

Public Comments

Public Comments

Public Comment Session

1. **Susan Silver**, George Washington Center for Integrative Medicine
2. **Margaret Huddleston**, Center for Psychology and Social Change, Harvard Divinity School
3. **Robert Scholten**, Beth Israel Deaconess Medical Center
4. **Rustum Roy**, Pennsylvania State University
5. **Diane Miller**, National Health Freedom Coalition
6. **Susan Herschkowitz**, Self Representation
7. **Colleen Smethers**, Progress in Medicine Foundation
8. **Michele Forzley**, Attorney at Law
9. **Victoria Mary Goldsten**, Washington Institute of Natural Health
10. **Brenda Jasper**, Association of Physician Assistant Programs
11. **Emily WhiteHorse**, Association of Physician Assistant Programs
12. **Ingrida Lulis**, American Chiropractic Association
13. **Brian McAulay**, Sherman College of Straight Chiropractic
14. **David Molony**, American Association of Oriental Medicine
15. **Kathleen Quain**, Foundation for Health and The Environment
16. **Shula Edelkind**, Progress in Medicine Foundation
17. **Karen Scott**, Progress in Medicine
18. **Christina Walker**, The Schenk Human Energetic Institute
19. **Chi Chow**, New York Institute of Chinese Medicine
20. **George Krutz**, Feldenkrais Guild of North America

Susan Silver
George Washington Center for Integrative Medicine

Description and progress of our US Department of Education funded pilot project to train medical students in complementary and alternative medicine.

Margaret M. Huddleston, M.T.S.
Harvard Divinity School
Center for Psychology and Social Change

As the author of the book, "Prepare for Surgery, Heal Faster", I've developed a 5-step protocol using mind-body techniques to prepare for surgery. I am the principal investigator of a randomized, controlled research study with 44 patients at a Tufts and Harvard Medical School teaching hospital. My program is offered at NYU Medical Center and Kaiser Permanente Santa Clara Medical Center.

Robert D. Scholten, M.S.L.I.S.
Beth Israel Deaconess Medical Center

1. NCCAM and NLM should initiate development of an information strategic plan
2. Information professionals at various NCCAM-supported research centers should be engaged to assist in creation of national databases in CAM
3. An authoritative national phytopharmacopeia should be developed by NCCAM or ODS.
4. . The Health finder peer-review process for selecting web-based information should be made public so researchers can build off it.

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

February 23, 2001

Hubert H. Humphrey Building, Room 800

Robert Scholten, MSLIS, presenter.

Dr. Gordon, Commissioners, thank you for this opportunity to speak to you this afternoon. The concern and dedication you each bring to this commission is evident and I congratulate you.

I am a librarian by training and have been the Information Officer at the Center for Alternative Medicine Research and Education at Harvard Medical School for four years where I also coordinate four CME conferences cosponsored by Harvard, Stanford and UCSF. My remarks today concern access to information on complementary therapies by the students, conferees, researchers and clinicians with whom I work on a daily basis. Their requests are easily summarized:

- What is the aggregate of evidence for use of these therapies?
- Where can this evidence be located?
- If only anecdotal information exists, is it recorded, and how can I get ahold of it?
- If the therapy is part of an historic tradition, is it documented authoritatively?

I think it is fair to say that access to information remains one of the most critical factors that allow successful integration of complementary therapies into our healthcare institutions. While we are fortunate to possess numerous commercial and governmental databases that help information professionals provide data to our researchers, I believe the federal government can and should do more to coordinate access to important international resources on CAM practice that are not currently in the public domain.

I invite the commission to consider the creation of a Task Force charged with the creation of a Information Strategic Plan that is truly international and collaborative in nature. This task force should be equipped with a federal mandate and concomitant resources that would allow it to open negotiations with the World Health Organization, ESCOP, Ministries of Health in other countries, and other worldwide stakeholders. Its principal goals should be to ease access to existing data, coordinate the creation of new databases on a collaborative basis, and set standards for data encoding and exchange specifically in the field of CAM research.

The first priority of this task force should be to undertake an inventory and critical evaluation of the current state of information resources available to English-speaking CAM researchers today. This should include all governmental, quasi-governmental and commercial initiatives. It should specifically seek to identify existing databases that remain largely inaccessible to students and scientists for one reason or another.

Second, it should survey scientists, clinicians and informational professionals in order to determine whether or not the current resources are considered adequate or authoritative enough to allow proper prioritization of research projects and clinical recommendations.

Implementation of a strategic plan has many potential important benefits in multiple sectors.

1. By presenting this document to the public, it will serve to galvanize and coordinate the resources and individuals already focused on this work.
2. It would reduce redundancy and allow targeting of scarce resources to projects that hold promise in addressing major data challenges in CAM.
3. It would allow commercial organizations develop resources that are compatible with standards adopted through international agreements.
4. It would assist in the identification of databases that should be translated into English.
5. Access to repositories of proprietary data might yield pilot data that researchers could use as a basis for R01 applications to the NIH.
6. And finally, it should authorize the creation of international pharmacopoeias and consensus statements that will facilitate the adoption of specific therapies into the medical mainstream.

MEDLINE, one of the world's most valuable medical resources, is now available essentially free to the world precisely because it is government supported. There is adequate precedent that the government is qualified to take leadership in this domain. I thank you for your consideration.

Robert Scholten, MSLIS
Information Officer
Division for Research and Education in Complementary and Integrative Medical
Therapies, Harvard Medical School

Mailing address:

Beth Israel Deaconess Medical Center
330 Brookline Avenue, WKN-4
Boston, MA 02215

Email:
rscholte@caregroup.harvard.edu

Telephone:
617-632-7747

Attachments:

1. Recommended resource list
2. Examples of resources not in public domain

Rustum Roy, Ph.D.
Pennsylvania State University

Comments will be presented at the meeting.

Diane Margaret Miller, J. D.
National Health Freedom Coalition

Comments will be presented at the meeting.

Susan Bonfield Herschkowitz

My successful experiences using alternative medicine to cure chronic obstructive pulmonary disease and other medical problems and my observations regarding alternative medicine of which the conventional medical community should be aware.

Colleen I. Smethers, C.R.N.P.
Progress in Medicine Foundation

Importance of patients having a realistic informed consent.

Michele D. Forzley, J.D.
Attorney at Law

I will address methods to harmonize education requirements across state lines to aid the development of more uniform credentialing requirements. I will also address the need for business skill training for health care professionals as one step necessary for delivery and integration of CAM to proceed.

Remarks of Michele Forzley, J.D.
to
The White House Commission
on
Complementary and Alternative Medicine Policy
Washington, D.C.
February 23, 2001

The Commission has an opportunity in its policy recommendations in the area of education and training to accomplish many goals. First and foremost, I urge that it recommend that a system be developed to harmonize guidelines to be followed by states and professional associations in the development of legislation and requirements for education and training of CAM providers. As a consequence, the Commission will take a giant step towards harmonized licensing and credentialing standards.

Currently, there are conflicting educational standards between states and countries outside the US and in the case of several modalities, no standards. The conflicts lead to some modalities being legislated out of existence, such as recently occurred in Maryland with massage therapists versus other touch healers. Another problem lies with the lack of cohesion and capacity amongst practitioners to politically articulate on their behalf. This is so either while a legislature or administrative body is considering a rule or when it becomes desirable to posture to develop applicable rules such as the case when one modality needs to be distinguished from another.

