relating to diagnostics. There are some research studies that have been done and one of the things that I would like to see come out of this is some specific additional research studies. The outcome studies in Chicago, I think, are huge. They are monstrous. Sixty-six percent overall health care cost savings. That speaks an awful lot.

COMMISSIONER GORDON: Both of those -- I do not -- I was not sure. Are there studies on -- that is a question I have had in my mind, too. Are there studies on applied kinesiology and verifying its diagnostic accuracy in Western diagnostic terms? Because I have not seen them either and --

DR. _____: There are some studies and I will send those to you.

COMMISSIONER GORDON: If you have them, that will be interesting.

And the other -- say again the clinic in Chicago that you are mentioning.

DR. _____: The Alternative Medicine, Incorporated. They are working with Blue Cross and Blue Shield.

COMMISSIONER GORDON: Okay. We should

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-- can you give us a way to get in touch with them?

COMMISSIONER DeVRIES: I think we have it.

COMMISSIONER GORDON: We have that. Okay. That would be great because again we are very interested in cost-effectiveness and cost-benefit data so that will be helpful for us.

DR. _____: I have spoken to Dr. Groft about it and they are well aware of their work.

COMMISSIONER GORDON: Okay.

George, you know about it. Great.

Any other questions?

George, questions?

I have a question, what is the HCFA study? The Health Care Financing Administration study that you are doing?

DR. DUSEK: I am not directly involved in that study but from what I know from colleagues it is comparing Dr. Dean Ornisch's program and the Cardiac Wellness Program developed at the Mind/Body Medical Institute looking at effectiveness. Not efficacy but as what is done in the HCFA's demonstration

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project's effectiveness --

COMMISSIONER GORDON: Do you want to explain the difference between efficacy and effectiveness?

DR. DUSEK: Efficacy is usually the purview of the clinical trial where you are looking to determine if a particular agent or treatment is -- reduces illness, shortens hospital stays, many outcomes you are looking at. Effectiveness, you are looking -- you are understanding that efficacy is already there. You are looking to look at cost-effectiveness or you are looking to determine if you can get the treatment to the people that actually need it.

COMMISSIONER GORDON: All right. So this study is comparing those two approaches to coronary heart disease?

DR. DUSEK: That is right. That is right.

COMMISSIONER GORDON: Great. And how long -- how far along is it?

DR. DUSEK: I believe it started in -- well, we have been working since last fall or the people at the institute have been working since last fall on developing it. I believe the

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funding came through in -- last October. I guess October 1st. So it is in the start up phases right now.

COMMISSIONER GORDON: Okay. All right. Thank you very much.

I had a question about the -- about the Hmong Shamanic practice. How -- can you give us a little bit of a sense of how your work and your community's work -- what the scope of it is and how it relates or does not relate to the medical -- conventional medical system?

MR. WU: It is related to the medical ill. I can give you an example. Some of the -- my aunt, she went to see medical doctors and they could not diagnose her illness and then they went -- she went back again for the second time and they could not really find what is the cause. From her story because she converted to Christian and she refused to seek shaman, so one of the family asked her to consider for a second -- a third chance is to seek a healer, which is Hmong shaman and she went.

Well, to give you the story short, the shaman discovered that because her illness was her loneliness and her spirit had departed from

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her body and she is going to, you know, the -- continued to be illnesses for a while until, you know, she find a way to be reunited with her spirit. And with her story she went to the shaman, you know, ceremonies and after that she recovered her, you know, illness. Well, she went back to see a doctor again for the third time and the doctor could not detect any of the problems.

So that is one of the cases. You know, I could give you an example why it is related to -- and then another case is a child have ligament on his eye.

COMMISSIONER GORDON: A child has what?

MR. WU: Have a ligament in his eye and, you know, the cases -- you know, the doctors recommended that the child had to, you know, remove on of the eyes and, you know, because the grandfather is a shaman, and the grandfather know that when he -- you know, finishes his term he is going to pass, you know, the tradition to the grandchild and the doctors, you know, took the case to court and, you know, they lost the cases. The judge sided with the doctors and, you know, the child's eyes were removed but

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eventually, you know, the child came back to the family and now the family have a hope that, you know, this child is going to be, you know, a shaman one day.

And this is an example of cases where, you know, medical doctors, you know, does not understand, you know, that there is, you know, an issue, you know, between human spirit and body and wonders, you know, you cannot define what to cause, you have to seek alternate, you know, treatment, and some of those treatments help because, you know, with the healing.

COMMISSIONER GORDON: I see. So, in fact, in this instance what you are suggesting is conventional doctors are incapable of either the diagnosis or the treatment.

MR. WU: Right.

COMMISSIONER GORDON: Because they do not recognize the cause or the therapy.

MR. WU: Right. And a lot of doctors, you know, here in Minnesota, you know, I can only speak here because they -- this is a new experience to them and, you know, they are not aware of, you know, others alternate treatments because, you know, what some herbal medicines

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that also, you know, be able to cure some of this, you know, disease.

Another example is the one of the man I interviewed. He is also a shaman and he is dying of cancer and the doctor is telling him that he has only got four weeks to, you know, two months left to live. So anyway he came home and took all the -- you know, find any herbal medicine that he could find and to this day he still lives. So, I mean, that is one of the stories, you know. Sometimes doctors, you know, may miss, you know, interpret what is the cause and, you know, with this experience, you know, doctors and, you know, shamans can work together to diagnose someone's problems.

COMMISSIONER GORDON: Is that happening here? Are doctors and shamans working together in any of the clinics or getting to know each other's way of looking at the world?

