White House Commission on Complementary and Alternative Medicine Policy

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CAM In Self-Care and Wellness
Transcript Washington, D.C.

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C O N T E N T S

March 27, 2001

WHITE HOUSE COMMISSION

on

COMPLEMENTARY and ALTERNATIVE MEDICINE POLICY

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CAM Information Development and Dissemination

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Volume I

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Monday, March 26, 2001

8:15 a.m.

Hyatt Regency Hotel on Capitol Hill

400 New Jersey Avenue, N.W.

Washington, D.C. 20001

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The Center for Mind-Body Medicine

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Donald W. Warren, D.D.S.
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Commission Members Not Present

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William R. Fair, M.D.
Attending Surgeon, Urology (Emeritus)
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P R O C E E D I N G S

DR. GROFT: Good morning, everyone. I am Steve Groft. I think you can see by the agenda the next two days, this is going to be a very, very busy schedule.

The sessions that we have planned will utilize a combined format of both invited presentations and a breakout session for the Commission to address recommendations or to develop draft recommendations for the consideration of the entire commission, so just follow the agenda. Dr. Gordon has done an excellent job up to this time keeping us on schedule and moving us along, and we anticipate the same type of activity during the next two days.

Just to bring you up to date on a few things, we have had a change of schedule, and it is listed on our web site, so please continue to check that source of information. This meeting here was changed, and the next meeting will be May 14th through 16th, and we don't have a site for that. We are going to try to get back into the Humphrey Building, but if not, it will have to be another government building or one of the hotels, so please check.

That meeting will wrap up the discussion for the coordination of research. We will also have about a day and a half set of meetings on coverage and reimbursement, so our major issue, I know has the concern of all the commission members, and it should be a very, very lively meeting. I think whenever you start talking about reimbursement, everyone's ears perks up, so we are ready to go.

Then, on July 2nd and 3rd, the Commission will begin to address and hopefully complete the Interim Report that is expected to go to the White House and Congress by July 15th. Again, it should be a very, very busy meeting as we attempt to develop recommendations.

The Final Report is not due until March of 2002, but because of the need for clearance, we should be finished with that by January of 2002 at the latest, so it is going to be extremely busy between now and then as it has been since July, since we got started.

At the present time, we don't have any other town hall meetings scheduled. We may be working something in, but we don't know yet. We just completed one in Minneapolis, and I think those who

attended felt it was an extremely successful meeting and very informative as we learned of what was going on within the Minnesota experience. It certainly was quite enlightening to the members of the commission who attended.

I do need to thank Diane Miller and Mary Jo Kreitzer who headed a planning committee in Minnesota to help us get everything moving and to pull the meeting off. They just were extremely helpful and we ended up I think close to 75 speakers, and it was just quite enlightening.

One last thing, today's and tomorrow's meeting Corinne Axelrod, she was responsible for putting this meeting together. We tried to distribute the workload among the staff members, so each of the staff members has the opportunity to plan and implement one of these meetings, and it is not an easy task, so I would like to thank Corinne for all of her work as all of the staff.

[Applause.]

DR. GROFT: It just seemed like with the meeting schedule that we arranged, that we get one finished, as we did in February, and then another one is due up, and each one is a major production with an extreme amount of work, and I do thank the commission members who also participated in helping us to plan these sessions and to be available for consulting with us and giving us advice, so thank you to the commission members, and it won't stop yet. This was the easy part so far.

I will turn it over to Dr. Gordon, who will chair the session for the next two days.

DR. GORDON: Thank you, Steve, and good morning, everybody, and welcome.

Before we begin the meeting, I would just like to take a moment to sit quietly together and collect ourselves and bring ourselves into the room, so if we could just sit.

[Moment of silence observed.]

DR. GORDON: As we have been preparing for this meeting, it has once again come home to me how much effort is going into all this work, and Corinne, as Steve said, has done a terrific job, but I also want particularly to thank all the commissioners who have worked on the committees. I feel like we have been pulling together more and more, and everyone has been contributing more and more as we all get engaged and move ahead.

In looking down the list and going through the discussions prior to the meeting, I wanted to thank all of you who have come from far away in many cases to be present here and to be with us and to share with us your thoughts.

We have been so pleased by the response that we have gotten. Just about everybody we have called has said yes, if it is humanly possible, I will be there, and so I want to thank in advance those of you who are here now who have come I know from very busy schedules to talk with us and work.

We are moving ahead. We have a tremendous amount of information and insight, and we welcome those of you who are going to be sharing your information and your insight with us today.

The two days today reflect both a very clear and explicit part of our mandate. That is day one, which is issues related to providing information to the public, and we are asking for the guidance of those of you

who are going to be testifying to us today and talking with us today about what kind of information is currently being provided, what kind should be provided, what do people really need, and what are the pitfalls and the hazards and the challenges and especially where do you think we should be going, we, as a White House Commission making recommendations very soon about issues related to information, what kind of legislation, what kind of administrative recommendations do you have for us, and so all the questions that we ask you, and all the questions that many of you have already responded to, and will be responding to today, are really our way of saying to you help us make these decisions, give us the benefit of your experience and your insight.

Tomorrow's meeting, which we will talk more about tomorrow, is focused on wellness and the possible contributions of not only the techniques, but the prospectives of complementary and alternative medicine, how they can shape our national attention to wellness.

This, I think arises, our interest in, and focus on wellness, arises very much out of the mandate that we received from the congressional legislation and from the White House, that there has always been in this growing field of complementary, alternative, holistic, integrative, humanistic medicine and health care, there has always been, of course, an attention to treatment, but beyond treatment, I think all of us who have been in the field, and many who are coming to it and taking a look at it, are saying, well, this has tremendous implications for wellness, for health education, for prevention, for health promotion, and so it grows naturally out of all of our concerns.

So, we are looking forward to the next two days and we now invite the first panel to come and sit with us.

MS. CHANG: Good morning. Would the following people please come to the speaking table: Irene Liu, Sheldon Kotzin, Dale Ogar, Burton Goldberg, Peter Chowka, and Andrew Weil.

We seem to be a little short on seats. One second, please.

DR. GORDON: I don't think there is any hidden meaning. We will get another seat.

One thing I want to mention is two of our commissioners will not be here for the meeting. Dr. Bill Fair and Tom Chappell are unable to be here for these two days, although we have been in touch with them and will be in touch with them right after the meeting, as well.

We will need one more chair, please.

MS. CHANG: Before we start, let me just remind all the speakers please to speak directly into their mikes, to turn it on when you speak, so that we can get it all transcribed and everyone in the room can hear you.

I will interrupt you with a one-minute timing alert and then stop you at the end of your 10 minutes. Thank you.

DR. GORDON: The way this will go for those who are not familiar is we will have testimony from all of the speakers and then we will have an extended period of questions during which the commissioners will ask questions of one or more of the speakers.

To the speakers, if a question is asked of a particular person and you have something that you would like

to say about it, we welcome your comments, as well.

We will begin with Irene Liu.

CAM Information on the Internet:

Government, Academia, and Public

MS. LIU: Good morning. My name is Irene Liu and I am a communications officer with the National Center for Complementary and Alternative Medicine. It is a pleasure to be here before you today, and I would like to discuss some of the communication programs of the National Center for Complementary and Alternative Medicine including our efforts to use the Internet to disseminate accurate information about complementary and alternative medicine or CAM.

In establishing the NCAM at the NIH, National Institutes of Health, in 1998, Congress drafted legislation empowering our center to conduct and support research, train researchers, and communicate our research findings to the public.

Information dissemination is a key component of our mandate. Our goal as a federal agency is to provide the American public with reliable, scientifically-based information, so they can make informed decisions about their health with their health care providers. We do not recommend specific treatments or make referrals to individual providers or practitioners.

Our primary audiences are consumers, CAM practitioners, conventional health care providers, and researchers. In order to successfully reach these audiences, we use a broad variety of mechanisms including the Internet, our public information clearinghouse, media outreach strategies, and sponsorship of conferences and meetings.

According to a 1997 survey, searching the Internet for health information is one of the most popular reasons for being online. The NCAM web site receives over half a million hits per month, and this number continues to steadily increase.

After restructuring our site last year, we received several awards and most recently Yahoo Internet Life recognized our web site as one of the best 100 sites for 2001.

Our vision is to be a gold standard, online resource for authoritative and reliable information about CAM. Currently, we are working on over two dozen FAQ sheets that we would like to place on our web site. Some of these are being developed in collaboration with the National Cancer Institute, others are being developed in collaboration with the Office Of Dietary Supplements at NIH, and we are working on our own series of FAQ sheets, as well.

These FAQ sheets will summarize published research findings and will be reviewed by NCAM scientific staff and external experts. We aim to provide accurate, easy to understand information about CAM and up-to-date information about research and research findings.

From the time we were known as Office of Alternative Medicine, we wanted to facilitate public access to the results of scientific research. To this end, we established links to several federal databases.

For example, we linked to a database sponsored by the Office of Dietary Supplements and we participate

and link to the Combined Health Information Database or CHID. CHID is a database of CAM journal abstracts that have been translated into lay language or rather our section of CHID includes those journal abstracts.

In addition, we invested in developing a database called the CAM Citation Index and made it available on our web site. This index is a good model for accessing MEDLINE citations using CAM search terms.

Last year, in reviewing our services and products, the NCAM decided that it was time to partner with the National Library of Medicine, the world's finest resource for online medical information.

On February 5th of this year, NCAM and the NLM were excited to launch a new resource called CAM on PubMed. This is a specially developed subset of the Library of Medicine's PubMed database and it includes over 230,000 citations of articles related to complementary and alternative medicine.

You can access this subset through our web site or through PubMed's front page by pulling down on the subset menu. The beauty of collaborating with the National Library of Medicine is that CAM citations are now in this major database that is known and used worldwide, and the database has powerful features which allow users to actually pull full text articles.

My colleague from NLM, Sheldon Kotzin, will describe CAM on PubMed in further detail for you.

In addition to the online information resources that we have, the NCAM Public Information Clearinghouse is an important vehicle for disseminating information. The clearinghouse maintains a toll-free telephone line available 8:30 to 5:00, Monday through Friday, and they also respond to letters, e-mails, and faxes, and we have a Fax on Demand system set up.

They are also able to respond to Spanish language inquiries and have a TTY machine to respond to hearing-impaired callers.

Through the clearinghouse, we responded to over 1,100 inquiries per month in the last fiscal year. Calls originated from all 50 states and even some foreign countries, and callers ask about a variety of medical conditions and CAM therapies. About 60 percent of the inquiries that were related to medical conditions were about cancer, and about 35 percent of the calls regarding a specific therapy or modality were inquiries about herbal medicine.

In order to proactively distribute information, we also send clearinghouse staff to national conferences and meetings to exhibit and on a quarterly basis we distribute a newsletter by mail and e-mail.

Finally, the NCAM holds conferences, symposia, and town meetings, much like you have been going around the country. We started by going to Boston, Massachusetts and Tucson, Arizona where we joined with many hundreds of researchers and medical professionals, CAM practitioners, and the public.

For us, the opportunity to dialogue at the local level is important, not only for disseminating authoritative information, but also for obtaining input from our stakeholders.

The NCAM is now entering its third year of existence as a center at NIH. To further enhance the effectiveness and degree of our outreach efforts, we are in the process of recruiting a talented individual to direct the Office of Communications and public liaison, and many exciting challenges and opportunities lie ahead of us.

There is no doubt that interest in complementary and alternative medicine will continue to increase and it is our hope that through the research that we are funding we will obtain truly credible and definitive information about the safety and effectiveness of many therapeutic and preventive CAM modalities.

We will need to translate this information into plain language, so that the public understands, and ensure that we can meet the needs of the public through many different modes of communication.

So, while the Internet will continue to be important, we will need to use multiple channels to make sure that information is accessible to all.

Thank you.

DR. GORDON: Thank you very much.

Sheldon Kotzin.

MR. KOTZIN: Good morning. It is a pleasure to be here today to give you a little background on the Library's provision of information on complementary and alternative medicine.

The National Library of Medicine is a pioneer in using computers to make medicine information available to scientists and health professionals. Today, the Library uses modern technology to make its unparalleled collections and other authoritative health information available also to the general public.

The collection of almost six million items, the world's largest in biomedicine and the life sciences, is located on the NIH campus. It contains thousands of monographs on all aspects of complementary medicine from early works on homeopathy and herbals to more contemporary subjects.

MEDLINE, the Library's online database of references of abstracts to journal articles, first appeared about 30 years ago. Our director often refers to MEDLINE in its early years as the "Model T of databases." It got you where you wanted to go, but it required a pioneering spirit to master some of its idiosyncrasies.

The original system indexed 289 journals and was capable of supporting up to 25 simultaneous users. Today, MEDLINE has more than 11 million references from 4,500 journals covering medical literature back to 1966.

While NLM never restricted access, such factors as search fees, telecommunication requirements, and the like, discouraged its use by the general public and also by some health professionals. In 1997, all of this changed when we introduced free MEDLINE searching on the Internet. We call this database PubMed.

Searching was simplified to the point where the public encountered no difficulty at all in retrieving relevant journal references on biomedical subjects. As a result, usage quickly rose in four years from 7 million searches to more than 250 million searches per year.

Approximately 120,000 different IP addresses on the Internet use the database each day. We learned that about one-third of all MEDLINE searching was being done by those other than scientists and health professionals. This presented us with an opportunity to serve the general public and led to services that I

will describe in a minute.

First, let me talk about CAM on PubMed, the subject file of complementary medicine citations that became available this past February.

Last fall, Dr. Strauss of NCAM proposed the idea of a subset of PubMed that would provide user access only to relevant references in complementary medicine. He also wanted easy access to this information for his constituency from his center's web page.

There were, and still are, other complementary databases. Most cover specific therapies, but Strauss knew that MEDLINE citations in PubMed offered three advantages missing from some of the others. MEDLINE was authoritative, comprehensive, and free.

For a journal to have its articles indexed by NLM, the journal must be recommended by an NIH advisory panel of health professionals and librarians. The advisory panel is synonymous to an NIH grant review study section and its operation.

The literature of complementary medicine has always been in scope for MEDLINE, however, in the past, most CAM citations referenced articles published in non-CAM-related journals, such as The Annals of Internal Medicine.

In recent years, more CAM journals and those with significant CAM-related content have been added. In 1997, NLM conducted a subject review of CAM journals and selected several titles recommended by Dr. Jonas of your commission.

We estimate that MEDLINE now includes about 75 titles with significant CAM-related content. This would include traditional complementary medical subjects, as well as aspects of nutrition, pharmacology, plant science, and social and behavioral science. Do we have every CAM journal in the database? Of course not, but we will place more emphasis on CAM material in the years to come.

To arrive at a search strategy that retrieve the CAM on PubMed subset, we culled through many CAM journals, subject terms used to index articles, and lists of terms that NCAM used to organize its own data. We preferred to be more inclusive than restrictive, so we added terms that might appear in the title of an article or its abstract. The result, as Irene said, was more than 230,000 references.

The retrieval strategy is now set, but it can and will be changed as new journals are added, as new vocabulary terms are added, and when users point out areas of CAM that we don't adequately cover.

One of our goals in developing the subset was to make it easy for novice database searchers. If the user is interested in any complementary therapy used to treat shingles or arthritis, for example, then, just adding the disease term or the illness to the PubMed database will access the desired information.

If the user wants to find specific information on St. John's wort to treat depression, they just type in St. John's wort and depression.

Now I would like to mention some of the other NLM patient-oriented CAM resources available on the Internet. Here is an increasing familiar picture. The patient walks into the health provider's office clutching a sheaf of papers. It quickly becomes apparent that the patient spent some time searching the Internet for the latest information on a disease or treatment.

Quite possibly the patient brought some misinformation from an unreliable web site. Equally possible, she was searching MEDLINEplus, an NLM web site that connects users to other web sites with information written especially for consumers. It covers more than 400 health topics including alternative medicine.

The information comes from NIH institutes and centers, other federal agencies, professional associations, and dozens of nonprofit health organizations. In selecting sites to link to, NLM makes certain that the content is authoritative. The site must list its advisory board. It must be an educational site, not one selling a product or service, and it must be consistently available.

On the alternative medicine page of MEDLINEplus, you will find links from Reuters and the Associated Press, links to many sites maintained by NCAM, links to directories, print publications, complementary medicine organizations, and more.

You find links to related subjects in MEDLINEplus, such as a page on herbal medicines and one on wellness and lifestyle.

Finally, I would like to mention clinicaltrials.gov, the Library's free web site that provides patients and family members with current information on ongoing clinical trials. A user can search by condition, like breast cancer, or by a sponsoring agency, such as NCAM.