In addition to the benefits a system of harmonized education and training guidelines will offer the world of CAM, there is indeed a larger community that will benefit from this work. That community is the world of all health care professionals who face differing requirements from state to state and from country to country. While you may be thinking that this is not a problem, I would suggest you consider the practice of telemedicine, made possible through technology. There is no national system to ensure that physicians and other health care practitioners are able to practice across state and lines through the medium of telemedicine. Also, we should not forget the geographic areas of the US, such as DC metro, where it is almost impossible to not cross state lines in a practice, whether telemedicine or not. I might add this issue is not unique to health care. It beleaguers lawyers too.

Models do exist on how to bridge conflicting state and national rules and the equivalencies integral to the process already exist. The first model is European Council Directive 92/51 and amendments, which in 1992 began the European wide system by which the education for all trades would be recognized by neighboring states. Coincidentally, the Directive was specifically determined to be applicable to practitioners

of complementary and alternative medicine in November 1998.

The second model is the International Treaty on Telemedicine, for which I am one of the drafters, as a member of the International Bar Association Committee 2. The treaty is now being considered by the World Health Organization and establishes a harmonized system to recognize educational and licensing standards across national lines.

The third item is a tremendous body of work, which identifies the equivalencies in education and training. Alternative Link, Inc has done that work. There is no need to see how differing state rules can be compared. That is done. The Commission need only determine the rules it wishes to recommend.

Lastly, I refer the Commissioners to the Business Model Pilot Study I reported in my written remarks for December 4, 2000. That study reported that the basics of business should be at least an elective in coursework for all practitioners. As a result of that finding, my office has developed a curriculum which is being tested in Boston on March 15, 2001 and a similar element has been added to the program this August 4 on CAM law and business issues at the annual meeting of the American Bar Association.

For further information, Michele Forzley may be contacted at 301-565-1693 or mforzley@tiac.net.

Copyright Michele Forzley 2001. All rights reserved.

Biography of Michele D. Forzley, J.D.

Michele Forzley is an attorney and business consultant with 24 years of experience, who focuses her practice on new directions in health care, shaping health care policy and practice, alternative and complementary medicine, international health law and public health issues and health care business practices. She also is an international business transactions lawyer and serves as independent general counsel to her client companies and institutions.

Michele is Vice Chair of the American Bar Association International Health Law Committee and Chairs the Committee on Complementary and Alternative Medicine (CAM) Law, which she founded. Michele edits the American Bar Association International Health Law News. She was a member of the International Bar Association Medicine and Law Drafting Committee on Telemedicine which authored the International Telemedicine Treaty, presented to the World Health Organization. She has also served as a Jessup International Moot Court Practice Judge.

She began The Center for Complementary and Alternative Medicine Law and Business in 1999, whose mission is to be a source of guidance and information on the legal, ethical, regulatory and business issues confronting the complementary and alternative medicine community. The Center does this through its web site, special projects, speaking and consulting services. The community includes all persons, governmental agencies, providers, regulators, patients, practitioners, and organizations who are involved in complementary and alternative medicine.

Michele earned her J.D. from New England School of Law and her B.A. in Sociology and Economics from Simmons College, both in Boston. She has studied private international law at the Hague Academy of International Law at the International Court of Justice in the Netherlands, Mind-Body Medicine and Spirituality and Medicine at Harvard Medical School and Health and Human Rights at the Harvard School of Public Health. She has been an adjunct professor at the Lubin School of Business at Pace University in New York and an adjunct professor of international business transactions law at New England School of Law.

Michele speaks, writes and consults worldwide on topics related to the changes in health care. She serves on one of the special international boards of the St. Jude Children's Research Hospital and has served on the boards of the Lower East Side Service Center and the Arab American Family Support Center; both healthcare organizations located in New York City.

3120 Lee Street
Silver Spring, MD 20910 USA
301-565-1693 tel * 301-565-1694 fax * mforzley@tiac.net

Victoria Mary Goldsten, N.D., L.M.T.
Washington Institute of Natural Health

Comments to presented at the meeting.

White House Commission on Alternative Medicine

Oral Testimony

By: Victoria Goldsten, ND, BSN, LMT

Hello. I am Victoria Goldsten, a Registered Doctor of Naturopathy, Licensed Massage Therapist, and Licensed Nurse in Washington, D.C. I also practice in the State of Maryland. I am here on behalf of Traditional Naturopathy across the United States. As Traditional Naturopaths or True Naturopaths we treat the human condition with naturally occurring substances such as homeopathics and herbs. In addition we use physical modalities such as our hands and voices in a variety of treatments such as guided imagery and acupressure.

It is important for the commission to know that Traditional or True Naturopathy does not cross the line into conventional medicine and prescribe conventional drugs or perform minor surgery as Medical Doctors and Naturopathic Physicians do. We as Naturopathic Doctors and Naturopathic Practitioners are strongly against this process for this is the job of qualified medical doctors.

NO. 815 P. 3/11
The directors of the American Naturopathic and Holistic Association and the Washington Institute of Natural Medicine in the D.C. metro area, the College of Naturopathy in California, and the College of Metaphysical Studies in Florida also wish to convey to you that this is their opinion as well. The general consensus of traditional naturopathic schools and service organizations is freedom of choice by the consumer.

We, as Traditional or True Naturopaths have a strong commitment to health care. In this promotion of health care, it is extremely important that we continue to be afforded the right to continue our practice. In order for this to happen we respectfully request our federal government strongly support broad guideline in the educational licensing and professional licensing process. Educational licensing must allow for vocational schools, degree programs, and most importantly apprenticeship training in Naturopathy. It is of utmost importance that the apprenticeship component not be overlooked. This style of learning provides a hands-on component like no other. We would like to see this style of program not be eliminated and not be under the same stringent guidelines of higher educational facilities. Apprenticeship training creates affordable, safe, compassionate, and experienced practitioners.

Here in Washington, D.C. the educational licensing commission had forced an apprenticeship program in naturopathy to shut down based upon a newly enforced D.C. requirement that the program meet the same standards of vocational schools or colleges. At its inception the program was informed by the District that it could function under the exempt category due to its apprenticeship status. In the neighboring states of Virginia and Maryland, a friendlier approach has been adopted, allowing apprenticeship programs to fall under the exempt category. We wish to see these states as examples for all states across the nation. If overly restrictive licensure eliminates this apprenticeship component, affordable and accessible natural health care will not be available to all of those who need it and want it. If strict licensure eliminates this apprenticeship component the good of the general public will not be met.

Thank you

P.S. - Attached please find a description of Naturopathy and Holistic Health which will assist you in understanding our form of practice.

NATURAL HEALTH CARE

And

THE HOLISTIC AND NATUROPATHIC APPROACH

At the

WASHINGTON INSTITUTE OF NATURAL MEDICINE

3402 Connecticut Ave., N.W., Washington, D.C. 20008
(202) 237-7681

By

DR. VICTORIA GOLDSTEN, ND, LMT, LPN, BSN

Registered Doctor of Naturopathy
Licensed Massage Therapist
Licensed Practical Nurse
Bachelors of Science Nursing

THE HOLISTIC/NATUROPATHIC APPROACH

"The holistic and naturopathic philosophy is to nurture and nourish the entire person and to recognize the relationship between the mind and the body. Western thought has always regarded the mind and body as separate entities."¹ The holistic approach is not a substitute for conventional medicine. "The best care involves considering all options, including the traditional approach."² For that reason, holistic and naturopathic therapies are sometimes referred to as complementary therapies.

