Withdrawal/Redaction Sheet
Clinton Library

DOCUMENT NO. AND TYPE	SUBJECT/TITLE	DATE	RESTRICTION
001. legal doc	Articles of Incorporation, East West Academy of Healing Arts (partial) (2 pages)	09/18/1973	b(6)
002. resume	V. Kay Lahdenpera (partial) (1 page)	nd	b(6)

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

OA/Box Number: 43232

FOLDER TITLE:
Solicited Comments 2001 [1]

2011-0568-S
kc819

RESTRICTION CODES

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

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

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

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

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

Todd Rowe,MD (H),CCH, Dht
Classical Homeopathy
5501 N. 19Th Ave. Ste. 425
Phoenix, AZ 85015
602-864-1776 Phone
602-864-2949 Fax

(301-480-1691)

To: Dr. Joseph Kaczmarczyk

Attention: "

From: Dr. Todd Rowe,

Pages:(Including Cover Sheet) 13

NATIONAL CENTER FOR HOMEOPATHY

801 North Fairfax Street • Suite 306 • Alexandria, VA 22314 • (703) 548-7790 • FAX (703) 548-7792 • www.homeopathic.org

Dr. Joseph Kaczmarczyk
Email: KaczmaJo@mail.nih.gov
Fax: 301-480-1691

Response of the National Center for Homeopathy to the White House Commission on Complementary and Alternative Medicine

Introduction

Responding to your questions regarding aspects of homeopathy as a CAM practice presents one special dilemma. Since the preamble to your questions focuses on practitioners and providers, the responses we give below will primarily address that aspect of homeopathy.

However, it must be understood that in addition to the use of homeopathy by medically trained practitioners, there is a tradition of non-professional use of homeopathy by the American public that stretches back over 200 years. Pioneers crossing the Great Plains took with them their kits of homeopathic medicines. There are many people who assist their families, friends and others by recommending homeopathic medicines for self-limiting conditions. Most homeopathic remedies are available as over the counter (OTC) medicines. The National Center would not want to limit public access to homeopathic medicines, nor would it support limitations on the ability of individuals to share their knowledge and experience in using homeopathic medicines.

As an outgrowth of public study and use of homeopathy, in the past 50 years many individuals who are not medically licensed have developed sufficient knowledge, training, and experience in using homeopathy to be able to offer their services to the public. As is the case with homeopathy generally (world-wide), they have demonstrated the excellent record of safety using homeopathy. We would not want to see these individuals prevented from assisting the public with the many health problems that are either self-limiting, resistant to conventional treatment, or for which no effective conventional treatment is available.

We strongly support the freedom of the public to make their own choices regarding their health and the freedom of homeopathic practitioners to serve the public. This includes broadening consumer awareness of the benefits of homeopathy and access to homeopathic treatment. Some people are very concerned that the establishment of standards could be used to limit practice, which would without justification limit citizen access to homeopathy and it myriad practitioners. Nevertheless, we support the principle that standards for professional education and certification developed by the homeopathic community as a whole are an important element of defining a homeopathic profession. These professional standards will assist the public in understanding how homeopathy can be used safely and effectively. It will also assist in improving understanding and communication between homeopaths, other CAM providers, and conventionally trained health care practitioners.

Question #1. Are there national educational standards for homeopathic, undergraduate, postgraduate, and continuing education? Should those national standards or certification be established, to who should they apply and how should they be implemented.

The consensus from the homeopathic community is that there is a strong need for the formation of both educational standards and certification. The presence of homeopathic standards and certification helps the growth of homeopathy as a profession and lends legitimacy and consistency to what homeopaths do.

The homeopathic community already has in place a certification process. This consists of the Council for Homeopathic Certification (CHC) which certifies all individuals, irrespective of medical training. In addition, there is certification for separate specialties. The American Board of Homeotherapeutics (ABHt) certifies licensed medical and osteopathic physicians, the Homeopathic Association for Naturopathic Physicians (HANP) certifies licensed naturopathic physicians, the National Board of Homeopathic Examiners (NBHE) certifies primarily licensed chiropractic physicians, and the North American Society of Homeopaths (NASH) primarily certifies non medically licensed homeopathic practitioners. In addition, the Council for Homeopathic Education certifies homeopathic schools and educational programs throughout North America.

The current debate in homeopathic certification focuses on whether

there should be a single certification board for everyone or separate homeopathic certification boards for each specialty. The National Center has remained neutral in this debate, although strongly supportive of the certification process for all professional homeopathic practitioners.

Descriptions of each of these entities are listed below.

A. Council for Homeopathic Certification

Description: This organization was founded in 1992, in response to a new vision for the future of homeopathy as a unified profession of highly trained and certified practitioners. To date, they have certified more practitioners than any other professional homeopathic organization. Their goals are to create a common standard to establish competence in classical homeopathy, define standards of homeopathic care and professional ethics, administer an exam process to certify homeopaths to this level of competence, assist the public to choose appropriately qualified homeopaths from all professional backgrounds with a national directory of certified practitioners, promote the inclusion of homeopathy within the recognized scope of practice of all health care professions and to cooperate with existing organizations to strengthen the homeopathic profession with an agreed credential and excellence in classical homeopathic training and practice.

Candidates for certification must fulfill educational and clinical experience prerequisites established by the CHC in order to undertake a challenging written exam. Those who pass the written exam subsequently take an oral examination. Successful candidates receive a certificate stating that they are "Certified in Classical Homeopathy", and are entitled to use the credential 'CCH'. This certification is not a license to practice, but is an important step toward defining a national identity for the homeopathic profession.

Certification by CHC is a public statement of recognition by a practitioner's peers of training, knowledge, skill and competence in classical homeopathy. The certifying board includes homeopaths from major health care professions, as well as the growing group of professional homeopaths. This certification also assists the general public in choosing appropriately qualified homeopaths from all professional backgrounds.

Designation: CCH

Contact:

1060 North 4th Street
San Jose, CA 95112
Telephone: (408) 971-5915
Fax: (408) 999-0344
chcmail@homeopathy-council.org
http://www.homeopathy-council.org

B. American Board of Homeotherapeutics

Description: The ABHt was founded in 1959 and incorporated in 1960 (New York) for the purpose of promoting the science of homeopathy, and demonstrating its effectiveness to the medical profession, and insuring homeopathy's growth as a viable medical specialty in the U. S. The ABHt grants Diplomate (advanced specialty) status to those medical and osteopathic physicians applicants who meet the prerequisites and successfully pass a written and an oral examination. The ABHt in 1997 has also created a Homeopathic Primary Care Certification for the purpose of creating a minimum standard of competency in homeopathy. The ABHt grants Primary Care Certificate status to those licensed physicians, advanced practice nurses or physicians assistants who meet the primary care homeopathic education/training prerequisites and successfully pass the homeopathy primary certificate examination and who agree to practice within the bounds of their respective medical and homeopathic competence.

Designation: DHt

Contact:

801 N. Fairfax Street, Suite 306

Alexandria, VA 22314
#703-548-7790
Fax: 703-548-7792

C. Homeopathic Academy of Naturopathic Physicians

Description: The Homeopathic Academy of Naturopathic Physicians (HANP) is a specialty society within the profession of naturopathic medicine, and is affiliated with the American Association of Naturopathic Physicians.

The HANP's purpose is to further excellence and success in the practice of homeopathy by naturopathic physicians. It encourages the development and improvement of homeopathic curriculum at naturopathic colleges, sets educational standards of practice in homeopathy through board certification and the education of naturopathic physicians, publishes the quarterly professional homeopathic journal *Simillimum*, hosts the HANP Annual case Conference, and offers board certification in classical homeopathy to qualifies naturopathic physicians.

Designation: DHANP

Contact:

Susan Wolfer, Executive Director
Homeopathic Academy of Naturopathic Physicians
12132 SE Foster Place
Portland, Oregon 97266
503-761-3298
Fax: 503-762-1929
swolf@teleport.com

D. North American Society of Homeopaths

Description:The North American Society of Homeopaths (NASH) is an organization of professional practitioners dedicated to developing and maintaining high standards of homeopath practice in North America. NASH was created in 1990 and was modeled after the Society of Homeopaths in the United Kingdom, the largest organization in the world of competent homeopaths without medical licenses.

The mission of NASH is to develop and support a qualified and certified homeopathic profession, distinct from, and in cooperation with other medical professionals, and to support the public in its right to receive high quality homeopathic care. To those ends, NASH certifies qualified homeopaths and maintains a directory of qualified homeopaths with the designation of R.S.Hom.(N.A.).

