms so we can take the patient's values, compare them to normative database, calculate any standard deviations from those norms, and then determine how outside the patient is from what might be considered a healthy or normal functioning nervous system looking for autonomic symmetry and motor symmetry and tone and so on. And there's literally thousands of chiropractors using such technology and applying them distinctly for the purposes of seeing how a patient responds to chiropractic care relative to vertebral subluxation and nerve function.

Extrapolate from that, if I could mention too, is that if the patient's nervous system is working better than their performance, and there have been research, some retrospective studies, done. As a matter of fact, prospective studies, too, I can think of where they can show that as subluxations are being corrected or there is improvement in nerve function, various quality of life indicators also improve commensurate with that.

GORDON: Other questions? I have a question, somewhat different sort of related question for Ken Frey and Ms. Harris-Lockwood. And Ms. Harris-Lockwood, first you heard our discussion about Reiki earlier, a few minutes ago. I was wondering, what are some of the problems or issues . . . I understand about the issues with midwives, but the issues about traditional healers, spiritual healers in New York state. Have issues come up of prosecution for them? And, if so, what are they? Just give us a sense of what they are.

HARRIS-LOCKWOOD: Basically, when you put your hands on somebody's body, you can be called up on charges for practicing massage without a license. That's the main one.

GORDON: Has that happened with spiritual healers?

HARRIS-LOCKWOOD: Well, I studied classical Shiatsu, which is not massage, and I do ZB, I do biomechanical alignment. I do a lot of hands-on therapies, but I'm also a priest in the Order of Melchisedech. So I have a very spiritual base for all of the healing work that I do.

GORDON: No, I wasn't asking for you personally, I was asking if there have been prosecutions in New York state of spiritual healers.

HARRIS-LOCKWOOD: I don't know as such spiritual healers, but in different and separate modalities people have had a lot of problems, yes.

GORDON: And, Ken, I'm wondering, from your point of view, how does cranial-sacral therapy deal

with some of the issues of credentialing, licensure? What kinds of things have come up?

FREY: Well, what we did, number one, I think the basic thrust has been for the education to treat people who were licensed to touch because they were already protected by the law. I think you do have this gray area where people aren't licensed by a certain community or didn't go to a certain school, whether they're qualified or not, they're not seen as being qualified because they don't have certain credentials.

GORDON: So essentially you only admit to your training people who are licensed to touch, is that correct?

FREY: In general. There are cases where somebody is a caregiver, so somebody might be in somebody's family and maybe have a child and mother wants to be able to impart some type of care. So there are exceptions to the rule. However, with regard to the credentialing process, there is a two-level process. One of them is techniques and the second one is a diplomat level. So you go through a fairly lengthy double objective examination in each one, plus an essay examination, and then a practical examination. And there is no way to go through that examination period and not be qualified to not only explain what you're doing in cranial sacral therapy, but also to be able to demonstrate results.

GORDON: Thank you. Others? Yes, Linnea.

LARSON: This is to Ms. Harris-Lockwood. I believe in your presentation you asked for reimbursement under managed care for the services that are rendered. And our previous panel basically said that that is not what they would recommend.

HARRIS-LOCKWOOD: Well, it is a conflict. It's something to figure out because, on the other hand, people have to survive. People have their livelihoods wrapped up in their delivery of services. And people who need help can't afford it. They simply can't afford it. And that's what insurance, that's what . . . I think that it would be great if there was universal health care in the United States. It was pointed out earlier that we're the number one nation in the world and we have no universal health care. I don't know how we can remedy. It's a conflict, but it's something that's a conundrum that has to be figured out. And I think that should be part of what you undertake as well.

GORDON: Any other questions? Thank you very much. We appreciate your coming.

Panel 19

Panel Coordinator, Dr. Joseph Kaczmarczyk

GORDON: I'd like to call Panel 19 forward. Could James Budd, Karen Fuller, Martin Vincent McCarthy, Kathleen Ann Lukas, Rachel Lee Chaput, and Kimberleigh Nystrom come forward, please.

Is there somebody who was on a previous panel who came a bit late who wanted to testify? Yes, please come up now. We're going to penalize you severely for lateness. No, we're going to allow you to speak now. So let's begin, then, with . . . the panelist we have is Karen Fuller. Great. Thank you.

FULLER: As a thirty-year veteran consumer of alternative complementary practices . . .

GORDON: Could you come close to the mike, please?

FULLER: As a thirty-year veteran consumer of alternative complementary practices, a holistic practitioner with twenty-five years experience, and the director of a wellness program for seniors for the past six years, I am honored to have the opportunity to address the commission on this very important topic.

The bottom line is that I have seen so many, many people benefit, find hope, feel better, be cured of the incurable, and have an improved quality of life from using alternative methods. I want to impress upon the commission that we must invest more money and time in researching what these modalities have to offer. We must make sure that all people have equal access to alternative medicine. As it is now, many people are denied access because insurance does not cover most alternative modalities, and the state licensing boards do not license many alternatives.

We must focus on prevention and health education, empower people to take more responsibility for their wellness, teach everyone the basics of how to care for themselves through good nutrition, exercise, and stress management, including conflict resolution and communication skills. Science has given us miraculous medical tools, but it has few answers for the more chronic, degenerative diseases that are troubling our society. It has excluded and cut us off from the wisdom of mind-body, energy-healing methods which have been used for thousands of years in other cultures. Fortunately, acupuncture has become an acceptable treatment modality even though we cannot fully explain how it works. There are many other unlicensed modalities that we could be using to help people. To list a few that I have personally seen effective in increasing relaxation and assisting healing, as Reiki, Polarity, Chi Kung, reflexology, cranial sacral therapy, Shiatsu, homeopathy, yoga, meditation, and visualization techniques.

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

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

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

GORDON: Thank you.

FULLER: Thank you.

GORDON: Kathleen Ann Lukas?

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

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

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

to it with our state regulators.

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

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

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

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

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

GORDON: Thank you. Thank you particularly for your very clear recommendations. We appreciate that. Rachel Chaput.

CHAPUT: Hi. Good evening. I'm not actually with the Green . . . well, I am a member of the Green Party. I don't know why I actually put that as my affiliation. I speak from the perspective both of a consumer of alternative medical services . . .

GORDON: Rachel, could you speak a little closer and a little louder?

CHAPUT: Okay. I speak from the perspective both of a consumer of alternative medical services and a future practitioner. I'm a student of homeopathy, Reiki, herbalism, and reflexology and have been for years. Within the next six months I plan to make these areas my official career. I've been a consumer of many different types of natural healing for almost ten years. I feel it's my involvement with these techniques and their practitioners that is responsible for my healing process during this time.

Frankly speaking, I was very ill mentally, emotionally, and physically when I began to see these practitioners a decade ago. I'm not altogether sure I would even be alive at this time if it were not for their support and help. I do not believe that the type of help they offered me is something that I could get from any Western medical source. Psychoactive and other Western medical drugs, and even standard psychotherapy, do not go deep enough into a person's being to have healed me the way I have been healed by other treatment modalities.

While it's very difficult to understand how this could be so if you have not had a soul-changing experience through an alternative healing process, I can only say I am extremely grateful that I had access to these therapies. I believe that my life depended upon it. After many years I feel ready to offer the world what I believe is the most important thing that I can offer, and that is support through alternative healing. As I said before, I've been studying a number of different modalities for years and am now also a student of homeopathy. Beginning in the spring I will offer my services as a body worker and certified hypnotherapist. To think that what I will be doing is actually breaking the law is very

distressing.

The types of healing we're talking about here, many of them are ancient. These are things that heal and affect people on the soul level. They're basic to being human. To deny people access to these services and to prevent others from offering these services I believe to be very, very wrong.

I think the best solution to this difficult situation is to let things be. Let us natural healers do as we will. There are several reasons why this is the best answer. One, the Western model is not applicable to alternative healing practices. You cannot understand alternative healing practices nor measure their effectiveness the same way you can Western medical practices. To try to is to invite defeat. Two, the very nature of alternative healing practices is damaged by third-party intervention. The client needs to come to the practitioner, not because their service is covered by his insurance, but because he is emotionally ready to invest his time and his own money into the process. His participation in an involved way is a vital component in the successful healing process. It is not comparable to walking away from a doctor's office with a prescription in your hand.

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

GORDON: Thank you. The fourth panelist here is Dr. Yong Ming Li, who was on a previous panel and he's here now. Please.

LI: Thank you. First I'd like to say Happy Chinese New Year to everyone. I'm here to propose a very, very clear recommendation. This is regarding the herbal toxicity problem caused recently. In my handout, the first page is my recommendation and explanation, including my credential. The second page is the letter I wrote to the *New England Journal of Medicine*, which is published a couple months ago. The fourth page is a paper published in *The Washington Post* today regarding the Chinese herbal toxicity, which cited my letter in the *New England Journal of Medicine*.

My recommendation is I think it should set up at federal level, a mandatory requirement for any herbal store, including online retailers who sell potentially toxic herbs or herbal product, should have a qualified herbalist on site to consult customers on the toxicity, dosage, contradiction, and other available information. I give a lot of thought on this. I had a lot of discussion with my student. I have M.D. in Chinese medicine from China. I have M.D. qualifications from this country in Western(?) medicine. I'm a board-certified herbalist and also acupuncturist. I work in a hospital in pathology as well as research. Part time I am teaching Chinese medicine at a New York college. So I have a lot of experience.

The reason for my proposal is based on the fact that most reasoned report on the instant of herbal toxicity is actually due to misuse, abuse, unawareness of medical herbs and herbal products. The proper consulting in most cases is not available to the customers when they are needed. In most incidents, in fact, the toxicity can be avoided just by simply consulting.

The qualified herbalist here is defined as those who have received a minimum of three years education in herbology, medical herbs, pharmacology, and herbal toxicity. All those who are board-certified in herbology, such as NCCOM certified in Chinese herbology. The category of toxicity of herbs should be determined by an expert committee. Each state may have their own additional requirement for the qualification on herbalists for consulting.

Actually, I recognize the diversity of schools of herbalists in the United States. However, the minimal requirement for the qualification of consulting of herbalists should be focused on the safety and the toxicity.