Examples of Holistic/Naturopathic Treatments:

Homeopathy
Neural Therapy
Massage Therapy
Visualization/Guided Imagery
Reflexology

Herbology
Acupressure/Acupuncture
Touch Therapy/Laying on of Hands/Reiki
Magnetic Therapy
Aromatherapy

HOMEOPATHY

Homeopathy is a system of treatment that uses plant, mineral and animal sources. It's preparation involves dilution and succussion of the substance. The substance is diluted with water and alcohol and then succussed. The succussion is a shaking of the mixture approximately 100 times. It is theorized by Naturopathic Doctors and Homeopaths that this dilution and succussion intensifies the power of the substance and eliminates side effects. In addition it is also believed that the succussion

causes the electrons of the atoms, contained in the substance, to go into a higher spin thereby intensifying the power of the substance.

"All homeopathics are FDA approved drugs. They are manufactured by pharmacies in the US and abroad."³ They strictly follow the FDA regulations in order to be in compliance with federal law. Homeopathics treat many types of conditions and symptoms. For example asthma can be treated with anti-inflammatory and bronchial/lung healing homeopathics. Arthritis can be treated with homeopathics that reduce pain and stiffness.

The Washington Institute has Doctors of Naturopathy, Homeopaths, Holistic Practitioners and interns on staff for homeopathic consultations.

HERBAL REMEDIES

"Herbal Medicine is the practice of using the healing benefits of dried" and fresh "plants to treat illness. The medicinal use of herbs is one of the oldest forms of health and illness care. Treatment of modern day illnesses originate from the use of herbs in ancient times and has been handed down through the generations." These herbal treatments "for specific illnesses have been a part of each ancient culture" as they evolved. "Today, a sizable number of conventional medicines have been made by using" these ancient theories, ingredients, and formulas. "It is not surprising then that herbs work very similarly to conventional drugs. They may, however, be slower and less dramatic than the purified drugs or the synthetic ones made in a laboratory. This reduction of side effects on the body is one of the main attractions of herbal use. Any part of the plant can be used, from the roots to the leaves and flowers."

"Herbal preparations come in a variety of forms. For example, chamomile tea used at night time as a sleep aid, or echinacea in a liquid or capsules for the use in relieving flu's or any illness where stimulation of the immune system is important. Herbal remedies are particularly effective for the treatment of chronic illness as well as being used for self-medication with minor ailments, such as stomach upset, minor aches and pains, colds and skin irritations."⁴

Herbal remedies are generally safe but should be used cautiously. On occasion the client may be sensitive to the plant or the plant may have an interaction with a drug. Always check with your natural health care provider and your medical doctor if you have any concerns.

The Washington Institute has Doctors of Naturopathy, Herbalists, Holistic Practitioners, and interns available for herbal consultation.

ACUPRESSURE/ ACUPUNCTURE

Acupressure and acupuncture are practiced holistic treatments "that are more than 5,000 years old. Acupuncture is the insertion of very fine needles on the body's surface in order to influence physiological functioning of the body. Acupressure is performed with the use of finger or hand

pressure instead of needles. Both acupuncture and acupressure have a shared goal: to stimulate what Chinese medical practitioners call chi - the body's most basic healing energy."

"The principles of Chinese medicine has as its original text the nearly 4,000- year-old, Yellow Emperor's Classic of Internal Medicine. In that text, and over the next 2,000 years, Chinese doctors discovered a system of channels and points on the body that, if correctly touched or stimulated, would relieve pain and speed healing. The traditional Chinese doctors said these channels, called meridians, were disturbed - if the energy flowing through them was too slow or too fast, too turbulent or too static - the body's chi was said to be imbalanced. The goal of traditional Chinese medicine was to restore chi to a state of balance, and acupressure was one of its techniques."

"With complete health, energy will flow through the body freely like electricity is conducted through circuits. But, we all experience disease, injury and emotional trauma. There are environmental assaults, too such as air pollution and noise. You can also employ it to feel better mentally and spiritually."

"There are many diseases that can be treated successfully by acupuncture and acupressure. The most common ailments currently being treated are lower backache," arthritis, headaches, anxiety, allergies, muscle pain and spasm, depression, and addictions.⁵

The Washington Institute has licensed acupuncturists on staff for acupuncture treatments and Dr. Victoria Goldsten, ND, a licensed massage therapist, available for acupressure sessions. The institute also has shiatsu/acupressure practitioners and interns available for shiatsu/acupressure sessions.

MASSAGE THERAPY

"Massage therapy is one of the oldest methods" of natural health care practice. It "is the scientific manipulation of the soft body tissues to return those tissues to their normal state. Massage consists of a group of manual techniques that include applying fixed or movable pressure and holding and causing the body to move. Primarily the hands are used, but sometimes forearms, elbows, and feet are used also. These techniques can affect the musculoskeletal, circulatory-lymphatic, and nervous system. Massage therapy encompasses the concept of vis medicatrix naturae - helping the body heal itself - and is aimed at achieving or increasing health and well-being. Touch is the fundamental medium of massage therapy."⁶

At the Washington Institute, clients requesting massage therapy will meet with their therapist prior to treatment to discuss history and complaints. It is recommended that the client come in approximately 15 minutes earlier than the scheduled appointment time to fill out forms related to history and symptoms. Upon completion of the forms the practitioner will ask the client what style of massage they prefer. Practitioners may use therapeutic ointments or oils topically depending upon the preference of the client. The client should notify the practitioner if they have any skin sensitivities. Along with the massage therapy session the practitioner

may burn aromatherapy oils or play soothing music if appropriate for the client. When oils are to be burned, the client should inform the practitioner if they have any respiratory allergies.

The Washington Institute has a Licensed Massage Therapist, Dr. Victoria Goldsten, ND, LMT on staff Monday through Friday, 9:30 am to 5:00 p.m. for massage therapy.

TOUCH THERAPY/LAYING ON OF HANDS/REIKI/BIOFIELD THERAPY

Touch therapies - "laying on of hands" - are "very old forms of healing. The earliest Eastern references are in the Huang Ti Ching Su Wen (The Yellow Emperor's Classic of Internal Medicine), dated between 2,500 and 5,000 years ago. The underlying rationales cluster around two views: first, that the healing force comes from a source other than the practitioner - God, the cosmos, or another supernatural entity - and second, that a human biofield directed, modified, or amplified in some way by the practitioner is an operative mechanism."

During a touch therapy session "the practitioner places hands directly on or near the" clients "body to improve general health or treat a specific dysfunction. Treatment sessions may take from 20 minutes to an hour or more; a series of sessions is often needed to treat some disorders. There is consensus among practitioners that the biofield permeates the physical body and extends outward for several inches. Extension of the external biofield depends on the person's emotional state and health. Biofield practitioners have a holistic focus. About 50,000 practitioners provide 18 million sessions annually in the United States."⁷

The Washington Institute of Natural Medicine has Touch Therapists/Reiki Masters available for 30 minute or one hour sessions. During a session the client lays upon a massage table in comfortable clothing, and in a comfortable position. The practitioner will softly touch the client or may work within their biomagnetic field above their body. The practitioner may use soothing music, tuning forks, or aromatherapy during the session depending upon the needs of the client.

VISUALIZATION THERAPY/GUIDED IMAGERY

"The earliest visualization techniques ever recorded are from Babylonia and Sumaria. Histories of all people, from ancient Egypt," Greece, "and Babylonia through the Middle Ages and right to modern times. It has been a cornerstone of many healing methods." These processes helped the client visualize themselves changing, healing, and being in perfect health. "Many of these early uses of visualization in healing were on a religious or mystical tradition, permeating the thought of the mystery schools." All had a belief in spirit and its power over mind, body, and matter. "They believed that matter was a manifestation of mind. Many modern thinkers express the same belief."¹⁰

Visualization and guided imagery "utilizes imagery, the natural language of the unconscious mind." This modality helps the client "connect with the deeper resources available to them" the subconscious mind. At the subconscious level of the mind the client is able to access the material of which the conscious mind is unaware. The client can then access the subconscious level of the mind to promote positive change.¹¹

the body to a negative magnetic field acts as energy activator on the oxidoreductase enzyme system to release oxygen from oxygen free radicals and at the same time acts also on the bicarbonate buffer system to produce alkalinity. This is very important in our understanding of the mechanics of magnetic therapy as the body performs at it's optimum in an alkaline/oxygenated environment" at the blood and cellular level.¹²

At the Washington Institute Magnetic Therapy sessions are available with Doctors of Naturopathy and Magnetic Therapists. Typically a magnetic therapy session lasts one hour. During a session the practitioner will place therapeutic magnets on the client in points known historically to assist in their complaint. The practitioner may also combine Touch Therapy and Aromatherapy with their treatment.