NASH certified homeopaths have met the educational standards and demonstrated their competency through examination and case presentations. NASH requires all applicants to pass the exam administered by the Council for Homeopathic Certification. Non-medically licensed as well as those homeopaths possessing non-primary care licenses are eligible for certification. Registered members are required to adhere to a stringent ethical code.

NASH also acts as a professional membership organization, working to negotiate malpractice insurance policies, working towards legal recognition of the profession of homeopathy throughout North America, presenting an annual conference, publishing an annual journal and a quarterly newsletter, and developing professional support programs for the professional homeopath.

Designation: RSHom

Contact:

1122 E. Pike Street, Suite 1122
Seattle, WA 98122

206-720-7000
Fax: 303-832-8993
www.homeopathy.org

E. National Board of Homeopathic Examiners

Description: The National Board of Homeopathic Examiners was incorporated in 1987. The Board evolved out of a vision of creating standardized interprofessional testing for the advancement of the homeopathic profession. The Board administers an examination every six months which certifies the basic level of proficiency of homeopathic practitioners who successfully pass the exam. Applicants must have previously earned a PhD, D.C., R. Ph., M.D., D. O, A.P., N.D., O.M.D. or equivalent degree and have received specialized training in a Board certified institution.

Designation: DNBHE

Contact:

PMB#832, P.O. Box 15749
Boise, Idaho 83715-5749
208-426-0847
Fax: 208-426-0848
msassodc@aol.com
www.nbhe.com

F. Council on Homeopathic Education

Description: The Council on Homeopathic Education (CHE) was founded in 1982 as an independent and autonomous agency. Its goals are:

- To establish, maintain, insure and improve the quality of education in the science and discipline of homeopathy in the United States and Canada.
- To act as a resource center for questions regarding the content and presentation of lectures, seminars, academic programs and institutions dealing with the art and science of homeopathy.
- To establish standards for the above presentations and to evaluate for approval, endorsement or otherwise certify such presentations or institutions.

The Council has been active in evaluating educational training in the United States since 1982. Participating organizations include: the American Institute of Homeopathy; the Homeopathic Academy of Naturopathic Physicians; the National Center for Homeopathy and the North American Society of Homeopaths. The board consists of representatives from member organizations, endorsed schools, and the public at large.

Beginning, advanced and clinical programs are evaluated at graduate and postgraduate levels. Episodic programs for continuing education units (CEU) are endorsed as well.

Contact:

801 North Fairfax Street, Suite 306
Alexandria, VA 223-4-306
212-560-7136

The homeopathic community is in the process of forming educational standards for the homeopathic profession. The National Center is strongly supportive of this process. A rough draft of these guidelines has been written and in the process of review by all organizations in the homeopathic community. These standards should be complete by mid summer of this

year. This document will be available from the Council for Homeopathic Education (see above). The introduction to the document is quoted below.

"The Council for Homeopathic Education (CHE), with the support of the Homeopathic Community Council (HCC), held a Summit Meeting of invited representatives of key homeopathic organizations on January 28-30, 2000. The intention of this Summit was to achieve consensus on the homeopathic and medical competencies and standards necessary for the practice of homeopathy in North America. Discussions have continued since that time.

The Council for Homeopathic Education was founded in 1982 with the mission to accredit homeopathic schools and educational programs. In 1999, the CHE identified the establishment of consensus on standards and competencies as a priority necessary to achieve its mission. Accreditation of educational institutions is a function vital to the development and recognition of homeopathy as a health-care profession.

Homeopathy is currently utilized by a wide variety of health-care practitioners in the United States and Canada. The political-legal environment in which homeopathy is practiced is in a state of evolution. These complexities make the job of the CHE in identifying the competencies and standards to which schools must prepare students a complicated task. It is a task that must be undertaken with sensitivity to many perspectives and an awareness that health care in the North America is heading rapidly toward new potentials.

While the Summit group has outlined homeopathic and medical standards and competencies, we emphasize that the means of acquiring these competencies may vary from formal instruction to self-study to clinical supervision. Ideally, the training process will include all three of these elements. The important thing is that the instruction be based on definable standards and that homeopaths must be capable of demonstrating these competencies and proficiencies by the standardized measurements utilized by certification boards.

This document is a draft developed by the representatives of homeopathic organizations who were invited to the Summit and who chose to send one or more representatives. The CHE understands that the statement of standards outlined here is a first step. To become a statement of the will and intention of North American homeopaths, this document must be debated and refined by the larger homeopathic community.

One of the positive outcomes of the Summit process was the high degree of consensus among participants from diverse segments of the homeopathic community, including practitioners with and without medical licenses. We believe this heartening outcome is a good omen for the future, and for harmony within the homeopathic profession. Unless otherwise indicated, statements in these documents represent consensus. For those points on which we were unable to agree, we have set forth the arguments for and against so that the larger homeopathic community can make its decision. In fact there were only two such points.

One area where opinions diverged was on whether or not it was necessary to outline potential models under which homeopaths would practice. While some felt it contributed context and substance to the discussion of standards, others felt it unnecessary and ill advised at this time. Also, there was debate about the models themselves. The reasoning on both sides of these questions is given in the Discussion of Models for Homeopathic Practice section so that the community at large can reflect on these issues.

We realize that many practitioners have a strong preference for either the word "client" or the word "patient" In drafting this document, we had to choose one, for the sake of simplicity. We have used "client" in most contexts, but we mean it as a neutral word to refer to anyone who seeks homeopathic care.

The Summit process was assisted immeasurably by the monumental efforts of our professional colleagues, national and international, who have spent many hours considering,

deliberating and publishing their thoughts on these issues. The documents to which we referred regularly are listed in the Selected Bibliography.

Consensus on standards for classical homeopathic practice will have important implications and benefits for the interdependent components of the homeopathic community -- schools, accreditation organizations, certification boards and professional organizations. Indeed, these standards can lay the groundwork for the recognition of an independent profession of classical homeopathy in the United States.

Summit participants felt that formalizing the homeopathic and medical requirements for the professional practice of homeopathy will lead to greater unity in the profession. This has already proved to be the case within the diverse Summit group, who were able to agree not only on homeopathic competencies, but on medical competencies as well. While this unity may help propel homeopathy into the mainstream, it can only happen if homeopathic principles are honored.

We submit these documents to the North American homeopathic community in the hope that they will be debated and further refined and can become a powerful tool in the strengthening of the homeopathic profession."

Question #2: Should there be national standards or certification to provide CAM practices and products? If so, how and by whom should national standards or certification be established, to whom should they apply and how should they be implemented?

The National Center for Homeopathy is a strong supporter of national standards and the certification process for homeopathic practice. It is crucial however that the various forms of CAM not be lumped together or overseen by a single board. The standards and certification necessary for the practice of homeopathy are quite separate and distinct that the needs of other forms of CAM. It is our feeling that each CAM practice should establish their own set of national standards and their own certification board(s). Each CAM practice should come together as a community to facilitate this process.

With respect to national standards for homeopathic medicines, this is provided by the Homeopathic Pharmacopeia of the United States (HPUS) as part of the Food and Drug Act. Homeopathic medicines are included only after having met certain scientific standard of proof of indication, and they are manufactured according to FDA guidelines. From time to time, marketers of new products attempt to label them as homeopathic simply because they are dilute, when they do not meet homeopathic standards for administration or inclusion in the HPUS. Any regulatory assistance in prohibiting this practice would benefit the practice of classical homeopathy as well as protecting the public against these untested substances.

Any regulatory assistance in prohibiting this practice would benefit the

practice of classical homeopathy as well as protecting the public against these untested substances

Question #3: Should the numerous homeopathic organizations come together to form a community. If so, how and by whom should that community be formed?

The task of coming together to form a community is the central task facing the homeopathic profession in America today. A community is a group of people who get together to share a common interest. That interest, such as homeopathy, is larger than the individual. The ability for various factions in homeopathy to come together will be greatly facilitated by the legitimization of homeopathic practice and the definition of what kinds of patients can be treated by what kinds of homeopathic practitioners. The economic and legal concerns that endanger individual practitioners could then take a back seat to the larger community issues. By coming together as a group, a homeopathic community can be established through which this larger interest can flower and grow. The community can provide the structure that will allow the spirit of homeopathy expression. It keeps the creative spark that is homeopathy alive. Without the existence of a strong homeopathic community, homeopathy cannot grow as a profession.

A strong community can only be grown from within. It cannot be imposed from without, such as by an outside agency. There must be a perceived need and a common bond that unites the community.