GORDON: Thank you very much. Questions from commissioners? Any questions? I have a question about, and appreciated all of your testimony, a question about whether there has been prosecution of unlicensed practitioners who are offering their services in New York State.

LUKAS: We know that there was a prosecution of a Shiatsu practitioner under massage law. There was also an investigation . . .

GORDON: Under the massage law.

LUKAS: Yes. And there was an investigation started in May of '99 of homeopathy, including the schools and the practitioners. We subsequently learned that, due to underfunding by the state, they didn't proceed with that. It was an anonymous complaint, as always, and there were no charges of wrongdoing, only charges that we exist.

GORDON: And could you say, because I don't know that all the commissioners have read the Minnesota law, could you very briefly explain why you feel that's a useful law to enact?

LUKAS: Because it, I believe, protects us, or protects the public, from fraudulent practices because it does require disclosure. It requires that every client of an unlicensed practitioner sign a disclosure form, and that form has to say the qualifications of the practitioner as well as a lot about the practice itself. And, in addition, it has a very strict code of ethics, stricter than most doctors work under. They have some requirements that I was really quite surprised to see in a law. So, it seems to give the maximum freedom to low-risk practices while protecting the consumer from fraudulent practices.

GORDON: Let me ask you one question and then again go back and see if any of the commissioners have any others to ask. The issue of reimbursement, are you content to exist, or are the practitioners content to exist, outside of the conventional reimbursement system through insurance or HMOs?

LUKAS: Yes. It's interesting. My husband's a dentist and he's never gotten into that, and we have more friends that have gotten into the insurance business and it takes them years to extricate themselves from being an insurance practitioner. In fact, my line in there that nothing interferes more with the healing relationship comes from a dentist. And besides that, in the end, even for the needy, we know that if a practice was \$100.00 for a visit, the most they'd ever see is \$18.00 or \$20.00. So, the insurance business is just not something where we want to go.

GORDON: So you're saying that as a rule your experience has been that, like the Bob Dylan line, "to live outside the law you must be honest."

LUKAS: That's exactly right.

GORDON: Practitioners who are unlicensed are willing to give their services at very low cost or free to people who are needy.

LUKAS: Well, the fact is that they're doing very well. I mean, the people who come to alternative practitioners are often educated, they've often made choices along the line, and while I understand there are clinics . . . the other thing is that there are schools that have clinics, there are places where people can give services for low-income people without getting into the rat race of chasing down the insurance dollar.

GORDON: Because one of the issues that we're very focused on is how to make available the benefits of some of these approaches to people who are on Medicare, on Medicaid. So that's an issue that we're wrestling with, and we appreciate any thoughts you have about that, how another system of delivery would work as well.

LUKAS: I can't say I have any solutions, but I certainly . . . working with seniors, it comes up a lot when you discuss this insurance issue. Should we have it or not? And I really don't know because I see so many people on fixed incomes, and I don't know if they can really afford some of the holistic modalities, even if they're quite cheap. So it's a concern that I think about and I hope you'll find a good answer.

GORDON: Any other questions from any of the . . . yes, Conchita.

PAZ: This is for Dr. Li, Ming Li. One of the comments that keeps coming up frequently is the assumption that practitioners are dispensing Chinese herbal medicine not knowing what they're doing. But there's also the side of patients when they hear claims they go after those products. How can we -- and this is unknown to their practitioners frequently -- how can we have the consumer know, maybe in advance of some of these potential toxicities and dangers?

LI: That's a very critical question. I think that my proposal can solve that problem, at least partially. The first part of the question was the somewhat sad(?) effect that the practitioners even don't know. But that's very rare. Most of the cases, for example the fungi toxicity case, has been known for a long time. Every well-educated herbalist should know about the toxicity. And, in fact, I imagine most of the cases happened in Belgium, in the United States, Mahjong(?) cases. Either patients use themselves or the herb was given by physicians who are not trained in herbalogy at all. So that's the first part of your question. I think if we have minimal requirements for qualifications for herbalists, that should solve that problem.

And the second is how the customers know. I think we should set up an a fund, set up education Web pages, and also part of the job of the herbalist on site for the retailer. That's their job to tell customers the sad fact of the potential toxicity since FDA is not allowed you labeling. But you can tell them it's legal. That's one of the reasons it's proposed this way.

GORDON: Thank you very much. Thank you all four.

Panel 20

Panel Coordinator, Dr. Joseph Kaczmarczyk

WOMAN: Thank you. If Panel 20 would now come up, starting with Anthony Bloch, Lawrence Galante, Jeffrey Goin, Ulises Vargas, Ridgely Ochs, and Ellen Schutt, please.

GORDON: We'll begin with Anthony Bloch, if he's here.

BLOCH: I'm simply a consumer. I want to thank you for allowing me to speak here. I don't see why BA was such a special qualification anyway but . . . I would like to say that for some thirty-one years now I have been a consumer of alternative medical services, a client of alternative practitioners of various sorts, most bearing the title of herbalist and prescribing botanicals as an alternative to drugs.

My choice to use the service of these practitioners has been based both on the desire to live a life free from the detrimental side effects of prescription drugs, which I was even at times sensitive to, as well as to live a lifestyle of balance and harmony with nature. What was frustrating to me is that, while I

knew that herbal medicine could help me, none of the herbalists whose services I used was able to help me very much. Often these individuals were using faulty methods of diagnoses, such as swinging a pendulum or muscle testing or irridology. Some of these methods may have some effectiveness, but they were used exclusively or without consultation to any standard medical tests. And they were using them to infer what my internal conditions might be. Still others were insufficiently trained and educated as to medical conditions in general as well as the full details of botanical medicine. Since then I have been thankful to discover that there are naturopathic doctors who have a full and rigorous medical training and who understand both the conventional medical testing for diagnoses as well as the conditions of health and disease in equal or even greater depth and breadth as one would expect from any medical internist.

The point I would like to make is that so long as there are practitioners of the former sort that I first described serving the public, the use of herbal medicine will be, at best, successful due to luck or placebo effect, and sort of on the whole ineffective and at times even dangerous. Also, occasional mishaps in the use of herbal medicine and alienating the public at large to the benefit of natural medicine as well as -- included in the public I mean the medical community -- will, in effect, do much more to sabotage their ability to believe in and thus to receive this benefit in their lives.

GORDON: Thank you. Lawrence Galante?

GALANTE: Yes, thank you. I'm an adjunct professor at the SUNY university, and I would like to give testimony on the benefits that I have personally experienced and observed in myself and in my family using some of these alternative methods.

Some thirty years ago I was a biochemist for the city of New York at the chief medical examiner's and at New York University, and I contracted a condition called giant(?) papillary conjunctivitis, which made it impossible to wear contact lenses anymore. I'm a Tai Chi instructor. I've been so for thirty-five years, and I teach that at the university. So, as a martial art instructor, it became imperative for me to not wear glasses during teaching. I went to the best doctors at NYU, and after two years of treatment they said there was nothing that could be done. I could never wear contact lenses. I traveling a lot through Europe and Asia, and I came across a friend, an American, who had a very bad case of dysentery, which he had had for several weeks, and was unable to get any help. But he asked me to walk him to a homeopath in Indian, and he took a homeopathic remedy and within twenty-four hours his dysentery was cleared up. I was very impressed. So, when I got back to the States, I sought homeopathic treatment for my eye condition, and within two months it was cleared up. And it was cleared up by a person who was not a licensed physician, but he was a homeopath. I have since given it to many people in my family.

My mother suffers from a terrible condition, which is constant bleeding noses, which is called hemorrhagia talaxia(?), I believe it's called. It's a Mediterranean disease. My sister, in fact, died from this condition. She's constantly having two or three nosebleeds a day and constant cauterizations of her nose. Subsequently she has taken some homeopathic remedies. She's only had to have, in the past few years, one cauterization and she barely bleeds anymore.

Now, the point I'm trying to make is that these modalities should be available to the public. And I really hope that this commission will make it so. I was very impressed by the recent passing of the Minnesota Natural Health Care Bill, which gives the consumers the right to choose. I think someone else was speaking about it earlier, the therapy of their own choice, whether people are licensed or unlicensed. And this would save the state and the government a lot of time and money trying to figure out commissions and licensing boards, and it would grant the citizens the freedom that other countries avail themselves of.

GORDON: Thank you. Jeffrey Goin?

GOIN: Mr. Chairman, I'd like to apologize in advance for not having copies of my testimony available for you. I came prepared with every intention of making copies, and by the time I finished editing my testimony it was perfectly illegible. So I'll get you complete copies cleaned up. I apologize. My name is Jeff Goin. I am president of the Coalition for Natural Health. We are a grassroots organization based in Washington, D.C. that represents over twenty-five hundred natural healers. The bulk of the testimony I wish to deliver today addresses the advisability of this body's concerning itself with the matter of licensure of natural healers at the state level.

The arguments against the White House Commission's adopting a position on this issue are rather simple and straightforward. Licensure and regulation are the province of the states of this country. The circumstances and needs that exist in the state of, say, Alaska versus those that exist in Louisiana or New Mexico or Idaho are very separate and distinct. Only the lawmakers, consumers, and practitioners can know what, if any, level of licensure and regulation is appropriate in these various states.

The Coalition, its members and stakeholders, are very grateful for the good and necessary work that the White House Commission is carrying out. However, I must respectfully convey in the strongest possible terms the extent to which we feel it's inappropriate for a federal agency, department, or advisory board to insert itself at the state level for purposes of mandating or even recommending process or guidelines for licensure. For some reason, if this commission were to engage in this activity, it would be entirely unprecedented. Doing so would be akin to the federal government setting professional standards and requirements for dog catchers, brain surgeons, or accountants. Again, the establishment and maintenance of professional standards for natural healers is something best left to the states. Ultimately, though, we believe that the most effective screening of natural health practitioners will not be the state government or federal government, but it will ultimately best be done by consumers.

As it relates to such natural healers as naturopaths, ayurvedics, or Reiki healers, these practitioners are first and foremost educators and consultants for a healthier lifestyle. The health principles that they espouse are noninvasive. They do not involve the prescription of drugs, and as such are not a danger to the consuming public. At the same time, however, if the services that these healers offered were not effective, they wouldn't be flourishing to the extent that they are now. Simply stated, and I believe this is a point that's been made over and over very convincingly today, that the litmus test for these service providers will be the one that's administered by consumers and the competition of the fair market.