MR. WU: I know that United and Children's Hospital here in St. Paul began to work together. However, other, you know, hospitals are still very, you know, skeptical about the practice because, you know, throughout history when, you know, the Native American have

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one practice and they thought it was one of those voodoos, you know, evil things.

COMMISSIONER GORDON: Right.

MR. WU: And they did not believe it and so they, you know, still very skeptical but now with this research it will help, you know, a lot of this, you know, medical doctors to understand about others, you know, healing process.

COMMISSIONER GORDON: Right. Thank you very much.

Any other questions?

Okay. Thank you, all.

* * * * *

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OPEN SESSIONS (Continued)

COMMISSIONER GORDON: Larry Caldwell?

LARRY CALDWELL, MS

ORIENTAL MEDICINE

ACUPUNCTURE ASSOCIATION OF MINNESOTA

DR. CALDWELL: Yes. Good evening. My name is Larry Caldwell.

I am a doctor of Oriental medicine and a licensed acupuncturist, and the President of the Acupuncture Association of Minnesota.

On behalf of the members of the Acupuncture Association, I would like to present the following comments regarding the useful, reliable and updated information on the practice of Oriental medicine, otherwise known as acupuncture in the State of Minnesota.

COMMISSIONER GORDON: You are going to have to speak closer to the mic. People are having trouble hearing.

DR. CALDWELL: Okay.

Currently there is considerable confusion regarding the scope and practice of acupuncture here in Minnesota. I use this word because it has become the household term to describe the complex and comprehensive field of

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medicine which is founded on traditional Chinese medicine.

Acupuncture has been used to describe the use of needles placed into the body to relieve pain and treat other maladies.

Upon further inspection you will see that there is an entire infrastructure of medicine designed to produce far more profound results than pain relief. That infrastructure includes private graduate level schools, state testing programs and national accreditation programs to ensure the quality and high standards for competent and well-educated practitioners to utilize the full potential of Oriental medicine.

Our association is dedicated to promoting education and literature to the public indicating the differences in programs offered to others who use the term "acupuncture" in their practices.

We feel that it is a public safety issue when practitioners are using a tool which is a component of a complex medical paradigm with little or no training.

Our education and regulation system has

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evolved over the years to provide the public with quality practitioners who can deliver an alternative form of health care.

The key here is the use of the word "alternative". Our medicine provides a necessary option to the public for wider scope of health care.

We do not believe that our medicine is meant to act alone but is a component of a larger system which allows for the individuality of each system in order to promote the most effective and safe health care to the public.

Through the use of our medical paradigm we have been able to help many who have come to us as a last resort. These people who seek out alternative medicine have utilized conventional medicine without satisfactory results.

They pay for treatments out of pocket because of the lack of the third party reimbursement participation. This is an indication that one system does not work for all.

For instance, in Minnesota, acupuncture is reimbursable if administered by a medical doctor or a doctor of chiropractic but not a

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licensed acupuncturist by many third party payers.

It is ironic that the practitioners who have the most knowledge and day-to-day experience cannot partake the conventional system.

Our association has produced a membership directory, newsletter and now a website to inform the public on what Oriental medicine is designed to do, who can practice the medicine and what level of education the practitioner has to have to practice acupuncture.

We would like to see a refinement and a more precise definition of the information the public is receiving under the moniker "acupuncture."

It is hoped that through these testimonies you will see there is more to our medicine than simply placing needles into the body.

Thank you for this opportunity to express our views.

COMMISSIONER GORDON: Thank you.

Zhaoping Li?

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ZHAOPING LI, MB (China), LAc (Minnesota)

MINNESOTA COLLEGE OF ACUPUNCTURE

AND ORIENTAL MEDICINE

MR. LI: My name is Zhaoping Li. I am a licensed acupuncturist in Minnesota and a doctor of traditional Chinese medicine in China. I have practiced TCM in China since 1972 and in the Twin Cities since 1990. I am credentialed by Health East and Children's Hospital. I have three years of Western medicine training and five years of TCM training from medical schools in China. I teach TCM at a four-year master program in Northwestern Health Science University.

My mother is a retired Western medicine gynecologist in China and also has had TCM training. Because of excellent TCM results with her patients, she encouraged me to study and practice TCM. My uncle is also a well-known TCM doctor and president of Acupuncture Institute in China. I have been trained by him and helped him to train many international students.

In China, Western MDs and the TCM doctors always work together as a team. One example is for cancer patients, TCM is very good

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at dealing with the side effects of chemo and the radiation therapies, especially nausea, vomiting, fatigue and the lowered white blood cell count.

We tried this medical model at Health East Healing Center here in Minnesota. The patients benefitted greatly from this combination of treatments but because of insurance reimbursement issues for TCM the center closed after one year.

TCM is beneficial to both patients and the insurance companies. I have many patients who are advised to have a hysterectomy because of heavy menstrual bleeding. With TCM their symptoms so lessened that they were able to cancel their surgeries. I recently have been treating a 14-month old baby with glycogen storage disorder. The parents were told that there was no hope. They were advised to put the baby on the Hospice care. His muscles too weak to breath normally. There was no movement in his limbs and he was constipated. After two -- just two treatments with TCM he now has significant movement, regular bowels, responds more and even smiles. Unfortunately, again the

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insurance companies will not cover TCM treatments for this baby.

This is a very important point. TCM patients must have access to reimbursement from insurance companies. It is time for TCM treatments that work effectively to be recognized as valid by the insurance industry.