Homeopaths have a long tradition of being fiercely independent, rugged individualists. This has made it difficult to form a single all encompassing homeopathic community. However multiple efforts have been made to facilitate the growth of the homeopathic community, which are briefly discussed below.

The National Center for Homeopathy is the largest homeopathic organization in the United States. It is a non profit membership organization and its mission in part, is to grow homeopathy by the establishment of a strong homeopathic community. Its board consists of an eclectic group of practitioners, pharmacists, educators and administrators dedicated to homeopathy. The National Center has increasingly been turning its attention to the growth of the homeopathic community in recent years. It stands ready to assist in the process of community growth.

The Homeopathic Community Council (703-548-7790) is an organization that consists of leaders from the various homeopathic

organizations through out the United States. This organization is dedicated to forming dialog and building bridges between the various homeopathic groups, subgroups and factions. Most recently, this organization has not been very active, although it recently helped to fund and sponsor the formation of national homeopathic standards of practice.

Homeopaths Without Borders (970-927-0570 fax) helps to homeopathically treat and educate individuals in under served areas throughout the world. This also includes areas of need in the United States. Through this process, homeopathic practitioners learn to work together, forming strong bonds of homeopathic community. Most of their work takes place outside of the borders of the United States.

There also has been increasing recent discussion of forming a single homeopathic professional organization where all practitioners come together in community. Currently, this is still in the discussion phase, but may be occurring as soon as fall of this year.

Question #4: Should there be condition-specific or modality-specific practice guidelines and why or why not? If so, how and by whom should these guidelines be developed. To whom should they apply, and how should they be implemented?

The National Center would be opposed to the establishment of practice guidelines within the homeopathic profession. Homeopathy does not treat conditions. It treats individuals. An individual seeing a homeopath for treatment of migraine headaches, could need any of 1000 different homeopathic medicines. Condition specific guidelines would simply not be possible in homeopathy.

Modality specific guidelines are equally problematic. One of the most important aspects of homeopathy is the process of individualization. Each patient must be approached individually. For each person at any point in time, the individualized remedy must be found that fits their specific personal characteristics and life circumstances and considers the entirety of their health imbalances and history. Similarly, the methods utilized by homeopaths are also individualized. There are many possible approaches to a given case that may all be effective. To choose only one (modality specific guidelines) would be to destroy the very flexibility of the individualization process that makes homeopathy effective.

However, there is an underlying need for each person's health condition to be appropriately assessed with respect to the nature of their pathology and prognosis. The National Center does support standards of medical

competency for homeopathic practitioners.

Perhaps more important than condition specific or modality specific guidelines are the creation of ethical practice guidelines. This should include issues such as providing accurate and detailed professional disclosure of each practitioners training and background and informed consent, to list just a few.

Question #5: Are your members concerned about malpractice liability associated with providing CAM practices and products?

Homeopathy has an excellent record for safety. The incidence of malpractice cases concerning homeopathy is low. However, for homeopaths licensed in a particular profession, having malpractice coverage may be highly desirable. Recently, insurance companies have broadened their effort to cover the practice of homeopathy.

Most MD's and DO's practicing homeopathy carry some form of malpractice insurance, according to the requirements of the state in which they practice. This is much harder to obtain for homeopathic practitioners who are licensed as acupuncturists or chiropractors. The majority of these individuals work without malpractice insurance. Naturopathic physicians can obtain insurance that covers all aspects of their practice, including homeopathy. Recently, the North American society of Homeopaths has been able to assist some of it registered member in getting malpractice coverage.

Equally important with this issue is finding way to induce insurance companies to help cover the cost of homeopathic treatment. Although medicare and blue cross reimburse for homeopathic treatment, most HMO's still do not include CAM or reimburse inadequately for homeopathic services. Patients often must pay out of their own pocket and this limits the scope and depth of treatment. Given homeopathy's record of safety, efficacy and cost effectiveness, the national cost of health care could be significantly reduced if homeopathy were covered as an alternative to more expensive conventional treatments.

Question #6: Are there any risks associated with CAM that may be of concern to your members? If so, can you suggest ways to minimize those risks?

Generally, homeopathy is a safe form of CAM and the risks associated with practice are few. One concern is the missing of important medical conditions on the part of unlicensed practitioners. The solution to this

problem is the setting of standards and national certification that include medical competencies.

Another issue is the inappropriate usage of Over the Counter (OTC) homeopathic preparations, which is complicated by standard FDA labeling requirements that do not fit the homeopathic paradigm. The most important way to reduce the risk is to educate the public as to the nature of homeopathy, how it can be used most appropriately and the importance of seeking well qualified homeopathic practitioners for conditions that are not self limiting or that by their nature or severity require the supervision of a practitioner experience in managing that condition.

Question #7: Should there be a mechanism to address consumer concerns or grievances about the quality of CAM practices or products? If so, what should that mechanism be?

Traditionally, concerns about professional practices have been addressed to the professional organization of which the practitioner is a member.

Traditionally, concerns about professional practices have been addressed to the professional organization of which the practitioner is a member. The National Center feels that each CAM practice should address the concerns and grievances of its own practice and products. Each CAM practice is too distinct and separate to effectively create one organization to over see them all. This is especially true of homeopathy whose central philosophy is quite distinct from that of many other forms of CAM. For example, most forms of CAM utilize a symptom oriented treatment approach, whereas homeopathy focuses on treating the whole individual.

Concerns about homeopathic practices should be addressed through certification (see above, question #1). In homeopathy, there is still controversy about who should best administer the certification process.

Concerns and grievances about the quality of homeopathic practice should also be focused on a state level and not federal. Two states exempt homeopathy and other CAM practices from medical practice acts. Currently three states in the country have homeopathic licensure for MD's and DO's. Thirteen states in the country have licensure for ND's. Several states include homeopathy within the scope of practice of acupuncture or chiropractic licensure.

The Federal Drug Administration is the vehicle to address concerns and grievances related to homeopathic products. There is also an organization that helps to oversee the homeopathic pharmaceutical industry, the American Association of Homeopathic Pharmacists (AAHP: 800-478-0421).

Question #8: What information should a conventional health care provider communicate to a CAM practitioner? What information should a CAM practitioner communicate to a conventional provider either within a referral or without a referral as when a consumer self-refers?

This is difficult. Ideally, every practitioner who is participating in treatment of a given patient should communicate and work together in the patient's care. In practice, many conventional health care providers are either openly antagonistic or not interested in their patients CAM treatment.

Even for conventional health care providers that are open to CAM, there are obstacles. One of the central difficulties is language. It is often difficult for conventional health care providers and CAM practitioners to communicate in a language that both can understand. To attempt to reduce CAM practice to the language and diagnostic codes of conventional medicine, is to destroy the very nature of what they do. Rather than reducing CAM to conventional health care, both fields of practice need to find a common ground.

In practice what often works best is a summary of treatment in non technical language, including treatment goals and plans. All referrals should also include reasons for the referral. Conventional health care providers and CAM practitioners should communicate not only at the outset of treatment but periodically as treatment progresses.

Question #9: What policy recommendations would you like to make to assure the quality of CAM practices and products whether they are provided by a practitioner or used as self-care?

Most importantly, the National Center would be a strong advocate of self determination and health care freedom. Each person should have the freedom to choose whatever practitioner they wish. Each health care practitioner should have the freedom to practice as they wish as long as they obey the central tenet: "first do no harm". Homeopathy should be available at all levels of health care.

The National Center is a strong supporter of certification and the creation of standards of practice. It also strongly supports education of the public in regards to homeopathy and homeopathic treatment. For this to be accomplished, there is a strong need for the continued growth and development of the homeopathic community.

Board of Directors
National Center for Homeopathy

Joe FYI from your friends Maureen

To: Maureen Miller, MPH, RN
Stephen C Groft, PharmD, Executive Director, WHCCAMP

Dear WHCCAMP Representatives,

Thank you for this opportunity to give our input to the WHCCAMP on educational issues regarding homeopathic medicine. We believe that the American Institute of Homeopathy is the organization that best represents the potential to bridge the gap between the conventional medical and the homeopathic communities. In order for our perspective to be best understood, we will first describe the AIH and give you some background information about its role in US homeopathy.

BACKGROUND

The American Institute of Homeopathy is a 501(C) 6 trade Association, whose membership comprises medical and osteopathic physicians, dentists, advanced practice nurses and physician assistants. Its purpose is the promotion and improvement of homeopathic medicine and the dissemination of medical knowledge pertaining to homeopathy. Established April 10, 1844, the AIH is the oldest national medical professional organization in the United States, predating the establishment of the AMA by three years.