In closing, Mr. Chairman, I'll tell you that we believe that the objective of the White House Commission should be to enable and expedite the flourishing of natural health in this country, not to restrict it. Growth and availability of these treasured services will not come about by giving consumers fewer choices through the creation of barriers of entry for practitioners. In this regard, if the commission is to concern itself with any state-level matter, it should be to encourage the advancement of natural health freedom bills such as the one passed in Minnesota. Thank you for your time.

GORDON: Thank you. And thank you for, again, speaking with us. We appreciate it. Ridgely Ochs.

OCHS: Good evening ladies and gentlemen. My name is Ridgely Ochs and I'm a health and medical writer for Newsday, a six hundred thousand circulation daily that covers Long Island and Queens. Thank you for giving me the opportunity to address you tonight, and I commend you for your stamina. You're amazing.

This is an issue of genuine importance to consumers and one that, frankly, deeply frustrates me as a journalist. We worked with Hofstra University in 1999 to conduct a random digit-dialing poll of one thousand fifty-six Long Islanders and six hundred Queens residents patterned on the Harvard poll conducted by Dr. David Eisenberg in 1990 and again in 1997. We asked them in-depth questions about

whether they use any of sixteen alternative therapies, how often they used them, and why. We asked them how much they paid for them and whether they were covered by health insurance.

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

The most disturbing finding was that, although fifty-nine percent said they considered doctors to be the most reliable source of health information, less than half of those surveyed said their doctors knew that they were using the treatments. Only seventeen percent said they began using the treatment on advice of their doctor. About three in ten herb users said they didn't know whether the herbs cause any interactions with other herbs or drugs. This was particularly alarming because we were getting reports from local doctors that more and more patients were showing up for surgery with erratic blood pressure or bleeding problems that they suspected could be caused by supplements.

I interviewed a man from Queens who suffered a brain hemorrhage. There was no sign of an aneurism, the usual cause of such an event, and the doctor said he initially wondered if the man had ingested rat poison. It wasn't rat poison, it was two aspirins a day, several garlic preparations, two hundred forty milligrams of ginkgo biloba, three teaspoons of omega oil, all of which can thin the blood. In addition, he was taking niacin, coenzyme(?) Q-10, high doses of vitamin C and E, a vitamin B complex, chromium, potassium, magnesium, bilberry, cranberry juice, grape seed extract, and lecithin(?). He hadn't told his doctor about any of these supplements and his doctor hadn't asked. Why hadn't his doctor asked? Probably because he didn't know much about these preparations and perhaps had a strong bias against their use.

And this gets into probably the most frustrating aspect of covering alternative medicine. Generally covering a mainstream drug, device, or procedure there are studies one can read and experts one can interview. Not so with alternative medicine. I soon learned that there were precious few studies and precious few experts whom I could just trust. I probably don't need to tell this commission that what is and isn't allowed under the Deshea Amendment in terms of structure and function claims is downright confusing to the average consumer.

GORDON: Thank you. Having scanned your written testimony, I appreciate it, and we'll come back with some questions. Ulises Vargas has come. Thank you. It's your turn.

VARGAS: Thank you for receiving me here tonight. I just arrived to New York and it's just an awful traffic. Everything went wrong and copies of my document were sent to your office in Bethesda, Maryland. So I'm kind of here and just going to say just a few words, just to say thank you for the commission for looking into this. I think this wouldn't happen ten or fifteen years ago. This wouldn't be an issue at all. Now medicine has been all together, and what we want to do is try to protect those that are practicing right now that are not medical doctors out there in the field, that practice very responsively with a lot of dedication. We want to make sure that the commission looks into those folks, and those that are physicians themselves that want to complement the word medicine and just alternative will be in the history soon. We want to make sure that those colleagues have the well education and training in those alternative approaches that they don't get in medical school as well. So we want to make sure that there is a bias of both sides of being responsive and responsible.

Thank you very much for receiving me in here, and I know my documents will be in your desk as soon as you guys will come back. And thank you for the coalition for letting me come up here and

represent them in some few words. Thank you very much.

GORDON: Thank you. Questions from commissioners? I appreciate everybody's testimony, particularly the testimony having to do with creating a space for natural therapies to flourish. And I'm wondering if all of you, Lawrence Galante as well and you, too, Ulises Vargas, if you feel that the Minnesota bill best expresses the kind of approach that makes most sense to you.

VARGAS: I did only briefly review the Minnesota bill itself. I think there's a lot of areas that need to be more observed and be more open to dialogue before any other recommendations. I don't know what kind of specifics of the bill you want me to talk about.

GORDON: The issue we were talking about earlier was really a basis of an openness to natural therapies, am I right? To natural therapies as long as there was informed consent prior to the use of those therapies.

GALANTE: Yes. I have looked at the bill extensively, and to me it satisfies everything that I would immediately want because, first of all, it's not even concerned with insurance. And that's another thing. First thing I think is these things should be made legal, and then you worry about how you pay for it or insuring later. That would be step two. But what's good about it is that, so long as you give disclosure people can make the choice. If they want to go to a witch doctor who rattles a rattle in front of you, all he's got to say is I'm a witch doctor and I studied for ten years in so and so. And then it's your choice. Or if you'd rather go to an M.D. who's licensed, that's your choice. And people, most of us or many of us are educated and we can make choices for ourselves.

GORDON: Anthony Bloch, did you have any reaction to that?

BLOCH: No. I suppose I don't like to react because there's a tremendous value here. But my response, and I would want it to be a balanced one, to give credit to all of our individual abilities to choose, would be also that I would like to see some sort of a high standards, high medical standards, set for anyone prescribing botanicals and diagnosing health conditions. I would like it to include all alternatives and the value in open the door to all the nontraditional methods of diagnoses as well as treatment, especially with regard to natural alternatives.

GORDON: Thank you. Ridgely Ochs. You've obviously done your homework. And I really recommend the little paper you've written because I think it exposes some very important areas in which there is not good information. I'm wondering what you would like us to do.

OCHS: I almost wrote recommendations, but journalists don't usually do that so I didn't do it. When I was looking yesterday at the National Center for Complementary and Alternative Medicine Web site, it's vastly improved, but really there are only three fact sheets.

GORDON: I understand.

OCHS: So, if one can expand that so that there is something like the NCI Web site or CDC if you go online to look for stuff on infectious diseases. I mean they are obviously starting to do it. There are links to other sites. So that would certainly be . . . it doesn't cover the whole range of things, but at least it would be a place for somebody to start.

GORDON: That's a start. What else?

OCHS: Well, I understand that credentialing is a thorny issue and a complicated issue, but I think for the consumer . . . I mean, when listening to some of the folks talk about Reiki, how do you decide who's real and who's not. Some of that's trial and error and that's what we all go through. But there's got to be some sort of vetting, either within the modality itself or, I don't think it should be the federal government necessarily, but some sort of way the consumer can figure out whether he or she is being ripped off. And also, there have to be more studies. I don't know how one gets them done. And when Dr. Chang was talking about some of the studies haven't been translated, that's a start.

GORDON: I want to turn it around a little as well because you've been gracious enough to come up here. And that's how you're going to be rewarded. I'm wondering what you think the popular press might do to improve its coverage and to improve, because the popular press is actually probably by far the largest source of information. The popular press and media, television and radio of information about these modalities, remedies, practitioners, and approaches. What's your self-criticism and what do you think should happen in the future?

OCHS: I think we fall into two camps, probably like practitioner versus the mainstream doc. I think a lot of mainstream reporters just ignore it because they don't know how to get their hands around it and they find it very frustrating. And/or there's a sort of gee whiz hype hysteria or naive kind of embracing of it. As a reporter, it's something I struggle with a lot. What's the middle ground? How are you giving the public the best information? And the problem is that the lack of experts . . . you have people who believe very strongly in what they're doing, and then you have people you call up other sides and they pooh-pooh it. But that's not necessarily the truth. The truth probably lies somewhere in the middle. And where you go for that I don't know. That's the struggle.

GORDON: How would you suggest that we convey through the media our activities?

OCHS: Just put them on a Web site, put out press releases. I mean, it's been wonderful for me to sit here this afternoon and hear the little pilot studies here and that sort of thing. Anything. E-mail, come up through NIH, whatever. Just get it out there.

GORDON: I'll tell you my impression. My impression is it's often hard for the mainstream media to cover this in a responsible way because mainstream media tends to be -- tends to be, not always -- rather cynical.

OCHS: Right.

GORDON: So they're looking for something catastrophic. And so it's difficult, at times, and having dealt with mainstream media for thirty years I've some experience. It's difficult for them to be interested in exactly the middle position, the sort of responsible position that you're talking about, that I hope we represent as a commission. And that's my dilemma with reaching the media.

OCHS: It's tough as a journalist, too, because I'm not supposed to just look at the rock, I'm supposed to look under the rock. And when there aren't always reliable, when you're not sure . . . I've come up with my own sources, as every journalist does, but you don't know where to go for information that's trustworthy. People have agendas. They have financial agendas, they have political agendas. That doesn't mean that they're lying, but it doesn't always mean that they're telling the entire truth. So that's what makes it hard.

GORDON: I just want to say that I really appreciate your coming here and talking with us, and I hope we can continue this dialogue as well.

OCHS: Thank you.

GORDON: Thank you all.

Panel 21

Panel Coordinator, Geraldine Pollen

WOMAN: Panel 21 begins with Peter Chowka, Chao Chyan Pai, Hannah Vance Bradford, Diane McEnroe, Theresa Marie Warner, and Stuart Peter Warner.

GORDON: We'll begin with Peter Chowka. Nice to see you.

CHOWKA: Thank you, Dr. Gordon. Nice to see you. Thank you. For more than twenty-five years I've been reporting about alternative medicine, since 1994 on the Internet. Nine years ago the Congress called on the federal government to establish the Office of Alternative Medicine. I was chosen to serve on two of the OAM's first advisory panels, including one about collection and dissemination of information and data. Those were the days before the Internet. We couldn't have known then that the Net would grow from zero users in 1993 to over three hundred million in 2000. In 1992, we also could not foresee the growth in the government's CAM budget, or that nine years later now relatively little information would be disseminated to the public by government despite the explosive interest in CAM.