Thank you for listening.

COMMISSIONER GORDON: Thank you.

Changzhen Gong?

CHANGZHEN GONG, PhD, MS

AMERICAN ACADEMY OF ACUPUNCTURE

DR. GONG: Traditional Chinese medicine is a science of Eastern wisdom of health and healing. it is a complete medical system, not just a therapy. It covers a whole range of --

COMMISSIONER GORDON: You have to come closer to the mic, okay?

DR. GONG: -- not just a few health problems. It is in the best interest of both the professionals and the public to preserve the integrity of this time-tested medicine, keep a high standard of professional training and develop valid research protocols on acupuncture and traditional Chinese medicine.

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The vitality of traditional Chinese medicine relies on the holistic foundation, pattern differentiation and clinic effectiveness.

Chinese medicine views the human body in a very different way from other medicine. The system is internally consistent, coherent and built practically upon the cosmological basis of Yin/Yang and Five Elements. This also provides the basis for Chinese medicine to be able to offer many unique and highly effective therapies for many conditions.

Stressing treatment of different individuals based on their specific clinical manifestations and response to diseases serves as the core of Chinese medicine diagnosis. Any simplification by giving up pattern differentiation will reduce the clinical effectiveness.

Clinical effectiveness has made the Chinese medicine flourish and thrive several millennia. This depends on the consistency of the theory, treatment principles and treatment modalities. Without a systematic knowledge of Chinese medicine, it is impossible to provide

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the best Chinese medicine care with the maximum effect.

NCCAOM has developed a certification standards in acupuncture and Chinese herbology. We support that NCCAOM certification standards should be used as a general standard for the professionals who provide acupuncture and Oriental medicine services.

World-wide, only the system of traditional Chinese medicine, its institutional establishment and educational structure are parallel with and equivalent to modern Western medicine. Practice-oriented doctors of Oriental medicine should be able to analyze and treat common and complicated health conditions with major traditional Chinese modalities, based on a solid and complete knowledge of Chinese medicine theory.

Western medicine based research provides some insight toward demystifying this thousand year healing tradition. But this research is limited in discovering the working mechanism of Chinese medicine, which is rooted in the holistic concept and pattern differentiation.

Beyond the traditional Chinese medicine

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research tools and Western medical tools, researchers should develop new research protocols to validate those effective treatment procedures. Those research methods should incorporate the fundamental principles of Chinese medicine: Holistic concept and pattern differentiation.

There is also a translation need for the healing literature to move from China to the United States.

Thank you.

COMMISSIONER GORDON: Thank you.

Jennifer Blair?

JENNIFER BLAIR, DIPLOMA IN ORIENTAL MEDICINE
ACUPUNCTURE ASSOCIATION OF MINNESOTA

MS. BLAIR: My name is Jennifer Blair. I practice traditional Chinese medicine and am licensed by the State of Minnesota as an acupuncturist.

Herein lies the problem: I diagnose and treat patients according to a complete and logical system of medicine, developed and refined over thousands of years of clinical observation. Yet the state licenses me and the public defines me based on a single tool in my

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medical practice. In the struggle for acceptance, our professional organizations, academic institutions and private clinics have even conceded to label themselves in this limited way.

The terms "complementary and alternative" limit our progress in providing a health care model that benefits the patients we serve. They are the result of cultural and political biases that place biomedical medicine, a system with a relatively brief history, at the center of our medical dialogue. As a result of this limited perspective, we borrow tools from other medical paradigms without understanding them contextually. Using the sharply focused lens of biomedical disease differentiation, we all too often find that the adopted tools are reduced in their scope and efficacy.

They simply do not fit neatly in our paradigm and become easily discarded, misused or disparaged. Not recognizing the importance of a medical language different from our own places us at the same risk that any other isolationist behavior would. We must find models with which we can communicate between our paradigms for the

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most effective outcomes for our patients.

Chinese medicine is a complete and distinct system of medicine that has an important place in the health care landscape of this country. Chinese medical diagnosis offers a truly holistic view of the body, providing patients as well as practitioners with an understanding of how disparate symptoms within their body interact to create a complete picture of health. The resulting diagnostic clarity leads to more effective treatment outcomes, whatever tools are applied.

I am not a technician. I do not simply use herbs and acupuncture to treat patients. By using the diagnostic perspective of Chinese medicine, a different medical language, I am able to apply diagnostic clarity and effective treatment to promote health.

By forcing other paradigms to be measured by biomedical standards, we risk losing valuable wisdom in a morass of misleading statistical analyses. While I recognize that there are no easy answers for insurance reimbursements, research or educational models, I believe we must embrace the value of other

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paradigms before we can make substantial headway on the complex issues that face our health care system.

Working with representatives from our national adn state organizations, the NIH can serve the public as a sort of health care United Nations. We need voices within the NIH and other governmental agencies that speak from the perspective of Chinese medicine, Ayurvedic medicine and other complete systems. It is not enough to have Western trained MDs with knowledge of the tools of other paradigms.

Regardless of what the government decides in terms of public policy, it is clear that Americans no longer believe that biomedical medicine has all the answers. We can ignore that 65 percent of the population is seeking alternatives to the biomedical model. We can try to control dispensation of health care alternatives to the biomedical model. We can try to control dispensation of health care to the financial constraints or we can choose to find ways to support what our patients are telling us.

I believe we all can win and our

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patients benefit if instead of co-opting the tools of other paradigms, we instead focus on finding ways we can communicate between our paradigms.

Thank you.

COMMISSIONER GORDON: Thank you.