Historically homeopathy has been the form of holistic medicine in the U.S. that has had the most medical practitioners, with an enormous body of literature,and extensive clinical documentation. Since the mid-1800's thousands of MD's and DO's have practiced homeopathy. At the end of the 19th century, there were 22 homeopathic medical schools, numerous journals published, thousands of clinical texts in print, and over 100 homeopathic hospitals. There stands a 100 year old monument to its founder, Samuel Hahnemann, MD just a few blocks from the White House.

In spite of these circumstances, homeopathy has nevertheless remained off the radar screen, surviving in the 20th century in relative obscurity. There are various reasons that homeopathy has not been embraced by the conventional medical world. First, homeopathic theory is very different from conventional medical thinking, in that it is based upon the principle of similars. The prescription of a diluted substance that can cause symptoms similar to the illness in question, can act as a bioenergetic catalyst that promotes healing. This tends to be dismissed outright by many physicians simply because it makes no sense to them, not because they have had any actual experience that has guided them to their opinions. Second, because of its therapeutic success, it has been perceived as a threat to conventional medical territory. It is because of its very value as a widely applicable therapy that it has been so reluctantly received.

This unfortunate resistance to homeopathy has long prevented a very valuable therapy from being offered to the American public. Homeopathy can be utilized in a very practical, predictable, and effective way, to treat conditions that run the entire range of medical specialties. The homeopathic medicines that are documented in the United States Homeopathic Pharmacopeia, established by Congress in 1938 as part of the Food, Drug, and Cosmetics Act, have been regulated as such by the FDA since that time. They can be used in the appropriate

circumstances for ailments such as ear infections, urinary tract infections, pharyngitis, bronchitis, croup, asthma, allergies, viral illnesses, influenza, migraines, constipation, diarrhea, irritable bowel syndrome, eczema, hives, warts, back pain, sciatica, injuries, sprains, arthritis, myalgias, dysmenorrhea, anxiety, depression, post traumatic stress disorder, ADHD, and many other conditions.

Unfortunately, as a result of the relative vacuum created by the conventional medical world's lack of receptivity to homeopathy, there has been a strong proliferation of non-medically trained, and sometimes lay practitioners of homeopathy. This is of great concern to the AIH which represents primarily homeopathic physicians, and it should be of concern to conventional physicians too. The AIH has always stood ready to cooperate with conventional medical institutions to provide guidance as to how homeopathy should be integrated into the medical school curriculum and into actual clinical practice.

EDUCATION, STANDARDS, AND CERTIFICATION

A fundamental starting point should be that the AIH be recognized by medical and governmental institutions as the authority on the standards and practice of homeopathy in the U.S. If the AIH were recognized as such, there would be no need to reinvent the wheel because the entire structure for education, standards of practice, and Board Certification for homeopathy are already in place. The following programs and organizations already exist in the homeopathic community.

1. The American Institute of Homeopathy (AIH) is the oldest medical institution in the U.S. and continues today to represent the interests of homeopathic physicians. The AIH sponsors a Primary Care Homeopathy Program (PCHP) modeled after a similar program being taught around the world. Its purpose is to educate physicians and licensed medical professionals about the entry-level use of homeopathy in simple acute care situations. Completion of this 30-hour program and an exam leads to Certification in Primary Care Homeopathy. This program could easily be integrated, preferably at an early stage, into medical school curriculums or later as a post-graduate option.

2. The Council on Homeopathic Education (CHE) accredits many of the more extensive educational programs around the country which are pursued by physicians looking for a more in depth understanding of homeopathy in chronic care situations. It is unfortunate that these programs remain outside of the medical mainstream and as such become influenced too often by non-medically trained practitioners.

3. The American Board of Homeotherapeutics (ABHt) was incorporated in New York State in 1960 as the organization that sets the standards for professional competence for homeopathic physicians in the U.S. It grants the above mentioned Primary Care Certification, and more importantly, it has created and oversees the process of Board Certification for homeopathic physicians. This is a rigorous process that includes educational credit hour requirements, written documentation of long term case management, a written exam, and an oral exam that leads to the designation Doctor of Homeotherapeutics (DHt). Diplomates are required to complete continuing education credits. It has been the hope that this Board will allow homeopathy to someday be

recognized as a legitimate medical specialty by the American Board of Medical Specialties. Of course, this would become a more realistic goal if actual residency programs in homeopathy were established in affiliation with conventional medical institutions.

4. As mentioned before, The Homeopathic Pharmacopeia of the United States (HPUS) is published under the direction of the Pharmacopeia Convention of the American Institute of Homeopathy. The Convention is entrusted with setting the standards for the preparation of homeopathic medicines of the highest quality, and strictly adheres to the regulations set forth by the FDA. Homeopathic medicines have an unparalleled safety profile, and are rarely associated with side effects of any consequence.

USE OF HOMEOPATHY IN THE US

There is a logical hierarchy of homeopathic usage that exists, and should be recognized as such. This includes:

1. The very popular usage of homeopathic medicines for families at home for self-care of simple, self limited, acute conditions such as colds, flus, sprains, and bruises.

2. The use of very simple yet potentially powerful homeopathic interventions by medical practitioners in selected settings. For example: the prescription of Arnica post surgically by a local plastic surgeon that I know, significantly reducing the healing time and potential morbidity. The similar use of Arnica and other first aid homeopathic remedies in the primary care clinic or ER setting for example, could dramatically reduce the need for stronger drugs such as pain killers and anti-inflammatory drugs.

3. The use of a limited range of homeopathic medications in the primary care setting as is taught in the Primary Care Homeopathy Program. This could provide an effective alternative to the growing problem of the overuse of antibiotics for such illnesses as acute otitis media, sinusitis, and other minor infections.

4. The various medical specialties could make use of a limited range of homeopathic medicines that would be applicable to very specific problems that present to each given specialty. For example, neurologists could use Hypericum after lumbar puncture to prevent pain and potential complications. Orthopedic surgeons could use Symphytum to assist union of fractures after they have been set. A psychiatrist could prescribe Aconite for the onset of a patient's first experience of acute panic attack.

5. There are many extensively educated homeopathic physicians that practice homeopathy as their primary specialty. Some treat the entire range of conditions seen in a typical general practice, and some restrict their practices to specific circumstances. These homeopaths could serve as primary care providers, or they could choose to practice homeopathy exclusively.

6. It is very reasonable that affiliated professions such as PA's, NP's, and RN's should be educated and allowed to be involved with homeopathic medicines in accordance with the scope of their practices.

RECOMMENDATIONS

The following recommendations would allow homeopathy to find its place within a fully integrated medical system that offers patients the best of all medical worlds:

1. Government and medical institutions should recognize the AIH as the national authority on issues pertaining to physicians and the practice of homeopathy. The AIH would gladly provide speakers for various events and settings to educate physicians and government institutions about the AIH and about homeopathy.

2. Medical schools should introduce the fundamentals of homeopathy to its students early on. The perfect model for this introduction exists in the AIH sponsored Primary Care Homeopathy Program. The AIH is more than willing to help medical schools set up a basic curriculum, and to provide instructors if desired.

3. Similarly the AIH is willing to recommend instructors to teach more advanced topics within the medical school setting.

4. The American Board of Medical Specialties should be encouraged to recognize homeopathy as a legitimate medical specialty for those homeopathic physicians who have achieved board certification (DHt) through the American Board of Homeotherapeutics.

5. It would be of prime importance to have a variety of institutions grant CME credit for homeopathic educational events and programs. Currently, such credits are very difficult to receive.

6. Pharmacy students should be thoroughly educated about the HPUS and FDA regulation of homeopathic medicines and be knowledgeable to advise consumers about these products.

7. Research into the clinical outcomes of homeopathic treatment in a variety of medical conditions, both acute and chronic, should be strongly promoted and supported. The U.S. lags way behind many other countries in terms of resources committed to homeopathic research.

8. Homeopathic residency programs should be set up in medical institutions.

9. Hospital formularies should introduce commonly used homeopathic medicines for commonly encountered in-patient medical conditions. Once again, the AIH would gladly provide guidance to any interested party.

10. Medical institution libraries should be encouraged to subscribe to the Journal of the AIH and possibly other homeopathic journals.

In closing, it must be emphasized that a long-standing concern of the homeopathic community of physicians is that homeopathy not be relegated to merely an adjunct or watered down in an attempt to integrate it into the conventional system of medicine. Homeopathy must be accepted in its undiluted form in order for it to remain a viable therapy. Just as any experienced homeopathic physician recognizes the

value of conventional medical diagnostics and treatment, and realizes the limitations of homeopathy, so too it is reasonable to expect that a conventional physician educated in the art and science of homeopathy should be able to recognize when homeopathy is indicated. He or she should be willing to recommend such a therapy to a patient without hesitation or prejudice, in the name of doing what is best for the well being of the patient.