My purpose is not to criticize the OAM or NCCAM. Instead I'd like to make a few comments and suggestions. I use the Internet to do much of my research, to communicate with people all over the world, and to publish. And also I use it as a medical consumer. According to the Pew Research Center study last year, fifty-five percent of Internet users, or fifty-two million adult Americans, have sought health information online. Information is power and is currency. People inside the Beltway have long known this. And finally now citizens are becoming more empowered by information. Growing consumer interest driven by information and the free marketplace have combined to encourage CAM and to make innovative health options more accessible. Today people are learning that critical problems like health often defy conventional political solutions. Too often new government programs just get in the way.

Another model we see is that change comes from the bottom up. I think that's why we're all here today. Individual consumers are becoming better informed and educated and are taking more personal responsibility for their own health, as they demand more information, choice, and autonomy.

I suggest that more resources be allocated immediately to expanding the government's Web sites devoted to complementary alternative medicine. We don't have to wait for years for the data and the studies to come in. And data and studies, as we know, are often not definitive anyway. The sites can provide abundant resources without making specific recommendations. They could help to organize and link to the plethora of information, much of it confusing, that already exists and tap not only pro-alt med sources but skeptical ones as well. Let the American people have access to all of the information and then they can decide what's best for them. In taking these and other steps the government can play a supportive role in helping to overcome the limitations with health information on the Web.

A study about that came out last week by the Dettweiler Group of Fort Wayne, Indiana. The late Robert Mendelson, M.D., said that modern medicine had become like a medieval priesthood: inaccessible and often largely unaccountable. The Internet is quickly helping to change or open up and to democratize that status quo. My paraphrase Patrick Henry, Give me Internet health information or give me death.

In summary, it would be helpful if the government's CAM programs could better implement the

intention of Congress almost a decade ago to disseminate CAM information to the public by moving more pro-actively and aggressively into a leadership position with alt-med online.

And finally, in the submission to the commission members, in addition to a copy of my statement I have three pages of notes and references linking to primary sources which I think supports one of the points that I've made. Thank you very much.

GORDON: Thank you, Peter. We have a statement from C.C. Pai, but I don't think C.C. Pai is up here in the audience. No? Diane McEnroe.

MC ENROE: Thank you. My name's Diane McEnroe of Sidley & Austin in New York, general counsel for the National Nutritional Foods Association, or NNFA. NNFA is the largest trade association in the United States for manufacturers, distributors, and retailers of natural products, including health food products and dietary supplements.

NNFA might be viewed as having a less personal position than many of the groups or people who testified before you today, primarily because it's a trade association. However, many of its members share with millions of others a deeply-held conviction regarding the use of complementary and alternative medicine. The retail membership also has an unusual relationship with their consumers as a result of years of face-to-face contact regarding the consumer's health and nutrition goals.

For a number of reasons, consumers are looking for alternate avenues to reduce long-term health care concerns and to decrease costs associated with conventional medicine. NNFA members have seen this, and for years have been ardent supporters of this approach, sometimes in the face of relentless controversy. More and more consumers recognize the importance of nutrition and new methods of health promotion and disease prevention. NNFA supports this growing desire by individuals to assume more responsibility for their own health care. NNFA members believe in diversity and freedom of choice in matters relating to the health of individuals. An open competitive marketplace leads to more high-quality options for the consumer.

As a national association, NNFA carefully reviews state legislation that would unnecessarily limit or constrain the right of people to make health choices for themselves. NNFA would be very wary of unwarranted laws that would prohibit qualified people from providing accurate, supported health information and treatments.

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

NNFA members believe that these laws are invaluable resources in terms of educating consumers about what the products can and cannot do. Manufacturers and retailers are in a position of telling their consumers what a product can do through the use of structure function claims and health claims. Deshea's statutory labeling exemption also allows for the dissemination of third-party literature to consumers in the context of a sale, which helps to foster scientific discussion about the attributes of many of these products. NNFA supports further research on these products so that there's adequate and reliable substantiation for all statements made on product labels and in advertising. In addition, other labeling requirements established by Deshea and NLEA help to provide consumers with information about the content of dietary supplements and nutritional food products.

In order to ensure the products are properly formulated and labeled, NNFA has embarked upon the only industry-supported program of good manufacturing practices, jumping ahead of FDA, which has yet to publish its proposed GMPs. As a leader in this industry, NNFA takes very seriously its mission to ensure safe quality products are on the market. But continued access to these products is dependent on Deshea. NNFA does not want to see legislative or other challenges destroy these essential

provisions. NNFA would seek the support of the commission if any challenges should come into focus. NNFA would also request continuing efforts to educate the public on complementary and alternative medicine, including the appropriate use of dietary supplements, and request further funding for research into their long-term benefits and safe use.

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

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

GORDON: Thank you very much. Theresa Marie Warner.

T. WARNER: Thank you. I'd like to start out by apologizing to the commission that you do not have our statements for myself or my husband, who will be speaking immediately following me. We had a death in the family this week and were out of the office most of the week and are actually on our way returning from the funeral right now, but felt it important enough to come directly here. That been said, I would like to thank you for allowing me to take the time to address this commission on this important topic.

I'm here as cofounder of the World Children's Wellness Foundation, a nonprofit children's foundation to help educate parents on how to raise healthy children. I'm also in private chiropractic practice specializing in the care of children and infants, and a post-graduate faculty member of several chiropractic colleges in which I teach pediatric chiropractic care to chiropractors around the world.

My purpose for attending today is to discuss the importance of chiropractic care for infants and children. Specifically the right for children to receive chiropractic care, regardless of symptoms, for optimization of health, growth, and development. It is vital to recognize that chiropractic care for children in a wellness-based vitalistic health care model, not as a treatment for symptoms or disease. Most importantly, that all children will have the opportunity to be checked by a chiropractor as a natural and regular part of childhood.

Public education is imperative. Today parents understand and find it natural to take their children for an eye exam, dental, hearing, and other exams prior to their child's first day of kindergarten. But many parents remain unaware of the importance of a chiropractic exam for their children. During a chiropractic exam of an infant or child, the chiropractor is able to utilize high-tech objective diagnostic testing, such as that mentioned earlier by Dr. Gentempo, to help identify if there is any interference in nerve function. As chiropractors, we recognize that this phenomenon, which we refer to as a vertebral subluxation, if left uncorrected will equate to a disturbance in that child's body to heal, regulate and adapt. The correction of this disturbance through the adjustment will allow that child to better adapt to his or her world and result in a fuller expression of life.

What I am requesting of the commission is that we expand current research to include to include a pediatric chiropractic study in a vitalistic health care model. Additionally, I would like to expand the information provided to parents upon or prior to the birth of their child to include the importance of a chiropractic exam for their child. Research and public awareness campaigns are the two principal concerns of the World Children's Wellness Foundation, and these are the two primary areas I would respectfully request that the commission review. Specifically, how can we increase funding of pediatric chiropractic research studies by federal grants or other means to nonprofit foundations such as the World Children's Wellness Foundation, and further bringing the results of such studies to the public. Thank

you for your attention today and I'm happy to answer any questions you might have.

GORDON: Thank you. Stuart Peter Warner.

S. WARNER: Yes. My name is Stuart Warner. I appreciate the opportunity to appear before this distinguished commission. I'm in private practice in Point Pleasant, New Jersey with a focus on children under the age of seven. I'm also part of the post-graduate faculty of several chiropractic colleges and instruct chiropractors around the world in the care of children. And I'm also a cofounder of Kids Day America International as well as the World Children's Wellness Foundation.

Today's a day when childhood illness is considered normal. Rates of asthma, autism, otitis media, ADHD, and other diseases are increasing at all-time highs in our society. This is resulting in lost educational opportunities, lost work days, for parents increased costs, lost of frustration. Medical intervention starts after the symptoms appear, which may not be the best approach. And children are being targeted with drugs by doctors that lack training in how to prescribe many of those drugs, and there have not been safety studies to determine the safety of the drugs given to children. Chiropractic care offers children a very safe and effective approach to obtain extraordinary health and wellness that's a pro-active approach.

Our emphasis is to correct vertebral subluxation in children that interferes with proper nerve function. That essential nerve function directly controls that child's immune system, biochemistry, hormones, as well as every cell tissue and organ in that child's body. We advocate regular chiropractic check-ups for all children starting from birth onward. In fact, studies are now showing that the first three years of that child's life is the most important time, the critical time, to get them started on the path to health and wellness because that's when they develop their habit patterns.

Children are especially susceptible to vertebral subluxation and nerve interference from stresses and traumas early on, such as birth trauma or in-utero constraint positions, normal falls and postural stresses. For example, a child that has a subluxation in their spine which creates an imbalance, the muscles may be pulling more to one side than the other. When this child is going through their growth spurts and developing, these subluxations and imbalances will be accentuated and cause more problems. Just as a dentist will correct a cavity before the symptoms appear, need to correct vertebral subluxations in children before symptoms appear.

Millions of parents report to thousands of chiropractors that when their children grow up with chiropractic care, their children do not succumb to all the childhood illnesses that the rest of the children do. And if they get sick, they respond far quicker than children who have chronic vertebral subluxation. In addition, parents report that children under chiropractic care sleep better, they behave better, when those stresses are removed from their spine. We would like to see parents have full access to having their children checked for vertebral subluxation by chiropractors to prevent illness, optimize their health and wellness, and dramatically reduce medical costs.

In closing, we need to also look at raising funds for research to characterize and demonstrate the benefits of chiropractic care for children, and we need to find more effective strategies to educate and distribute information on chiropractic care for children to a parent. And this also should evolve into an area where chiropractors can be very effective as gatekeepers for raising healthy children. And I thank you for your attention.

GORDON: Thank you. Questions from commissioners? Yes, Conchita.

PAZ: This is for the Warners. At what age do you start treating children?

S. WARNER: That's a great question. Because the normal average birth process in our country subjects a child to roughly forty to seventy pounds of uncontrolled twisting and trauma to that newborn's neck,

where the musculature isn't even strong enough to hold their head up, that is the most critical time to check a child for vertebral subluxation. The adjustments applied to a newborn or specifically directed to a newborn are very gentle, safe, and effective.