(Applause.)

COMMISSIONER GORDON: Ike Rodman?

IKE RODMAN, PhD

NORTHWESTERN HEALTH SCIENCES UNIVERSITY

DR. RODMAN: Good afternoon, Mr. Chair, commissioners. I am Ike Rodman. I now serve as vice-president for Oriental medicine at Northwestern Health Sciences University.

I know that you have heard that Oriental medicine is growing to be a well developed profession in this country with national accreditation of education, national certification of practitioners, state licensing of practice in most states, and I will not dwell on those issues right now.

I am heartened by references today to referral rather than assimilation. We in Oriental medicine feel that the use of acupuncture needles by practitioners who have

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not been trained in the complete paradigm subjects the public to ineffective treatment and confuses the public about what acupuncture and Oriental medicine are.

This may be one result of naming a treatment for the tool and leaving diagnosis the heart of the medical care out of the definition. There is confusion among Congress and third party payers about qualifications of different providers who use acupuncture needles.

A bar to congressional consideration of access to and wider third party reimbursement for acupuncture and Oriental medical treatment is the lack of agreement among practitioners about who is competent to use acupuncture needles. In order to learn which providers are competent to help what patients, I recommend that a study be funded to compare courses of study and outcomes skills of medical acupuncture and ACAOM trained providers. Find the areas that are unique to each, the areas they have in common, and their levels of competency and safety.

Practical clinical skills and patient outcomes must be assessed. This is not easy but

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it will lead to understandings that will enhance possibilities of cost-effective integration of patient care.

For this study, you must find a committee of people with disparate views and interests. The members must all be strong people who will insist on the integrity of their paradigms but who agree to agree on what can be agreed upon. People who can examine their own assumptions in good humor and appreciate the assumptions of others. This group will not be easy to find but it must be found. A philosopher of language should perhaps be included because deciding upon definitions will be central.

I believe that mutual respect and increased referral will result. Whatever the results, I am ready for them in my belief in the value of the search for understanding.

I also have some recommendations for clinical research and a policy level recommendation to enable that to happen.

I recommend that the NCCAOM review of applications lose the nature of the troll at the bridge scene if the applicant can speak the

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shibboleth of the dominant medical delivery system and instead realize especially in a medical delivery system 2,000 years old with a record that has been developed empirically of helping patients that we all have the patient's interest in coming together to determine how to determine efficacy and that the NCCAOM office can become the friend of research, the promoter of research, rather than the stern judge of whether an proposal meets the current language requirements.

DISCUSSION

COMMISSIONER GORDON: Thank you.

George, questions?

COMMISSIONER DeVRIES: Yes.

Ms. Blair, you had really discussed the concern that the licensure statute that you operate under in Minnesota recognizes acupuncture and does not really recognize the broad range of traditional Oriental medicine, is that a fair statement?

MS. BLAIR: Yes.

COMMISSIONER DeVRIES: Is there a consideration by your organization for attempting to broadening the licensure statute

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in Minnesota to make it the practice of traditional Oriental medicine rather than just acupuncture?

MS. BLAIR: I would like to make a brief comment and then refer you to both Larry --

COMMISSIONER GORDON: Come closer to the --

MS. BLAIR: I would like to make a brief comment and refer you to both Larry Caldwell and Ike Rodman, who might be able to better speak to this. The licensure in the state was hard fought and we are governed under the medical board and it was hard fought because we were recognized as wielding a tool.

We are in the adolescence of our affiliations and organizations trying to pull ourselves together to gather funding to approach the legislature again and change our licensure but there are a lot of issues of it and, yes, we are working on it and we are trying but, as you know, we are considered complementary and alternative and we have funds that match that definition of us. So it is a hard fought battle.

COMMISSIONER DeVRIES: Mr. Rodman?

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DR. RODMAN: The state law recognizes the practice of what is called licensed acupuncture here as a comprehensive health care delivery system based on the unique diagnostic perspective of Oriental medicine. So in a way we have free rein within our paradigm, which is just what we want. And I, for one, am pretty happy about the oversight of the medical board here. It is enlightened and it is triggered by patient complaints, of which I am happy to say there have been virtually none.

COMMISSIONER DeVRIES: We had -- at the White House Commission in a previous hearing we had discussed the concept of that -- you know, obviously health care is not regulated on a federal level. It is regulated on a state level and it is the states who enact the statute regarding licensure but potentially what the White House Commission can do is recommend minimum, shall we say, criteria for licensure statute and maybe differentiating between traditional Oriental medicine and acupuncture may be a way of making a recommendation that the states would look to, to -- as they enact or change their licensure statutes to making sure

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that they are adequately broadened.

MR. _____: Another way that Minnesota is enlightened, as are most of the states, is that it uses the certification examination, the national board examination of competency given by the National Commission for Certification of Acupuncture and Oriental medicine, which is a nationally accredited professional accreditation -- certification as the basis of their licensure.

And I would advise the commission to work as much as possible to make the national board examination the standard of licensure in most states through what influence you can bring to bear by perhaps gathering the legislators from various states. States are prone often to reinvent the wheel and that actually imposes a hardship on practitioners.

There is one eminent practitioner in this town who has been in practice so long that she did not go through the masters level of education that is now available. She would like to move to a particular state where she could take care of her mother and she would not be able to practice there and there is no way for

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her to qualify in that particular state.

COMMISSIONER GORDON: Other questions?

Linnea?