We at the AIH thank you sincerely for the opportunity to express our views on these very important issues. We believe that we are the organization that best represents the potential to bridge the gap between the medical and the homeopathic communities. We are at your service and encourage you to contact us with any questions or requests that you may have.

Respectfully,

Larry Malerba, DO, DHt
2nd Vice President, AIH
Phone (518) 357-4210
Fax (518) 357-4216
< zog@albany.net >
PO Box 588, Altamont, NY 12009

Jennifer Jacobs, MD, MPH
President, AIH
Phone (206) 542-5595
Fax (206) 546-1715
< jjacobs@igc.apc.org >
23200 Edmonds Way, SuiteA, Edmonds, WA 98026

1923 SE 48th Ave
Portland OR 97215
FAX: 503-236-0563
PHONE: 503-236-0549

CCAOM

Fax

To: Dr. Joseph M. Kaczmarczyk **From:** Amy Kaufman, CCAOM

Fax: 301 480 1691 **Pages:** 9

Phone: **Date:** 2/13/01

Re: **CC:**

☐ **Urgent** ☐ **For Review** ☐ **Please Comment** ☐ **Please Reply** ☐ **Please Recycle**

• **Comments:**

Dr. Kaczmarczyk,

I have e-mailed a copy of our response as well.

Amy Kaufman M.Ac., L.Ac.
Administrative Director

Council of Colleges of Acupuncture and Oriental Medicine
7501 Greenway Center Drive, Suite 820 • Greenbelt, MD 20770
301/313-0868 Phone • 301/313-0869 Fax • www.CCAOM.org

February 13, 2001

Stephen Groft, Pharm.D.
Executive Director
White House Commission on Complementary and Alternative Medicine

Thank you for the opportunity to respond to the questions set forth by the White House Commission on Complementary and Alternative Medicine. Although many of the questions refer to CAM in general, the Council of Colleges of Acupuncture and Oriental Medicine (CCAOM) can only respond from the perspective of acupuncture and Oriental medicine. The issues raised are complex, and we look forward to engaging in active dialogue with the Commission.

1. Are there national educational standards for acupuncture and Oriental medicine undergraduate, postgraduate, and continuing education? Should those national educational standards include exposure to conventional or western medicine as well as CAM other than acupuncture and oriental medicine?

There are national standards for acupuncture and Oriental medicine education. Accredited and candidate acupuncture and Oriental medicine programs are recognized at a Master's level by the Accreditation Commission for Acupuncture and Oriental Medicine (ACAOM). ACAOM is given the authority to grant Master's level training through the U.S. Department of Education and the Council on Higher Education Accreditation (CHEA). Since acupuncture and Oriental medicine training is only recognized at a Master's level, there is no undergraduate training in this field. Currently, we are developing an optional clinical doctoral degree, which will be postgraduate training. We anticipate that the first doctoral programs will begin within the next two years.

Continuing education is required by the National Commission for the Certification of Acupuncture and Oriental Medicine (NCCAOM) to maintain active national certification in acupuncture, and by a few state boards to maintain licensure. Consequently, the NCCAOM and/or state boards recognize continuing education classes. While there are no *accredited* national standards put forth by ACAOM for continuing education classes, NCCAOM has clear guidelines for its required CE credits.

To answer the second part of question #1, ACAOM already requires a specific level of education in western medicine. The intended outcome of such a course is to teach practitioners when to refer and how to communicate with western medical providers. Acupuncture students are not taught western medical disease diagnosis. The majority of acupuncture colleges also include survey courses on complementary and alternative medicine practices outside of our field; however, such courses are not required for accreditation.

2. *Should there be national standards or certification to provide CAM practices and products? If so, how and by whom should national standards or certification be established, to whom should they apply, and how should they be implemented?*

Again, we can only respond from the perspective of acupuncture and Oriental medicine. The CCAOM strongly endorses national standards for practitioners. The CCAOM has recommended the following standards to all state boards as the basis for licensure.

1. Graduation from an accredited or candidate program
2. NCCAOM Certification (national certification in acupuncture)

The CCAOM is currently working with Senator Harkin's office and the FDA to request that an Office of Natural Products be established in the U.S to oversee herbs and supplements. Such Offices have already been successfully established in the U.K., Canada and Australia. If established, it would be essential for practitioners from our field, familiar with Chinese pharmacopoeia, to actively participate in setting standards and regulations. The reason for such an office is to insure public safety. For example, a government agency overseeing Chinese herbs could protect the public from contaminants and adulterants. In addition, there are a very limited number of Chinese herbs that can prove toxic if misused and therefore should not be available over the counter. An Office of Natural Products could assure that only properly trained and certified AOM practitioners could have access to the full array of healing herbs.

3. *Should the numerous acupuncture and oriental medicine organizations come together to form "a community?" If so, how and by whom should that "community" be formed?*

Our field has already developed a cohesive AOM community. Twice each year five national organizations meet to discuss issues that affect our profession. The organizations include, the Council of Colleges of Acupuncture and Oriental Medicine (CCAOM), the Accreditation Commission for Acupuncture and Oriental Medicine (ACAOM), the National Commission for the Certification of Acupuncture and Oriental Medicine (NCCAOM), and the two professional organizations -- the Acupuncture and Oriental Medicine Alliance (AOMA), and the American Association of Oriental Medicine (AAOM). The NAFTA Acupuncture Commission, with representatives from the United States, Canada and Mexico, includes members from each of the five organizations plus the American Academy of Medical Acupuncturists (AAMA). The AAMA represents medical doctors performing acupuncture.

4. *Should there be condition-specific or modality-specific practice guidelines and why or why not? If so, how and by whom should these guidelines be developed, to whom should they apply, and how should they be implemented?*

On the whole, the CCAOM does not support condition specific or modality specific guidelines. The most effective practitioner, as in all fields, is comprehensively educated, has graduated from an accredited or candidate college in their field of specialty and is nationally certified. Our field has come to respect diversity. Our schools teach different modalities: Traditional Chinese Medicine, French Energetics, Korean Acupuncture, Japanese Acupuncture, and Five Element Acupuncture, to name just a few. Our graduates may effectively practice different treatment styles for the same condition. Acupuncture and Oriental medicine is as much an art as it is a science. We believe that practice guidelines, when established, must be developed with significant input from health care providers in their respective CAM fields.

The only area where a specific modality has proven effective, and a stringent protocol is followed, is in acupuncture detoxification. The standardization of this treatment has allowed health care providers outside of our field to administer this simple five-ear needle treatment under the supervision of a licensed acupuncturist.

5. Are your members concerned about malpractice liability associated with providing CAM practices and products?

Acupuncture and Oriental medicine in this country has a superb safety record. To date, malpractice suits have been rare, and as a result, not of significant concern in our field. Malpractice insurance in our field is one of the lowest in any medical profession.

6. *Are there any risks associated with CAM that may be of concern to your members? If so, can you suggest ways to minimize those risks?*

Acupuncture is an exceedingly safe medical modality when practiced by a comprehensively trained acupuncturist. We have identified the most common risks as 1) herb drug interactions; 2) pneumothorax and 3) blood borne pathogen transmission. To address these risks, practitioners trained to use the full herbal pharmacopoeia are educated in herb drug interactions. Needling safety and techniques are also included in every accredited and candidate curriculum, reducing the possibility of patient injury through improper needle use. The CCAOM runs a nationally recognized course and examination in clean needle technique. Students must take this coursework at some point in their academic career. This course covers proper use and disposal of needles, blood borne pathogens, and other relevant safety issues. The CCAOM CNT course is a requirement for NCCAOM certification and is also required for licensure in many states. Our excellent safety record reflects the effectiveness of our programs to minimize risks associated with the treatment process. While the vast majority of the Chinese herbal pharmacopoeia should remain available over the counter, there are a few Chinese herbs that can be misused and only nationally certified practitioners should have access to them.

7. *Should there be a mechanism to address consumer concerns or grievances about the quality of CAM practices or products? If so, what should that mechanism be?*

Our field already has a mechanism in place for consumer concerns and complaints through state medical boards or acupuncture boards. Acupuncture is licensed in forty-one states and the

District of Columbia. Concerns or complaints should be brought to the attention of the state board governing acupuncture licensure.