A search by NCAM reveals 42 trials, some recruiting and others not yet accepting patients. One of these trials is on acupuncture and hypertension. It summarizes the purpose of the trial, tells you who is eligible, gives inclusion criteria, and provides names and locations of the trial sites around the country.

Not all complementary therapy trials are sponsored by NCAM. One of them, on the use of CAM practices by women at increased risk for breast cancer sponsored by the National Cancer Institute includes women who may have used dietary supplements, megadose vitamins, herbal preparations, meditation, spiritual healing, or other treatments in addition to more conventional therapies.

We also know that many Americans who benefit from these services do not have ready access to the Internet, so we have begun working directly with public libraries throughout the country to train local librarians to use the Internet to find health information pertinent to their patron's needs.

We know that a large portion of their needs relate to authoritative complementary medicine information. It is often difficult to get solid information about the benefits and safety of nonconventional treatments. We hope that CAM on PubMed, MEDLINEplus, and the clinical trials database will provide this and more.

Thanks for the opportunity to meet with you today.

DR. GORDON: Thank you very much, as well.

Dale Ogar.

Ms. OGAR: Thank you. I am Dale Ogar. I am the managing editor of the University of California Berkeley Wellness Letter, and I want to thank you very much for inviting me to be here.

In order to examine the way in which we at the University of California Berkeley Wellness Letter examine, analyze, and disseminate information, it helps to know a little bit about the way this publication came into existence and what we see as our primary role in educating the American public about matters which concern health promotion and disease prevention.

The Wellness Letter was launched as a collaborative effort between a New York publisher, a marketing expert, and the School of Public Health at the University of California/Berkeley.

Editorial control of all content was vested in the faculty of the school and specific responsibility for the scientific accuracy was assumed by Sheldon Margen, M.D., then Professor of Public Health Nutrition, and Joyce Lashof, M.D., then Dean of the School of Public Health.

The first issue of the Wellness Letter appeared in October of 1984, now in our 16th year with over half a million subscribers. The principles of accuracy and integrity with which we started the Letter still guide everything we produce.

The Wellness Letter is published monthly. It covers a wide range of topics. We try to balance every issue with articles on nutrition, exercise, general wellness, stress management, safety, and a number of short FAQS and tips.

More and more over the last several years, we have also included at least one article per month on some aspect of CAM including and probably especially nutritional supplementation.

As the business of CAM and particularly nutritional supplementation has grown, so has the interest, and one could almost say obsession, of the American people with finding the magic bullet or the one-stop solution that many of these therapies promise.

There is absolutely no shortage of available information in the area of CAM, however, to a large extent, the quality and reliability of that information is every bit as questionable as the quality, reliability, and safety of many of the products and therapies themselves.

Traditionally, the general public has received most of its information on health and medical care issues from daily newspapers, magazines, television, radio, and now increasingly the Internet. At one time there were more than 25,000 web sites on these subjects, and the number is probably still growing.

The advent of publications, such as ours, which are driven, not by advertising revenue or the sale of products and services, but by subscriber support and which do not have to produce eye-catching headlines on a daily basis has allowed for the creation of a place in which the mountain of information available can be sorted, analyzed, evaluated, and then shrunk down to a manageable size.

Our goal has been to provide the public with an independent, reliable summary of available scientific information regarding CAM. Our selection process for what articles to write begins with what we read and see elsewhere and then is reinforced by questions from our readers. By staying current on what is being promoted and what kinds of confusing information our readers are receiving from other sources, we are able to help them navigate through the murky waters of all health information and particularly CAM.

When we begin the process of writing an article, we search the literature as completely as possible to find both the scientific and unscientific reports. We look at the studies that showed positive results, the

studies that showed negative results.

We examine the methodology and the statistical procedures used, and if necessary, go directly to the authors for clarification of any unreported data. All supporting material is carefully analyzed before it is distilled into an article.

We also try to encourage our readers to be careful consumers by educating them about the meaning of what they read or hear in the media. We periodically publish guidelines to help them understand the language of science - what are clinical intervention trials, what are epidemiological studies, what is a case controlled study, what is a cohort study, what words indicate certainty or uncertainty, "may" does not mean "will," breakthroughs almost never really happen, "contributes to" does not mean "causes," a single study is no reason to buy anything or to change health habits, don't make decisions by listening only to people who have a pocketful of pills to sell you.

We have historically been very cautious in recommending any alternative therapies or nutritional supplementation that had not been subjected to rigorous scientific testing to demonstrate efficacy and safety.

The Wellness Letter is produced by the University of California at Berkeley without the use of any state funding, but our position as a major public university obligates us to educate without bias and to reach out into the larger community by providing reliable and helpful information.

In covering the area of CAM, we have focused largely on the nutritional supplements because with the passage of DSHEA in 1994, the marketplace became flooded with products which promised a great deal, but had nothing more than advertising hype and anecdotal reports with which to back up those promises.

While simply separating people from their hard-earned money for no discernible benefit is at worst fraudulent, and at best unethical, the bigger issue for us is one of safety. By having an unregulated industry like this grow at such an astonishing rate, Americans have become participants in a huge social and biological experiment for which they were never asked to give informed consent.

The products which are hyped to consumers need not be tested for efficacy, for safety, or for interactions with conventional drugs, and unfortunately, in the case of many products, there is no standardization of ingredients. The promises are unbelievable, yet, they are so tempting.

We believe that our role in all of this is to take a careful look at whatever scientific evidence is available and determine whether these products, assuming they contain what they say they contain, have any likelihood of doing what they are supposed to do, and more importantly, whether they are likely to be dangerous.

In response to overwhelming interest in this subject, in August of 1998, we published what we referred to in-house as the "Supplement's Supplement," which listed and discussed several of the most commonly used nutritional supplements. It was four pages long.

Since that time, the Wellness Letter has contained dozens of articles on various therapies and supplements. When we put up our web site in April of last year, we included as a service to our readers an updated version of that information and we have continued to build that resource on our web site.

In your briefing books, I believe you will find a printout of the most recent version which now looks like

this, and you will also find a copy of the Wellness Letter from September of 1997 in which we led off with our first article on St. John's wort and included a two-page article, special report on herbal medicines. This special report summarizes our concerns which continue to this day about herbs and the larger field of CAM.

In reading the outline of what was to be covered in this testimony, I see a question regarding the barriers people have to accessing CAM information. We believe that there are no barriers to accessing information, only accessing reliable information.

People need to be able to find the places like the Wellness Letter that will weed out snake oil and present balanced and accurate information. Perhaps if some highly credible organization produced a widely publicized directory of such sources, this would help people make better and more informed choices.

While the dissemination of better information and warnings to the American public are extremely important, we also believe there are some legislative and regulatory actions which are essential if we are ever to control the proliferation of unsubstantiated claims and unregulated products and procedures.

Two of our recommendations could be implemented in the near term.

1. Enforce existing rules covering claims made on labels and claims made in other advertising. Make adequate resources available to FDA and FTC to enforce claims that are currently being made.

2. Require FDA to prepare and finalize the current good manufacturing practices which should include quality control, standardization, and accurate labeling.

The other two recommendations will require more time and substantial effort to accomplish, the largest one being repeal or amend DSHEA to give FDA the power to regulate nutritional supplements as they now do OTC drugs and thus require scientific proof of efficacy and safety; and two, to require mixtures of herbs or other natural products to present new proof of safety for every different combination of ingredients in order to ensure that there is no adverse interaction between the ingredients themselves.

The field of CAM has enormous potential to produce positive health outcomes under certain circumstances, however, it also has the already realized potential to do great harm as the list of supplement-related deaths continues to grow.

We call for research by the scientists, restraint by the sellers, regulation by the government, and caution by the consumers to make sure that in the end we heed the warning of Hippocrates and "First, do no harm."

Thank you very much.

DR. GORDON: Thank you, and thank you for providing this Supplement to the Supplements or Supplement of the Supplements.

MS. OGAR: You are welcome.

DR. GORDON: Burton Goldberg.

MR. GOLDBERG: Dr. Gordon, distinguished members of White House Commission, thank you for

inviting me here.

You have asked for my comments on three questions, and you will be getting a slightly different review of what should be done from me compared to the Berkeley Newsletter.

How do consumers know that the information they are receiving about complementary and alternative medicine and products is accurate? What are the risks consumers face in the way that such products and services are advertised and marketed?

What recommendations should the Commission consider in their report to the President and Congress?

In addressing these specific questions, we must keep two paramount points in mind. First, the paradigm of alternative medicine is entirely different from conventional medicine, and often alternative medical protocols and products cannot be accurately evaluated using the same methods employed by conventional medicine; and, second, the American public does not need to be protected from nontoxic techniques and substances. Rather, it needs to be educated about them and given unhindered access to them.

Presently, laws are in place to protect consumers from fraud and false advertising in dietary supplements, herbs and medical practices, no less than any other consumer products.

The Dietary Supplement Act, DSHEA, in particular, addresses the oral supplements and botanicals. If an herb company markets a bottle of herb St. John's wort that states it contains 100 capsules of 100 percent organic St. John's wort, then it should do so, no differently than, for example, a quart of orange juice should live up to its claim of consisting of fresh juice of organic oranges and no sugar added.

The FDA and the FTC have the enforcement powers to ensure that the contents of such products match what is stated on the label, and also that the contents are produced in sanitary conditions according to good manufacturing practices that safeguard the public's health against contamination.

While DSHEA allows for general nutritional support statements, various St. John's wort products, for example, make label statements such as "anti-stress and mood uplifter," and "for emotional wellness," manufacturers are prohibited from making claims that their products can treat or cure any disease.

The important thing for consumers is that the risks are negligible. The vast majority of supplements and botanicals are nontoxic, even taken in large doses.

Periodically, the medical literature discusses the dangers of herb-drug interactions. Papers have been published about St. John's wort, for example, and its interactions with HIV protease inhibitor Indinavir, the heart drug Digoxin, and the antidepressant Prozac. However, no deaths or any kind of injuries have been linked to the use of St. John's wort.

Compare that to Prozac, which, according to an article in the March 1998 issue of Business Week, was associated with more hospitalizations, deaths, and other serious adverse reactions reported to the FDA than any other drug in America.

Aside from ensuring that products are not fraudulent or contaminated, is it possible to assure consumers of their potency? Now, this problem points to the importance of not treating natural supplements, especially botanicals, like drugs.

For instance, we know that the active ingredient of Prozac is fluoxetine hydrochloride and that Prozac's function depends on delivering a specific amount of this chemical, but the total active components in many herbs are not fully known and understood. For instance, it is thought that St. John's wort, commonly used to treat mild depression, works by inhibiting the uptake of neurotransmitters serotonin and dopamine.

The biological marker that supposedly measures the potency in St. John's wort is a substance called hypericin, but studies have shown that there was no correlation between the levels of hypericin in various St. John's wort formulations and their respective efficacy.

This is because the beneficial effects of botanicals often are the result of synergistic effect of many of its constituents working together in the ratios in which they occur in nature.

If St. John's wort product manufacturers were required to manipulate the raw material to reach specific levels of a particular component, the results could very well be an ineffective remedy. Furthermore, the chemical fingerprint of herbs will naturally vary according to where they are grown and when and how they are harvested, and weather conditions.

The main thing we must work for is to keep nontoxic products and protocols from being regulated out of existence by the FDA and Codex. The pharmaceutical industry views the explosive growth of nontoxic medical protocols and products as a threat, and with good reason.

If patients are informed that they have a choice between a synthetic drug with toxic side effects or an equally effective, and often more effective, natural remedy with no toxicity, which would they choose?

The revolving door between the FDA and the pharmaceutical industry is a well-known scandal. Just consider the top candidates presently who are up for the FDA Commissioner. Most of them are top executives in the pharmaceutical companies.

Until recently, another candidate was Murray Lumpkin, Dr. Murray Lumpkin, the former deputy director of the FDA's Center for Drug Evaluation and Research, who now is a senior medical advisor in the commissioner's office. However, Dr. Lumpkin has been publicly discredited since the recent Los Angeles times expose on the FDA's wrongful approval of the diabetes drug Rezulin.

Dr. Lumpkin was one of the high-ranking FDA officials who the Times showed conspired with Warner-Lambert to get Rezulin approved, in part by suppressing evidence that the drug caused severe liver damage, and by silencing critics of the drug within the FDA. The drug was withdrawn after over 300 people died and thousands were injured.

The fact that well over 100,000 Americans die in hospitals every year from the side effects of approved and properly administered pharmaceutical drugs, while virtually no deaths or injuries have been reported from the use of supplements or botanicals by the general population, puts the whole debate over the safety of natural products into perspective.

What should this White House Commission recommend to the President and Congress? Mainly, it should lobby for money to educate the public on the proper use of natural products and to fund objective research on the efficacy of nontoxic products and protocols.

Programs also need to be set up to train both conventional and alternative doctors on the use of non-invasive diagnostic techniques that will allow them to see disease coming early on, at which stage it is almost always easier to treat and cure.

A number of these techniques have actually been in existence for some time, while others are quite new. Generally, they are rejected off-hand by conventional medicine, simply because they are not taught in medical school. Some of these techniques include darkfield microscopy with which a skilled physician can interpret the condition of live blood to diagnose health conditions before gross symptoms manifest.

Advanced thermography for breast cancer screening, which can detect early formation of pathological blood vessel formation necessary for tumor growth, years before mammography can image the tumor itself and without causing cancer in a significant number of women, as mammography has been proven to do.

Electrodermal screening measures the electrical resistance of acupuncture points and is an invaluable tool in determining the state of organ systems and the efficacy of remedies, both allopathic and alternative.

Hypothyroidism is epidemic and can underlie many chronic conditions, using the TRH-challenge test instead of the TSH, T3 and T4. Likewise, endocrine and hormonal imbalance can cause or contribute to many diseases. Using the 24-hour, full-cycle saliva testing gives a much more accurate hormone panel than a simple blood test.

Some of these tests are not different in principle than a doctor's use of a stethoscope. There is nothing magical about their function, but physicians need to be trained in their use in order to interpret the data accurately.

Most natural products are not patentable, therefore, the companies that produce them cannot afford and finance large-scale outcome studies. Providing grants for these studies should be a priority of this commission.

Former Congressman Berkley Bedell founded and is president of the National Foundation for Alternative Medicine. They send qualified credentialed physicians to visit clinics and doctors around the world who are offering nontoxic protocols for degenerative diseases in order to ascertain the true effectiveness of these treatments. They have found several with success rates far in excess of conventional medical protocols. The Foundation's budget is less than a $1 million. Imagine what they could do with $10 million.

Consumers do not want --

MS. CHANG: I'm sorry, we are out of time.

DR. GORDON: Thank you. There will be time to bring up some of the other considerations in the question period.

Peter Chowka, please.

MR. CHOWKA: Thank you, Dr. Gordon, Commission members, ladies and gentlemen. The Internet is helping to advance a long overdue revolution in medicine. It has become the fastest growing, most vital

tool ever for self-education.

People all over now have instant access to unprecedented amounts of information, and they also have the potential for meaningful interaction with other people and with professionals to an extent previously unimagined.

We know that a majority of people who go on line are looking for personal health information. There is finally the potential for real reform and a sense of empowerment in making personal health choices.

I bring a much broader perspective to this field than an affiliation with one publication or one web site, and that is the basis for my comments today. For over two decades, I have been reporting about alternative medicine as a journalist and a medical-political analyst covering both clinical and political developments.

I have worked on documentary films in radio and television, I have lectured, and I have written over 1,000 articles for magazines and newsletters. Since 1994, I have worked extensively with the Internet.

I have also worked with or provided testimony to a number of government entities including the U.S. Senate Nutrition Subcommittee, the Office of Technology Assessment, and the Office of Alternative Medicine. I therefore have a reasonable understanding of news reporting and how the media work, what the public is interested in, in terms of CAM, and both the potential and the limitations of the federal government's role in the field.

Many people disparage the government's involvement in medicine and the role of government in general. For example, Camille Paglia's comments in Salon.com on March 21st, "Government has become a fat, lazy behemoth, spawning parasitic bureaucracies resistant to reform."

Well, from what I have seen, I believe that the people working on behalf of CAM for the government are sincere, and I appreciate the opportunity to offer some thoughts on the subject of today's hearing in the spirit of both open dialogue and a reality base.

Health care today has become unbelievably complex. Medicine is now the nation's biggest business, and it is heavily influenced by politics and economics. Within that context, alternative medicine, despite its successes and well-documented utilization, is still a relatively weak player on a playing field that remains unlevel. It continues to suffer from decades of prejudice.

Nineteen years ago, the late Dr. Linus Pauling told me that in his view, change in medicine was coming from the bottom up, not from the top down. Well, today, change is being hastened by the synergy of alt med and the Internet, resulting in a new critical mass of thought, the outcomes of which cannot be predicted yet.