REFLEXOLOGY

"From ancient illustrations and artifacts we know the early Chinese, Japanese, and Egyptians worked on the feet and hands to promote better health. Reflexology, as it is known today, is a science and healing art based upon the theory that there are reflex areas, or specific points in the feet and hands that correspond to all the glands and organs in the body. The term "reflex" refers to the fact that these points are responsive to stimulus. Corresponding reflexes are located in the hands."

"The human body is divided into ten energy zones that run from the head to the toes. Every tendon, ligament, organ, muscle, bone, and brain cell is included in one of these zones, and every zone ends at the soles of your feet. Your feet, then, are like mirrors that reflect the entire body. The reflex points corresponding to specific body parts and reflexologists say that working these reflex areas with your thumbs or fingers can help relax those matching spots on the body."¹³

The Washington Institute has a reflexologist available for 30 minute or one hour sessions.

AROMATHERAPY

"While no one called it Aromatherapy until the late 1920's, aromatic plants have played an important role in maintaining health for several thousand years." Aromatherapy began in Egypt and was brought to us through a French aromatherapist Rene Gattefosse. His family owned a perfumery. One day while he was working he severely burned his hand. Trying to find the closest thing to water, to soothe his pain, he plunged his hand into a vat of lavender. Soon after he noticed how fast his wound had healed. This event caused him to ponder the rapid healing and he began studying the therapeutic values of oils.

Therapeutic oils are made from plants put through a heating process, distilling process or plants just soaked in a non-medicinal oil such a sunflower oil. Upon completion of the process the oils are used for their therapeutic values. They work on the body in many ways. "The most obvious is by stimulating the powerful sense of smell. Smells act directly on the brain. Scientific research supports the notion that smelling particular odors has a direct effect on brain activity. Brain wave frequency

studies show that smelling lavender increases alpha waves in the back of the head, which are associated with relaxation. An odor such as jasmine increases beta waves in the front of the head, which are associated with a more alert state."

Aromatherapy can assist in many conditions such as: sinus congestion, poor memory, anxiety, headaches, insomnia, allergies and bronchitis. Clients interested in treating such conditions should first consult with their natural health care provider as oils may cause an allergic or sensitivity reaction. For example: a client allergic to flowers may have an allergic reaction to lavender and those allergic to fruit may have a reaction to orange oil.

If aromatherapy is your choice in holistic health, you can simply add two to five drops of your favorite oil in your bath or place "a couple drops of essential oil on a scent ring, which sits on a light bulb. A longer-lasting way to scent a room is with an aromatherapy lamp" or pot. In this pot, a few drops of your essential oil is mixed with water and is heated with a candle or electricity. Aromatherapy diffusers are also available "which reduces essential oils to a fine spray and disperses the scent throughout the room. These are sold in some health food stores" or bed and bath shops.

Essential oils can also be used topically for treatment. "Unlike mineral oils which hang on the skin, essential oils penetrate through the skin and into the blood stream. In most cases the essential oil is too strong for direct application. If your therapeutic oil is strong, it should be mixed with a carrier oil such as sunflower oil and then it can be used topically. The typical mixture is two to five drops of the medicinal oil to one ounce of the carrier oil. Many massage therapist, will use this approach with their treatments."

Aromatherapy is used in conjunction with touch therapy, acupuncture, massage, and visualization therapy. An aromatherapy session can be done independently as well, with a variety of therapists. One form of aromatherapy is Raindrop Therapy, which is provided by trained Gary Young practitioners of Young Living Oils.

Holistic2.doc (2/21/01)

- ¹ It's Your Choice, Alternative Treatments in Medical Care, by Cristy Woods, pp. 5
- ² It's Your Choice, Alternative Treatments in Medical Care, by Cristy Woods, pp. 5
- ³ It's Your Choice, Alternative Treatments in Medical Care, by Cristy Woods, pp. 8
- ⁴ Alternative Medicine: The definitive guide, by The Goldberg Group, Future Medicine Publishing, Inc. pp. 253-271.
- ⁵ It's Your Choice, Alternative Treatments in Medical Care, by Cristy Woods, New Choices in Natural Healing, Rodale Press, Inc. pp. 12
- ⁶ National Institutes of Health web page, pp. 2
- ⁷ National Institutes of Health web page, pp. 2
- ¹⁰ Dynamics of Visualization and Imagery in Therapy, by Patricia Norris, Ph.D., web page 1
- ¹¹ What is Interactive Guided Imagery, WWW.healthy net, page 1
- ¹² What is Magnetic Therapy? By Uni-flex Magnets web page, pp. 1,
- ⁸ It's Your Choice, Alternative Treatments in Medical Care, by Cristy Woods, pp. 10
- ⁹ It's Your Choice, Alternative Treatments in Medical Care, by Cristy Woods, pp. 9

Brenda Joyce Jasper, M.Ed.
Association of Physician Assistant Programs
University of Maryland Eastern Shore

Comments to be presented at the meeting.

Emily WhiteHorse, B.S., PA-C
Association of Physician Assistant Programs

Comments to be presented at the meeting.

11

Dr. James Gordon, Chair
White House Commission on CAM Policy
Washington, DC

March 6, 2001

Dear Dr. Gordon,

I would like to thank you for the honor and privilege to address the White House Commission on CAM Policy during the February meeting. As you requested, I am sending along a copy of my published research regarding the issue of CAM in Physician Assistant Education. I hope you find it useful in your deliberations regarding policy recommendations for medical education.

I would also like to provide additional information directly related to two questions posed to me during the question and answer session. The commissioners asked who could supervise physician assistants (PAs) and specifically whether CAM providers who are considered 'physicians,' such as naturopathic physicians, would be able to supervise PAs?

PAs are trained in the same medical model as MD physicians. States allow PAs to practice under the supervision of either a MD or DO (except in RI and VA where they may be supervised by a DPM). A PA may perform those health care tasks that are within the scope of practice of the supervising physician. For example, as a PA based in surgery, my supervising physician must be a surgeon in order for me to assist in surgery and to perform pre and post operative patient care. No state would currently allow a PA to practice under the supervision of a naturopathic physician. However, if a PA's supervising physician was trained to practice complementary and alternative medicine, that PA could do it also, provided the PA was trained in CAM.

As the use of CAM among patients and conventional providers increases, PAs will have the opportunity to increase their role in providing CAM therapies to patients. The recommendations ultimately put forth by the commission regarding medical education requirements for CAM and the role of licensure and credentials for CAM providers will play an important part in determining the evolving role of PAs and CAM.

I hope this is helpful and I wish you continued success during your deliberations. If I can be of any further assistance, please feel free to contact me or the Association of Physician Assistant Programs.

Sincerely,

Emily WhiteHorse, PA-C
Assistant Professor- PA Program
Philadelphia University
215-951-2523

**The Teaching of Complementary and Alternative Medicine in Physician Assistant
Education**

Results from a National Survey

WhiteHorse, E. 1999. *Perspective on Physician Assistant Education*, Vol 10,
No 3 (Summer): 132-134.