8. *What information should a conventional health care provider communicate to a CAM practitioner? What information should a CAM practitioner communicate to a conventional provider either with a referral or without a referral as when a consumer self-refers?*

This question is part of a much larger discussion and we look forward to speaking with the Commission on this topic. However, to best answer your question, the CCAOM believes that every western medical college should provide survey courses in CAM. Our colleges already teach survey courses in western medicine. The desired result of this education for all medical fields is to know how to communicate with other health care providers, what to expect from the rich variety of medical traditions we have available in the U.S., and when to make a referral.

For example, expected information from a western M.D. would include a diagnosis, treatment, and medications. An acupuncturist in turn, would describe expectations from treatment and information and discussion on potential herb drug interactions. In depth conversations are always useful in order to identify and implement the best course of treatment for the patient. The patient should always be our priority. Often a combined approach offers the best medical care.

9. *What policy recommendations would you like to make to assure the quality of CAM practices and products whether they are provided by a practitioner or used as self-care?*

Our field has already implemented numerous quality control devices. The Accreditation Commission for Acupuncture and Oriental Medicine assures quality in our education; the National Commission for the Certification of Acupuncture and Oriental Medicine assures basic competency in diagnosis, treatment and safety; the Council of Colleges of Acupuncture and Oriental Medicine provides the CCAOM CNT Course that assures the safe handling of needles, and our extensive licensing system provides consumer protection at the state level.

The CCAOM would like to see acupuncture and Oriental medicine available to all Americans. We recommend that

- Acupuncturists are specifically included as a provider eligible to participate in the National Health Service Corps loan repayment program.
- Acupuncturists are included in Federal Employment Insurance.
- Acupuncturists are added to Medicare and Medical
- An Office of Natural Products at the government level with CAM providers active on the board is established.
- Private insurance companies are encouraged to cover our services.
- All medical colleges are required to include survey courses on medical systems practiced in our country in order to know when to refer and how to communicate with other healthcare practitioners.

I hope you find this information useful. We would be delighted to elaborate on any of our answers and engage in further discussion on these issues. If you have further questions, please contact me directly at the Oregon College of Oriental Medicine 503-253-3443 x 111.

Sincerely,

Elizabeth A. Goldblatt, Ph.D., M.P.A./H.A.
President, CCAOM

Amy Kaufman, M.Ac., L.Ac.
Administrative Director

American Qigong Association

530 Bush Street, Suite 202, San Francisco, California 94108
Telephone (415) 788-2227; Fax (415) 788-2242

Joseph Kaczmarczyk
Senior Medical Advisor
6701 Rockledge Drive, Suite 1010
Bethesda, MD 20817-7707

Dear Dr. Joseph Kaczmarczyk, MD,

It was nice talking with you on the phone last week. I look forward to meeting you one day. Thank you for all the great work you are doing on WHCCAMP for the betterment of CAM.

Please find the letter to Dr. Steve Groft with brief answers to the nine questions with accompanying attachments.

1. the questions and answers with
2. the policy recommendations and rationale
3. American Qigong Association
4. the East West Academy of Healing Arts bylaws and articles of incorporation
5. Kay Lahdenpera's resume
6. the programs of the First International World Conference and the Second World Congress and the 3rd World Congress, the Qigong Summit and the 4th World Congress

Thanks very much for your help. Please let me know of the receipt of the Federal Express package that I am having delivered on Wednesday, February 14th at 8:00am.

Sincerely,

Kay

Kay Lahdenpera, R.N., M.P.H

American Qigong Association

530 Bush Street, Suite 202, San Francisco, California 94108
Telephone (415) 788-2227; Fax (415) 788-2242

February 11, 2001

Steve Groft, Executive Director
White House Commission on Complementary
And Alternative Medicine Policy
6701 Rockledge Drive
Suite 1010, MS 7707
Bethesda, Maryland 20817-7707

Dear Dr. Groth,

American Qigong Association and the World Qigong Federation is happy to make input to the White Commission on Complementary and Alternative Medicine Policy. The answers to the questions of the White House Commission on Complementary and Alternative Medicine Policies cannot be simply answered because it is a complex factor. Therefore, I submit brief answers to each question and include the policy recommendations that has evolved since 1990 to now through three World Congresses, one Qigong Summit and myriads of meetings with various qigong organizations, the organizations of present modern medical health care system, business, politicians, qigong masters, students, input from other countries, etc.

This involves more than twenty five hundred individuals and organizations that has their own constituents. The major conference events has received support from the President of the United States, the Assistant Surgeon General, Director of Bureau of Primary Health Care, the President of the National and World Home Care Association, the U.S. Public Health Services, Region 10, Senator Tom Harkins, Mayors of Washington D.C. and San Francisco proclaimed Qigong Week and Qigong Day.

These policy recommendations were developed with the intent of submitting them to administration of policy-making organizations or departments of major organizations and to foster the proper development of qigong in the United States and Wester World in exactly the areas of concern that has been put forth by the White Commission on Complementary and Alternative Medicine Policy. Research, education of professionals and practitioners, accessibility of services and eligibility of financial reimbursements. It certainly seems that we have worked and anticipated this day where our recommendations can be seen and used with the greatest impact. It seems that we have anticipated the development of the White House Commission on Complementary and Alternative Medicine Policy's direction as mandated by the President and Congress. Therefore I submit this total package in answer to the questions that you have posed to us. Please read the specific answers to your questions with reference to the entire enclosure. The enclosure consists of:

1. the questions and answers with
2. the policy recommendations and rationale
3. American Qigong Association
4. the East West Academy of Healing Arts bylaws and articles of incorporation
5. Kay Lahdenpera's resume
6. the programs of the First International World Conference and the Second World Congress and the 3rd World Congress, the Qigong Summit and the 4th World Congress

The parent organization of the American Qigong Association and the World Qigong Federation is the East West Academy of Healing Arts (EWAHA) founded in 1973 to integrate eastern and western medicine and complementary and alternative medicines. EWAHA, besides having its own programs, has been a consultant to many other organizations and has established organizations within its own structure assisting it to become independent, such as the well reputed Qigong Institute with its focus on promoting research was established within EWAHA in 1988 and became independent in the mid 90's. Our 110 international faculty reflects the "who's who" in qigong masters in the world and America. We combine this prestigious platform with aspiring qigong practitioners for motivation and inspiration to them

.

EWAHA has worked in cooperation with the NCCAOM, National Certification Commission for Acupuncture and Oriental Medicine, the American Association for Oriental Medicine (AAOM), the (NQA) National Qigong Association, and many other organizations to promote and foster and support their interests in qigong.

CAM, (Complementary and Alternative Medicine) is valuable in its entirety and its broad scope and each individual practice or systems within CAM is important as well. We would like to put forth that qigong has a special place in that it is one of the most powerful self help tools to help people gain independence and self discipline or control over their own health and it is an ultimate health promotion wellness fostering vehicle or system and takes into consideration the total body, mind and spirit, giving the power back to the people to take control of their own lives and health.

Qigong has had minimal presentation to the commission it is one of the lesser known systems of CAM to both the scientist, the health professions, the general public, the businesses and the politicians. Therefore I urge you to take a look at this system of qigong with a special eye and heart. Qigong has successfully helped people where western medicine and even other complementary alternative medicine practices have not been successful.

I would like to request a time to present at your Commission meetings, preferably the February 22-23 meeting.

Thank you for your kind attention.

With warmest regard and respect,

Kay

Kay Lahdenpera, R.N., M.P.H.
Executive Director

\\Bigbox\d\Shared Files\Word\Steve groft letter 2-13-01.doc

White House Commission on Complementary and Alternative Medicine Policy – Questions & Answers

1a. **Are there national educational standards for Qigong undergraduate, postgraduate and continuing education?**

No, there are none existing. However, many traditional colleges and universities, as well as, Traditional Chinese Medicine (TCM) Colleges grant CEU's for Qigong for nurses and acupuncturists The TCM Colleges CEU's are reviewed by the Board of Acupuncturist (this is true in CA). Also state nursing associations offer continuing education under the American Nurses Association guidelines for CEU's. State governing boards are not involved in Qigong continuing education at the present time. Since Qigong is preventive oriented it should begin long before college level. It has been shown that Qigong has helped elementary and high school students to improve in focus, self-confidence and concentration, resulting in higher grades. Curriculum in all schools, colleges and universities should include Qigong as a required course to enhance student's potential (K -12gd and upwards).

1b. Should those national educational standards include exposure to conventional or western medicine as well as CAM other than Qigong?
Yes, both western medicine (which has natl. educational standards) & CAM (which includes Qigong) should also have natl. educational standards.