I have always felt that before individuals can make fully informed medical choices they need to have information about, or understand some of the context of, the structure, the politics, and the economics of modern medicine.

The Internet is providing that information. At the same time, the Internet has become invaluable clinically, primarily, to date, as a complement, a partner to offline information and traditional contact with medicine professionals.

Every major poll or study has found that the Internet is playing an increasingly important role in people's health education, and that individuals are indeed taking more control.

A Roper survey from last week found, "Americans rely more on themselves than on physicians when feeling under the weather. Following an emerging trend toward self-reliance, Americans say they are increasingly comfortable managing their own health care needs."

Looking pragmatically and realistically at the question of "What could the government do in this area of CAM information," well, some people think maybe the government shouldn't do anything, it should simply get out of the way of the private sector, but that, of course, is unrealistic, especially since the government has been mandated by the Congress to do something, and it is already doing quite a bit.

When one looks at the government's existing efforts in this area, there is unquestionably value, but there is also a lot that is disorganized and boring and, in my opinion, largely valueless. There is also a lot of needless complexity. For example, try searching the keywords "alternative medicine" at the FDA's web site and see what you come up with.

So, my first recommendation is simplicity, as a reflection of traditional medicine itself and the art of healing, simplicity along with a commitment to a citizen's self-education, autonomy, privacy, choice, and ultimate empowerment, all of which I hope we can agree are traditional ideals of American democracy.

Start with the needs of the public and go from there.

Now, in the discussion time, I hope we can get into some of the specific needs of people online, but I recognize the legal and ethical implications and the caution the government must exercise in order to avoid the appearance of endorsing or recommending particular therapies or approaches especially since most of them remain "unproven" according to mainstream scientific criteria.

The government is currently involved in an increasingly well funded and lengthy process of identifying and evaluating some promising alternative therapies, many, if not most of them, complementary or adjunctive in nature.

It is a process that will take years, decades, and may never end. When those studies are published, it may indeed be valuable to have them, and they will contribute to the information on the Internet.

Still, I don't think we have to wait years for the data and the studies to come in, and data and studies are often not definitive anyway.

In the meantime, in the interests of keeping things simple, we can encourage the government to make information on CAM more readily available. Models exist, Natural HealthLine, for example, a non-commercial newsletter and information web site, other sites, especially ones of a content driven, primarily non-commercial nature.

The National Library of Medicine's MEDLINEplus at medlineplus.gov is one of the better ones, but in the medical news area it currently includes only Reuters articles. I think it is preferable to link to as many outside news stories and primary sources relating to CAM as possible.

I like the motto of the Fox News Channel in thinking about this. Their motto is, "We report, you decide." This could be amended to, "We link, you decide."

I like the transcripts of the meetings that the White House Commission has put at their web site. I think that is a major contribution to allow everyone to read about what has been going on.

The House Committee on Government Reform, chaired by Representative Dan Burton, has a useful web site. The Committee has held important hearings on alternative cancer, medical freedom of choice, and vaccinations. The written testimony is online.

The University of Texas at Houston's program on alternative cancer had the beginnings of a valuable web resource, but its funding has ended recently.

There is an emerging consensus at the highest levels that medical information empowers people. For example, the Institute of Medicine's March 1 report, A New Health System for the 21st Century, included among the 10 rules the IOM recommends is this one, "The patient as the source of control. Patients should be given the necessary information and the opportunity to exercise the degree of control they choose over health care decisions that affect them. The health system should be able to accommodate differences in patient preferences and encourage shared decision-making."

Specifically, the government might help to fund the creation of one or more portals to collect and organize offsite information relevant to CAM, and then link to it. It could be the portal of portals with information on where to go for more information.

A high priority in my opinion should be providing links to relevant medicine journal articles as they are published and also the latest news stories as they are published.

There are at least several score, if not several hundred, news reports every day now that have relevance to people interested in CAM.

Information, free flow, without prejudice, from a variety of points of view including information that questions and challenges alt med practices.

One might ask isn't this recommendation a prescription for further chaos. I don't think so. Considering the online information explosion, noted author and editor Jason Epstein offers this analysis in his essay "The Coming Revolution" in the New York Review of Books last November 2nd: "The World Wide Web will destroy the filters that have traditionally separated publishable work from the surrounding chaos. But the profound human instinct by which people have always created order, distinguished value, and sustained markets amid multitudinous babble will create new filters. Distinguished and useful web sites will prevail over inferior competitors and readers will find their way to desirable goods as they have always done. New technologies alter the forms of production but they do not annihilate human nature."

Briefly, to summarize my major recommendations, more resources should be given immediately to expanding the government's web sites devoted to CAM. The sites can provide abundant resources without making specific recommendations. They could help to organize and link to the plethora of information that already exists, not only pro-CAM sources, but skeptical ones, as well.

Finally, the government can play a supportive role, even more supportive role in helping to overcome the limitations with health information on the web that have been widely reported.

Thank you.

DR. GORDON: Thank you very much, Peter, and thanks for the specificity of those recommendations. I am sure we will be coming back to some of them later.

Andrew Weil.

DR. WEIL: Good morning. I am Andrew Weil, Clinical Professor of Medicine at the University of Arizona. I am the founder of the National Integrative Medicine Council, the author of many popular books on health and wellness and natural medicine.

I also write a monthly newsletter called Self-Healing which has 400,000 subscribers. I create television and radio shows on these subjects and maintain a popular web site "Ask Dr. Weil," which has up to 5 million page views per month. This started on Hot Wired's network, then, went to Time-Warner's Pathfinder network, and is now independent.

I have been writing and putting out information in the areas that you are interested in for almost 30 years, and my work has always had two thrusts, one toward the medicine profession and one toward the public, and I can't separate these because it seems to me that the changes that I see beginning to happen in academic medicine are coming about entirely because of consumer pressure. So, it seems to me that it is important from my point of view to continue to work in both of these areas because it is the consumer demand for changes in medicine that is finally leading to a response within medicine institutions.

I was unable to come to your meeting in February on education, but I sent one of my colleagues, Sue South, who told you some of the mechanisms that we are using at the University of Arizona to train physicians, but let me just make a few comments on that subject before I return to the public information.

The terminology that I use is integrative medicine, and I try to make a distinction between CAM and integrative medicine. In my view, integrative medicine has a much broader scope and vision than simply looking at the modalities under the heading of CAM.

Integrative medicine, in my view, includes lifestyle medicine, that is, looking at all aspects of lifestyle that enter into the formula of health including diet, exercise, stress, and so forth. It includes the concept of whole-person medicine, that is, that human beings are more than just physical bodies, they are also mental, emotional beings, spiritual entities, community members.

It has a very strong emphasis on what I would call healing orientation, that is, the view that the body has innate mechanisms of healing and that the proper business of medicine is to encourage healing from within.

There is a strong belief in the centrality of the doctor-patient relationship, which I think has been severely undermined by the current changes in medical practice that limit the time that physicians can spend with patients.

Just as an example of the degree of responsiveness that is now coming from academic medicine, let me mention that one of the activities that I feel most proud of is that I have been instrumental in getting together a group of medical schools in this country which have indicated a willingness to move in the direction of integrative medicine including looking at the comprehensive restructuring of medicine education.

This group has had two meetings so far, the last in Tucson at the end of September, and has now constituted itself as the Consortium of Academic Health Centers for Integrative Medicine. We have 11 member schools at the moment, which are Duke, Harvard, Albert Einstein, Yeshiva, Jefferson, Georgetown, the University of Maryland, the University of Massachusetts, the University of Arizona, the University of Minnesota, the University of California at San Francisco Medical Center, and Stanford University.

The requirements to be part of this group are that a school must have a program in place, not just a clinic or a research project, but a program, that this program must have the blessings of the administration, it can't be there in spite of the wishes of the powers that be, and that the duke or chancellor of the university must attend the meetings in person.

We have other schools asking us for admission. Our goal is to try to get additional members until we say that we can speak for one-fifth of the nation's medicine schools, at which point I think we can exert influence with groups like the American Association of Medical Colleges and the National Board of Medical Examiners to move medical education in the direction that we think is necessary.

So, I would repeat that all this has come about entirely because of the consumer pressure which has been created by the information that has been available to consumers about other ways of doing medicine and other ways of managing health.

In the public work that I do, I have tried very hard to put out information that I consider accurate, but I am willing to stay ahead, somewhat ahead of the learning curve in terms of research findings and to give my interpretation of studies and my assessment of treatments that the public is interested in which have not yet been fully evaluated.

I think that the materials that I have put out are looked at as being reliable, and there is great confidence in them, not only on the part of the public, but on the part of professionals, as well, who are frequent readers of the newsletter and visitors to the web site.

In order to do that, I rely on my own clinical experience and judgment, which is broader than that of most medical doctors because of experiences that I have had around the world, in other cultures, and familiarity with other forms of medicine, but also increasingly, as the circulation of these materials has gotten wider, I rely on other expert opinion.

I feel fortunate to have a base in academic medicine because I can draw on the resources of many colleagues, for example, the fellows, the residential fellows in the program of integrative medicine serve as advisers and consultants for the web site and newsletter, so that if there are questions that come up, I will assign one of the fellows to check them out and to review the relevant literature.

So, as a result of that, I feel fairly confident about the accuracy of information that is put out, but also in the web site, another strategy that is used is always to provide links to other sites, so that readers get a variety of opinion, to echo what Peter Chowka just said. I publish the information and refer readers elsewhere, but really it is up to them to make decisions as to what to do.

My experience is that people are very, very confused in many areas today, and just to take one of them, nutrition, which is the subject of my most recent book and an area that I am working very hard to make mandatory in the medical curriculum, I think that people are absolutely bewildered by the contradictory

information that they receive, even looking at the issue of fat versus carbohydrate in the diet.

I will just tell you one wonderful piece of information that I got recently. I was talking to the publisher of a group of health newsletters. This company publishes both the newsletters of Dr. Atkins, the main proponent of an ultra-low carbohydrate diet, with eat as much fat and animal protein as you can, and they also publish Dr. John McDougal's newsletter, who is one of the main proponents of an ultra-low fat vegan diet.

The publisher told me that although they have not told the authors of the newsletters this, there is a very high crossover rate between subscribers. That is, 25 percent of subscribers cancel one subscription and subscribe to the other. I think that is just representative of the degree of confusion that people have.

Now, my feeling very strongly is that the solution to this is to have an educated class of health professionals who are able to act as guides. Patients, I think their overriding desire would be to go to a medically trained person and get guidance in this area including guidances about how to shop in a health food store, how to eat, how to interpret all these diet books, and so forth.

The problem is that our health professionals are not educated. I mean the reason that health food store clerks have become the main sources of information for people buying supplements is that pharmacists abdicated this area. The teaching on natural products that once was embodied in the field of pharmacognosy has been dropped from the pharmacy curriculum, and until that is taken back, I think it is unreasonable to expect that consumers are going to go anywhere else.

So, I think the ultimate solution here, and my main recommendation to you, is that your commission should recommend legislation mandating the teaching in professional curricula, particularly in pharmacy schools, medical schools, nursing schools, basic information about complementary and alternative medicine, as well as the other areas that I consider very relevant to integrative medicine and general health and wellness.

Thank you.

DR. GORDON: Thank you very much.

Questions from commissioners? Yes, Conchita, Effie, and Joe. We will begin with you three.

Discussion

DR. PAZ: I would like to ask each of you as soon as information becomes available to you, how quickly do you get that onto your sites and make it available to the public?

DR. WEIL: For "Ask Dr. Weil," it is often within a day or two.

DR. LIU: Our process with clearances of FAQ sheets is a bit longer, but with CAM on PubMed now, we have a much more quick update of information, and I will let Sheldon talk about that process.

MR. KOTZIN: Yes, the PubMed data is generally up within 48 hours of the time we receive the journal or the bibliographic information and abstract into our collection. It generally takes a little longer than that to complete the full indexing of the record, but the initial abstract and author, title information is up within 48 hours.

MR. GOLDBERG: It takes us in alternative medicine about a month to get it up from the magazine into the web site, and everything is said by physicians who practice this, and physicians, anything from acupuncturists to naturopaths to M.D.'s.

MS. OGAR: We are a little slow because we come out once a month, and we often will spend a couple of months really looking at everything that is coming in. The headlines that appear in the daily newspapers are so confusing to people sometimes that we try to take those, look back at what has come before them, and really analyze the material.

So, we are usually a couple of months behind, but as soon as we get it out in the Wellness Letter, we will also put it up on our web site. That part of it goes much more quickly.

MR. CHOWKA: The site I am being questioned about is Natural Health Line, which I contribute to. It is primarily a news portal site and the home page which links to breaking news stories that have some relevance to alternative medicine is updated at least on a daily basis, sometimes as many as five or six times a day as I become aware and the webmaster in Seattle becomes aware of breaking news stories, medical journal articles or other information that we feel is relevant to our readers.

DR. GORDON: Effie.

DR. CHOW: Yes. It is wonderful to see such a prestigious panel and also that such diverse opinions sit at the same panel.

I have one concern here, that in your report in the Wellness Newsletter, you have mentioned that there were many more deaths taking place with supplements and then, Mr. Goldberg, you made a statement that there have been no deaths noted from the use of supplements.

All of our concern is with the safety of the people. Maybe some of the others are aware of such data, too, but there is no specific data which says what deaths, I mean how many deaths were taking place with supplement, and I would like some comments on that, and if we can get data on that, that would be really great.

MR. GOLDBERG: The mahwong situation where they had some problems, there are over 125 deaths from the side effects of prescription drugs prescribed by physicians per year, and that is what is reported where there is -- I don't know of very many in the world of alternative medicine using nontoxic herbal substances.

MS. OGAR: Well, I think that the mahwong is a classic example, and a lot of the ephedra-containing products that are out there, Metabolife is one of them which is like a stimulant cocktail, and I know there have -- I don't have data with me, but I know that there are deaths that are being reported, FDA is receiving them all the time, and I could provide you with whatever data we have if you would like that.

MR. GOLDBERG: I would like to go on to tryptophane, which was banned because there was a genetically produced product out of Japan, and it did kill some people, but that was not the natural amino acid, it was the FDA's way of getting it out of the way for the use of Prozac and Ritalin for schoolchildren, which is about 7 to 10 percent of our schoolchildren are on now, which they could come off with the proper knowledge of nutrition, dyes, sugars, and the supplementation of amino acids to produce neurotransmitters, and so forth.

DR. CHOW: I guess my concern was that talking about the numbers of usage, comparing percentage of deaths, and like surgery and medicine and herbal and supplements, and considering the numbers of usage of supplement versus medication, et cetera.

Are there any studies like that, that is, would be comparing?

DR. GORDON: Effie, excuse me. I am loathe to interrupt, but I would really like us to focus on issues related to information with this panel, and that is for everybody asking questions. We have them here specifically to help us make decisions about how to provide the best information and what kinds of recommendations we should make. So, if we could focus our attention on that, and then maybe privately you could talk with people about some of the other issues later.

DR. CHOW: Okay. That is fine.

DR. GORDON: Joe.

DR. PIZZORNO: I find it interesting that Ms. Ogar and Mr. Goldberg are sitting next to each other. Forgive me if I am blunt.

MR. GOLDBERG: And my granddaughter goes to Berkeley, and I am still proud of her.

DR. PIZZORNO: So, forgive me if I am blunt. Ms. Ogar, in the material you presented us, basically, every recommendation was negative. Mr. Goldberg, we have known each other for a long time, had our agreements and disagreements, but virtually everything you say is positive.

I believe the truth is in between. How do we get there, because I don't think either extremist perspective actually helps us solve a very challenging problem.

MR. GOLDBERG: You are very right, the answer could be very well in between. What I am saying is the vast majority are nontoxic, the vast majority, and it is fractional of what happens in conventional medicine.

DR. GORDON: Burton, excuse me. I would like you, if you could, to focus on how we can get information that will get us to the place that Joe is asking about.

MR. GOLDBERG: Right, you are, and I was interrupted because I was too long, we need to set up a panel, and what I was going to suggest is that this commission recommend that we set up a panel to govern these products by physicians, researchers, the industry itself, and because if they go into the world of the FDA, they are going to be mishandled.

The FDA seemed to be cops for the pharmaceutical industry, and if we can separate that and have people who are appointed by this commission or someone like that, who understand how to use nontoxic herbal substances in the system where there is no magic bullet, using the system, and that is why it is so important for this commission to be heard and to create such a panel.

Take it outside the conventional FDA with people who understand this world of alternative medicine, which is completely different than conventional medicine.

MS. OGAR: I also agree that the answer is probably somewhere in between there. Our position on getting information out is really the "first, do no harm" thing. It is probably, I think it is almost certainly possible that much of this stuff is nontoxic, and if we were to see information which convinced us of that, we would be the first ones to go into print with it.