The Teaching of Complementary and Alternative Medicine in Physician Assistant Education

Results from a National Survey

Abstract

Purpose: The increasing use of complementary and alternative medicine by the American public has been well documented as well as the growing number of medical schools which now teach complementary and alternative medicine to their medical students. The growing public interest in and use of complementary and alternative medicine has resulted not only in the need for the availability of reliable information but also for health care providers who can discuss these modalities and options with their patients in an educational and informative matter, ensuring that their patients make informed choices and decision about their health care. To date there have been no studies done to look at how physician assistant programs are addressing complementary and alternative medicine. **Methods:** A survey was mailed to the 107 accredited physician assistant programs in July 1998. A total of 80 surveys were completed and returned for a response rate of 75%. The aspects evaluated in this survey included: the number of programs currently offering complementary and alternative medicine instruction, complementary and alternative medicine topics covered, educational format, geographical distribution by APAP consortium, total number of hours devoted, credentials of the instructor, placement within the curriculum and the likelihood of increasing the hours devoted to the topic in the future.

Results: 51% of physician assistant programs completing the survey offer some form of formal education in complementary and alternative medicine. The most common format

of presentation was a lecture within a required course, most often taught by PA-C's, MD's or alternative providers. The topics most commonly covered included acupuncture, chiropractic, herbal, meditation, nutrition and homeopathy. Most programs offered the coursework during the didactic year.

Conclusion: Findings from this study indicate that many programs are attempting to provide their students with some information about complementary and alternative medicine. As the public continues to use and explore complementary and alternative medicine, further study, discussion and exploration is warranted regarding the need to provide physician assistant students with formal education and information about this emerging field.

Introduction

In 1997, David Eisenberg, MD, completed a follow up study to his initial 1990 research which looked at the use, cost and prevalence of complementary and alternative medicine by the US population over a one year period. The investigation found that the use of complementary and alternative medicine, also referred to as CAM, had increased from 33.8% in 1990 to 42.1% in 1997 and that patient visits to alternative providers continued to exceed visits to primary care providers. Also of importance is that the percentage of patients who disclose information of their use of CAM to their conventional providers remained relatively unchanged at less than 40%.^{1,2}

Thirteen years ago, medical schools which offered courses in CAM were almost non-existent. In a 1998 study, 75 of 117 medical schools who responded to the survey offered instruction and coursework in CAM.³ In addition, two years ago, a post graduate fellowship program was developed at the University of Arizona in Tucson for physicians to become trained in CAM. The American Holistic Medicine Association is also working toward the development of a core curriculum for inclusion into medical education of physicians as well as the recognition of holistic medicine as a board certified subspecialty of family practice. Given this information, this study was undertaken in order to gain information about what PA programs across the country were doing in response to this emerging health care issue.

Methods

The study design employed a 10 question, multiple choice and fill in type survey designed by the author. The survey was reviewed and approved by APAP Research and Review Committee and mailed to the academic coordinators of each of the 107

accredited programs. If there was no academic coordinator *per se*, the survey was addressed to the program director. A postage-paid, return addressed envelope was included to maximize the response. The surveys were mailed in July 1998 with the cut off date for returns of September 15, 1998. Data was tabulated using standard measures of frequency and central tendency.

Results

The response rate was 75%, with 80 of the 107 surveys returned and used in the data collection. Of the 80 schools which responded, 51% (41/80) indicated that they offered formal education in CAM whereas 49% (39/80) indicated they did not. “Formal” is defined as required rather than elective coursework and/or lectures. With the exception of the Heartland consortium for which there was a response rate of 100%, the other 5 consortium response rates ranged from 61% to 79%. Based on the surveys returned, the programs within the Mid-western and Western consortiums contained the highest number of programs teaching CAM, 14 out of 19 and 8 out of 10 respectively, whereas the Eastern and Southeastern consortiums had the lowest number, 4 out of 11 and 3 out of 11 respectively (see Figure 1).

Fifty-four percent (22/41) of programs which offered CAM presented the material in lecture format within a required course. 22% (9/41) utilized “other” formats such as student driven projects and presentations. 10% taught the material in a combined format utilizing both multi-lecture seminar (several lectures in one day) and single lecture presentations. Over 70% (29/41) of the programs offered the material during the didactic or first year of the program.

The mean number of hours devoted to the topic was 4.2, with a range of as little as 1 hour to as many as 60 hours. In terms of total number of hours devoted to the topic over the entire length of the program, 27% devoted 3-4 hours, 24% devoted over 10 hours, and 22% devoted 5-6 hours. Programs were also asked if they intended to either increase or decrease the number of hours devoted to CAM in the future. Of the programs that currently offer CAM, 49% responded that they not only intended to change the number of hours, but that the change would be in the form of an increase. The remainder of programs indicated no intentions to change the number of hours. Of the programs not currently offering CAM, 53% responded they had no plans to include CAM in the future. This study also looked at the instructors for the CAM coursework. Since many programs commonly used more than one instructor, this study looked at the total number of particular providers used rather than percentages. A list of professionals and providers was included within this question in the survey. A place was provided for the addition of those instructors not listed. The professionals used most often included PA-Cs, MDs and alternative providers (see Table 1).

Since there are many different topics within alternative and complementary medicine, this study also looked at which ones programs chose to teach. An extensive list was provided on the survey, covering some of the more popular alternatives, however a place was left for participants to fill in other topics which they taught but were not on the list. Overall, there were 19 different modalities covered with many programs covering several. Of the ones most commonly taught, 63% of programs included acupuncture, 61% included chiropractic and 59% included herbal therapies. Meditation, nutrition and homeopathy were also commonly included (see Table 2).

Since this study was completed, several more programs have become accredited and therefore were not included in this study. Some of these new programs may also be offering education in CAM.

Discussion

This study indicates that about half of the accredited programs that responded to the survey included formal education in CAM, with the concentration of those programs being in Western and Midwestern Consortium. The exact reason for this is unknown. The topics and length varied significantly from one program to the next, as did format and instructors, albeit to a lesser degree. The trend of the public to use CAM as part of their health care continues to grow, especially the herbal market, which is the fastest growing alternative market. In Eisenberg's 1997 study, he noted that over 15 million adults are taking pharmaceuticals along with herbs and/or mega-doses of vitamins or supplements. There is a growing need for health care providers to be aware and knowledgeable regarding CAM. This need that can potentially be addressed at the educational level. Research supports that medical schools are moving toward addressing this need. The question remains whether this subject area should be added to the topics taught in PA education especially in light of the recent resolution adopted by the AAPA, which encourages PAs to become more knowledgeable about CAM. Clearly, further consideration and discussion is warranted.