GORDON: Other questions? Peter, I have one for you. Your point is well taken about not that much information being available. What kind of information and how would you suggest it be gathered, put up, and by whom?

CHOWKA: I realize the problems endemic with the government trying to do this because of all the competing interests. I'm looking for a simple solution. And the best one I can think of is to try for the government's Web sites in this area to find and to link to as much information on CAM as possible. All of it, pro and con. Personally, in my work I get a lot out of the mainstream medical journals. This very week, January 20th, the *British Medical Journal* devotes about one-third of its issue to complementary alternative medicine. That, for example, could be very quickly linked to by an NCCAM site.

I think the skeptics of alternative medicine have a point of view that's good to be heard and that I personally get a lot of good information and leads from. So, keep it simple but keep it as comprehensive as possible without . . . briefly, when I served on the OAM panel eight, nine years ago, that looked at data collection and information dissemination, we were concerned then that the data on CAM, the information on CAM, was negative because of years of pejorative reporting. Possibly the opposite is true today with such an abundance of information. But, still, too little of it is getting out, and I think we can leapfrog over a lot of the problems by just inexpensively and relatively quickly using the Internet to link to as much as possible.

GORDON: So, are there any criteria that you think that . . . you're suggesting the NCCAM do it and that they link. Are there any criteria for those links?

CHOWKA: Well, I think common sense. Obviously one wouldn't link to, and I guess good minds could disagree, but you wouldn't want to link to complete irresponsible garbage. But in my career I'm often asked a question as an investigative journalist, well, what about the quacks out there, what about the disreputable people. Sure, they're out there. But I've been busy for twenty-five years focusing on what I consider, and what many agree, to be the reputable practitioners and users of complementary alternative medicine. And there aren't enough hours in the day for me to read all of the information online from those sources. So I think as long as you have intelligent people, reasonable people, doing the Web sites . . . sure, some will criticize them, but I get scores of e-mails every week from people around the world asking me, because of my work as a journalist, what do I think about this CAM practice, what do I know about that. All I can do is try to pass them along to the primary sources, whether they're news stories, studies in the scientific literature, other Web sites, whatever.

GORDON: NCCAM, as you know as well as anybody, has really focused on, okay, what are the things we really know for sure.

CHOWKA: Yes, and that's useful.

GORDON: And how do you see encouraging them to move in this other direction? What would you say to them?

CHOWKA: Well, I would say that the voice of the public that is in my view demanding this because I'm getting thousands of e-mail a year on this very subject, if somehow that kind of quantity of need for the information could be brought to the attention of NCCAM that changes could be made. And we're

not talking about a big investment in money. One of the Web sites I work for, Natural Healthline.com, which is a twice-monthly publication that reports on CAM developments, political and clinical, it's embarrassing the shoestring budget we have, and yet check it out. I think we do some very useful work by primary reporting and mainly by linking to stuff that's already on the Web.

GORDON: Do you think -- and Joe I'll come back to you in a second -- do you think it might make sense for some kind of subcontract, for someone to do this kind of job, which doesn't seem to be . . . to do a job where sort of common sense but not ultra-high reliability, if you will.

CHOWKA: That might be one solution to put in the hands of people who are technically astute at accessing the information and putting it online without having an ax to grind in this field. In other words, the attempt at some kind of neutrality, but technical expertise. A previous comment was made by a previous speaker about the NCCAM Web site which I visit, and I'm happy to see their new logo finally, and I'm happy to see what they have done. But I think they're very weak -- constructive criticism . . .

GORDON: I'd like for us to be able to come back to you later as we begin to develop some recommendations.

CHOWKA: I'd welcome that, certainly.

GORDON: That would be great. Thank you. Joe and then Veronica?

FINS: A related question. What role do you see for the National Library of Medicine in all of this, the dissemination of links and information?

CHOWKA: I think to the extent that they have information accessible publicly and freely on the Web, that that could become part of what I am loosely talking about here. Again, in my work and in my experience as a journalist and a medical consumer, which I have to return to, I like information. I like how it helps me make better-informed choices. And I like free information. And so much of that is available on the Web now. Many of the leading journals, for example the *British Medical Journal*, full text online free without signing up. It would be so easy to link to these primary sources as well as news stories and everything else that's out there. And one of the studies I cited, a majority of people who go online already in the United States are going online partly or largely to search for health, if not for alternative medical information.

FINS: And just a real quick thought. Are the key words the right key words? I mean, can people access the information with a kind of intuitive . . .

CHOWKA: That's a problem that we addressed eight or nine years ago in our panel, which is referenced in the NIH publication, "Alternative Medicine, Expanding Medical Horizons." I think it's changing today. Even the popular search engines are doing a pretty good job, like AltaVista, for example, at leading one with certain key words to good primary sources as well as news sources.

GORDON: One thing I just might mention to the commissioners and also I was thinking that everybody ought to take a look before we have the panel on information at the Chantilly Report and see what the recommendations were and see how far we have or have not come with that. It's just a section in there. Veronica?

GUTIERREZ: Yes, I do have a question to direct to the doctors Warner. I think many people, when

they think about chiropractic, they think about maybe a generic gross spinal manipulation, and then when they associate that with the care of infants and children it gives them a concern. And I'm wondering if you could be a little more specific and maybe even demonstrate what a chiropractic adjustment for an infant or child might entail.

T. WARNER: Thank you for that question. That is an issue that many people do have a concern about when they're not informed. The chiropractic adjustment for an infant is quite different than an adjustment for an adult. We take into concern, obviously, their size and their individual bodies. It's very specific, it's very gentle and, as my husband mentioned earlier, very effective. To demonstrate it, probably the closest thing that I could have you do is if you were to take your pinkie and just lightly put pressure on your eyeball, that's about the amount of pressure that we're able to use in an infant or a newborn. We routinely see children on their way home from the hospital days old, hours old even that we check. And they're wonderful. They often sleep through the adjustments because they're so gentle and they accept them into their body so readily.

S. WARNER: I would like to just add to that, since parents do have concerns about that, but also they have concerns because of comments from many of their pediatricians. And I'd like to add that pediatricians have no training in medical school in how to detect or correct vertebral subluxations in children. They have no education at all in chiropractic care for children, so they're not qualified to tell their patients if their child needs a chiropractic adjustment or doesn't need one because they're not qualified to do so.

GORDON: Thank you very much. Thank you all four.

Panel 22

Panel Coordinator, Geraldine Pollen

WOMAN: The next panel is actually Panel 22, even though it's incorrectly listed as a second panel 21. And we'll start with Belinda Arocho, Francis Rosenbluth, Yvonne Secreto, Pauline Ness, Judy Schneider, and Kathleen Bratby. If Sandra Ehrenkranz is here, then have her come up. Is that you? So that's Kathleen, Sandra, and Judy all together? Is Ludwig Anaya here? Do you want to come up here?

GORDON: So let's begin with Belinda Arocho. Not here. Francis Rosenbluth? No? Yvonne Secreto.

SECRETO: That's me. Finally. Hi. I would like to first apologize for not having my copies. I will have them sent to you. I'm a registered nurse. I have been for fifteen years. And ten year ago, as a pediatric nurse, I trained in Reiki therapeutic touch training. And I worked on the midnight shift, and I would go around to the cribs of the babies late at night and do Reiki on them. And the parents would come to me in the morning and they would say to me, are you working again tomorrow because my child hasn't slept all week or he's been cranky or whatever. So I made a promise to myself that I would do this work without sneaking around in the dark. And I founded The Respite Foundation, and before I did that I was asked to participate in a research project at Cabal(?) Hill Nursing Home where we taught the caregivers of Alzheimer's patients to do touch therapy and music therapy on them. And we found that it created a balance. The people who were extroverts became more subdued and calm; the introverts opened up more. And one lady even started singing. She hadn't spoken in years. So, we saw that it created a balance.

The Respite Foundation is an organization that was started by myself, a group of nurses and educators, and we provide educational services, stress management, supportive advocacy services to the

physically, mentally, and emotionally disabled consumer and their caregiver.

The stress management tools are an exciting combination of convention and alternative therapies. Some of those services are group trainings for the caregivers. And we train them in stress management, but as we're doing that we also give them upper body massages, lower body massage, foot baths, and we pamper them. We also do community home visits where we go into the home and do a lot of the training also in that environment.

We offer four-hour and twelve-hour respite services. We take the children, give the parents a break, and we do the therapeutic touch therapies on them. And we also do it on the parents.

It's a small program and the practitioners who give their time, most of them are licensed professionals. We're paying them a fraction of what they make in their regular jobs. We have them loosely set up and based like a per-diem agency, and they go out and they work. And what I've found is that the per-diem agencies for nurses are invaluable. It helps us get organized and pull ourselves together, and we're doing the same thing with the holistic professionals.

With this model I can say that there is a time, there is a way to do the Medicaid process, just as we're doing it with certified home care agencies. We can also do it with holistic practitioners.

GORDON: Thank you. We'd love to hear more about that. Pauline Ness? Judy Schneider?

SCHNEIDER: I'm here tonight, the three of us are here tonight, representing the Feingold Association of the United States, a twenty-five-year-old organization that has been helping children with attention behavior and learning problems. I'm also here tonight as a mom. When my daughter was two-and-a-half years old, she was on her way into autism. I kept saying there's a wall there, I can't get through the wall. She was having psychomotor seizures where she would wake up in the middle of the night with her legs and arms flailing, and there was just no way to get through to her. The doctors recommended medication. It was at that time, 1978, that my mom read an article about the Feingold program, which used dietary management to help these children.

After being on the diet for three days the seizures went away, she was sleeping through the night for the first time since she was born, and she began to grow both physically and mentally. By the time she was in third grade she was in the gifted program and she is now a graduate of New York University, and this year just starred in an off-Broadway Shakespearean production of *Miranda and the Tempest*.