We have, in fact, done that. As more and more research is being done, our position on some of these supplements has changed, and you don't see that in what is up on our web site because all you see now is our most recent position.

But, for instance, our analysis of glucosamine has changed. We are just about to come out with an article which is pretty favorable to it. The first writing we ever did on St. John's wort was fairly positive. We said yes, it seems to work for mild to moderate depression.

The problem is that we feel as an academic institution that we don't have enough information yet, so we are really calling for that research to be done. As it is done and if it is shown to be safe and, you know, even effective at the placebo level, I think we will come into print and say that - in fact, I know we will.

So, the data needs to be there, the science needs to be there, and that is what we are looking for.

DR. GORDON: I have on my list Dean, Charlotte, David, George DeVries, and Tieraona, and then George Bernier afterward.

DR. ORNISH: Thank you for the testimony. Our charge as a committee is to try to find ways of assuring the quality of information. As several of you have indicated, people are confused, and not only in the general public, but within the medical profession, and for that matter, within the alternative medicine community. I think the plethora of newsletters that offer diametrically opposing advice, I think is just one example of that.

Traditionally, within medicine, people have used peer review to try to get some sense of, as imperfect as it is, of what is real and what isn't, and peer review is at least ostensibly based on science.

Burton, you have mentioned that alternative approaches should be judged by a different standard, presumably not science, I am not quite sure exactly what you were saying from that point of view.

Peter, you were saying that we link, you decide. That begs the question of how do people decide when they are linked to conflicting information.

Dale, you mentioned that you are taking a science-based approach, but then for so many things in alternative medicine, the science isn't there yet, so then it is left by saying to people we just don't know yet.

Burton, I think you were also saying that things should be largely left unregulated. I guess there are other people like Andy who take the trusted guide approach, say, well, follow me, I am going to be able to synthesize all the information for you, which has its own limitations.

So, I guess it would be helpful for me to get a sense or, as a committee, is there any consensus among you all into how we can give recommendations to the White House on how people can sort through often conflicting information, what the process should be as opposed to specific examples?

MR. GOLDBERG: In the world of alternative medicine, you just don't have magic bullets. If you are treating depression, and St. John's wort works, the holistic physician will not just do St. John's wort. He may clean up the gut, he may take care of candida, he may take care of parasites, he may take care of the diet and nutrition, very, very important, take away the sugars. The allergy aspect is enormous.

It is very complicated, and it is not simple. We are so accustomed to having antibiotics do the magic bullet, it is a system of medicine that has to be --

DR. ORNISH: I understand, believe me, I understand that. That is the approach that I take in my own work, but that is not the question I am asking. The question is how can we find a way of evaluating different treatments and to find some common ground with that.

MR. GOLDBERG: Like in Berkley Bedell's case, he sends people around to the various clinics who have systems that work on certain health conditions, so by taking a health condition and seeing how the holistic school works, and getting that word out so that it gets paid for with insurance equal with conventional medicine.

I started a foundation for insurance reimbursement for complementary and alternative medicine as they have in the State of Washington. So, in other words, it has to be done by a panel of people who understand the system, people like yourselves who are on this panel making decisions, and where the research is to be done and how it is to be done.

DR. GORDON: I would like to jump in for a second here and ask Sheldon Kotzin and Irene Liu, you are right now charged with much of the federal responsibility for providing this information, and you have described, I think very nicely, some of the things that you are doing.

What else, based on responding to Dean's question, what else would you like to have up there, what do you hear from this panel and what do you hear from your constituents about what they want in addition to what you are offering?

MS. LIU: As a federal agency, our web site takes a more conservative approach in terms of who we link to, and we do feel that the peer review process assists us in deciding what kind of information to post. We are a research agency, and we feel that the public will consider our information credible, so we don't link to a lot of web sites out there.

It is a concern when we have to respond to callers by saying, well, there is very limited information, published information on this particular topic in peer-reviewed journals, but this is, you know, we have this limited information to provide to you.

I think consumer education is very important to help the consumer to understand how to critically evaluate web sites, who produced this web site, what are their purposes, is there a board, what are their qualifications, to look at when was this page was last updated, this sort of information that the consumer can look for.

I would just like to refer you to this report called "Wired for Health and Well-Being: the Emergence of Interactive Health Communication." It was produced by the Science Panel on Interactive Communication and Health, which was a panel convened by the Office of Disease Prevention and Health Promotion in DHHS.

I think it will give you some recommendations. These are sort of the issues that they grappled with. There are millions of health web sites out there with a variety of purposes. Some web sites are trying to sell information, some are representing a certain practitioner or certain modality.

This report talks about the developers of web sites and their evaluation processes, as well as recommendations for consumers and how they can look at the various web sites. They sort of veered away from regulation of information, but I think I can pass this along.

DR. GORDON: That would be very helpful. Thank you.

MR. KOTZIN: I spoke about MEDLINE, the database MEDLINE, and while most of the information in the database comes from peer-reviewed journals, that is not a requirement for inclusion. Certainly, mainly we are interested in the quality and authoritativeness of the content.

The purpose is to reflect what is in the published literature, not to interpret it, not to necessarily guide people in one direction or another. We feel comfortable letting the user decide and hopefully, the user deciding with the assistance of a health provider.

I wanted to say at the end of my testimony I did mention that we recognize that not everybody has access to the Internet, and many people are still not comfortable with it, and this notion of using the public library systems is one that we found that, although it is just beginning, is one that seems to have a lot of potential, and we found that in selective library systems, questions about health are the number one question asked by the public.

We have also found that a lot of the librarians who serve the public are not necessarily completely comfortable in giving answers, not necessarily direct advice on a treatment, but even answers as to how one can pursue getting additional information.

So, our goal is to get those people up to a certain level of competency and comfortableness and let them use the Internet to help people. So, I guess my word on this is as we are talking about the Internet and maybe it's pervasive with this group, it certainly is with people I work with at the National Library of Medicine, but we know there is still a large constituency that doesn't have access to it, and they need reliable, authoritative information as much as anyone.

DR. GORDON: Thank you.

Charlotte is next. I have Charlotte, David, George DeVries, Tieraona, George Bernier, and Joe Fins.

SISTER KERR: Panel, thank you for your service to all of us. I would like to have your input on these considerations.

Do you think it is important for us, as a commission, to use language other than CAM or complementary and alternative medicine, as you have, Dr. Weil, in using integrative medicine, when making policy recommendations to Congress?

Secondly, is it important for our voice to reflect a broader conceptual understanding of this cultural transformation and healing?

Thank you.

DR. WEIL: I think choice of terminology is very important and there are many choices available. I can only tell you that within the world of academic medicine, integrative medicine is the term that is now accepted, and I find that preferable because I think it is neutral, it doesn't have the connotations of alternative or complementary. It suggests inclusivity and it seems to be highly acceptable in academic medicine. So, that seems to be the term that is catching on in academic health centers. I can just give you that as a point of information, and you can decide what to do with it.

DR. GORDON: David.

DR. BRESLER: You know modern physicists tell us that reality is vague and ambiguous and that it depends upon your frame of reference as to how you interpret reality.

Certainly, people in various advocacy positions can look at the same research data and reach very different conclusions about it, and even as additional research is developed, people with various advocacy positions will either accept that research or claim that it has methodological flaws, and so forth, which continues to add to the confusion for consumers.

It seems to me that there is a precedent on how to handle this kind of confusion in the voter registration process. When resolutions are put on the ballot, we, as voters, are given information from both sides, both advocacy positions, and we can hear the arguments both in favor or against them, and also see which bed fellows they attract by seeing who supports which sides of those arguments.

The question to the panel is, to what extent, when you take an advocacy position, are you willing to allow people with a completely opposite point of view to also share their point of view, their information, to see who supports both sides of these issues, is this something that you are considering doing?

DR. GORDON: I would like to add to that question, and what are the implications of your answers for us as a commission. I want us all to keep coming back to what we need to learn. These folks are only with us for a limited amount of time, and we need them to focus on our major concerns.

MS. OGAR: I would like to say from the point of view of the Wellness Letter, this is something that we generally do. Although our finished articles don't often reflect the other side, we look at both sides of it before we settle on a position.

Our approach to giving out information is always here is the information, here is the positive, here is the negative, and leave it to the reader to decide how to use that information because we think it is more empowering to just give them the information than to lecture to them.

So, that has been our position, and I think that is a reasonable position, that they should see both sides of it.

MR. GOLDBERG: In alternative medicine, the proof is in the pudding. There are many roads to Rome, nobody has all the answers. There is 50 different therapies that comprise the term alternative medicine or complementary or integrative. They are all great terms and it's semantics.

The bottom line is what works, what systems work, and by outcome studies you can then ascertain what will be good for herpes or whatever, cancer. When a person has cancer, there are many causes of cancer.

There are 33 categories that alternative medicine physicians look at. So, you have to address them in the order that will help that patient get well. In other words, sometimes they have to be detoxified in the mouth, sometimes they have to have the poisons taken out of the body, and in all cases, they have to be fed.

So, looking at health conditions and going to the outcomes is the way that you will find the truth, and that is what we are looking for.

DR. GORDON: Other responses, Peter?

MR. CHOWKA: I think that presenting both sides or all sides is really vital. If we are talking about the constituency that wants information via the Internet, this may be a different constituency than the public at large. These are people I have found through my e-mail contacts over the years who want primary information from both sides.

Many of them have also made up their minds that they don't necessarily want integrated medicine or complementary alternative medicine, they want primary alternative medicine, and that may be a constituency that is not being paid enough attention to.

There is, as is said, many ways to skin a cat. I don't know that there is a perfect therapy for anything or that any one perfect therapy will ever be found. Some people want chemotherapy, others want an entirely alternative approach.

DR. GORDON: What would you recommend, for example, do you have suggestions that somebody who looks at this very carefully, to NCAM, to the NLM, to us, about what else, to respond to David's question, how can or how should both sides or all sides or many sides be presented?

MR. CHOWKA: Well, I think starting with a sense of common sense and realizing that on both sides or all sides of an issue are credible, responsible spokespersons, proponents, therapies, et cetera, and I have to return again to the simplicity of trying to link in terms of finding the credible resources that are out there again from all points of view, and then just letting the public have access to them, have at them.

I think one of the things we are hopefully moving towards in our society is a decentralization of information. There are no longer going to be people on high telling us how to live our lives. This is what the Internet is all about. It is what the growth of alternative medicine has been all about. That is where it is coming from.

So, I think I certainly don't have all the answers or maybe even some of them, but I think I would recommend that that philosophy, that attention to where the Internet user is coming from, the citizen empowerment, be considered at every stage of your deliberations.

DR. BRESLER: Do you know of any sites that you can go to where you are going to find both sides of an argument argued aggressively by proponents of those sides?

MR. CHOWKA: Well, I would recommend naturalhealthline.com, which I contribute to, and we really make an effort to link to all points of view. If you go to the home page right now, you will see pro and con alternative medicine stories. In my own journalism for 20 or 25 years, I have also made the attempt to consider all points although, of course, I have a sympathy with alternative medicine.

MR. GOLDBERG: In the magazine that I handed out today, you will find that in the soy article, the pros and cons of soy. We do that occasionally because it's a highly controversial subject, so is female hormone replacement therapy.

MR. KOTZIN: Can I add that with regard to MEDLINEplus, which is the database that links the users to other sources, while we don't present, give equal time to both sides of an argument, I think you will find both sides represented.

Peter mentioned the news stories that we now provide access to, and he mentioned Reuters. We also do access the Associated Press stories. So, my guess is that you can find both sides there, it is just not laid out in a way that I think you are talking about, where you can weigh the two sides against each other more easily. Maybe that is something we have to take a look at.

MS. LIU: I was going to add that in our FAQ sheets we don't lay them out pro and con, but we are trying to present the research, and we are also trying to educate the consumers and to understanding the strength of the different research methodologies, while an observational, a case report may not be as strong as a larger study, multicenter, you know, randomized trial, like that.

DR. GORDON: I want to jump in with a quick question here and ask you -- I have appreciated over the years the development of the FAQ sheets. What would it take to develop them much more quickly, on many more subjects?

MS. LIU: Well, again, the collaboration with NCI and Office of Dietary Supplements will be helping us with that. We have decided to go with a different format, actually four to six pages, aiming towards an eighth grade level, and I think that is going to help us to develop them much more quickly.

I think we were originally aiming for longer documents. They varied and some were aimed more for health professionals. I think going for the shorter documents will definitely help.

DR. GORDON: Would more money help?

MS. LIU: I am not sure I can comment on that.

DR. GORDON: As I think all the commissioners know, in the original legislation, setting up first the Office of Alternative Medicine and then NCAM, the provision of information to professionals and the public was a major issue. We have heard testimony several times before from journalists, and we perhaps will hear more as we continue, as well as from ordinary people, about wanting more information, and wanting more information specifically from NCAM, appreciating the NLM's database, but not really having ways to sort through things and wanting more guidance from NCAM in doing this.

MS. LIU: Right. I mean we definitely would like to be able to provide the public with more of this information.

DR. GORDON: Great. George DeVries.

MR. DeVRIES: First, I would like to thank the panel for your testimony this morning, much appreciated.

As this commission looks to making recommendations related to information dissemination, I think we obviously are faced with the issue that the information that is out there and available, some is very good

and responsible, others is of concern, is not.

The sense on Capitol Hill is, is there the appropriate statute and regulation related to governing the information dissemination, and particularly does the statute exist regarding information dissemination, does the regulatory oversight exist, and then does the enforcement action exist.

We have heard some discussion this morning related to DSHEA, related to nutritional supplements in particular, and Ms. Ogar suggested perhaps the repeal of DSHEA. Others would say DSHEA is not being simply enforced as it should be, others would say it needs to be amended to go further than it goes.

I guess the question to the panel is what are the areas of statutory oversight, such as DSHEA, do you have particular recommendations on how DSHEA could be affected in order to help better manage the information dissemination that is happening out there to make it more responsible.

MR. GOLDBERG: My attorney, Jim Turner, who handles the FDA, claims that the FDA is not living up to DSHEA, they are going beyond it, and they are being more restrictive and not living to what the DSHEA Act calls for.

In court, the FDA gets clobbered each and every time they go against the lawsuits. So, the FDA is ignoring DSHEA. That is really where it stands right at the moment.

DR. WEIL: I have long recommended, and I hope the commission would, that the FDA create a new division of natural products or natural therapeutic agents with oversight in this area. I think it would need to be staffed by people who are knowledgeable about natural products, which the FDA now does not have too many of, and I think it would also have to be done from the point of view of not trying to restrict consumer access or try to gain regulation over these things as drugs, but to promote better quality of products and better information surrounding them. I think that would be a very useful step.

DR. GORDON: What about given the system as it is now, do you feel useful information is coming out with regard to natural products?

DR. WEIL: I think it leaves consumers totally bewildered, and the fact the products can't say on the labels what they are for, how to use them seems ridiculous. I think it is a jungle that consumers face, and I think it has gotten worse, if anything.

So, I think a lot plays into that. Again, I would love, I think a root problem is having a new generation of pharmacists who are trained to advise consumers, as well as medical doctors, but I do think it would be helpful if the FDA took this on as an area that need attention.

DR. GORDON: Thank you.

Tieraona.

DR. LOW DOG: A lot of the questions I had have already been asked. I want to thank NCAM and the National Library of Medicine for all of your work and the medical librarians that actually play a pretty significant role in this,

How would you go about promoting the use of public libraries and letting consumers know how to access, that they could even go to the public library and that people would be able to help them with

searches and be able to access that information?

Right now the PubMed is overwhelming for many of my patients, many are Native American and many Hispanic, reading about in vitro studies, it is just overwhelming, they don't understand what they are reading.

Does there need to be more money for public libraries, does there need to be more money for librarian training? Do we need to have some sort of advertising campaign? This seems like an interesting place to me because most communities do support their public libraries, and that is a place people can go even without training in computers, that might be an untapped area that we could plug into.

MR. KOTZIN: Well, you are absolutely right, that some of the information, a lot of the information in MEDLINE is overwhelming for the general public. Obviously, it, until recently, was primarily almost exclusively a database for health professionals. We have changed the scope and now we include a great deal of consumer-related journals in the database, but relatively speaking, they are few in number compared to the, say, more than 4,000 that are designed for health professionals.

Let me say what our strategy has been with the public libraries. We have begun to partner with the professional organization, the American Library Association has a unit called the Public Library Association. That is where the public librarians belong.

We have started to have a series of panels around the country with combining the public librarians with medical librarians, especially consumer health librarians.

You may know that there are all over the country a number of libraries that sort of come between the two, consumer health collections, which are there specifically to deal with the question of providing consumers direct information, not necessarily only on alternative medicine, but it certainly includes that.