Figure 1

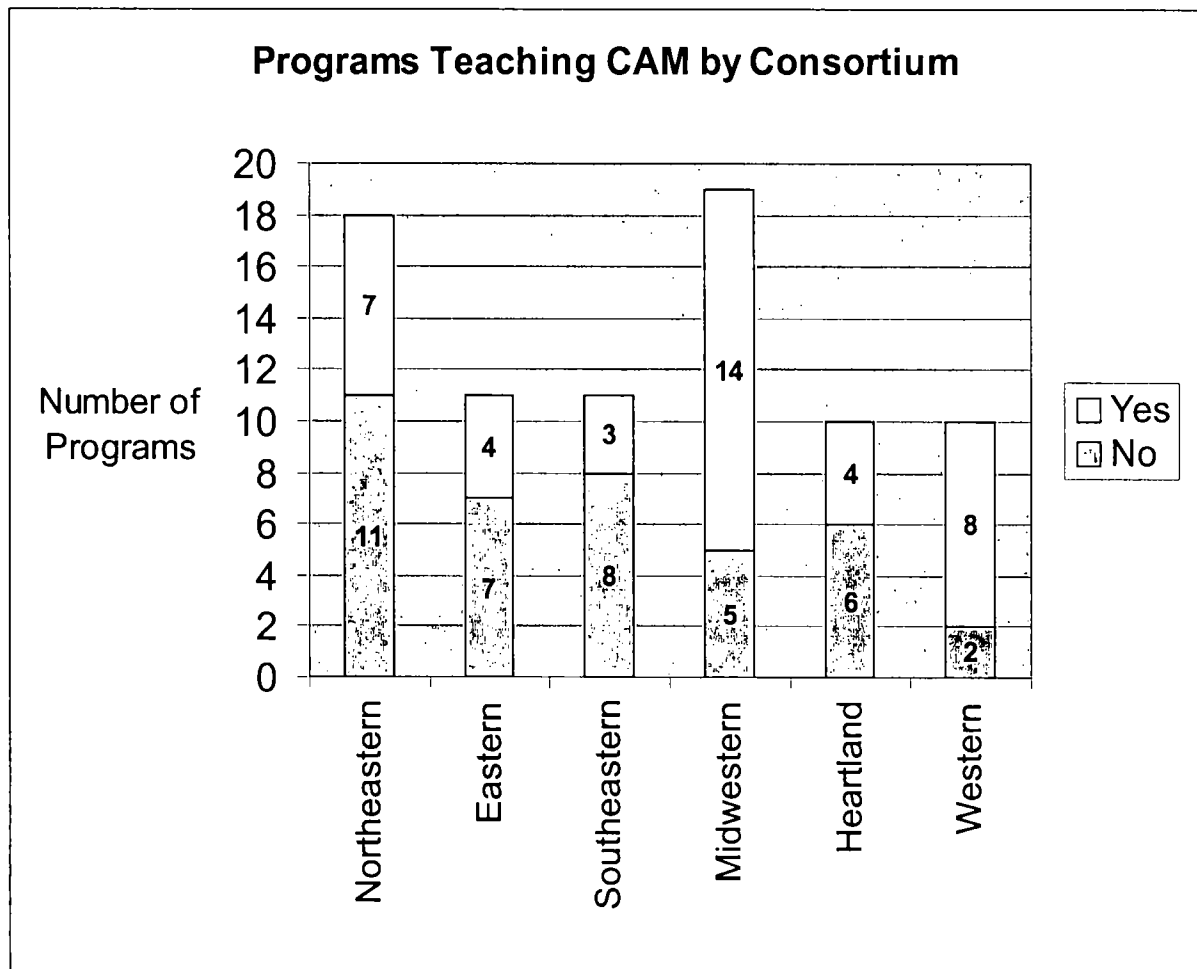


Table 1

Instructors of CAM Courses

Physician Assistants	26
Physicians (MD/DO)	18
Chiropractor	11
PhD	11
Nurse/Nurse Practitioner	8
Naturopathic Physician	6
Others (total)	16
Register Dietitian	3
PharmD	2
Acupuncturist	3
Massage Therapist	2
Social Worker	2
PsychD	1
Oriental Medicine	
Doctor	1
Homeopath	1
Traditional Chinese	
Medicine Practitioner	1

Table 2

CAM Topics Taught in PA Programs

<u>Topic</u>	<u>Number</u>	<u>Percentage*</u>
Acupuncture	26	63%
Chiropractic	25	61%
Herbal	24	59%
Meditation/Relaxation	24	59%
Nutrition	22	54%
Homeopathy	21	51%
Biofeedback	19	46%
Massage	15	37%
Therapeutic Touch	11	27%
Traditional Chinese Medicine	9	22%
Hypnotherapy	7	17%
Naturopathy	7	17%
Tai Chi/Yoga	5	12%
Reflexology	4	10%
Chelation	4	10%
Ayurvedic	3	7%
Reiki	2	5%
Shiatsu	2	5%

*Based on response from the 41 programs which offer coursework in CAM

Resources

1. Eisenberg, DM. Unconventional Medicine in the United States. Prevalence, Costs and Patterns of Use. NEJM. 1993;328:246-252.
2. Eisenberg, DM. Trends in Alternative Medicine Use in the United States, 1990-1997. Results of a Follow up National Survey. JAMA. 1998;280:1569-1575.
3. Wetzel, MD. Courses Involving Complementary and Alternative Medicine at US Medical Schools. JAMA. 1998;280:784-787.

Suggested Resources

Books

1. The Burton Goldberg Group. Alternative Medicine: The Definitive Guide. Washington: Future Medicine Publishing; 1993.
2. Blumenthal M, Editor. The Complete German Commission E Monographs – Therapeutic Guide to Herbal Medicines. Massachusetts: Integrative Medicine Communications; 1998.
3. Fetrow C, Avila J. Professional's Handbook of Complementary and Alternative Medicines. Pennsylvania: Springhouse Corporation; 1999.

Journals/Periodicals

1. The Integrative Medicine Consult – The Essential Guide to Integrating Conventional and Complementary Medicine. Massachusetts: Integrative Medicine Communications. (www.onemedicine.com)
2. Alternative Therapies in Health and Medicine – A Peer-Reviewed Journal. California: Innovision Communications. (www.alternative-therapies.com)

12

Ingrida Lusi
American Chiropractic Association

I will provide educational information as well as standards and guidelines

Brian John McAulay, D.C., Ph.D.
Sherman College of Straight Chiropractic

I will provide a brief synopsis of the educational development of a doctor of chiropractic, including pre-chiropractic college prerequisites, chiropractic college curriculum, and post-graduate training. I will describe the focus and practice objective of graduates of Sherman College. I will describe for the Commission what contribution to health chiropractic care provides for those using the care.

David Edgar Molony, L.Ac.
American Association of Oriental Medicine

Educational requirements in Oriental medicine are increasing to meet the responsibility of independent practice and the need for qualified and well trained practitioners who are well trained enough to provide effective treatment without falling back onto the more deleterious conventional modalities. I hope to be able to speak in the morning.

**White House Commission on Complementary and
Alternative Medicine Policy
CAM Education
February 23, 2001**

Good afternoon Commissioners;

My name is David Molony. I am an Oriental Medicine professional and the Executive Director of the American Association of Oriental Medicine.

The Oriental Medicine profession is, by far, the most comprehensive, far reaching, credible, and accepted CAM field of medicine in the United States. We have, in place, national education, accreditation and certification examination standards in acupuncture, herbal medicine and bodywork.

The training for the majority of new practitioners is a comprehensive three to four year program, with the graduates having a solid grasp of our entire field, and the capability to refer within that field. This, combined with a level of Conventional medical training that provides them with the capability to refer to general, specialist, or hospitalist Conventional practitioners as appropriate, rounds out the training. Due to the continued improvements in our education and the history of low claims, our malpractice rates for a \$1 million/ \$3 million policy have dropped steadily to less than \$650, about one-third of what they were ten years ago.

The demand for our services becomes obvious when one looks at the other fields of medicine grasping for our patient share, bypassing our recognized and accredited educational programs in favor of abbreviated "continuing education" courses that do not provide the knowledge, skills, and abilities needed to achieve the consistent outcomes we have come to expect from our field. It is easy, when a Biomedical or Chiropractic physician fails to diagnose or treat properly due to this limited training, to fall back on the very things the patient has come to acupuncture and Oriental Medicine to avoid. Drugs, more Chiropractic, or Surgery. How many patients have trusted their "weekend wonders" to later become disenchanted with the results, thinking that it was the acupuncture that failed? Acupuncture is not "continuing education". It is continual education.