COMMISSIONER LARSON: Yes. Just a real quick one. Did you say, Mr. Caldwell, that the reimbursement for acupuncture is upon referral from a physician? That somebody cannot come to you and get reimbursement, get treated and then reimbursed through their insurance company because they do not have a referral from a physician?

MR. CALDWELL: The way it works -- it addresses to the scope of practice in the State of Minnesota -- is that medical physicians and doctors of chiropractic are allowed to practice acupuncture in their practices and so what the law has done is allowed them to be reimbursed because the medical establishment and the chiropractic establishment since we are so young at this, they do not recognize us in the same vein. So for most third party payers, they do not recognize our expertise in the field and, therefore, they only recognize the medical practitioners or the chiropractic.

COMMISSIONER LARSON: Okay. So what you

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are saying is it is not a law. It is the insurance industry's rules.

MR. CALDWELL: Well, the way our scope of practice is set up as a law, it allows for medical physicians and doctors of chiropractic to use acupuncture. That is where we have a problem in that the use of acupuncture is defined under a narrow scope.

COMMISSIONER LARSON: I guess -- no. You do not -- somebody can go to you on their own. They do not have to have a physician referring.

MR. CALDWELL: That is right.

COMMISSIONER LARSON: Okay. That is what I wanted to get clear.

MR. CALDWELL: Under certain circumstances.

COMMISSIONER LARSON: Because in the State of Illinois that is very different. Okay.

Now reimbursement is a different issue than, you know, the scope of practice --

MR. CALDWELL: Right.

COMMISSIONER LARSON: -- that a physician has. You are saying that because they

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are a physician or a chiropractor already under their scope of practice they can get reimbursed through the insurance company because of their first degree?

MR. CALDWELL: Yes.

COMMISSIONER LARSON: Okay. Whereas you, just the acupuncture, are less likely to get insurance reimbursement?

MR. CALDWELL: That is correct.

COMMISSIONER LARSON: That is all I wanted to know.

COMMISSIONER GORDON: Yes, please, go ahead.

MS. _____: Could I respond also to that?

COMMISSIONER GORDON: You have to come close.

MS. _____: I have an example of a patient who came into my practice who received acupuncture through a medical technician -- through an MD in an MD's office and the care was less than satisfactory, although it was reimbursable. She had marks on her. She suffered pain. And I explained to her that the MD in this office was given basically a weekend

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course and then can use that -- the tool of acupuncture. We have four years of training and the way we wield the tool can be quite different but as a result of reimbursement and acceptance by MDs we end up getting a bad name.

You know, if someone has a bad experience with acupuncture in an MD's office, we suffer.

COMMISSIONER GORDON: Yes?

MS. _____: And as we all know, when we --

COMMISSIONER GORDON: Come closer, please.

MS. _____: When we play piano we have to have a -- a meeting in our mind to play the piano and use your ten fingers. But with the recipe you can use one finger and hit each key to make the sound but it is really totally different.

(Applause.)

COMMISSIONER GORDON: Okay. I think we will end on that note. Thank you very much.

(Applause.)

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OPEN SESSIONS (Continued)

MS. CHANG: And our last but certainly not least panel would be Gregory Schmidt, Leo Cashman, Amrit Devgun, Gayle Bowler, Jeanne Hollingsworth and Nancy Hone.

COMMISSIONER GORDON: I have an announcement before this panel begins.

Everybody either appeared or in a couple of instances set a substitute. That is a new record for our town halls so I want to really commend this community for being here and for giving us such good testimony through this long day.

(Applause.)

COMMISSIONER GORDON: Gregory Schmidt?

GREGORY SCHMIDT, MFA

MINNESOTA NATURAL HEALTH LEGAL REFORM PROJECT

MR. SCHMIDT: My name is Gregory Schmidt. I am an artist, a carpenter, and the vice president of the Minnesota Natural Health Legal Reform Project.

COMMISSIONER GORDON: Could you come closer to the mic, please?

MR. SCHMIDT: I am here because:

(1) I believe natural health

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practitioners recognize, in fact celebrate, the uniqueness of the individual and the body's own healing abilities and because they recognize that we are not interchangeable machines with interchangeable parts.

(2) Because I am ultimately responsible for my own health and well-being. I will be the judge of where I will go, what path I will choose, and who I will work with in that pursuit.

I believe I am qualified to speak about these matters because I am a person and because it is we the people who should be in charge, not the associations, not the boards, not the schools, not the HMOs, not the doctors, not even the natural health practitioners. It should be "We, the People."

(Applause.)

I believe I am qualified to speak because my experiences in my degreed field and also in my business relate to two of the main questions that were constantly asked of us during our legislative endeavors.

(1) Standards. What about standards?

(2) Fairness. Well, under this bill,

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anybody can just hang up a shingle and call themselves a natural health practitioner and all of these other professionals have all of this education and all of this training, and all of the liability, and is that fair?

I believe I am qualified to speak because we the people did pass a bill that at least partially guaranteed our freed of access.

The commission has asked us to present ideas on what we learned from that process and how to duplicate it. In other words, where do we go now?

The questions about standards: Where did this seemingly unquestioning reverence for standards come from? Is it our birthright or responsibility as humans or is it a byproduct of the industrial age and machines and mass production and marketing?

My goal as an artist or a carpenter is to do the best I can, to treat others like I would like to be treated. It may sound quaint, but if I do not respect myself, my work, and my clients, and if humility, openness, fairness, honesty and love are not enough, how can one do more?

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I am six feet, two inches, and I will never be six foot, six inches, no matter how hard I try, how much education I get or what governing body may wish otherwise. Until people are standardized, I do not see how any relationships between them can be standardized either. Each interaction is totally unique and special in its own right.