So, our strategy was to start small with public libraries in about eight states, fund them money, train them to use the different sources that I mentioned earlier in my testimony, and make them feel comfortable, which some of them needed to be, comfortable providing information about health.

Then, we have decided just recently to expand that, and that includes eventually all 50 states. We will have more of these panels with the public library. We go to their meetings now representing the health constituency at meetings that public librarians have.

So, I think we will just proceed along this tack, and we will have more marketing, more promotion of materials that relate to consumer health. Generally, we just have to bring the comfort level of the librarians up to a speed where they can deal with questions from the general public, and also train them a little bit more on their use of the computer systems that I mentioned.

DR. GORDON: George Bernier.

DR. BERNIER: I want to thank you very much for excellent presentations here today. Near the beginning of the discussion, we talked a little bit about the rapidity with which information gets into web sites. I would be curious, as well, as to the maintenance of that information, the deletion of information, the changes that ought to occur or have to occur in order to keep the public fully informed.

I would guess that the MEDLINE and MEDLINEplus might be the gold standard in this, but I would be

curious as to how maintenance of the site and the deletion of information occurs.

MR. KOTZIN: Let me mention first MEDLINE. Again, it reflects the published literature. We don't excise any information out of the database once it has been put in. We will annotate the information if it is found and reported to be a fraudulent research. We will indicate that on the record, but we don't ever take the record out of the database because we feel that the public ought to know the status of that information, of that report or research.

We also have a policy of issuing corrections and errata. Some of these are sort of trivial, if it is a misspelling of somebody's name, but certainly that is not trivial if your name is the one that is misspelled, but others are more substantive, corrections of data that appear after the original data was indexed and input into the database. So, we do maintain the database, and that is one of the features that we think is most attractive about MEDLINE.

MEDLINEplus, again, we have certain standards for what constitutes an acceptable link, and as I said, it has to have a known advisory board, it has to be maintained. The site that we link to has to be maintained and it has to be explained how that site will be maintained, because too often you link to a site one day and five days later it is no longer there or it has changed its Internet address and nobody can find it.

So, we have software that routinely goes across all the sites and checks the links on a daily basis and can point out when these links no longer exist. Then, we, of course, have to take corrective action that occurs.

DR. BERNIER: Thank you.

DR. GORDON: Joe Fins.

DR. FINS: Thank you all very much and especially the people of the National Library of Medicine. I am a daily user and I really think you provide a tremendous service.

Jefferson said, "Democracy without education is impossible," sort of resonating what Peter said about self-determination has to be informed. The quality of information that people get is what we are talking about. Sometimes when I go to these sites, I am not sure if I am on the op-ed page of the newspapers or in the news section.

It is really a question of journalistic ethics and standards. I wonder how you all would feel about some sort of a consortium of web sites that would voluntarily agree. This would not be regulated by the government, but maybe the government could help provide start-up funds to develop this, maybe in conjunction with a journalism school, but common policies of exchanging ideas, having cross-fertilization with different kinds of authors, disclosure of conflict of interest in products that are being sold, services that are being sold.

When you watch CNBC, an analyst comes on and they are representing a company, they have to disclose that as part of their credibility. This would be purely a voluntary compliance, but consumers would know that your web site was a member and yours perhaps was not.

How would that sound to all of you as an idea to be floated out there?

MS. OGAR: I personally think that is an excellent idea. We have long felt that conflict of interest is one of the biggest problems in this whole area, because people don't know who to believe.

My experience with our subscribers who I communicate with voluntarily and involuntarily is that they are just confused, and they look to us as some kind of beacon of sanity in a world that they don't understand, they are just overwhelmed with information. I think it would be a wonderful idea if you could sort it out and force people to disclose their potential conflicts of interest.

DR. WEIL: I also agree. I think that would be great. I would be happy to participate in that. I also feel that there is a need, both within the medical professional and in the general public, to help people analyze information.

I liked what Dale said, that the Berkeley Newsletter does, of trying to give people some guidelines as to what the terms mean and how to look at studies. I think one source of confusion is there is just too much information, there are too many studies, and there is a tendency to rush the results of studies into headlines, and there are flip-flops from one year to the next, even one month to the next, and that makes the public even more confused.

MR. GOLDBERG: Yes, we would very much like that, but again the double-blind study that is used in conventional medicine does not always work in alternative medicine. You have multifactorial, many different causes, it is a completely different system, and it has to be addressed that way.

DR. GORDON: Peter.

MR. CHOWKA: Bringing a journalistic focus to the question, I think it is an excellent idea. One thing I always ask is who is behind the information, what is their level of interest in it or self-interest, and I think that is great to put out for the public, so again they can have the context of where the information is coming from, and I would certainly support it.

DR. GORDON: Ming.

DR. TIAN: Thank you. I thank you all for your valuable information. I think the important thing you brought is to have a panel because so many informations including pharma, mahwong, to glucosamine, who can know everything? Nobody, I guess.

So, this panel, my question is should be under NIH or government, or government body, or should it be independent without bias? Do you have any idea or how do you do that?

DR. GORDON: You are saying who should be providing the information?

DR. TIAN: Yes, the information, who has the authority to tell the public, yes.

MR. GOLDBERG: I think that this committee should mandate a panel from industry, from researchers, from practicing physicians, scientists of all kinds that you direct and that you have investigate the various either products or systems of alternative medicine that work for health conditions, and that is really what is necessary, and I think that would be the largest challenge you would have and probably the most effective to clean up this mess.

MS. LIU: I would just like to say that I think it would be an overwhelming task for any one panel to

evaluate all the web sites that are out there on complementary and alternative medicine, and I like the idea of encouraging -- I don't know about mandating -- but encouraging all web sites to have full disclosure, who they are, what is their review process, last date updated, that sort of information.

DR. TIAN: But I still have a question because assuming the information is to the public, I think it is pretty confusing. For instance, we are talking about information as to general information. For instance, what scientific paper published, and the person has to have the capacity to read it and to use that piece of information does not help the patient to take what kind of supplement or how long and how much.

Then, they have to ask who is my provider who can tell me, and my impression, each patient now, at least in Washington area, they are open to CAM, they like to try CAM, try acupuncture and other entities.

They usually take more than 10 bottles. They brought this much and say which I should take. So, the information, I feel a little bit confused, the information is only so good. Public, here is the information, you take it, and still very confusing.

So, I think there is one possibility would be if the panel would be the part of a governing body like NIH, a branch, or a program, or another would be independent, which one is better or you should have both.

May I have your opinion?

MS. OGAR: Well, I think for better or for worse, people trust the government, and at least my sense is that when we --

[Laughter.]

MS. OGAR: -- well, I should amend that in a very specific way -- but I think that when they see that the National Institutes of Health is behind something, that that means more to them than an independent panel that they can't quite evaluate. I think those branches of the government, the people trust.

MR. CHOWKA: One thing to keep in mind I think is that the information that is available online is also a complement to millions of medical professionals, so patients, people with conditions often access and read the information and then bring it to the attention of their medical professionals.

They are not working exclusively in isolation, so that part of the process that is a big educational process I think should be kept in mind.

MS. LIU: Can I just add that I think that that is something that we always recommend is that any of the information should be discussed with their health care provider and that through that discussion, through that process of bringing the 10 bottles to you, hopefully, you know, you can help them to figure out what is safe to use.

DR. WEIL: I think that is great in theory, but I am always amused when I see reports in the press about some latest finding on a vitamin or herb that is positive, and the last paragraph is always but don't attempt to use this without first consulting your physician, and what good does it do to consult your physician about something your physician knows nothing about.

So, again I come back to the need for a new generation of better educated health professionals.

DR. GORDON: I want to say, first of all, that we recognize, as well, and will be working on that interrelationship between the education, and we have heard it from you, Andy, and from others, as well, the relationship between the education of health professionals and the provision of public information. We really see that they go very much together.

I want to thank all of you for this wonderful discussion. If you come up with other thoughts, if you have other information, and, Irene Liu, I wonder if you could send us the FAQ sheets, a set of FAQ sheets, so we can pass it out to the commission, so we can see what is being provided.

If you have other thoughts about next steps with provision of information, please let us know. All of you have been very helpful. Thank you very much and thanks for the questions from commissioners.

[Applause.]

DR. GORDON: We will take an 18-minute break.

[Recess.]

CAM in the Media: Newspapers, Magazines,

Television, and Radio

MS. CHANG: If the following panelists could come up and be seated: Craig Stoltz, Sara Altshul, Christine Gorman, Susan Schiller, Joe Neel, and Elmer Huerta.

DR. GORDON: We will begin the next panel with Craig Stoltz.

MR. STOLTZ: Good morning. Thank you very much for inviting us here. Let me start off by saying that we at the Washington Post have a long history of declining the opportunity to provide advice to the government that is dealing with the things that we cover, so in my testimony you will not see any specific advice to the commission.

I hope what I can do here is provide a little bit of insight into how we at a very large, very visible newspapers that carries the burden of credibility deal with this very contentious issue that is increasingly important on our readers' lives.

When I became the editor of the Health Section, the weekly health section of the Post about a year ago, I immediately started looking for places where our readers' behaviors were out of sync with our coverage, and complementary and alternative medicine was absolutely at the top of the list.

All of the figures, all of the statistics, you all know them well, were showing that people were way ahead of where we in the media were. I set about the process of trying to create some mechanisms that would ensure that we provide coverage in a way that is consistent with Washington Post tradition and standards about this emerging field.

The first decision, the first thing we created was a column where we replaced the Doctor's Weekly Q and A column that you are all familiar with, where the doctor responds to readers' questions. We decided to end that column and replace it with something we call Treatment of Choice.

There, we take the conditions that come from reader suggestions, but rather than having a single doctor respond, we decided to put the mainstream treatments and the alternative and complementary treatments right next to each other on the same page.

Let me say there was a little bit of dissension at the Washington Post about this. Up until that time we had been treating alternative medicine as something like the talking dog, isn't it amazing that the dog talks, and I felt it was time for us to start paying attention to what the dog was saying, so to speak.

So, for us to offer an equal amount of space, an equal amount of visibility to what a mainstream doctor would say and what an alternative practitioner would say struck some people inside as scandalous. We got over that and we left it anyway.

Having said that, launching it was the easy part. What we have found is that when we try to approach each of these topics, take heartburn, for example, we will canvass the usual sources from the medical establishment and report to people what the general household response, what the general medical response for a typical householder is for heartburn.

Then, we do the same thing for alternative and complementary medicine. In each case, we tried to determine how much good science there is underlying the practice. Now, I suspect all of you will know that we wanted to start with the sort of credibility test looking at that science on the alternative and complementary side.

We found sometimes there was good science there, sometimes there was suggestive science there, sometimes there was just clinical observation, and we report the science behind it. However, much to the surprise of some people on the staff, it was equally hard to find the scientific basis for a lot of things that the mainstream doctors were recommending, that very often it was based on clinical experience, it was based on habit, it was based on conventional wisdom, but the science underneath some of the most conventional, well-used treatments by doctors was actually pretty squishy.

We have found practically every time we put one of these things in print, and we do it every week in our most visible page, the back page of the section, we find that we get very heated responses from people who I have come to refer to as "culture warriors," people on call it the far left, people on the far right, there are representatives of mainstream medicine who are very prevalent in Washington and read us very closely, and representatives of the alternative community who increasingly read us and watch us very closely.

We have received an enormous amount of heat from both sides regarding that column, even about the most benign and you would think least controversial topics. Nonetheless, we persist.

That is the first thing we created. The second one I want to talk about, something we call findings of fact. There is my intention to create something where we would take some sort of product or claim, something that people in our circulation area were going to come in contact with, whether it is a product, whether it is something like magnet therapy, whether it is a specific supplement like Co-Q10, and our idea was to drill down as far as we could to the bedrock of science underneath the claims being made about those products.

Once again we found it very tough going. Once again, as I am sure you know, you find that the science is all over the place, sometimes it is quite intriguing, sometimes there is very little science. Sometimes

there is a lot of legend associated with it. That has been equally controversial with people from both the left and the right.

The third thing we did was to try to deal with this problem of how we report to the public this ongoing and baffling and maddeningly inconsistent stream of medical studies, that one week tell you vitamin E is good, the next week tell you vitamin E is bad, and so on.

We decided to create a page we call "Quick Study," and we created a very tight, consistent format in which we indicate what the conclusion of the study was, a brief write-up about the science. We indicate what is new, so people know about what has been concluded previously, we include the caveats.

The caveat, as you could probably guess, is almost always that a pharmaceutical company underwrote the research of their own product, but other kinds of conflicts of interest and gaps in the studies that prevent them from being the last word.

That has been one of the most popular features that we have done because people feel that we are standing between them and this baffling string of studies that come at them. It helps readers make sense of them.

We have learned a great deal, much of it from the people, from the culture warriors who contact us with their complaints from both sides. We have learned that the source list for anyone covering the world of CAM is always in development.

We have learned that no matter which source we choose to declare as credible, that source will be attacked by someone somewhere along the continuum as being biased, misinformed, intellectually dishonest, out to get them, or any number of other things.

At the same time, I have found that this kind of coverage has been extremely important to readers. I feel like what we hear from them is they need someone to stand between them and this flow of information which comes at them from almost always self-interested parties or parties who don't write or communicate in plain English very clearly.

We feel that it is our job to referee this marketplace on behalf of a reader. Very often this puts us in conflict with the methods of those whose profession it is to identify or to examine the science beneath things. We cannot wait. If we have readers who want to know about Co-Q10, we have to tell them everything we can about the best science that is available. That is our responsibility then even if someone who is in the profession says, well, the science is inconclusive, you really can't say anything about that yet.

In short, we have put ourselves in crossfire and we are happy we have done it. We feel like we are serving the readers well, and I hope that by serving the readers well, we are also playing the function that I hope the commission is addressing, which is to help people, to create some resolution for some of these questions about alternative and complementary therapies.

Thanks.

DR. GORDON: Thank you very much, Craig.

Sara Altshul.

MS. ALTSHUL: Thanks, Dr. Gordon, and thanks to the commission for inviting us here today. We are really excited to be part of this fact-finding mission.

Prevention is the nation's leading health magazine and the largest, with more than 10 million readers. It is published by Rodale, Inc., of Emmaus, PA. For over 50 years, we have been considered as America's health coach.

Each month Prevention features three columns devoted to complementary and alternative medicine topics, an alt med health news piece which discusses one study that is of recent news, news you can use, and we tell our people and our readers how they can use this.

We feature herb news, which is written by Vero Tyler, who is a Doctor Emeritus of Pharmacognosy at Purdue University, and we have a home remedies column where people write in to us with the things that have been in their families for generations, and then we invite a medical practitioner to tell them why it works.

In addition, we publish several feature length stories on CAM-related topics throughout the year. We feature herbal medicine on a regular basis. We have covered traditional Chinese medicine, homeopathy, energy healing, alternative approaches to cancer.

At Prevention, CAM is not an either/or modality. It is all about what works best for a particular condition, so when we cover arthritis or migraine headaches, or any other health problem of interest to our readers, we always include proven CAM options among the conventional approaches.

We provide this information because we believe that CAM modalities offer people healthy alternatives and/or adjuncts to conventional medical care. For some conditions, selected CAM modalities, particularly herbal medicine, mind-body techniques, and certain Asian medical practices may offer better choices than conventional treatment.

We select our topics based on, one, what works, and, two, what makes interesting and informative reading for our target audience.

You asked us to address the issue of accuracy, and I think Prevention has a very sound model for ensuring accuracy for its readers, since that is a huge concern for them with the conflicting reports hitting them left and right.

Our commitment to accuracy and credibility is really well known within the medical community. We consider it our most valuable asset and we guard it zealously for one really good reason - our readers actually follow our advice, and they really do what we tell them to do, so we can't and won't publish anything that would inconvenience them or, God forbid, harm them.

To uphold our commitment to accuracy, we staff an Editorial Research Department with five full-time research editors, seven free-lance fact checkers, a research assistant and research intern. They not only work on assuring the accuracy of the article once it is written, but they provide our writers with primary research, and all members of our staff are responsible for upholding research standards.

Every single article and column gets fact-checked including those written by experts. In fact, checking consists of recontacting each and every expert to verify quotes and double-checking the information, and

it also includes going back to the primary source and making sure that everything the writer said was in that source.

Don't be fooled by our happy, friendly, upbeat reader, friendly, non-technical articles with those eye-catching headlines, because all Prevention stories, including the ones about CAM, are backed by solid health reporting.

We got through a gazillion medical studies to determine the ones that have the most relevance for our readers. We interview leading health experts on a continual basis. Our health writers are knowledgeable, highly skilled reporters who are particularly skilled at making complex health topics easy to understand without sacrificing accuracy.