I request the commission consider the following. Parents need to be given, by their medical professionals, all the options of treatment for attention behavior and learning problems. One of the strategies needs to be dietary management. And, of course, we hope it will be the Feingold program, which has been helping children for twenty-five years. The Feingold program, which costs \$77.00 for the first year and \$48.00 for renewal of materials, needs to become a reimbursable expense. Doctors who select dietary management for their patients need to be protected from prosecution. Dr. Robert Senenco, who has currently been put on probation without the right to practice medicine by the Medical Board of California because he prescribed dietary management for a child who was labeled ADHD, and the medication did not work. According to the Medical Board of California, ADHD is a psychiatric disorder whose only treatment is pharmacological. I feel that this needs to be discussed by the committee. We need to understand the role of the pharmaceutical lobby in decisions being made by both medical professionals and medical boards in excluding dietary management as a treatment option. Dr. Senenco was actually about to standardize a test that would tell which children could use dietary management when his medical license was taken away mysteriously.

I would like to end my comments by sharing an anecdote. When my daughter was about to attend high school, she attended high school here in Manhattan Performing Arts, we were discussing drug abuse. And she said to me, Ma, I don't do artificial flavors and colors, why do I do drugs?

GORDON: Thank you very much. Kathleen Bratby? A different order? I think we can accommodate

that.

EHRENKRANZ: I'm Sandy Ehrenkranz. I'm part of a four-generational family. The younger three-generations are all ADHD folks. My family has successfully implemented the Feingold program and we find that the results give us a significant improvement in our ADHD and co-morbidity symptoms.

The Feingold program, as Dr. Feingold's elimination diet came to be known, eliminates all artificial colors, all artificial flavors, the preservatives BHA, BHT, and TBHQ. For some people it also eliminates aspirin and a group of fruits and vegetables whose chemistry is similar to the salicylate in the aspirin. The Feingold Association was founded by parents in order to give support to those who wished to implement the program. The Feingold program addresses the symptoms, as I said, and co-morbidities of ADHD. The Feingold program should be the first choice that a physician offers his young patients. It should be the reasonable choice and only choice, well, from our point of view, should be the dietary intervention choice for pre-aged school children. We do hear very often that they are offering medication to pre-aged school children even though it had been something that physicians were cautioned not to do.

We are here to help every person who wishes to try the Feingold program. Over the past twenty-five years the Feingold Association has developed a system to research, by brand name, foods and non-food products. We have included in the packet we gave you a copy of our food list so that you can have an idea of how we organized. We're the only organization that provides a service like this because the legislature in our country is such that the products that are out on the market do not have complete labeling. The ingredients of an ingredient don't have to be on the label. Also, if there are ingredients in the package, that can leach into the cookies or the product, whatever it is, and cause a problem. We have had experience like this in the past.

The Feingold Association is run by volunteers of families who have benefitted by the program, and we understand that there are many other allergenic foods that could also cause problems. We have had so much experience that we feel that we can offer something to the community. And the research has not been adequate, and Kathy will talk about that.

GORDON: Thank you.

BRATBY: Is it appropriate to say last but not least?

GORDON: Yes.

BRATBY: Good evening. It is my distinct honor and privilege to speak as the president of the Feingold Association of the United States on behalf of the hundreds of thousands of families that we have helped over the past twenty-five years in addressing behavior, learning, and health problems through dietary intervention. And, as my colleagues have pointed out, our service that we do provide is both unique and unduplicated. The Feingold program should be properly recognized as the cornerstone of care it can be as a baseline to allow for a clear diagnostic picture to be assessed. Those who may be affected by dietary factors can be identified through a simple trial which poses no risk, and then the most appropriate treatment can be determined.

The use of the Feingold program does not preclude the use of any other treatment modality and is, in fact, could be considered to be part of a multi-modal approach to addressing problems associated with behavior, learning, and health problems, specifically ADHD and autism, which are issues commanding current national attention. This is of particular importance because of the concerns we've already expressed for the use of medication for children under the age of six. One of the big concerns we've got additionally to everything else is that we feel that the underlying medical condition may not be

properly assessed in these children because, when you utilize medications first you may be masking those symptoms and making the underlying conditions more difficult to identify.

Compelling evidence on the use of diet as a non-drug therapy was reviewed by Dr. L. Eugene Arnold for the National Institutes of Health Consensus Development Conference on ADHD in 1998. Based on his review, the final statement noted, and I quote, "Some of the dietary elimination strategies showed intriguing results suggesting future research." Despite this comment there was no follow-through in the listed research suggestions. No further mention of the need to resolve concerns by continuing to search for underlying causes.

Additionally, often-repeated but erroneous information abounds from different sources, very respected sources. Even the government. Some of this misinformation is found at the National Institute of Mental Health Web site. The statement is, "Restricted diets have not been scientifically shown to be effective." Such inconsistency undermines credibility.

The Assistant Surgeon General, Dr. Marilyn Gaston, sent a designated speaker to be our keynote presenter at our twenty-fifth anniversary conference this year in September which addressed the relationship of diet to behavior learning and health. It specifically focused on ADHD and autism, issues of public health concerns, about which we were able and privileged to express our desired goals for participation in the ongoing search for answers in these areas.

I have come forward in good faith to present concerns to the NIH, the Assistant Surgeon General, and to you today. In light of this longstanding, unique contribution offered by the Feingold Association and our commitment to the future, we would deeply appreciate consideration in the following areas. First, utilization as a resource providing a simple cost-effective first-line approach to facilitate diagnosis and determination of the most appropriate treatment interventions in behavior, learning, and health problems such as ADHD and autism. So that first point is utilization as a resource. Second, inclusion in any current and future effort to address public health concerns related to diet and behavior learning and health. So the inclusion piece of us in a participatory manner. And three, assistance in mandating and funding further research needed to address unresolved issues related to diet, such as those documented in that NIH consensus development statement on ADHD.

Thank you for your consideration of the issues about which we share a deep concern. We are most grateful for this opportunity to provide any additional insight we may.

GORDON: Thank you. Thank you all three for the nicely-coordinated and helpful testimony. Ludwig Duarte Anaya.

DUARTE: Hi. Good evening. My name is Ludwig Duarte. I am a patient _____ Colombia. I would like to take _____ in talking about my _____ of children under five years of age. I have been working nine years in the emergency room of the hospitals of our in Colombia. One of the majority of the case are those of asthmatic _____ of children under five years of age. The _____ arrive every day to our service. This problem does not only arise through the emergency room but through pediatrics. The rising of the mortality of the providence _____ hospital for children under five years of age is caused by respiratory problems. Usually these patients are treated with anti-asthmatic, respiratory therapy _____ and inhalers and antibiotics. When the _____ hospital _____ them for two or four-days up to _____.

For two years I have to take this patient _____. Their resource are very evident. This patients have stopped going to the hospital. They have stopped using regular medication such as antihistamines, _____. We have second _____ effort. For example, the _____. In this moment, with my knowledge of epidemiology, I would like to start a study with this patient, one group with traditional medicines, and other group with _____. Thanks.

GORDON: Thank you very much. Do commissioners have questions? I think what we're hearing very much is a number of several therapies that are low-cost that seem to be, at least impressionistically, more effective, far more effective perhaps than conventional therapies, without the toxic side effects. That's my summary. My question is, and I think particularly, although the question might be asked of any of you, but particularly to you all who are working with the Feingold diet, you've had so much experience with it, and I'm sure so much frustration. How do you think we can best move things ahead? I know you gave us some recommendations, the recommendations are great, but what do you see as the major difficulties, the major obstacles, and how can we help address them?

EHRENKRANZ: I think one of the problems we have in this country is that most of the research money comes from the pharmaceuticals, and it's not economically feasible for the pharmaceuticals to do the research on dietary intervention. So I think it behooves the U.S. government or private sectors, but really the government money is where it's got to come from, and we need the basic research. We know that the program works. There is research out there that substantiates it, even though the early research has many flaws and we can cite that and it's in some of the literature that we've given you, we don't have the basic science that says what's really happening. I know that there is a pediatrician at Philadelphia Chop(?) working on it, but we just don't have the money and it's not . . .

SCHNEIDER: When I look at my daughter and I watched her graduate from NYU, and I think about all the other parents whose children are in special ed, she was never in special ed, she was never in a special classroom, she just needed educational strategies and diet. We need medical research. There is a doctor in Birmingham University, a Dr. Rosemary Waring, who feels that this actually may be related to an enzyme, and the enzyme is called TST. And basically, without that enzyme or with a low level of the enzyme, you cannot process phenyl compounds, which artificial flavors and colors are. We've never had a study done in America. We did bring it to Duke University and hoped that they would . . .

BRATBY: . . . In abeyance to apply to a research study that, again, we do have a draft of one, but once again even we tend to sell ourselves short in that we once again are going to be demonstrating, does the diet work. A real key is to look at why, so we're looking at underlying causes really the big issue.

But you asked, how can we basically make all this happen. And the key word was really are, I guess it was our number two request in my consideration list, and that was the inclusion of us in any and all efforts where we are discussing policymaking, where we are discussing decision-making. This has been a big issue. You don't want to be summarily ignored because of perhaps past ills with research or a name that's been associated with a diet that there are people who have a lot of emotion about.

A concern we've also got, and I'll be very direct, is that at times the organization has been impugned, in writing and verbally and elsewhere, relative to concerns that we're a zealot group of fanatical people that are or look anti-medication. And what I would share with you is that you've got passionate people sharing a very deep concern that has spent twenty-five years of gathering data, helping people. We are volunteer-based and very committed and interested in wanting to go to Washington and help you.

GORDON: I appreciate that. And we've had people from Feingold Association talk with us at other meetings, and I've worked with both your diet and with similar diets with patients and have found them to be very helpful. The question that I have is, have you gone to the National Center for Complementary and Alternative Medicine with researchers and said let's do the study?

BRATBY: No. It's interesting you ask that. When we went to the NIH in 1998, one of the things that I specifically asked was how to do this. So I basically posed your question to the panel. The answer I received was to look at alternative medicine, again not so much . . . I don't think you were

complementary and alternative directly at the time, but the notion of alternative medicine. And to be frank, my answer at the time was, are you suggesting that diet is considered an alternative medicine therapy? And the concern I had was that it's such an integral part of so many health problems -- cardiac, diabetes and everything -- that to consider it to be somehow outside of mainstream medicine was very disconcerting to me. So, in specific answer, we have not done that formally but we are most willing to do anything you might suggest.

GORDON: My suggestion would be, and we don't ordinarily offer suggestions . . .

BRATBY: And I appreciate it.