Regarding fairness: The focus should be on the clients. This should not be about one group or one belief or one schooling versus another group's belief or schooling.

This reminds me of the story of the farmer who paid the workers hired later in the day the same as the workers hired earlier in the day even though the workers hired earlier in the day had agreed to their wages. The workers hired later in the day complained the workers hired earlier in the day got the same pay and it was not fair.

It is not about the pay or the work. It is about the commitment to help.

COMMISSIONER GORDON: Thank you.

(Applause.)

COMMISSIONER GORDON: Leo Cashman?

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LEO CASHMAN, BS, MA

DAMS, INC.

MINNESOTA NATURAL HEALTH LEGAL REFORM PROJECT

MR. CASHMAN: Panel members, in addition to being affiliated with the Minnesota Natural Health Groups here, I am also a manager of an office that educates the public on alternative dentistry and I think probably everyone in this room uses dentistry and I think this is an area that is an important part of your purview here.

What we have to tell people sometimes is that toxic dentistry is a major cause of numerous health problems largely because mercury used in dentistry is not stable in the fillings and does escape and it does accumulate in the brain, kidneys and other vital organs.

What we have to tell people is that dentistry is very often the source of most of their mercury exposure and even according to the U.S. Public Health Service, it can account for 75 percent or more of a person's personal mercury burden. And the consequences in some cases are severe autoimmune diseases, cardiovascular problems, chronic fatigue, mental illness, depression, and among the victims are

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the dentists themselves.

So -- and to perpetuate the problem of this, we have had poor regulation on the part of state licensing boards, which have often been dominated by the American Dental Association, which has been the heart of the cover up of these problems and has not only ignored the complaints coming in from victims who realize they are harmed by toxic dentistry but also has seen fit to intimidate and harass the holistic dentist and many times forcing them out of their profession, losing everything they have invested.

So what we call for, I think, is going to have to be quick here but congressional hearings on the scope of this immense problem, hopefully leading to a ban on mercury and other toxic metals used in dentistry, regulating health plans so they do not push people to use toxic materials and they can use the nontoxic things that they really want to have. We know people want nontoxic dentistry as soon as they learn about it.

$200 million fund, federal fund, to help the victims recover and get their lives back,

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get their health back, detoxify, retrain dentists in safe alternative practices, including being able to replace amalgam fillings safely.

Finally, a ban on mandatory water fluoridation, end the fluoridation scam. In ten days there will be a new report out by a Dr. Fritz Lorscheider linking -- further linking amalgam filling and mercury to Alzheimer's disease so look for that in ten days.

(Applause.)

COMMISSIONER GORDON: Thank you.

Alan Anderson will be speaking for Amrit Devgun.

Alan?

AMRIT DEVGUN, ND

SANTULAN HEALTH CENTER

AS PRESENTED BY ALAN ANDERSON

DR. ANDERSON: Thank you.

I was called late last night by a sick mother with a sick child to fill in for her so I will do my best and you will get my notes later over the internet.

I am Dr. Alan Anderson. I am a licensed naturopathic physician from the State of Arizona

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and have practicing in Minnesota for approximately six-and-a-half years, and I have gained some insights having come from a licensed state to a nonlicensed state but what I would like to talk about is the quality of naturopathic medicine and what it has to offer today that is better than ever before.

For one thing, naturopathic medicine serves as a true bridge between systems. Doctors of naturopathic medicine are trained both in Western and traditional therapies and continue to expand that scope of education. This is a profession that promotes breaking out of the box rather than living in the box and doing it with quality and standards.

As a graduate from a four-year naturopathic college, I had the pleasure to watch in the State of Washington a university become accredited and be a part of the political effort, and look at the energy that is required to move anything good forward. There is always resistance on all sides and yet always something comes through that is better for the people.

The example of what goes on in King County, Washington, is a perfect example to see

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where naturopathic medicine integrating with the conventional system blesses all the people involved and does not put us against them but puts all of us on a team. This is the same benefit that comes from bringing in the acupuncturists, the chiropractors adn the other health care professionals who have already established those standards.

With standards, with education and with accountability the public has the opportunity to know what they are getting. No one profession has all the answers and never will but we have the opportunity to move forward. As the members of a commission it is your job to discover and get together ideas what can move health care forward, and that is not to move any one profession forward but what can help the public at large.

The opportunity to save money, lowering insurance costs through preventive medicine we know is the only way to take care of the problems that we are faced with. The profession of naturopathic medicine is trained to both educate the public and actually may be the one profession that takes the time to listen to the

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patients, which is the one thing I am told whenever people come to me when they are not getting help. People want to be heard and they need to have people who know how to hear them and answer those questions.

My recommendation is as we look forward to the future and what can be done to improve health care in America that we look at what is going on in naturopathic medicine as well as all other fields and move forward with that.

COMMISSIONER GORDON: Thank you.

Gayle Bowler?

GAYLE BOWLER

MINNESOTA NATURAL HEALTH COALITION

MS. BOWLER: I am a satisfied consumer of several alternative modalities. Please protect my right to choose and the right to get information about those treatments.

The problems I encountered in my healing journey are what I hope lawmakers will protect other health seekers from. There was a period when a local dentist and homeopath were being harassed in a manner with lots of publicity and no unsatisfied clients.

This put me in fear of discussing my

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treatment plan with my MD. Would my traditional doctor set in motion political terrorism of my herbalist?