2a. Should there be national standards or certification to provide CAM (Qigong) practices and products?

Yes, eventually, at this time because Qigong is a baby to the west, more education is needed about what is Qigong and it's many styles. Then common parameters and it's uniquenesses can be considered in the exploration for standards and certification.

2b. If so, how and by whom should natl. standards or certification be established, to whom should they apply, and how should they be implemented?

Each identified component of CAM (Qigong included) should have national standards; licensure, when appropriate; and certification. Those practitioners/professors dealing with a specific component of CAM (Qigong) in their curriculum be it in universities, colleges (both western and TCM) i.e. School of Medicines, School of Nursing, School of Pharmacy, School of Physical Therapy, Occupational, etc. should form natl. committees of their peers to formulate these natl. standards which will evolve into licensure/certification by each states occupational boards. These standards need to apply to the appropriate practitioner who uses the specific component. Implemented by governing state boards. Because Qigong is 5000 years old and has several thousand styles it is unreasonable to believe that all forms of Qigong should be requiring licensure. It would be important to distinguish between hard and soft Qigong. Soft Qigong is known as Medical Qigong. Those practitioners offering Qigong as medical therapy should be licensed/certified. These are practitioners with high skill levels and working

will people who are ill. Many teachers work with Qigong with people who are well and that is a different category. There is a definite role of the World Qigong Federation (WQF) and the American Qigong Association (AQA) in cooperation with other organizations to oversee the setting of standards for Qigong practitioners for all of the many different styles and schools of Qigong. Both the WQF and the AQA should act with other Qigong associations (which they are already doing) to form governing and regulatory bodies to increase public knowledge and trust by setting guidelines for Qigong practitioners, ensuring standards and requirements are met. A code of ethics, criteria for credentialing and standards of practice and peer review could be addressed by WQF and AQA. The WHCCAMP is timely in assisting and promoting the need for Qigong and CAM to move forward to answer and work toward the solution of these essential questions that WHCCAMP are posing to the health care community, professionals and the general public. It does take time to note the progress of the acupuncturist was 27 years (1973); California Board of Acupuncturists licensed their members 1977 and other states at different times. However, still not all states offer licenses to acupuncturists and there is not a compulsory national licensing.

3a. Should the numerous Qigong and other energy healer organizations come together to form a "Community"?

Yes. AQA has been a leader in the United States and the western world in bringing the Qigong community. There already is a "community." The unique, individual natures of these groups maintains a healthy diversity and promotes growth. Many believe in a Taoist approach to harmonious integration... in other words, allow things in this area to proceed in a natural way. The key is to promote communication between organizations... that is best. There are innumerable organizations and this is the reason AQA is trying to bring them together through offering Congresses/Conferences along with cooperative cosponsorship and meetings between times with national organizations, such as the American Association of Oriental Medicine (AAOM), Accreditation Commission for Acupuncture & Oriental Medicine (ACAOM), Council of Colleges of Acupuncture & Oriental Medicine (CCAOM), National Acupuncture & Oriental Medicine Alliance (NAOMA), the National Certification Commission of Acupuncture & Oriental Medicine (NCCAOM), Qigong Institute, National Qigong Association and others.

3b. If so, how and by whom should that "community" be formed?

This would be a task of the WQF & AQA to initiate this. They have already begun to do so with policy recommendation set forth from their World Congresses and AQA Conferences. The Policy Recommendations are attached as part of this document.

4a. Should there be condition-specific or modality-specific practice guidelines and why or why not?

Yes, both should exist. Condition-specific practice guidelines would be more user-friendly as it would list the condition and/or disease, i.e., lower back pain and then you would have all the different types of treatment listed in one place. The Western and CAM (Qigong) approaches in one place. Truly an easier way to find solutions for the

provider of care. The modality-specific practice guidelines is more how a system is practiced and would require more research by the provider to find the various methods/treatments of care and probably CAM (Qigong) would not be integrated as frequently; and the client would not be offered choices. Many people do not know many of the CAM practices and would therefore not know to look it up.

4b. If so, how and by whom should these guidelines be developed, to whom should they apply, and how should they be implemented?

The guidelines should be developed by the practitioners, university curricula, professionals involved with the various aspects of CAM (Qigong). These guidelines need to address criteria for education, accessibility, practice and research on Qigong.

5. Are your members concerned about malpractice liability associated with providing CAM (Qigong) practices and products?

Yes. There are 2 areas of consideration. Those practicing Qigong for their own pleasure and health there's no concern about malpractice. But those who are practicing medical Qigong for therapy for other people, then there needs to be consideration about potential liability. WQF and AQA have discussed the need to explore legal consultations on design of informed consent so practitioners can limit liabilities.

6. Are there any risks associated with CAM (Qigong) that may be of concern to your members?

The main concern with Qigong would be the use of Qi negatively by someone with ill intent. In Qigong, the vital life force helps the body maintain harmony, stay free of disease and helps to maintain a healthy body, mind and spirit. Therefore, Qigong should be integrated into health promoting centers and into the therapeutic practices and clinical work of healthcare practitioners to provide better holistic care for people of all ages and nationality, regardless of sex or creed. If so, can you suggest ways to minimize those risks?
By having the WQF and AQA and other organizations and individuals promote the positive and the healing aspects of Qigong, address the ethical implications of practicing Qigong and the importance to developing a code of ethics, criteria for certification, standards of practice and instituting peer review.

7. Should there be a mechanism to address consumer concerns or grievances about the quality of CAM (Qigong) practices and products?

Yes. Often licensing/certification boards have seats for consumers on the board. This belief is carried through with AQA and WQF. This is good because they are involved with discussion of health care issues with professionals. Consumers often present practical and logical information that is helpful to the professionals. Also health care professional associations receive calls from the consumer and could have an

ombudsman answer these questions.

8. What information should a conventional health care provider communicate to a CAM (Qigong) practitioner and visa versa?

Both should be aware of each other's role/expertise through inservice, informational hand out sheets (for the professionals as well as the public), orientation manuals that cover both subjects.
Qigong is preventative and the healthcare practitioners should emphasize the use of Qigong to promote better health, wellness and empowerment. Qigong is an effective form of health promoting therapy for physical diseases, such as cancer, chronic pain syndrome, RSI, tumors, asthma, paralysis and other disabilities. It is an effective therapy for mental conditions, such as depression, anxiety, trauma, excessive stress, etc. It is an effective form of therapy for addictive behaviors such as substance abuse, alcoholism, smoking, and weight gain. Qigong can be used in many different settings such as, hospitals, clinics, nursing homes, rehabilitation centers, public parks, community centers, schools, businesses, jails, etc. Mainstream healthcare organizations should promote the use of Qigong for its preventive factor, providing for early diagnosis and detection of illness. This strategy leads to lower healthcare costs and is in accordance with the concept of managed care. The public needs more information also often they know more quickly about Qigong and CAM services and self refer.

9. What policy recommendations would you like to make to assure the quality of CAM (Qigong) practices and products whether they are provided by a practitioner or used as self-care?

Products, i.e. vitamins, herbs, over the counter medications, nutritional supplements, etc. need to be appropriately labeled with a seal of recognition, especially over the counter products for practitioner and the public's safety.

Please see the attached set of Policy Recommendations.

Policy Recommendations from

The Second and Third World Congresses on Qigong, The Qigong Summit, & The First to Fourth American Qigong Association (AQA) Conferences

INTRODUCTION

"Qigong Week" was proclaimed by San Francisco Mayor Willie Brown when the Second World Congress on Qigong and The First American Qigong Association Conference convened in San Francisco, California November 20 – 26, 1997. This was the largest international and national conference on Qigong ever held in North America. Letters came from the President of the United States and the Assistant Surgeon-General-the Director of the Bureau of Primary Health Care. Senator Tom Harkins and other dignitaries interest in Qigong has escalated in large part due to the many reports from China of diseases healed by Qigong and the increase in research on Qigong undertaken by the Chinese academic and medical community in China. Additionally, the growth in use and research into various complementary and alternative medicine practices in the United States has necessitated the need for a formal conference on Qigong, where experts and scientists from around the world could meet to discuss future directions.

The Second World Congress on Qigong (WCQ) and The First American Qigong Association (AQA) Conference were planned with three expressed purposes in mind: 1) to broaden the influence of Qigong as a viable practice for enhancing health in everyday life and as an effective system for use in mainstream healthcare; 2), to bring together people to determine policies, to pursue research on Qigong and to act as a springboard for raising funds for much-needed scientific research; 3), to inaugurate an international and national organizations to promote the benefits of Qigong, and its Masters of Excellence, worldwide and in the United States.