We have fully entered the modern world of credibility, liability, and responsibility, with educational standards, practice guidelines, regulatory oversight by our licensing boards, and the professional peer review process that all provide overlapping avenues of accountability to the consumer. While there may be some place developed by all professions working together for inter-collegial trade of aspects of our prospective fields, there must also be respect for a comprehensive education in each. In this scenario, there must be ethical boundaries shared to develop a knowledge base on what is best for the patient.

We hope that you will all reflect deeply on the facts and concerns expressed in this presentation here today, as it is your commitment to our country and the people of these United States to do what is best, beyond the many strong currents pulling you in so many directions.

Please feel free to contact us with any questions on this and any other subject relative to Oriental Medicine.

American Association of Oriental Medicine
433 Front Street
Catasauqua, PA 18032
888-500-7999
Fax- 610-264-2768
aaom.org

1.5

White House Commission on Complementary and Alternative Medicine Policy

February 23, 2001 testimony summary provided by Kathleen Quain, C.S.W.,
President of the Foundation for Health and the Environment

I am a New York State licensed social worker, psychotherapist, have a background in public relations, marketing, broadcast production, advertising, am in private practice in Manhattan where I specialize in working with people who have been challenged with chronic and terminal illness and I work as a consultant on projects of integrity. My work is respected nationally and internationally. As president of the Foundation for Health and the Environment, I speak for many who suffer from environmental health challenges.

Within my February 23rd CAM testimony I will discuss: research, delivery and public access, the dissemination of credible healthcare services, appropriate licensure, health education, current national health needs with emphasis on our childhood population, environmental health factors, detoxification, prevention and root causes, waste reduction, and health as the focus of healthcare.

Thank you very much for the opportunity to speak before your commission.

Sincerely,



Kathleen Quain
globalpeace4u@aol.com/212.946.2172

Shula S. Edelkind
Progress in Medicine Foundation

Our organization's mission is to support medical research and physicians using non-mainstream research-based medicine. We have been focused on support of Dr. Sinaiko, but plan to use our newsletter as both an educational and fund raising tool for outreach to doctors as well as supporting good research not of interest to the pharmaceutical company - particularly research on behavior and metabolism. But as long as doctors are ignorant or afraid, there is no access to such care.

17

Karen Scott
Progress in Medicine

Comments to be presented at the meeting.



CHRIS®-Technique

The Schenk Human Energetic Institute LLC

220 E. 26th St. Suite 1B, New York NY 10010

Tel (212) 9517107, Fax (212) 6845692

email cwalkern@aol.com

February 23, 2001 Testimony for The White House Commission on
Complementary and Alternative Medicine

Educational Training Concerning Side Effects and Adverse Reactions of
Complementary and Alternative Medicine

Testimony given by Christina Walker RNMA Chief Operation Officer for The Schenk Human Energetic Institute. Christine Schenk Founder. The Schenk Human Energetic Institute offers a training program in the anatomy and physiology of the energy body system and side effects of alternative therapies. This is taught by the CHRIS® Technique which is a specially developed technique based on an inter-system approach that allows individuals to filter out any and all types of energy body system interventions from everyday events and psycho-social care methods. This technique enables individuals to select more easily from among the therapeutic support options for meeting energy body needs.

Alternative Medicine modalities are medication to the human energy body system and with any medication we have side effects and adverse reactions. The energy body system is as complex network system as complex as the anatomy and physiology of the physical body. This entire network needs to be considered when offering CAM therapies

Christine Schenk teaches this anatomy and physiology of the energy body system and I have included some excerpts from her book and her training program. Christine teaches not only the energy body anatomy and physiology but also how to become aware that this entire body is a living being. That we exist as energy body. Through experiential exercises everyone is given the opportunity to feel the energy body system anatomy within themselves and others. This method of teaching is reproducible to anyone you do not need a special gift. It is no different than a doctor saying here is the liver and we all feel the liver.

According to Christine Schenk the energy body consists of centers, disks, charkas, layers meridians, and nadis. Therefore the appearance and health of a chakra is mainly dependant on the supply of energy via the organs "From this perspective it is not sensible to balance a chakra by means of energy work as long as the center belonging to that chakra is destabilized". So the question is what is happening to the energy center when hands on healers are balancing charkas? Acupuncture works on one part of the system -meridians, but how does this technique affect the entire energy body network system?



Technique

The Schenk Human Energetic Institute LLC
220 E. 26th St. Suite 1B, New York NY 10010

Tel (212) 9517107, Fax (212) 6845692

email cwalkern@aol.com

"Just as the physical body maintains its balance through the skeleton system, the energy body is composed of a large number of disks. This means that experiences and memories can be sorted according to subjects and stored in zones of the energy body. For instance plans during life and access to family history. Adverse reaction to therapies that could affect this area would appear as behavioral changes in job and family. As psychiatrist and psychotherapists we must be aware of the possibility of our client attending a weekend course in consciousness and how it can affect the disks of the energy system.

"The energy body consists of several layers which coordinate to varying levels of perception. As for example we search on the radio for a certain radio station frequency band. The energy body organism does a similar process it processes different perception and sometimes it may get lost or stuck. Again we can see how a person who may have problems in the area of the layers would end up with the psychotherapist. There is one CAM treatment that we should keep in mind that will also affect the layers of the energy body system and that is homeopathy.

In Europe Christine Schenk has seen the adverse effects, which are often concealed behind physical diseases such as sleeping disorders, constant fatigue, backache or constipation. Additional symptoms that have been reported are dizzy spells, hot flushes, shaking chills, circulatory problems, depression, and changes in eating habits. These symptoms hide behind known diseases such as depression, lack of coordination, etc. belong to a new generation of diseases belonging all to side effects of the pioneering energy medicine. Since a lot of the symptoms show up in the physical body or mental disorders this will bring the patient to a health care provider looking for an answer. This is the education that is needed for practitioners to distinguish a physical ailment from an energetic side effect of CAM therapies. CAM therapies have a double function. They have access for real physical body problems and can heal them but to energy body related symptoms as well. But energy body symptoms also present themselves as physical body problems. How do we distinguish what is what?

My own personal experience as an alternative medicine practitioner and a consumer of alternative medicine modalities I have experienced side effects and adverse reactions on both sides. This research had lead me to find Christine Schenk and her work with the energy body system. It is from her that I learned I was dealing with an occupational disease burn out syndrome. Such diseases develop primarily from the handling or application of energetic medicine. The disease arise in those situations where one works with energy, regardless of

www.christineschenk.com



*Technique

The Schenk Human Energetic Institute LLC220 E. 26th St. Suite 1B, New York NY 10010

Tel (212) 9517107, Fax (212) 6845692

email cwalkern@aol.com

whether energy is balanced, revitalized, recharged, or added, whether it is made to flow, whether blocks are removed, entire energy systems are harmonized or energy is stored in the form of information, recalled, altered, anchored or erased. Conversations with acupuncturist, physicians, psychotherapists, nurses or body workers revealed they were unaware of potential side effects ensuing from inappropriate or excessive applications. I thought all these side effects were just from formerly touching my clients so I studied spiritual psychology and still I would experience the same side effects. I experienced a huge awareness that energy is involved with talking, touching and distant healing. This is powerful and how do we work in such a field as to do no harm.