Our writers, editors, and research editors are required to use the best information available, and are trained. We have a number of training programs and are continually in training to recognize the best experts and most reliable primary sources. In addition, we have a humongous -- that is a technical term -- a humongous library and information service department, more than 40,000 books, access to 700 databases.

We subscribe to every journal known to modern man and woman. We have contact information online, available to all of our writers, which contains more than 27,000 experts, and we publish 11 in-house newsletters, which we call Sieves, which cover all the latest medical research and health trends.

As the alt med reporter, for example, there is somebody in our library attuned to my needs, who immediately gets news of any breaking study to my attention, so that I can hop right on it. Our library also has source packets for each and every article we have ever published, and each of our research editors, writers, and editors is required to have a specialty.

We cover 45 health topics, and specialty editors are responsible for keeping abreast of the latest news, breakthroughs, are emerging experts in their areas, and they are also responsible for developing story ideas.

We were asked to tell you how we use and identify experts. Well, first of all, we have an advisory board made up of 15 of America's most respected health experts including Dr. Gordon, who is our specialist in mind-body and alternative medicine. We also have Vero Tyler and Douglas Shore who are responsible for making sure that we have the best available information on herbal medicine.

In terms of corporate sponsorship, which we were asked to address, and how that affects our coverage, well, we don't have any corporate sponsors, and our advertisers have no role in determining our editorial policy and coverage.

As far as what would help us provide more accurate, balanced, and useful information to our readers, first of all, it would be terrific if the world at large could acknowledge proven CAM therapies as legitimate medical modalities.

We would also like to see consistent educational standards for CAM practitioners. We would like to see standards for dietary supplements, such as herbs. We would like to see national certification and licensure of appropriately trained CAM practitioners.

We would love to see the broadening of CAM training in medical schools. We would like to see funding

increased for CAM studies, and we would really like -- I think this is very important -- we would like to figure out a way to study modalities that fall outside of the paradigm of conventional Western medicine because many modalities just don't fit, and that doesn't mean they are not legitimate. So, we think that is very important, and we would also kind of like to see a lessening of the "gotcha" mentality.

We were asked to address our target audience. First of all, to identify who they are, we staff a market research department, and we get technical assistance from such players as the FDA, and we pick up information from the Shopping for Health survey and how people respond to DTC advertising.

Our target readers are about 79 percent women, they are about 50 years old. Their median household income is about $47,000. A quarter of them are college graduates. Almost three-quarters of them are married, about 35 percent have kids in the house, 80 percent own their own home, and 35 percent go online, and that is a number that shoots up every year.

Thirty-two percent of our readers use some form of alternative medicine, and that is versus 13 percent for the U.S. national average. Seventy-four percent believe herbal remedies work, and nearly 70 percent of our readers are currently taking some kind of prescription drug.

As far as how they use alt med, our most recent study from 1999 showed us that nearly 40 percent of our readers use herbal medicine at the time of the study, 18 percent used chiropractors, 10 percent used magnet therapy, and then under 10 percent used modalities like bodywork, homeopathy, osteopathic medicine, acupuncture, naturopathic medicine, traditional Chinese medicine, and Ayurveda.

Their health concerns, their top health concerns include, you know, the usual suspects - cancer, weight loss, nutrition, heart disease. They are concerned with alt med to maintain their health. They are very concerned with elderly medical conditions, such as arthritis, vitamins. They want to know more about using alt med and CAM practices for serious health concerns. They are very interested in diabetes and depression.

Our reader tends to be Doctor Mom. She is the family gatekeeper, she is a motivated health seeker, wants to be in --

MS. CHANG: I'm sorry, we are out of time.

MS. ALTSHUL: Oh, sorry. Okay.

DR. GORDON: Thank you.

Christine Gorman.

MS. GORMAN: Good morning, Dr. Gordon, and members of the Commission. My name is Christine Gorman and I am a senior writer at TIME Magazine, where my primary responsibility is to cover health and medical topics, and like my colleague from the Washington Post, I will also decline to provide advice.

We have definitely increased the amount of alternative and complementary medicine news in our magazine over the past five years, primarily because we think our readers are interested in learning more about these topics.

Our coverage generally falls into one of two categories - either we are reporting on a scientific study that delineates apparent benefits or risks of a complementary therapy or we run a "trend story" that examines the growing popularity of a particular supplement or practice.

When deciding whether or not to report on a scientific study of complementary medicine we use the same standards that we do for allopathic medicine. To do otherwise would make us publishers of science fiction and ultimately damage our credibility.

We consider where the study was published, how well it was designed, and we talk to outside experts in the field to determine both the context and plausibility of the results.

In November of 1998, for example, the Journal of the American Medical Association devoted an entire issue to studies of complementary medicine. We reported on a double-blind, placebo-controlled trial that found some benefit to traditional Chinese herbal medicine in the treatment of irritable bowel syndrome. It wasn't an easy study to conduct, but it was very fruitful.

When it comes to reporting the trend stories on popular complementary therapies, we try to provide the context and as much scientific information as possible. In our experience, new fads in complementary medicine crop up about every six months or so. We try to pick the ones that have some staying power, and that usually means that there has to be more than just a gloss of scientific credibility to the topic.

Indeed, I believe most of the alternative and complementary medical information that crosses my desk or comes into my computer is really little more than a marketing ploy to sell books, supplements, or other products of dubious benefit. These, I feel free to ignore.

I think part of the reason Americans are more interested in complementary medicine is that they feel alienated from their own health care and they want to be more empowered. We, at TIME, have responded by increasing our coverage of nutrition and lifestyle changes that are beneficial to health.

Sometimes these fall in the realm of complementary medicine, sometimes they seem very much a part of the mainstream. In any case, we are looking for a solid foundation for our stories, and that generally means strong scientific evidence and not being afraid to say we don't now when we don't know.

Thank you very much.

DR. GORDON: Thank you very much.

Susan Schiller.

MS. SCHILLER: Dr. Gorman and committee members, thank you for allowing me to appear here today. My name is Susan Schiller. I am a producer at the CBS Evening News with Dan Rather. I have been responsible for health and medicine coverage the CBS News including seven years at the early show, and so I have seen it from what we would consider sort of both sides of the fence there at our network.

CBS News has a deep commitment to reporting on health issues. We knew network television viewer rank health and medicine at the top of their reasons-to-watch list. As a topic, it is more important to them than politics. They get more of their medical information from TV and other forms of media than they do from their own doctors.

Stories on health and medicine directly touch the lives of our viewers and their families. As baby boomers age and their own parents grow older, the appetite for health information continues to grow, and more Americans, as you know, are turning to complementary and alternative medicine.

As we have reported $15 billion on herbs and vitamins are spent every year in an effort to stay healthy, and so for many people they see alternative medicine as mainstream, but never before has the issue of complementary and alternative medicine been more central to our editorial process on what to report in the health field. What we cover and why can be complex.

At the CBS Evening News we have tended to look at the issues of alternative and complementary medicine through a fairly critical journalistic lens, but sometimes hard research is very hard to come by.

One of the most important areas of interest to the consumer, and indeed to our viewer, is dietary supplements. As Americans have become obsessed with trying to improve their health, extend their life, fight cancer and cure the common cold, the use of these supplements and herbs, as you know, has exploded, and many viewers have contacted us asking about the value of various forms of supplements.

The problem has been that our traditional forms of evaluating the legitimacy of the treatments were essentially nonexistent in this area. Typically, we have turned to the major medical journals as sources of information - The New England Journal of Medicine, the Journal of the American Medical Association, and the Lancet, among others.

We know these journals have gone through rigorous review. We also turn to the NIH and other major medical research centers for information, but time and time again we learn that the same rigorous clinical evaluation of pharmaceutical drugs was not being conducted on dietary supplements.

We found a lot of so-called experts making claims, but often we found little evidence to back them up, and as you know, the Food and Drug Administration has somewhat limited authority over these products.

So, while people pop supplements like candy thinking this vitamin or this herb will help them stay healthy, and if you can buy it off the shelf or in a health food store, it is not a danger to you, right? Well, we found some products can actually be harmful, even kill, and what it says on the label isn't often very reliable.

Just this year in evaluating independently a variety of supplements, some products that we looked at contained less than the stated amount on the label. Sometimes they contained other substances like arsenic. In fact, the lack of regulation in this area from our perspective appears to be a serious breach of public safety.

Now, at CBS This Morning, now known as the Early Show, we did many reports on dietary supplements because we had a news talk format which allowed us to address some of our viewers' key questions - what is St. John's wort, echinacea, saw palmetto, does it work, is it safe?

Our medical correspondents were also physicians including the former head of NIH, Dr. Bernardine Healy, who is one of our contributors. They could sit down, they could explain what we know, they could explain what we didn't know, and they could sort of offer a heed or warning on various treatments, but the Evening News is a hard news broadcast based on facts and new advances, did the treatment work or was it simply a placebo effect. We often really didn't know.

In 1998, when The New England Journal of Medicine published a study on the potential use of a herbal combination called PC SPES for prostate cancer, it was a watershed in that it was in that journal. The results were a way to demonstrate to the public that herbal medicine was powerful, as powerful as any prescription drug, and as it was used by prostate cancer patients in combination with conventional therapy or conventional medicine, it was important because they were looking for alternatives when other things had failed them.

That study too represented to some extent a sea change in the attitudes of many of the physicians that we would turn to for help, because previously, when we would contact doctors, many of them viewed the world of alternative medicine with disinterest, if not disdain. They considered it almost quackery.

The reporting of this research in The New England Journal of Medicine gave not only this herbal supplement credibility, but to some extent, alternative medicine in general, it opened a door.

In the past five years or so, we have been inundated, inundated with press releases and materials pitching stories related to alternative medicine. Some go as far as claiming that it is a cure for cancer. I still get press releases about shark cartilage. Often these come from various public relations firms hired by the company which makes the product.

This is a big, big red flag to us. We still seek out research done by a major academic center or the National Institutes of Health, because we believe that the results were properly researched regardless of the outcome.

If it comes in a press release over the fax machine, it gets a large degree of scrutiny. Corporate sponsorship of research is another concern to us. In the past, studies that were funded by the corporate money were sometimes just downright disregarded. Inherent bias is an obvious concern.

Today, many drug studies are funded by large pharmaceutical companies, and we often point that out in our reporting of the story. However, in the area of alternative medicine, there are relatively few double-blind, placebo-controlled studies, and they are often done in a very small patient base. If the company that stands to benefit from favorable results paid for the research, we take extra steps to ensure that the research was done in a scientifically solid and unbiased way.

Why do we choose to do the stories that we do? Clearly, complementary and alternative medicine is high interest to our viewers. We know the public is interested in advances for major illnesses, such as cancer, heart disease, and diabetes.

There are some general guidelines that we follow. The first and single most important question to us is what is new here, how significant is the finding, who will benefit, a large or relatively small group of people.

If the advance is a treatment rooted in alternative medicine, it is as important in our mind as any new chemotherapy or heart procedure. In general, we don't target any specific racial or ethnic group, but clearly in our reporting on medical findings, ethnicity and race may be a factor.

Over the next few years, reporting on alternative and complementary medicine will only grow. As you know, Congress has approved additional research dollars for this area. Consumers want more definitive answers, does taking an Omega-3 supplement daily increase your protection against cancer or heart

disease or both, is ginkgo biloba really effective in maintaining memory or is it false hope for an early Alzheimer's patient?

Stories on complementary and alternative medicine are among the most interesting ones we do at CBS. On the Evening News we have reported on the benefits of acupuncture for pain, neural feedback for attention deficit disorder, magnetic therapy for depression, and the power of prayer and healing.

Just this month we reported on a new treatment option at a major medical center in New York, holistic therapy combined with surgery, a strumming musician playing guitar right in the operating room as a woman is about to undergo surgery for breast cancer. Both the holistic therapist, as well as the surgeon, saw benefit in the combination of the complementary and conventional medicines. For the patient undergoing her second mastectomy, it helped her relieve stress and helped her cope with a difficult situation.

While the guitarist may be an odd sight in the OR today, tomorrow he will be considered routine personnel in some procedures, but we need to remember that while aromatherapy may not kill, other alternative medicine practices might. People are using alternative medicines with conventional treatments, and the combination may put them in a life-threatening situation. We have reported all too often on this. Some interfere with chemotherapy, some with other drugs, and patients are not always honest with their doctors about their use of alternative medicine.

At the CBS Evening News, we will continue to investigate complementary and alternative medicine. We recognize that science is an evolving process, but as journalists, we need reliable data to be reliable reporters, and our viewers have a right to know about a treatment - does it harm, does it help, or is it simply a waste of money.

DR. GORDON: Thank you very much.

Joe Neel.

MR. NEEL: Hi. I am Joe Neel. I am deputy science editor at National Public Radio. I am responsible for most of the health coverage you hear on Morning Edition, All Things Considered, Talk in the Nation, and several of our other programs.

I would also like to say that we, too, have a long history of declining invitations and telling the government what to do, and will not be providing recommendations.

But I think it is useful for you to hear how we decide how we report on health stories in general and on complementary and alternative medicine in specific.

First, a little background. NPR is a nonprofit organization that produces news and cultural programming on more than 650 radio stations across the U.S. We increasingly get listeners from the web. You can get it through live streaming audio on the web.

DR. GORDON: Excuse me, Joe. Could you come a little closer to the mike.

MR. NEEL: Oh, I am not close enough to a mike?

DR. GORDON: I know this is a hell of a thing to tell somebody in radio.

MR. NEEL: That's true. Usually, I hear it on headphones.

Anyway, NPR is a nonprofit organization producing news and cultural programs on about 650 stations across the U.S. You can also get it through live streaming audio on the web or go back and listen to old stories, and we have a new satellite radio service that started earlier this year.

We have about 18 million U.S. listeners. I think our nonprofit status puts us in a unique position among the media because it removes any pressure that some news organizations say they feel from advertisers, and I think it also gives us substantial credibility with our listeners.

What little audience research is available to us tells us that -- because we can't afford to do it given our nonprofit status -- but what little is available to us tells us that health stories rank about third among what listeners want most from NPR. Stories about alternative and complementary medicine form a significant part of our health coverage. We have one reporter devoted to this area and several of our other science and health reporters contribute from time to time.

Our approach to CAM stories is pretty much the same as anything else we would approach journalistically or in science journalism. We are basically searching for the truth. As a news organization, we are also trying to present the latest news as quickly as possible, but we also are trying hard to set the stage for what we anticipate will be news stories in the future by laying out a context through feature reporting.

I know a lot of the stuff I am saying here echoes what other people have said on the panel, but I think there is much common ground here. A couple of years back, for example, in the name of providing context, we spent a week on our Morning Edition and All Things Considered looking at many of the still unresolved issues in CAM, and I think we definitely plan to continue to develop stories in many of these areas that the Commission is looking at, the changing perceptions of CAM in academic medicine, regulating manufacturing practices, regulation of marketing and distribution, certification of providers, insurance coverage, and issues of fraud among other things.

But as opposed to these process stories that are part of our ongoing coverage, we also considerable time doing consumer stories. Our goal is to present consumers with unbiased information about the substances or therapies that they may be taking or considering, but since so much is unknown in the world of complementary and alternative medicine, we have a hard time judging the good from the bad.

I think you have heard that as a theme here. As in other areas, there are a few other areas where the compass of good, hard science is missing, and when that happens we end up inevitably weighing one advocate's agenda against another.

So, to the greatest extent possible, we turn to reliable sources for guidance. Government reports, such as the one you are going to issue are a starting point. We look to the NIH, to MEDLINE, et cetera. We also pay a great deal of attention to the journals, but as you have also heard this morning, press releases that come over the fax generally don't do much for us other than fill our trash cans.

We do stick closely to peer-reviewed journals, to identify possible news stories. We rely on the major journals mainly because they have a very compelling track record in presenting studies that hold up over time, but we also recognize that peer review at the big name journals isn't perfect either and that flawed studies do get through from time to time.

That is one reason why we often try to include or we nearly always try to include opposing views in any health story we do, whether it is mainstream medicine or alternative.

I have a couple of examples of how we approach stories that might be useful to the Commission. One story we did last year, Rebecca Pearl, who covers alternative medicine for us full time, did a story about a very complex matter, which I am sure many of you are familiar with, aristolochia and aristolochic acid, supplements containing aristolochic acid were the subject of a peer-reviewed article and an FDA decree that anything containing aristolochic acid be banned, imports be banned.

But we know from experience that aristolochia extracts are used in Chinese medicine without ill effect, and so we, unlike many other news accounts at the time, we included the views of a Chinese herbal practitioner who pointed out that the uses being banned were not the traditional uses being employed by Chinese practitioners, and expressed, we put on the air his views that the ban on imports would inhibit his practice to a certain degree.

Another story is illustrative, I think, and it ran just last week. In JAMA's issue on estrogen replacement therapy, there are many issues and the one that got the most attention was a study about the link between estrogen and ovarian cancer.