As I participated in a class of energy healing, the MD sitting next to me said he would lose his license if his colleagues saw him there. Licensed doctors should be allowed to access information about complementary practices and use those techniques with patients when appropriate.

I sought information about nutritional supplements and spent hours reading labels in health food stores trying to intuit what something was good for. I resented rules that made that information hard to obtain.

I am afraid when I hear demands from some to protect the public by banning or controlling all herbal substances. The prescription drugs that are the alternative are advertised with the side effects that often sound worse than the symptoms being treated.

Objective research should be conducted on the effectiveness of nutritional supplements and other products and practices.

I have heard research workers tell how

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the results of studies by drug manufacturers are suppressed if they do not have the outcome in the financial interest of the company that funded the research. This reminds me of the cigarette scandals where the knowledge of health risks were hidden from the public for decades. I would support tax dollars to conduct research.

The new Minnesota law provides the protections that I need as a consumer. I am pleased that there are not standards for licensure as many of the modalities are best taught person to person rather than in a structured class.

I note that the law passed in Minnesota without much opposition in the final form.

It is important that the allopathic and the complementary healing arts not be competitive. There is a need for both. There never is an excess of good health.

Information to the consumer is needed so that they can make informed choices about the health care received by their families.

(Applause.)

COMMISSIONER GORDON: Thank you.

Jeanne Hollingsworth?

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JEANNE HOLLINGSWORTH

MINNESOTA NATURAL HEALTH COALITION

MS. HOLLINGSWORTH: Hi. I am Jeanne Hollingsworth and, commissioners, I thank all of you for the opportunity to speak before you today.

As a consumer and a natural health care bodyworker I strongly believe that all people have the right to go to the natural health care practitioner of their choice regardless of that practitioner's academic training. I believe people have the right to full access to all natural health care modalities so that they may choose those which best facilitate their healing process.

I believe my health care is my own personal choice and responsibility. It is one of the most personal choices that I make.

From my own experience, I know that a person with a lot of academic training may not be the most appropriate one to assist with certain health issues. I have found that someone with a natural gift for healing or who has studied with a mentor can be far more effective in my healing process than a person

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with only academic training.

In my 19 years of experience with natural health care, I have found that it produces good results in a safe and noninvasive manner. I do not need any protection from it.

I fully support Minnesota Statute 146A, the Complementary and Alternative Health Care Freedom of Access Bill because this is a good solutio not the concerns of consumers and practitioners alike. It requires that all practitioners disclose their education and training along with information about the modalities and care that they give. This helps people make well-informed choices regarding their health care.

I do not see that licensure is necessary or appropriate for natural health care from my own personal experience for many years.

This bill provides consumers freedom of access to all health care practitioners while holding those practitioners accountable to the Minnesota Department of Health. Appropriate consumer protection and health care access are provided simultaneously. This bill is exactly what we need and is an excellent model for the

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needs of the expanding natural health care industry.

I also have had -- I am thankful to say that I have had opportunities to receive and be a part of natural, traditional, cultural healing and in my experience of that -- of the model, the clinical model, the academic model does not apply in any way. I have seen more of what is more taught generation from generation passed on. There is an accredible wealth that is taught through the traditional oral traditions that is not about books and academic training but has incredible value for people in their healing and I ask that you seriously consider those people and all of us and our freedom in our health care.

And I thank you for your time and attention regarding this important matter.

COMMISSIONER GORDON: Thank you.

Nancy Hone?

NANCY HONE, BA NURSING AND MAT

MINNESOTA NATURAL HEALTH COALITION

MS. HONE: I am sure that you are all glad to see me, not for what I have to say but because I am the last speaker and you can all go

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home and eat when I am done but not until.

(Laughter.)

My name is Nancy Hone and I am the co-founder of the Minnesota Natural Health Coalition and the Minnesota Natural Health Legal Reform Project.

The number one thing we learned passing health freedom legislation in the State of Minnesota is that thinking outside the box is good and it is okay.

We learned that it is generally accepted in our society that licensure and registration exists to protect the public.

We learned through research that occupational licensure or registration does not protect the public and, in fact, gives citizens false confidence.

We learned that the citizenry was not asking to be protected from something dangerous. They see natural health as nontoxic, safe and noninvasive. They just want freedom to decide who they go to for their health care, period. They just care that the practitioners have a track record of helping people.

We learned through research that

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licensure and such regulation is always brought by special interest groups to protect their economic base and form a monopoly.

We learned that you have to tie a natural health care provider to a chair with duct tape to keep them from learning. They are only limited by their time, money and energy. They are very unique in this way. They tend to be rabid learners eagerly paying out of their own pockets.

We learned that people care about practitioners' training but care mostly that practitioners help people. They just want the practitioner to tell them how they studied, that is all.

We learned that these discussions that should be about mutual respect and cooperation are really about turf battles.

We learned that the medical monopoly puts doubts in legislators' heads because of the power and the position they hold and the big lobby monies that they have.

We learned that if you band together as citizens and work hard, you can effect change in the government.

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What could make this process easier, better and more equitable?

(1) The free wheeling power of the medical, dental and other health boards must be reined in to make the process easier.

(2) A huge societal shift must happen: People must take back their power and demand change. We must let the citizens know that they can be successful.

Funds are needed to educate the American people about how to preserve and promote their health with better health habits. This will make a bigger and better mass mentality so that legislative change is not so hard.

(3) On a state and federal level we must move ahead with great care to ensure that any laws that are passed serve only to protect the very existence of our ancient wisdoms and do not serve to restrict practice of them by anyone through the establishment of educational standards either by law or by professional organizations.