GORDON: My suggestion would be that you work with some researchers and you put together a grant proposal and submit it because, rightly or wrongly, most dietary therapies are considered complementary or alternative and not mainstream.

BRATBY: And you know, I would just add on that, that so many of them as an elimination diet, categorically they all go antegenic(?), the fact that they are few foods, that is the difference. The few foods diets are extremes of what the Feingold program is. We are not few foods, and this is the interesting piece.

GORDON: That would be my suggestion for a way to advance the agenda. One of the things, Steve Groft and I spoke with Dr. Strauss recently, and he's very eager for people to be submitting research proposals, and we talked about him. He's very interested in when proposals don't work out and they don't go, he's interested in hearing about that as well.

BRATBY: Emory?

GORDON: So we would encourage you to do that because it's such a natural to me. It's one of those conditions which affects so many people. There is good reason to believe that this approach might be helpful, to put it in scientist language, and I think you need to go for it.

BRATBY: Let me just say that Dr. Abramowitz, I don't know her total name, but Dr. Abramowitz at Emory University, is part of the draft proposal we do have ready to rock and roll. In terms of writing, our concern is that it may not go far enough to address, as I've said, underlying cause, which, again, we'd want to retool it. If you could give me the specifics, I'll be happy to . . .

GORDON: I want to just come back to the health care agency issue. Have you proposed to create a kind of CAM health care agency?

SECRETO: Yes, I have. I work with a nurse who owns a certified agency, and we are now in the process of examining how we can merge the two. There are two ways that you can bill Medicaid, that you can have Medicaid pay for CAM therapies for patients. I work with an M.D., a Yale graduate. He has a thriving alternative care practice in Parks ____ Brooklyn for ten years, and there are about nine other practitioners that work there with us. We have set up a program through the nonprofit to pay him for one day to come in and see patients that way. He takes direct pay, so he doesn't bill insurance, but he's willing to go through the nonprofit, which would be a way to pay with Medicaid. The other way would be a merger of a certified home health agency with a CAM model agency, which we operate now through holistic professionals. But there's no reimbursable.

GORDON: We would love, in your written testimony, if you could explore a little bit how this might

be done, how you've been thinking about doing it, and what obstacles there are because this is really important. We've not heard about this possibility, I don't think, in any of our meetings up until now. And I think it sounds very exciting, so thank you.

SECRETO?: Okay. I worked for ten years in health care also.

GORDON: Great. Joe?

FINS: If I could ask you folks another question, is there a natural experiment, as it were, out there in the world population of the prevalence of ADHD differing in societies that have a lot of additives in food versus others? And have you considered population studies as a way to begin to think about causality?

BRATBY: Not to the degree that we probably should, considering the fact that you're asking. But the fact that there are any number of related things. I think the notion of the autistic spectrum where ADHD may be on one end and autism in its perhaps extreme form on another, recognizing that you've got similar symptoms, varying in degree along what is a spectrum, part of the concern is looking at maybe many issues that go beyond diet.

The mission of the Feingold Association is somewhat narrow in that it does address the dietary piece. However, in our statistical information that we've gathered over twenty-five years with the work that we've done with the children who we have helped who are autistic that have autistic problems, part of the concern is that there may be a compromise to the immune system. Once again, you're addressing somewhat of an underlying cause. The fact that if there's a compromise, either from perhaps something in the liver, one of the concerns we've got that we are going to explore is the PKU problem. For whatever the reason, many of our mothers are reporting that they've had babies born with high bilirubin and had to have repeat PKU, they had premature labor. So there may be a compromise to the immune system, perhaps the digestive system. Some of the work that Dr. Waring is concerned about, the phenylsulfa transfer, so there may actually be almost a predisposition. On top of that you add the petroleum-based artificial colors and flavors, and perhaps the processing problems that these children have, they may not be the neuro-biology background that has relegated them to the psychiatric diagnostic piece yet, but there may really be a digestive piece to this. That those colors and flavors then challenge a compromised individual that then manifests the problem. So, in our country, with the abundance of colors and flavors, I would say yes, in the countries that do utilize them more this may in fact . . .

FINS: I just want to say that the way you're describing it it's a hypothesis that needs to be validated, right?

EHRENKRANZ: If I may interject, Dr. Dees, a medical physician in Jamaica Queens, does a great deal of work with the poor populations there. He feels that a lot of his youngsters whose parents can't afford, drink a lot of drinks that's colored yellow, he told me. And he said that he sees a lot of hyperactivity amongst these youngsters from the poorer families who subsist on this colored sugar liquid as a soft drink. And he is very busy educating them, and he sees a big difference when he's able to get through to the youngsters to clean up their diet a little bit. So, yes, sometimes there is a population difference.

BRATBY: [Inaudible.]

FINS: Right. But I think what Dr. Gordon was suggesting, that there is an idea here, there's a hypothesis. There may be some therapeutic effect from moving things out of the diet to discuss . . .

BRATBY: [Inaudible.]

FINS: Let me finish my comment. But the point is, if you really want to understand the basic science, which is what you started with, we have to create mechanisms that allow your good ideas, your twenty-five years of experience, get translated into a workable scientific design. I think we agree on that.

BRATBY: I think I've got you. I just don't want to have you not realize that there is an abundance of related scientific documentation. Dr. L. Eugene Arnold reviewed it for the National Institutes of Health regarding diet of the non-drug therapies. He gave dietary intervention, dietary strategies his highest rating. And he implored that panel or blue-ribbon experts to consider that further research is needed. So, based on existing science . . .

GORDON: We're going to have to stop at this point.

EHRENKRANZ: I just wanted to let you know that we've given you material.

GORDON: I wanted to say one thing to Dr. Duarte, though, that the same mechanism, at least that the research mechanism in the United States for us, and I don't know how easily it extends . . . Steve, how easily does research extend overseas? Difficult. NIH? Well, it's a bit difficult. Dr. Groft, who has been in NIH for many years is saying for research money to go overseas, but it's a natural kind of study. You might talk with Jennifer Jacobs, who's a physician and a homeopath as well, and she's out in Washington state, and maybe even call the commission office and we can give you her number. She's done research studies, including a research study she did in Nicaragua on using homeopathic remedies to treat GI disorders.

DUARTE: Yes, in these moment I have three month _____. Yes, I wish. Okay.

KERR: Dr. Duarte, thank you for your pioneering work. I want to ask you, as an epidemiologist, is there anything different about what you're finding about your epidemiology of asthma in Colombia and America? You've reviewed our . . .

DUARTE INTERPRETER: He says that it's not different, that it's the same. He also, when he did the study in South America, in Colombia, he also did a study with children that lived in houses where they had no floors, where they lived like in farms with animals. And he also did a study with more privileged children which did have houses and everything. And he did this study and he noted that they both had the same things, but that with homeopathy that they responded better and that they did not have to come to the hospital as much as they did before. But the answer is that yes, it's similar.

KERR: Thank you.

GORDON: Thank you. And thank you, we appreciate your passion as well as your knowledge. Thank you all. This will be our final panel coming up.

WOMAN: If Diego Sanchez is still in the room, as well as Magnolia Goh and Pierre Fontaine.

GORDON: Do you want to read the others?

MAN: There are several other people: Dr. Karnow, is he still with us? Would you come up also? Is Gail Kelstrom here? Sheshanna Margolin? Dr. Margolin? Still here or gone? Marcus Cohen?

GORDON: Please come up. We'll begin with Diego Sanchez.

SANCHEZ: Good evening. Again, congratulations for your . . .

GORDON: It is evening, isn't it?

SANCHEZ: I appreciate the opportunity to speak about regulation of CAM. I'll try to concentrate more on suggestions than stories.

Although minimum standards should be required from CAM practitioners, the diversity and complexity of CAM suggests that the only . . .

GORDON: Come closer, if you would, to the mike.

SANCHEZ: The diversity and complexity of CAM suggest that only the independent bodies of each therapy, and not government, should enter the regulatory arena. To illustrate the inefficacy of regulatory action, the state of New York licensing policy for body workers could be used as an example. Shiatsu practitioners like myself, the same as many other Asian body work and other non-massage therapies, get bundled up under the massage therapy licensing laws of the state. The massage therapies license doesn't probably reflect or represent the knowledge I need in order to practice my profession. The laws, limitations, and useless requirements for licensing play against achieving high standards of practice in this field.

The system of state-approved schools turns out ill-prepared students, eighty percent of which, according to some of these same school's statistics, will be out of business just one year after obtaining their license. This speaks volume about the value of holding a New York state massage therapy license today and of the regulatory experience altogether.

I believe the way to ensure proper training and a high standard of practice is to let the independent professional bodies of each discipline regulate the training and certification process. Professional organizations such as AOBTA, the Association of Bodywork Therapies of Asia, in my particular field, are a much more reliable source to know the competence of a practitioner. They can keep the checks and balances in the profession through responsible certification in their specific area, continuing education requirements, and by adhering to a code of ethics and practice guidelines. If need be, the state should refer to these organization standards and certifications to license practitioners in any particular discipline.

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

Let the public and the COM professional bodies regulate the field. I'd like to see the role of the government as helping these organizations to establish records of safety and effectiveness by supporting research and integration with conventional treatments. The NIH making funds available for research in _____ of medicine is a positive way forward, but we'd like to know how. As a researcher in CAM, I'd like to see support in the form of research courses for CAM practitioners, or incentives for medical researchers with experience to work on CAM. Thank you.

GORDON: Thank you very much. Magnolia Goh.

CHEN: She's not here, so I'm instead of her to speak. And my name is Zhao Yang Chen . . .

GORDON: Come close to the mike.

CHEN: I'm instead of Magnolia Goh. She is acupuncturist in the Highbridge Woodycrest Center. As medical consultant for herb _____ Highbridge Woodycrest Center.

GORDON: And what's your name, please?

CHEN: My name is Zhao Yang Chen.

GORDON: Great. Thank you.

CHEN: My name is Zhao Yang Chen. Also, I'm a licensed acupuncturist. So we work as the same team in the Woodycrest Center. The state found _____ skilled nursing for man, woman, and children was _____ has _____ acceptable traditional Chinese and _____ is opening in May '90, '91.