We looked at the study. It was highlighted in JAMA's press release, and we decided that it didn't break a lot of new ground, so we chose instead to go into the Journal, away from the press release, and actually look and see what was in the Journal.

One of the studies there was very interesting. It was about the supplement ipraflavone and isoflavone that some people are using to increase bone density or sort of as a synthetic estrogen. What was interesting was the study in JAMA showed that ipraflavone had no effect on bone density and had even a slight negative effect or lowering white blood cell counts.

On first glance, it looked like any other study that showed that a supplement had been tested and had failed to work. In an editorial by the Journal's editors on the broad subject of estrogen, spent one whole paragraph on ipraflavone and dismissed it, much as many people might have as a supplement that didn't work.

But through our reporting, we looked at it more closely, and we found that the study really doesn't shut the door on ipraflavone quite the way that some would like it to, mainly because the endpoints here were only lab markers of bone density, not actual fracture rates from bone loss or osteoporosis.

Moreover, the study group was women who already had osteoporosis, so it is questionable whether the study tells us anything about menopausal women in their early stages before they have had significant bone loss.

I thought this was much more interesting to our listeners than one more story about estrogen replacement therapy and ovarian cancer, and we got considerable response from listeners who appreciated us bringing their attention to it.

I think there was a time when the media were as dismissive of complementary and alternative medicine as mainstream medicine and science sometimes are, but I think those days are long past, and I think we now view our role in the media as one of proactively searching for well done studies on complementary

and alternative medicine that inform and enlighten consumers about the many choices before them.

I think we also, to echo what Susan just said, we also want to continue to investigate situations where these practices and substances may actually present a danger to public health.

That is all I have.

DR. GORDON: Thank you very much.

Elmer Huerta.

DR. HUERTA: Good morning. My name is Elmer Huerta. I am a physician by training, specializing in internal medicine, medical oncology, public health, and cancer prevention. I appreciate this opportunity to share with you my work in the Hispanic community in the United States.

I am the founder and director of the Cancer Risk Assessment and Screening Center at the Washington Cancer Institute at the Washington Hospital Center in Washington, D.C. I have been appointed by the White House as member of the National Cancer Advisory Board and by the Secretary of Health and Human Services as member of the Advisory Panel on Medicare Education. In addition, I am a member of the National Board of Directors of the American Cancer Society, the National Coalition of Cancer Survivorship and the American Legacy Foundation.

While working diligently as a practicing physician in my native Peru, I realized the importance of informing the public on important health issues through the media. Immediately after my arrival to the United States in 1989, I started a daily radio show on a local Washington, D.C. Spanish language radio station.

That isolated effort evolved into the founding of Prevencion (the Spanish word for prevention), a not-for-profit organization started in 1996. Currently, Prevencion produces and distributes a daily radio show on more than 80 radio stations in the U.S., Puerto Rico, Canada, Ecuador and Peru. The show, "Cuidando su Salud," Taking Care of Your Health, has become the only health-related, daily radio show produced and hosted by a Latino physician in the United States. In addition, Prevencion produces a daily, one-hour radio talk show, a weekly one-hour, live television program, and an Internet page entitled Prevencion.org.

I use the media with the following four principles, and this is important because probably I am the only non-journalist at this table: Number 1, consistency, meaning daily presence, something that is being used for weather and sports. Probably you cannot imagine your 11 o'clock news without weather or sports.

Second, comprehensiveness, meaning to cover all sorts of medical themes. Third, using all communication channels that are available for the community including radio, television, the Internet, and print media.

Finally, gaining my listeners' trust through my medical messages. I do this without promoting products or even my medical services on my programs.

Complementary and alternative medicine is an issue that I take very seriously in my shows. There are many reasons for this.

First, Hispanics are descendants of people who used many forms of what is now called complementary and alternative medicine. They used these remedies long before Columbus landed on this American land. Native American Indians, Aztecs, Mayans, Incas and many other aborigine cultures were owners of a rich and millenary medical tradition. Present day Hispanic Americans are only inheritors of that millenary tradition and of the distinctive conceptions of health and disease of those populations.

A recent survey of 542 patients attending 16 family practice clinics belonging to a community-based research network in San Diego, California, showed that use of traditional folk remedies was associated with Hispanic ethnicity. I have the reference in your paper.

Another study examined the use of complementary and alternative medicine among Hispanic patients attending the Emergency Department at Columbia-Presbyterian Medical Center in New York. Results showed that almost half had used traditional and alternative medicine methods for their symptoms or another health problem in the past year, most commonly in the form of medicinal plants and teas.

Secondly, use of traditional and alternative medicine methods may represent an easier alternative to the harder-to-reach formal American medical system. What does it mean? A community with so many barriers for obtaining access to basic medical care, such as lack of information, linguistic isolation, lack of health insurance and fatalism, and living in poverty, may find it easier to rely on complementary and alternative medicine methods versus mainstream medical methods. For Hispanics, the use of complementary and alternative medicine methods is more a necessity than an alternative.

Thirdly, due to the same barriers, especially the linguistic isolation, Hispanics are the ideal target of sophisticated media-based quackery. There are many modalities of these frauds. There are naturopathy practitioners that broadcast nationwide by using edited tapes on which they talk with callers. They diagnose and treat all sorts of conditions with a line of their own manufactured products. These products are often extremely costly and ineffective. Acupuncture is unnecessarily offered for many conditions. I wonder if the Federal Communications Commission has ever monitored the Hispanic media.

Given this reality, I provide a constant amount of information on traditional and alternative medicine methods on my radio and television programs. I always try to frame my comments into the above mentioned reasons for Hispanics' use of complementary and alternative medicine methods. I tell them that I know they believe in those methods, as do I, but to be careful.

I inform them that I have seen many cases of advanced diabetes, cancer, or other conditions unsuccessfully treated by herbs and teas, until it is too late for doctors to help. I tell them to use their herbs, their massages, their meditation or their homeopathic prescriptions, but to please take advantage of what we all know about the modern diagnoses and treatment of diseases.

Being a physician, I select topics mainly from medical journals and articles published in respectable mainstream press media. I summarize the article, write it in Spanish at the sixth grade literacy level. Occasionally, I rely on other medical experts.

Frequently, however, I talk to my many Hispanic patients about complementary and alternative medicine methods. They always give me wonderful insight on these issues. I produced, for example, a 10-show series based on the articles on complementary and alternative medicine methods, which were published in the November 11, 1998 Journal of the American Medical Association.

I always try to balance the positive and negative results on complementary and alternative medicine

methods. For example, I have written about reports on magnetic fields in relieving certain types of back pain or the dangerous side effects of Ginkgo biloba.

Prevencion does not have corporate sponsorship. When occasional pharmaceutical support has been accepted, an unrestricted educational grant is the only form of accepted support. No mention of the pharmaceutical companies' names is made on air. I would estimate that 90 percent of my work is done on a voluntary basis.

My target audience is the recently arrived Hispanic immigrant. Recent census data confirms that there are millions of Hispanics that fall into this category. My mission is to provide these recently arrived, hard-working people with the necessary knowledge to prevent and detect disease, and not let them be the victims of organized quackery. I have seen modest laborers paying $700 a month for some herbs, tonics, and vitamin supplements.

Given the undoubted advance of complementary and alternative medicine methods, I will probably include more programs on this issue in the future. They will always be framed on the principles described before.

I respectfully suggest the Commission to ask the Federal Communications Commission to carefully monitor the Spanish language media to break organized quackery. In addition, I would suggest designing and implementing programs to increase access to good quality medical care for the Hispanic population.

Thank you.

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

Let's begin, Dean and David and Joe. We will begin with those three.

Discussion

DR. ORNISH: Hi. First, I want to thank the panel for their very thoughtful comments which were really helpful to me.

Craig Stoltz made the comment about how when you actually look at the science, that the conventional approaches often have the same problem as many of the so-called alternative ones, which is that they are often supported by years of anecdotal clinical experience, but really don't have the science behind them either, and while it is great to rely on peer-reviewed journals, they also often have their own inherent biases.

Two items which come to mind were a recent, oh, a few months ago, The New England Journal published a study claiming that low fat had no effect on colon cancer, which made headlines everywhere, and yet, when you actually look at the data, in the fine print, the control group really was following essentially the same diet as the experimental group, there were essentially no differences in weight, in cholesterol changes, things that ordinarily would have been expected to change if the diets were really different.

So, it may yet be true that colon cancer is not affected by diet, but that study, for example, didn't prove that. Yet, if the study had come out showing that it was affected, it would have been less likely to have been published. There are certain journals, The New England Journal, in particular, that are often less

likely to publish studies like that. The PC SPES study, Susan, that you mentioned, I think while, on the one hand, it drew attention to the field, it had eight patients in it, and they claim that it was really no different than leuprolide hormonal treatments, and yet, we now know that patients who failed leuprolide still often respond to PC SPES, so there is a certain double standard even when you look at some of the most well respected peer-reviewed journals like The New England Journal of Medicine.

Our charge here as a panel is to make recommendations for policy on how can people sort through the endlessly conflicting information, and other news media are often less responsible than you all are, because there can be 1,000 studies showing something, and then one study comes along that contradicts that, and because it is new, there is more of a bias to publish that in the media.

What kind of specific recommendations -- and this is addressed to each of you, or all of you, or whoever feels like responding -- can we make in order to help ultimately the American public come up with information that is more responsible and more scientifically valid?

[No response.]

DR. ORNISH: I know it is a big question, but that is what we are struggling with, that is what I am struggling with.

MS. ALTSHUL: Well, it seems to me not to be brain surgery to suggest again that there be more funding of more studies especially when it comes to herbal supplements that don't have humongous drug companies to fund studies for them, and also I think it is obvious to state that we need to come up with a way to study modalities that don't fit into the Western paradigm of conventional medicine.

Saying that and doing that clearly are two different things, but I think that it obviously needs to be addressed very seriously, so that we can then report on it.

MS. SCHILLER: You are absolutely right, the PC SPES study initially was very small. There was just yet another one published, which sort of kind of had the same results.

I think what it does, though, was to sort of out of 16,000 products that are on the market -- and you can walk into any drugstore or health food store, and as our viewers do every day, call and ask about this or that, it is sort of overwhelming, what is it, what is good for your heart, what does this or that mean -- I think what it did, it sort of helped focus on some things, some things that may actually really, really work and that scientists in general might agree this is worth studying.

We have done the whole, go down the road and talk to the Chinese herbalist, and obviously, there is a lot of anecdotal and historical information to it. We may learn more about this, why some things work and why others don't as we explore this whole area of pharmacogenetics and what the gene research will mean to all of us. Maybe some of this does work for certain people, but it needs the same kind of attention, I guess I want to say, that other things do.

So often you just feel that nobody is really looking at it because it is more profitable to just sell it than it is to actually do any work on it, and research it, and figure it out by a company.

DR. GORDON: Craig.

MR. STOLTZ: If I may add, this is a question I have thought long and hard about, and I will tell you it

just catches me flat-footed with nothing. I will tell you why. If it is a matter of more science, that doesn't raise the question about the interpretation of an individual study. Even if there are 17 of them, each of these can be parsed, and is parsed differently, by people who are standing at different places along this continuum.

So, it isn't necessarily more science. Then, if you fall back on the old journalistic trick of, well, we will get the positive and the negative, then, the reader winds up with this maddeningly evenhanded, inconclusive, well, I don't know what to do, should I take vitamin E or not.

So, it is a key question, and just to be perfectly frank, I don't have a clue.

DR. GORDON: Feel free, Elmer.

DR. HUERTA: Maybe one of the problems is that when we see who is using CAM methods, et cetera, there are more and more people using these methods. I think the problem for me is that people shouldn't really rely exclusively in these matters. There are alternatives.

I have seen women, for example, with cervical tumors having herbs packed in their vaginas because they think that may stop the vaginal bleeding instead of having a Pap smear. What is the problem? That they don't know about the importance of Pap smears, they don't know about the importance of mammograms, they don't know about the importance of what we already know.

So, maybe one strategy would be to reinforce the dissemination of what we know, the translation of what we know to the public, and then go with research in CAM, but the problem, as I see it, very frequently, more and more people are relying on these methods instead of using what we already know that can prevent or detect disease.

DR. GORDON: Thank you. Christine Gorman.

MS. GORMAN: I would second that, and also argue that the solution is not to get rid of the peer review or the scientific process because even in areas where you realize oh, for example, hormone replacement therapy, a lot of that has been based on observational studies and what we did before. It is self-correcting.

Now, there are studies. There is the Women's Health Initiative looking at whether hormone replacement therapy's benefits outweigh the risks in terms of breast and now ovarian cancer.

MR. NEEL: I would just add one last thing on that score. The self-correcting nature of science is the least understood thing in the public mind. That is why people are so confused - the incremental nature of it and the self-correcting nature, even that we say it all the time and we will actually do stories about nothing other than that, I think it is just the nature, it's human nature to hear something new every day and then say that wasn't what I heard yesterday, and now I am very confused.

So, I don't know. I don't have an answer for this.

DR. ORNISH: Just a quick follow-up. I appreciate everything that you all are saying, and I spend most of my time doing science because I believe in the value of science to help people sort out these conflicting claims. That is the whole point of science when it is done properly.

But from the standpoint of specific recommendations -- and I am certainly by no means arguing to get away from peer review except to say that it brings its own set of biases -- but in terms of specific recommendations other than increasing funding, which I am all in favor of, do you have any specific recommendations for our panel that would be helpful in helping us sort through these issues?

DR. GORDON: If you would like to respond, that will be great; if not, we understand your constraints.

I have a question really to follow up on Dean's and to ask you to be self-critical, all of you, because I have seen -- I remember Marsha Angel in The New England Journal said we need a level playing field, and we need all therapies to be looked at in a similar way, if not in exactly the same way. She may have said the "same," I would say a similar way.

But I also agree, and I was thinking of the two studies that Dean mentioned among others, and the coverage often leans in the other direction. I see that, in my estimation anyway -- and I would like your thoughts about this -- the criteria for admission are often much harder on and for complementary and alternative and integrative therapies.

I know you and I have talked about this, Craig, some, but I have seen it in all the various media except I have not seen Prevencion, but I have seen it in all the other media at times, as well, and I wonder if you could reflect on that, that there is a tendency to be more suspicious or more wary at any rate of the results or of the studies that come out of research on integrative or complementary and alternative medicine.

MR. NEEL: Well, certainly not where I live. One of the reasons I told the story about JAMA and the editorial that was written there is that whenever I see a study of alternative medicine in a mainstream journal that dismisses it, I am very skeptical about (a) why did they take the study, and (b) why are they trying to dismiss it.

I don't think we view alternative and complementary medicine with any more skepticism than we do any other story that we report on. Everything that we decide to report on out of The New England Journal gets enormous scrutiny, and we pick it apart, and we don't just take it as gospel.

So, I think in the past it has been true, that there has been more of a bar to cross, but at least where I am, by devoting a reporter to it, by giving it significant amounts of resources, I don't think that that is true anymore.

DR. GORDON: Please.

MS. GORMAN: I would like to add to that, that I think we are tough and getting tougher on allopathic medicine. If you look at recently there was a lot of to-do about supposed or potential vaccine for Alzheimer's disease, for example. I wrote an article basically saying don't pay attention to this and explaining the reasons why, that it is a research finding and probably will never bear fruit.

You didn't see that kind of article five, 10 years ago. Similarly, we had an entire cover story on laser eye surgery in which basically, the message was why would you do this to the only pair of eyes you have. This is coming out of mainstream medicine. So, I think that, if anything, I worry about our being too willing to allow complementary and alternative medicine to get by without the same standards that we require of allopathic medicine.

DR. GORDON: Craig.

MR. STOLTZ: We recently did a story about two drugs that are taken for upper GI problems, and we were very skeptical of the studies that justified the use of these drugs. In fact, we interpreted the studies in a fairly aggressive way.

We didn't hear too much from the pharmaceutical companies. We recently did a story about homeopathy in which there is a recent study which some have interpreted to be good news for homeopathy, that it can work in some cases of ear infection.

We were quite skeptical about that one, in fact, used it as an opportunity to say this probably isn't going to settle anything. We heard a lot from the homeopathy community. I have a sense that there is something of a persecuted minority status that people in the complementary and alternative medicine field have which contributes to a sense that we are being tougher on them than we are on the others.

This is a question I live with all the time. I can't say that there is no bias, but I do feel like it is easier to hurt and anger and enrage people in complementary and alternative medicine than it is the pharmaceutical company, maybe because the pharmaceutical companies are doing quite well, thank you.

DR. GORDON: Thank you.

Yes, Susan.

MS. SCHILLER: I don't think that just because it is in a major journal is, you know, an automatic no brainer, that it goes, we take it right off the press release from the PR people the Journal of the American Medical Association. That is not what we do.