There are many, many, many ways of learning. These must be preserved and respected.

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(4) Governments must stop trying to protect people from themselves.

Finally: Natural therapies are ancient and safe. They have been around since the beginning of time. This wisdom and the writings documenting them should be held in a place of honor and respect that they deserve with people having free and legal access to them.

These are not new upstart professions that have now just been discovered so that they need to be regulated with educational standards to protect the people of American from harm.

How can the process be made more equitable? Give us, the citizens, and all citizens, all cultures, including the White people who do not have a particular culture, our freedom. After all, this is the United States of America and that is what we stand for. Freedom. Freedom for the people and the citizens. Let me them choose.

(Applause.)

DISCUSSION

COMMISSIONER GORDON: Thank you.

Linnea?

COMMISSIONER LARSON: Just one

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clarification. Is the Natural Health Coalition a national?

MS. _____: No. The Minnesota National Health Coalition.

COMMISSIONER LARSON: It is in Minnesota. Okay.

Just a clarification question is did this coalition work to defeat the licensure of naturopathic medicine in this state.

MS. _____: No, that is the national health coalition.

MS. _____: No. Well, no, honestly we did. We did -- see we started out -- we are very supportive of Helen. We rallied around her. I personally brought her flowers every week and rescue remedy. We did everything to help her for the first nine months or eleven months. And then one day we were at the legislature and we said, "We better look at this bill because we never saw the bill." Helen, who is our friend and we love Helen very much, and we love all the four year naturopaths and we want to help them with further legislation, believe me. However, we thought she had not showed us the bill. Why is that? And we were

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leading our leaves and lobbying at the legislature not being able to practice and do our own lives while we did not see this bill because we trusted it.

So we get over there one day and I said, "Jerry," I said, "We better check out this bill because I was naive in this process." And we saw it and we said, "Oh, my goodness, this is not going to help everyone. We must stop this." And we took -- the legislature must have thought we were crazy because we went over there with a never mind, now we want to oppose it, and we did oppose it because we wanted to come back and make freedom for everyone.

Once you have done that, if you start at the top and just get the doctor's okay and then the -- four year naturopaths okay, then the rest of the little people, they are going to say, "Oh, we serve natural health. What are you doing here?"

So we wanted to start for all the practitioners first, then build our base. We go will back and get the four year naturopath in another way. We have very, very, very creative ideas on how to help them provide legal status

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that is not in the way that they think they want to get. And then we want to come back and get the medical doctors' freedom from the board, the dentists, who have been prosecuted, and the veterinarian. We had a veterinarian that they went after.

MR. _____: I would just like to clarify something. There are two local groups that have similar names and the group that was active at the legislature is the Minnesota Natural Health Legal Reform Project and that is an action organization that could lobby and the other organization is a 501(C)(3), the Minnesota Natural Health Coalition, and that organization did not spearhead lobbying. So we have trouble. We need to clarify that sometimes and it is important.

And I think -- I agree, Nancy, we -- we originally supported the licensure bill but there were a lot of concerns that we started hearing about those who were left out of that, other naturopaths.

And so then I think officially we moved to a neutral position but a lot of individuals in our organization, you know, actively opposed

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the passage of the licensure bill because of those concerns so, you know, but there are ongoing legitimate issues as far as the reform we finally did pass did not really fit the naturopathic physicians because they are able to draw blood and do episiotomies and so on, more invasive things, and they did not come in as being protected under our bill for doing those things.

So there are some legitimate issues, unresolved issues, and we are their friends and want them to have the freedom they deserve to enjoy it.

So thank you for asking that question.

MS. _____: It is a hot issue here.

COMMISSIONER GORDON: Joe, any questions?

George?

Well, I --

MS. _____: Can I make one more comment?

COMMISSIONER GORDON: I am sorry.

MS. _____: Can I make just one more short comment?

COMMISSIONER GORDON: Can you say

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something?

MS. _____: Can I say something real quick?

COMMISSIONER GORDON: Why not?

MS. _____: Well, the bill -- I just want the commission to know that the bill we introduced is not what we ended up with and many of the failings that are in the bill that we do not like -- I mean, sometimes we think, "Oh, ICK, what did we pass?" It is because we were forced into it by the legislatures and the medical monopoly who looked at -- you know, forced legislators into some of these questions.

We did 58 to one in the senate and 112 to 23 in the house. It was a land slide but it was a lot of work to do so against the biggest power and money in the world but we want the world to know that this is not what we started out with. It is not the perfect bill but it is the door that is opened now.

COMMISSIONER GORDON: Well, I appreciate all of you opening a variety of doors to us on this bill and also on the practices of integration and the practices of traditional systems that are going on here in Minnesota so

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we are really very grateful to you.

I want to thank my loyal colleagues, Linnea Larson and Joe Pizzorno and Joe DeVries, who have been here, and Wayne Jonas had to leave a little early, and also Michele Chang, our executive secretary, who has stood by and made sure we moved ahead, and Doris Kingsbury, who has been with us the whole time.

(Applause.)

COMMISSIONER GORDON: It has been a wonderful day and the promise of coming out here for us has been more than fulfilled by all of you so I want to congratulate you on the wonderful work you are doing and thank you very much for coming, all of you, all those of you who have spoken and those of you who have come to just be part of this gathering.

Thank you very much. We are going to take to heart what you say in the heartland and bring it back to Washington, D.C.

Stay in touch. Thank you.

(Whereupon, the proceedings were concluded.)

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