Complementary and alternative medicine has been given to all patients. In the facility, medical staff there are a physician, nurse, licensed acupuncturist, and acupuncture detoxification. Work as a team. All medical staff give complementary medical service to treat both underlying infection with HIV, reduced side effects from the medications and any therapies. Treating and providing patient from a range of opportunity infection and HIV related to _____ have done the most to improve the patient's quality of life.

_____ all patients in HWC advanced HIV infection in patients, most of them in various condition and could not live in regular life pattern. Some of the patients are as weak, they could not take any medication. A combination of acupuncture, Chinese herb, with regular AIDS treatment have assured them greater improvement for the patients. Many of the patients can help with their immune system and quality of life. Some of patients become bad enough to starting regular AIDS treatment. Some of them go out of the facility to the community to have their regular life. As experience in the HWC we found CAM practices are most effective and efficient. It's _____ put to any kind of housing facilities.

Second, more research on CM should be guided to find out how best to integrate the medicine for our society. The service CM education should put into regular medical training include a medical service staff for regular training with regulated in certification, regular _____ and practice. Urgent need to start practice of ZNY(?). Thank you.

GORDON: Thank you very much. I've just been informed that the power goes out at 9:15, so we will allow, as we planned, we will complete our whole schedule. We'll allow three minutes for our last speaker, and then for those three who were not on the schedule we'll give you each a minute and a half. And that way we'll have a couple minutes to ask questions and we'll all be able to leave before the lights and the mikes go off. So, our final scheduled speaker is Pierre Rene Fontaine.

FONTAINE: Good evening, distinguished members of this commission. I am a consumer of alternative medicine and particularly use homeopathy for my daughter, my fiancée, and my mother. Five years ago my mother got injured while working. A hammer fell on her foot. The pain was excruciating and she went to see her doctor, who prescribed a pain killer, which she took. The pain remained. I told her to call my homeopath. After a month she was still in pain and had very difficulties walking. MRIs of the whole foot were performed, in fact the whole skeleton. And although it is neat to have a picture of the whole skeleton on a four-by-eight-inch film, it did not do anything for my mother. The diagnostic became decalcification of the metatarsals, which would require possibly years to resolve. I got the feeling listening to the doctor that it would never be resolved and that she would have to live with it for the rest of her life. She stayed with this reality -- the film is irrefutable evidence -- for a whole year. She

retired. She complained about her foot. I told her to go see my homeopath. And finally she did. Within two weeks of taking the remedy he prescribed she was pain free and has never complained about it ever since. She now claims that homeopathy is great for the feet.

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

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

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

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

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

Four, the federal government has to help the state pass legislation that will free these people up and recognize the need of citizens to act as natural low-risk practitioners without breaking the law. If caught, I would be a felon.

Five, the federal government has to promote, at the very least, educated citizens through mass media about alternative therapies for what they are: effective and affordable.

GORDON: Thank you. We'll begin with this lady here to my right. Would you identify yourself, please? And then we'll move to the other two speakers.

BENNETT: Hi, I'm Jan Myrna Bennett. I would like to call your attention to especially QC.

GORDON: Come a little closer to the mike, okay?

BENNETT: Sure. State boards have no right to bring a dentist up on charges if they advocate their patients to get rid of amalgam fillings which are forty to fifty percent mercury. Mercury is a powerful poison. Freeport, Long Island, last week has just banned mercury from thermometers because of the high mercury content in the air. Germany and I think Sweden banned the amalgam fillings. But we can take away a dentist's license if they tell the patient that they are bad. What we ought to do is study where, especially MS patients. They take away your amalgam fillings and you'll see probably more of them will get better. It changed my life. I was so sick when I had the amalgam fillings, and maybe because I had polio also when I was twenty-two from the stupid vaccination that I got. Before 1960, the polio vaccines were bad. And so, when I got rid of the amalgam fillings and also the metal crowns my whole life changed. I got so much more energy it was amazing. It felt like a horror story. Also, more than one in the mouth causes an electromagnetic effect, electrogalvanized effect, and you can feel crazy and dizzy and it's a horror story.

And one other thing I would really like to talk about, the whole country, nobody, practically nobody, is talking about this except Hannah Kroger wrote it in her book how dangerous the scanners in the supermarket are when you check out the food. I have a chromaphotography picture and I took the wrong picture with me. I could always mail it in to you. And this chromaphotography picture actually shows that I took a red pepper where a scanner is and you could actually see where the whole aura is really wiped out where the scanner is over the picture. And it's horrible the way it destroys the food. It

should not be allowed. I actually have something made by an engineer where you could put over the scanner. And if you wave the food, that part will not be destroyed except the thing where they have the bar, that thing I don't have anything. So I think it should be destroyed. So the food is being destroyed, the drugs that people buy in drugstores are destroyed. I pick up energies, and the day I got rid of all my amalgam fillings and the metal in my mouth, the next day I was actually pick up energies.

GORDON: Thank you.

BENNETT: And I could actually feel how the food is destroyed and the vitamins and everything are destroyed.

GORDON: Okay. I think the issue that you raise, particularly the issue about mercury fillings, we're very appreciative of your bringing that up. It's one of great concern, and I think perhaps we need to hear more from others as well. Thank you very much.

BENNETT: Thank you.

GORDON: Yes, please.

KARNOW: I'm Gerald Karnow. I represent antihomophobic(?) medicine. I've been practicing medicine for twenty-five years. Since I have a minute and a half, I want to tell you all I love you. And because I feel that is important for therapy. If we do therapy, we do it because we love one another. And my two recommendations are that we all work together in the continual battle for civil rights to create a space of freedom for karma, for human relationships. And as we have that sphere of freedom for human relationships of love in relationship to one another, we also build community. We need to work together to build community. That's how our work will spread.

And then, I've been overwhelmed by the East coming into our midst, which is wonderful. But there is a very active Western spiritual life that needs to be cultivated that does not bypass two and a half thousand years of Western civilization and that builds upon the science that we so appreciate, which is a science of the material, and builds a science of life and a science of the soul and the science of the spirit. And I will share with you, we will fight with you, to preserve this spirit of the human being. And I think that's our battle, to save the human being. So, that's it.

GORDON: Thank you. That is very appropriate that you're helping us to sum up at the end of the evening. The final speaker.

WALKER: I would like to thank the committee for letting me speak at the last minute. My name is Christine Walker. I'm a nurse and I'm getting my Ph.D. in energy medicine with Dr. Norman Sheeling. And in that study I had to research the effects of alternative medicine within myself. What I found, as the journalist, when the journalist spoke I totally agreed with what she was saying because I was looking at it from a nurse's perspective and also from a consumer's perspective because I couldn't find enough information on alternative medicine.

My research led me to a woman in Austria by the name of Christine Schenk. And in Germany they have had this problem already arise fifteen years ago with all the people coming in with alternative medicine. She sat on their board and helped them write the laws for the new alternative medicine.

So I applaud what you're doing. I know it's a monumental task to try to bring everybody together for the safety of the patients and the practitioners. And I'm going to have her come speak, hopefully March 6th, to you in person so she can tell you how they did it in Austria and Germany, this whole issue of alternative medicine.

GORDON: Thank you very much. Yes. We have to take a look at the dates on the calendar. The next meetings are February 22nd and 23rd on professional education, and the issue on information, Michelle, is the 25th and 26th of March? Yes. The 25th and 26th of March.

We have five minutes before the lights go out. I want to give each of the commissioners a chance either to ask a question quickly, but more likely make a final comment, if you would. But, before we do that, I want to thank, first of all, all of you who stayed with us, including especially my fellow commissioners. And I also want to acknowledge, with extraordinary gratitude, our staff, who really are the lifeblood of this operation. And thanking Steve and Michelle and Joe and Jerry and Corinne and Ken and Doris and Joan, I want to thank all of you for making this possible. And I'd also like to thank our associates and friends from Fenton, who helped us to move ahead with this program. So let's go down from one end to the other, a last word. Veronica?

GUTIERREZ: I'd just like to say that this is so enlightening.

GORDON: Come close to the mike, though.

GUTIERREZ: I had somebody approach me earlier and ask me some questions about Florida and I said, you know, I'm sorry, I'm not from Florida. I don't know, but I can tell you at the end of the work of this commission we'll be able to answer questions like that. I'm just overcome with all the information, all the healers that are out there, everybody committed to doing good, and I hope we do right by all of them.

GORDON: Thank you. George?

DE VRIES: I want to thank everybody from New York City. It's been a pleasure to be here. And, as Dr. Gutierrez said, it's been enlightening. We were charged with four key issues in the President's executive order, and as we've been talking about ourselves really seeing those beginning to crystalize and really seeing the recommendations that we can make and hopefully do some good.

FINS: As one of the two New Yorkers on the commission, Bill Thayer(?) being the other one, I just want to thank all of us, all my colleagues, for coming and for getting a taste of the Big Apple. And thank you New York.

PAZ: I would like to say I appreciate very much the folks that talked about their personal experiences and how CAM has affected their life. Those are very moving situations that cut to the quick, I think, and we have to just keep those in mind. Thank you.

LARSON: I thank everyone for their stamina and their embrace.

KERR: It's great to be with you. I love you, too. And I am sorry, the Ravens in Baltimore will, however, beat the Giants.

BRESLER: Again, we want to thank you all for caring enough to be here and for sharing with us your ideas, your recommendations, your thoughts, and your experiences. It's been very helpful to us too.

CHOW: Being that the first Town Hall meeting was in San Francisco, my hometown, and having a short period of time to prepare it and now New York, I have to say that there's a lot of vim and vigor,

and it was very exciting today hearing the kinds of testimony that we have. And so I appreciate and thank you for the vim and vigor and the spirit of the humanity. That was a great ending. Thank you because that's what CAM is all about. So thank you all.

GORDON: We've had a total, Steve just told me, of three hundred fifty people here, about a hundred fifty speakers, and two hundred more people who registered during the course of this day. It's been a wonderful day. I have to tell you, I'm so delighted, so pleased to be with all of you. I feel like we're working more and more as a team and we're focusing on the issues, and it's been a treat for me and the day passed very quickly.

WOMAN: And thanks to Jim.

WOMAN: I want to thank Jim. All of us. [Applause.]

GORDON: So, we look forward to seeing you again and hearing from you all. Thank you very much.

WOMAN: Well done. Good job everybody.