We evaluate everything, but it does give you sort of a basis to start as opposed to a product press release or from some group you have never heard of touting a particular product, and you can find disagreement, you can find faults within a study, but sometimes you report it and you do it because you know it is going to get a lot of play.

You know that if you do a story about diet and breast cancer, and it is out of a major journal, it almost doesn't matter what it says. You are almost obligated to do it as part of the growing body of evidence on this topic, and then you can go to the people who did it, you can go to other experts in the field to try to help women decide what it is that is best for them.

So, it isn't an automatic, but it does give you a starting point, I think.

DR. GORDON: Thank you.

David.

DR. BRESLER: I would like to thank you and the organizations you represent for the excellent job you have been doing and staying on top of new developments and new research. However, I think there is an even more significant contribution that you in the media make, and that is in terms of original investigative reporting.

You have a way of keeping people honest, particularly politicians and spokespersons. You tell us citizens what is influencing those politicians and those spokespersons.

There is a lot of issues that come up around the area of complementary medicine that we need more investigative reporting about. For example, earlier today, Burton Goldberg testified about L-tryptophane and made the allegation that regulators were not allowing tryptophane back into the consumer marketplace in order to allow pharmaceutical companies to promote other alternatives.

Why are the media not investigating these kinds of stories and really helping us tease out what various influences are affecting people that are making these kinds of decisions for us? In short, the question is -- there is no government funding for original investigative reporting, this comes out of your own organizations -- and the question is what are your organizations doing, what kind of resources are they setting aside to do original investigative reporting in this arena.

MR. NEEL: We have little to no funding for investigative reporting.

MR. STOLTZ: By contrast, we have considerable funding for investigative reporting. In the Health Section, we don't have much. At the newspaper, of course, there is a great tradition of devoting a lot of resources. When you start to do the math, investigative reporting is the most expensive you can do in journalism. The number of bodies over the number of months spent on something that is going to fill a very small number of column inches ultimately, it is an extremely expensive proposition. We do it at the Post.

It is funny because when that comment was made by Mr. Goldberg, I thought the same thing. That one in particular, just to seize it as an example, strikes me as one that I wouldn't bother to dismiss because even to raise its profile, I think gives it credibility, that based on what I know now, sitting here, I would rather not. I feel like there is a lot of people who are in alternative medicine, supporters of it, do have very strong negative feelings about the government, and if we were to investigate each of their complaints, we would be able to do nothing else.

What we need to do is pick and choose our battles very carefully. I will tell everyone sitting in the room here, all of you, if you have specific suggestions, let us know, we take them from everyone, not to say that we intend to do the Commission's work by any chance, but just as people who are observers in the field, we like to hear from everyone with ideas about what really is in the public interest and worth investigating, and worth devoting those resources for.

Quite some time ago, we had a reporter spend about eight weeks doing a quite comprehensive report on what is known and not known just about vitamins, just the basic vitamins. It took an enormous amount of human energy to carry off. I felt like it was a good public service, it was not ground-breaking, it was simply done in the name of public service. We are going to do the same thing with herbals. I try to think about what is ultimately going to serve the public rather than small groups.

DR. GORDON: I just wanted to say one word about that. I appreciated the story that you did on vitamins. I thought it was very, very helpful, and I think that it may be, just since you are asking, I think it may be helpful where there is, whether it is true or not true, when there is such a strong question in the popular mind about an issue like tryptophane, it may make sense to take a look at it, so you can make up your own mind.

That is one that would spring to mind, but there are a certain number of issues that are there floating around, and for you all as responsible journalists with publications or media of authority, to take a look first and then see whether or not it justifies a story, I think would be extremely helpful, and if there were

authoritative stories on these issues, it might really advance the whole field and either set to rest or justify the concerns that so many people have.

One of the concerns that I have, and I will just share this with you for a moment, is I think it is important to cover popular conceptions or misconceptions and also -- and I say this not without some self-interest since I sometimes write popular and how-to books or books that help people -- I think that one of the problems has been not looking at those books.

I know the Times, I used to do a lot of reviewing the New York Times of many different kinds of books, and then I began to review some popular books. It was very interesting whether popular fiction or popular how-to books, that millions and millions of people are reading these books, and it is very helpful if you all can present some kind of thoughtful evaluation instead of saying we don't do that.

I just in response to your question, I bring that up, as well.

Christine.

MS. GORMAN: Just to comment further on the comments that Burton Goldberg made earlier today, there was very much in his comments the idea that natural somehow equals safe, and I think if that is one thing that I try to do in my articles is to somehow break through that misconception, and frequently I do it by mentioning a fellow by the name of Socrates who do a natural potion made of hemlock and it killed him.

This is the sort of thing that people somehow just don't get, and I think that kind of argument that -- you know, I would like to ask him what would it take for him to accept that maybe tryptophane did indeed cause those problems and did indeed cause those deaths.

MR. NEEL: Can I just amend what I said earlier? We don't have specific funding for investigations, but we do do them. It just takes enormous effort on our part, and I think there are many times when we do look at a story and it doesn't meet our criteria.

This example is one of them. I don't know the story, so I can't judge it, but I would say dozens of times a week things come across our desk and we say, wow, that is an interesting story and then we spend four or five, six hours of someone's time looking into it and say, oh, that's a pile of you know what.

So, I think we do perform an investigative function behind the scenes in many senses that you never see.

DR. GORDON: Thank you.

Yes, please.

DR. HUERTA: This may be off the topic, but this is a general recommendation that, if I may, this is regarding the recommendation you are going to give throughout these two days. My plea is try to take into consideration the increase in diversity of this country since the data indicate that it is almost 30-something percent are diverse, now they are a minority, so by the year 2010, probably 50 percent or 60 percent will be minorities, so just think ahead on whatever you do, please, try to take into consideration the different kind of populations are in this country.

DR. GORDON: Do you have specific recommendations regarding provision of information for

minorities?

DR. HUERTA: Well, yes, I would say, for example, if you are going to talk about some kind of herbs or you are going to do some policy on certain kind of issues, you have to really think how that policy would affect people who are like Latinos or Asian-Americans, they really see these kinds of methods as ancestral practices.

So, my point is that we shouldn't just legislate with one stamp. We should try to accommodate all the sort of populations in the United States.

DR. GORDON: Thank you very much.

Joe.

DR. FINS: Could I ask you all about your threshold for the use of anecdote and the story of the survivor who took whatever and got better, do you do follow-up stories when they don't get better? What is the threshold for the anecdote, and is it different for a CAM or integrative modality versus an allopathic sort of intervention? That is a 60 Minutes kind of question.

MS. SCHILLER: What it is, is that it is really a television kind of question to some extent, because if you look at most of the way, and the limited time especially on the Evening News, you need to make some points about whether it is conventional medicine, regular, you know, alternative medicine, complementary medicine very quickly, and sometimes the quickest way to do that is to talk with somebody who has actually been using a supplement, used a therapy, whatever it might be.

We have actually tried to follow up on people. Normally, what we do is we try to make it very clear that they believe it is helping them. We are not saying that we necessarily believe it is making a difference for them.

Generally, people will have other kind of problems that might exist, and we will make sure to factor that, you know, make sure the viewer understands that.

For example, we did a piece on a woman who was taking ginkgo biloba. You know, a lot of people use that. It doesn't seem to be any major, major problems out there. She also had Crohn's disease. She was on 16 other kinds of medication and wound up in the ER, almost died. So, even though initially, she was very happy and accepting, thought it was helping, you know, in the end it didn't, and it wasn't maybe that the problem was the supplement, the problem was the combination.

I think the whole issue of drug interaction, especially with these supplements and herbs, I don't think the public gets it. I think they view it as two separate things, and they don't understand what kind of Russian roulette they may be playing if they don't come clean with their physician about it.

We have tried to point out some of those particular problems.

DR. FINS: Do you have any information from surveys, from polls, or Nielson, or whoever, about what viewers understand? Do they get the subtlety when you say Mrs. Smith feels better because, and it is not an endorsement? What do we know about the viewers' take on all of this?

MS. SCHILLER: I think for the most part, television viewers and people are smarter than we sometimes

give them credit for. I will say that I think sometimes we make decisions about a particular story based on who might be able to handle it best in a way in terms of investigative research. I am the medical producer at the Evening News, so it is very difficult to conduct a major extensive investigation into something and cover everything else. There is a reality to it.

So, you will see more investigative things on the Prime Time shows perhaps. We do some. We did a two-part investigation into supplement problems and pointed out a pretty popular supplement that a lot of athletes were using, it almost killed somebody.

So, we do try, but I think that the public generally is aware that one person may not be the whole story. On the other hand, if you are talking about anything related to a fatal illness, I think people, whether it is conventional, complementary, alternative medicine, are going to reach for that thread of hope, and that is why it is just so important when you are dealing with anything related to something that is life threatening when you are talking about complementary and alternative medicine, as well as conventional.

MR. STOLTZ: If I can offer a thoroughly defensive response. The three treatments that I described earlier, the treatment of choice, quick study, findings of fact, all of those have been declared anecdote-free zones, and in developing those, it was partly for that reason.

We are all story tellers and we know that people like people, and that when we go to tell a complicated scientific story, journalists tend to use people, which means we use anecdotes. Those three treatments were designed at least partly in order to solve that problem, but I do think it is a problem.

The use of people does tend to distort the perception of the viewer-receiver of the message.

DR. GORDON: Please.

MR. NEEL: It is also practically very difficult. I mean to find the right anecdote, to find the right person who exactly matches the story you are trying to tell can take months, and then you just decide, well, we will just tell the story without them. Many times we have done that.

One little factoid I would add to this discussion. A couple of years ago when we were doing the series to which I referred, we did a poll with the Kaiser Family Foundation and the Kennedy School of Government at Harvard, and found that people are quite skeptical about the claims on supplements. The poll found that half of Americans responding said that many of the health claims on dietary supplements just are not true.

So, I do think the public, having been bombarded with so much health information, whether it is about CAM or whether it is about mainstream medicine, is at a point where they have a bit of a jaundiced eye.

DR. GORDON: Sara.

MS. ALTSHUL: Yes, quickly, because we do this a little bit differently than the rest of my colleagues here, because we have such a long lead time, we have over six months. When we identify a story, as we did in this month's issue, talking about cancer, we had the ability to talk to doctors. In fact, one of them was Nick Gonzalez, who is highly controversial, covered by the Washington Post.

We spoke to one of his patients way back when, and this now goes back over a year. The story we held

for a variety of reasons, and then we were able, a year later, to go back to this one patient who we profiled going through this protocol, and indeed still alive, still well, still with us, and we used him and people like him as an illustration for our readers who have received some, you know, a horrible prognosis, to show that certainly for some people there is hope, and that for our readers, after we carefully make sure that that person is appropriate and has been referred to us by a practitioner whose credentials are, you know, are something we consider fine, that is something need to tell our readers.

DR. GORDON: Elmer, and then there are three people on my list now - Charlotte, George Bernier, and Tieraona.

DR. HUERTA: I think also it depends on the kind of media that you are talking about. In my radio show, for example, which are interactive, they are alive, so one caller puts me a case, then, there is time for interaction just to convince or points go forward and back, so I think it depends on the media also where you have these anecdotes and how can you manage them.

DR. GORDON: Charlotte.

SISTER KERR: I have to tell you that to me, your presentation has been a bit of a continuation of the Academy Awards, because I really felt many of you and your agencies are stars and trying to be ethical in your presentation as educators to the media.

My question has to do with how can you be, could you be, is it appropriate for you to be participants in the healing process than just reporters? I am not sure exactly what that would mean, but I want to give you an example of one thing I was thinking of.

We all know there is an epidemic in this country of obesity. Dr. Willett from Harvard will be speaking about this tomorrow. We also know there will be a lot said about what to do about it. One of the things likely that will be true is that exercise is a help.

What would it take, who would decide, is it possible, who would we have to ask, could it be policy, for example, to have this country exercise three minutes every night on National News with Dan Rather?

[Laughter.]

SISTER KERR: Because I thoroughly believe, for myself included, that it would decrease, you know, change the morbidity data in this country in six months, and there could be other examples, and it is a bit more probably to you and NPR, which I am a fan of. Thank you.

MR. NEEL: We, unfortunately, are a car-based medium.

[Laughter.]

MS. SCHILLER: I guess if you can get Dan to put on jogging shorts and run around the anchor desk, it might happen. But I think the truth is that -- and we get asked this question a lot, because so many people turn to us -- if the truth be told, even more so than 10 years ago, before HMOs took over for most of us, and people feel that they have less time with their doctor.

People are always looking to us for media information and contacting us for medical information in the media. We get asked often if we could do these kinds of things, why we don't, you know, why we aren't

part of the public health fabric of the country.

What I would say is it is not our job. Our job is to report on new advances in medicine whether they are complementary, alternative, or conventional. We understand that obesity is a huge public health crisis in America, it's growing in kids, and we look for any opportunity to do stories of interest to our viewer and try to keep this top of mind, but having said that, we have that other reality, which is that I won't be there if people don't watch the CBS Evening News. Dan might not be there. It could be turned over for music videos.

The public still has to want to watch. We still have to have viewers, so our job is to present the information in a way that keeps the public interested and informed, and the worst thing we can do, at least as how I feel it in television, is to spin out on the Dan Rather show something that isn't really new, something that they feel like oh, this again, I have got the finger wagging in my face, I am not watching this, I am turning it off.

That is the fastest, the biggest mistake that we can make. So, it is a challenge to keep up with this constantly evolving field and put information out that the public can benefit from, and at the same time, do it in a way that, you know, makes people really want to watch, they will stop talking to their husbands, stop cooking dinner, whatever, and watch it, pay attention to it, absorb the information. They don't get a chance to sit down and re-read it, as I do, you know, a lot of times when I read a newspaper article or a magazine article, and even an NPR, which I listen to every morning on my way to work, where you are kind of captivated by the traffic, and you can really listen.

Television, you are showing that to people who are constantly under distraction. I don't think America is going to -- maybe I am wrong here, maybe it is the thing to rating success -- but I don't think that people would tune in necessarily to kind of watch that, and that is not what we are there to do.

DR. GORDON: Please, Sara.

MS. ALTSHUL: We, on the other hand, do stuff like that all the time. We address obesity every single month, both through nutrition articles and exercise pieces, but beyond what is in the magazine, we actually go out into the community.

We have walkers' rallies all across the country that are hugely successful. We now have Walk with Prevention where Prevention editors take people various places. We have exercise videos, we have editors on TV showing exercise. So, we have a different kind of mandate, and are more in the health coach business, so that is something where I am able to get directly at.

DR. GORDON: Thank you.

Other responses to this question? Yes, please.

DR. HUERTA: Maybe that is one of the advantages of not being a journalist is my case, in which I do have an agenda. I am a public health person. So, my shows, everything I do has the agenda of improving the public health of the people.

So, for example, talking about cancer, which is my specialty, five years ago I announced to my public, to my audience here in Washington, D.C., that I was going to open a cancer screening center in which people that would like to see me would have to meet two conditions: one, being healthy, see no patients,

and, two, because I didn't want to get into the insurance business, pay out of pocket.

Up to today, we have seen almost 9,000 people, 85 percent of them healthy people coming to cancer checkup because they are my huge base of listeners that they now do something for their own health, so they come and they talk about cigarette smoking, et cetera, so this is an example of how a media, huge media can be used to prompt action in the community.

DR. GORDON: Thank you.

George Bernier.

DR. BERNIER: I would really be interested to know if you would be able to make an estimate, say, for the past year, of the percentage of news stories that went through your newspapers, your networks, that have been directed at CAM-related activity versus allopathic, and we start with Craig.

MR. STOLTZ: I am winging it here. I guess it is about a third. That is my estimate.

DR. BERNIER: A third is what?

MR. STOLTZ: A third is CAM. We have the structures which keep us on an even keel for certain coverage and then among features and other things, my guess is we are about 67 percent conventional.

DR. HUERTA: I write approximately 200-plus shows a year. They are 90-second bites. We have almost 200 live, one-hour shows, and 50 live, one-hour television shows, and probably 20 percent of all my production is on CAM.

MR. NEEL: I am winging it, too. I would put the number at 10 percent of CAM versus allopathic.

MS. GORMAN: I think a lot depends on your definition. We have I know increased quite extensively our coverage of lifestyle type medicine, health care, and some people would consider that integrative, complementary, certainly at least complementary when you are talking about physical exercise, what you can do with diet, and so I actually am at a loss as to separate it out.

MS. SCHILLER: I guess I have been thinking in my own mind about that, too, because I don't generally think necessarily that exercise, you know, strictly falls in the CAM category, so when you were mentioning that, I had to stop and think a little bit about it.