The Commission should offer guidelines for the public in what to look for when considering CAM therapies given by a practitioner. This would begin with

Distinguish which body physical or energy needs treatment

Distinguish your own personal energetic or physical diseases before seeing a practitioner

Consider if you have energy body reactions by taking too much (or oppositional) energetic treatments

Inform your practitioner about any energy related medication or therapy

Thank-you for this opportunity to testify before you today

Best Regards,

Christina Walker

Chi Chow, Ph.D
New York Institute of Chinese Medicine

1. Introduce myself background.
2. Introduce the standard training of acupuncture in US. (Didactic hour 1700; Clinic training hour 700)
3. Acup.program training included: Fundamental, Point L. Needle tech. West Bio-S. Practic issue.

George Krutz
Feldenkrais Guild of North America

Comments to be presented at the meeting.

General Information

DRAFT

Report of the White House Commission on Complementary and Alternative Medicine Policy

Letters of transmittal

The President

Congress

President of the Senate

Speaker of the House

Secretary Department of Health and Human Services

Prologue – Chairman’s Summary – 1 page vision

Acknowledgements

Commission Members

Commission Staff

Working Groups (Planning)

Executive Summary (10 pages)

Conclusions

Recommendations (a) Administrative Actions
 (b) Legislative Proposals

Table of Contents

Part I. Introduction (**Jim Swyers**)

- (A) The need for the Commission
 - (1) What led to the Establishment of the Commission
 - (2) Consumer use/Utilization of CAM Services and Products
- (B) The Commission: It’s Mandate and Activities
 - (1) Regular Meetings – Public Hearings
 - (2) Town Hall Meetings
- (C) The purpose of the Commission
- (D) The Report from the Commission
 - (1) Purpose and Scope
 - (2) How to Utilize the Report

Part II. Guiding Principles and Perspectives of CAM Interventions and Practices
 (**Jim Swyers**)

- (A) What is CAM
- (B) World View of Integrative Medicine
- (C) Focus on Health, Wellness Disease Prevention, and Health Promotion
- (D) Concerns with the Delivery of CAM Interventions and Products
- (E) Concerns with the Integration of CAM Approaches and Treatment with Conventional Medicine

DRAFT

- Part III. Historical Perspective (**Jim Swyers**)
- (A) Legislative and Executive Actions
 - (B) Other Federal and State Activities
 - (C) CAM Integration Efforts to Date
- Part IV. Coordination of CAM Research
(**Gerry Pollen**)
- (A) Current Efforts and Status of CAM Research
 - (1) Federal Efforts
 - (2) Private Sector Initiatives
 - (3) Not-For Profit Support of CAM Research
 - (B) Barriers to Progress
 - (C) Public Input to Identify Research Opportunities
 - (D) Interface Between CAM Research and Regulatory Agencies
 - (1) Practice-Based Research
 - (2) CAM Research and Experimental
 - (3) Research in the Regulatory Framework
 - (4) Facilitating CAM Research and Regulatory Challenges
 - (E) The need to Coordinate CAM Research and Development Efforts
 - (1) Collaborative Efforts
 - (2) Research Areas in Need of Coordinated Efforts
 - (3) Underutilized Coordinating Bodies
 - (4) Evaluation of Interventions by non-traditional Research methods
 - (F) Support for Research
 - (1) Basic Research
 - (2) Clinical Research
 - (3) Health Services Research
 - (4) Epidemiological/Follow-up Long Term Studies
 - (5) Existing Sources of Funding
 - (6) Research Opportunities In Waiting
 - (7) The Research Community; Perceptions and Realities of Support for CAM Research
 - (8) Peer Review of CAM Research Proposals
- Part V. Gaining Access to the Delivery of CAM Interventions and Products
(**Dr. Joe Kaczmarczyk**)
- (A) The Availability of CAM Interventions and Products
 - (B) Concerns About Liability
 - (C) CAM Delivery Systems
 - (1) Private Sector
 - (a) Private Practice Based
 - (b) Community Hospitals

DRAFT

- (c) Academic Health Centers
- (d) Managed Care Organizations
- (2) State and Local Government Supported
 - Washington
 - Minnesota
 - Ohio
- (3) Federal Sector Activities

(D) Cost Effectiveness of CAM Interventions

Part VI. Reimbursement for CAM Interventions and Products (**Maureen Miller**) (to be expanded after meeting)

- (A) Financing CAM Interventions, Services and Products
- (B) Medical Insurance Industry, Criteria for Reimbursement
- (C) Eligibility Requirements for Medical and Medicare
- (D) Reimbursement/coverage in the Managed Care Setting
- (E) Gaps in Reimbursement and Coverage

Part VII. The Education and Training of CAM Researchers and Health Care Practitioners (**Dr. Joe Kaczmarczyk**) (to be expanded after meeting)

- (A) Attracting and Retaining CAM Research Investigators
- (B) Research Training and Career Development of CAM Practitioners
- (C) Emerging CAM Professions
- (D) Introducing CAM Intervention Theory to the Research Community and to Healthcare Practitioners
 - (1) Undergraduate Education
 - (2) Graduate Education
 - (3) Continuing Education of Health Care Providers
- (E) Licensure, Certification and Credentialing of CAM Practitioners

Part VIII. Development and Delivery of Information on CAM Interventions and Products (**Corinne Axelrod**) (to be expanded after meeting)

- (A) The need for Information
 - (1) Public
 - (2) Patients
 - (3) Health Care Providers
 - (4) CAM Practitioners
- (B) Sources of Information
 - (1) Public Sector
 - (2) Private Sectors
- (C) Access to Information
 - (1) Media, (a) TV (b) Press (i) Professional (ii) Public
 - (2) Internet

Part IX. A Vision for the Future

- (A) Building the Scientific Basis of Understanding CAM Interventions
- (B) Overcoming the Bias against CAM Practices

DRAFT

- (C) Increasing Public Awareness of Safe and Effective Interventions
- (D) Ensuring Access and Delivery of CAM Intervention and Products
- (E) Providing Access to Culturally Specific Interventions in a Native population
- (F) Eliminating Financial Barriers to Interventions
- (G) Reducing Regulatory and Legal Constraints
- (H) Aiming Towards Parity in Research , Training, and Education of CAM Practitioners and Researchers
- (I) Providing Adequate Reimbursement for Services Provided

- Part X.
- (A) Conclusions
 - (B) References
 - (C) Glossary
 - (D) Appendices

Appendix A

- (1) Expanded List of Commission Members
- (2) List of Commission Meetings
- (3) Location of Town Hall Meetings
- (4) Questions Addressed at Town Hall
- (5) Participants at Town Hall Meetings
- (6) Invited Participants at the Commission Meetings

Appendix B

- (1) Executive Order 13147 and Amendment
- (2) Appropriation Language Suggesting Creation of Commission
- (3) Charter of the WHCCAMP

Appendix C

Implementation of Recommendations (Suggested Responsibility – President, Congress Secretary DHHS, Federal Agencies, Private Sector, Not-for-Profit Foundations and Organizations

- (E) List of tables and figures

- (F) Index



White House Commission on Complementary And Alternative Medicine Policy

6701 Rockledge Drive, Suite 1010, MS-7707, Bethesda, Maryland 20817-7707 tel. 301-435-7592, fax 301-480-1691; e-mail whccamp@mail.nih.gov Website www.whccamp.hhs.gov

Commissioners' Biographical Sketches

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

To Contact WHCCAMP:

Stephen C. Groft, Pharm.D.
Executive Director

Michele M. Chang, CMT, MPH
Executive Secretary

6701 Rockledge Drive
Suite 1010, MS 7707
Bethesda, Maryland 20817-7707
tel. 301- 435-7592 or 866-373-1124
fax 301 -480-1691
e-mail: whccamp@mail.nih.gov
website: whccamp.hhs.gov