The Third World Congress on Qigong (WCQ) and the Second American Qigong Association (AQA) Conference was convened in San Francisco, California, November 19-23, 1999 to continue to expand on the three purposes from the 1997 WQC and the AQA, additionally incorporating two other purposes. 1) to involve government as co-sponsors; and 2) to declare a World Qigong Week and a World Qigong Day.

The Second and Third World Congresses on Qigong, and the Qigong Summit 2000; and the First , Second and Third American Qigong Association Conferences were sponsored by the East West Academy of Healing Arts (EWAHA), a non-profit organization with the goal of integrating Complementary and Alternative Medical (CAM) practices, especially Traditional Chinese Medicine, into the mainstream of western medical care. EWAHA, also organized the first conference on Qigong to take place in America, The First International Congress on Qigong in 1990, that was held concurrently with The Fifth International Congress of Chinese Medicine, which focused on acupuncture. EWAHA was invited by The People's Republic of China's organizing committees to organize a second conference on Qigong in America in both 1993 and 1995, but the decision to sponsor the conference was delayed until 1997 when increased public demand in the form of overwhelming telephone calls and letters seeking information on Qigong suggested it was the appropriate time to commit resources for such a conference.

The Qigong Summit 2000 and the Third American Qigong Association Conference was convened in Washington, DC, April 21-24, 2000 at the historic Omni Shoreham Hotel to continue with refining the purposes and recommendations from the previous two Congresses and Conferences.

WHAT IS QIGONG?

Qigong has been the foundation practice of Traditional Chinese Medicine for over 5,000 years, predating acupuncture. It is an ancient, self-help subtle energy healing art and science involving the practice of energy exercises and postures done in specific sequences along with diaphragmatic breathing, which promotes an increase of "Qi" or life force in the body. Qigong brings the body into a state of maximum repose and self-regulation, thereby improving health and inducing a healing of disease conditions. Though in existence for centuries, the practice of Qigong was jealously guarded and reserved only for the elite spheres of classical Chinese society and later banned altogether during the Cultural Revolution. Popular interest in Qigong exploded after the Cultural Revolution to the point where now tens of millions of Chinese practice Qigong on a daily basis. It is practiced primarily for health promotion with a special focus on slowing down the aging factor. The government heavily sponsored more than fifteen years of intensive research into Qigong to prove its scientific merit. Now, Qigong has been incorporated into the health system in China, where people especially those with severe disabilities, including cancer, are advised to practice Qigong exercises by their doctors, in addition to their routine medical care. News spread throughout the world and drew attention to this ancient practice as severely disabled and cancer patients in China were improving, many to remission, by daily practising Qigong. As the west is now looking towards complementary and alternative healing methods to improve the quality of life and health care, ancient Qigong has moved to the forefront as one of the most promising of these "new" alternative self-help practices.

THE SECOND & THIRD WORLD CONGRESSES & SUMMIT 2000 ON QIGONG

Attendance at the Second World Congress was over six hundred and fifty, people from sixteen countries around the world met to teach and share and discuss the topic of Qigong. The conference was designed to cover both hard Qigong and soft Qigong styles, with an emphasis on medical Qigong since this is the style that is used for maintaining health and healing disease. In an inclusive approach, Qigong styles that are deemed to be safe and yield positive, healing results were demonstrated. The conference featured sixty-five speakers who ranged from Qigong masters and teachers to medical doctors, acupuncturists, and scientific researchers. Over seventy-five workshops were held covering topics varying from the teaching of Qigong to exercises offered by representatives from the many, different existing schools of Qigong, lectures on integrating Qigong into a variety of health professions, and the presentation of scientific papers on Qigong. The main result of the conference was highlighting the importance of developing strategies for incorporating Qigong into mainstream healthcare. The research from China on Qigong has proven that Qigong works beyond that which may be attributed to a placebo effect and the subjective results have been considerable. This scientific research, however, needs the validation of its Western counterparts, a step that is necessary in bringing credibility to Qigong in the west.

Attendance at the Third World Congress was over seven hundred; people from sixteen countries around the world met to teach and share and discuss the topic of Qigong. The conference was designed to cover both hard and soft Qigong styles, again with an emphasis on medical Qigong. The conference featured sixty-two speakers from various parts of China and the USA, as well as fourteen countries around the world. Over sixty-six workshops were held covering a variety of topics, which were similar to the Second World Congress. Some main results of the conference were the continuing of the positive purposes developed in 1997 with an emphasis on scientific research and client involvement to demonstrate the power of Qigong.

The Qigong Summit 2000 was presented on the east coast to further expand the concepts and information on Qigong across the USA. The focus of the Summit was to further invite government participation and increase the focus on Qigong research. The Summit was held on Easter weekend with over four hundred and fifty attendees from various parts of China and the USA, Romania, Germany, The Netherlands and Canada. There were thirty-eight speakers offering fifty-three workshops.

One of the primary speakers on cancer from China was involved with research projects with the University of California at San Francisco, the Complementary Medicine Research Institute at the California Pacific Medical Center and UMDNJ—New Jersey Medical School during the Congress, as well as, participating in research studies following the Congress. One of the research studies was presented at the Qigong Summit 2000 and Third American Qigong Association Conference.

The client involvement in a panel at the plenary opening has culminated in another panel plus a workshop of clients discussing "Qigong Saved Us! Our Experiences Might Help You" which portrays Qigong in mainstream healthcare. This was presented at Qigong Summit 2000 and the Third American Qigong Association Conference.

THE OUTCOME OF THE CONGRESSES & SUMMIT 2000

During the closing plenary session of the conference, participants voted to inaugurate a new organization, The World Qigong Federation (WQF) to act as a networking body for information exchange on Qigong, to set policies, and to promote the introduction of the benefits of Qigong into mainstream healthcare. The organization's structure contains supporting groups at the national level, two of which were also inaugurated at the conference, the American Qigong Association (AQA) and the German Qigong Association (GQA). To oversee and encourage sound, modern scientific research, a prestigious Scientific Committee was also established. In addition, a Policy and Recommendations Committee was developed to continue to influence administrative bodies and communities in the public and private sectors to integrate Qigong into mainstream life and healthcare. The work of this committee and the conference culminated in the formulation of a list of policy recommendations (included below) to educate politicians and leaders in the business, education, and health care fields about Qigong and how to introduce it into mainstream healthcare and society.
Since 1997 membership in both WQF and AQA has grown considerably. More research is occurring involving Qigong in universities within the USA. Romania has formed a Qigong Association (RQA) and many other countries are following suit. The Scientific Committee has

met over the past three years and its members encourage more research on Qigong. After the Summit, one of the primary speakers on cancer from China participated in research at the University of Arizona – Tucson - and continued his work with UMDNJ—New Jersey Medical School. The Policy and Recommendations Committee members discuss and meet periodically and share their information at Congresses and AQA Conferences. There was a workshop as well as a panel at the closing plenary session at the Summit to review and share policy and recommendations with participants and membership at the Summit.

RECOMMENDATIONS

The following is the series of policy guidelines developed and voted on by the participants of the Second World Congress on Qigong and the First American Qigong Association Conference. November 21 – 23, 1997, in San Francisco, California, USA.

The additions are those recommendations brought forth from the Third World Congress on Qigong and the Second American Qigong Association Conference, November 19-21, 1999, in San Francisco, California, USA; and the Qigong Summit 2000 and the Third American Qigong Association Conference, April 21-24, 2000 in Washington, DC. These additions include adaptation and updating the policy recommendations from the Second WCQ and the First AQA, as well as new recommendations.

QIGONG INTO THE FUTURE: Policies and Recommendations

I. Policy Recommendations:

At the Government Level:

1. Making Qigong accessible to all sectors of society in America is crucial in helping to create a healthier society. Qigong programs should be supported by the federal, state and local levels of government in the United States in addition to being supported by the World Health Organization (WHO) and National Health Administrations.
2. Government Agencies should fully accept complementary and alternative medicine (CAM) to be an integral part of the national health care system. Funding should be available to support Qigong research, training, and clinical services. To achieve this end, a formal public educational effort should be made by the Qigong community to educate and advocate the clinical efficiency and economic benefits of Qigong.

Additions:

1. Document the actual amount of involvement of the federal, state and local governments, WHO and National Health Administrations involvement with Qigong.
2. Develop surveys to determine where the funding for Qigong research, training, and clinical services is coming from to assure that Qigong is in the medical, nursing, and other accredited health care professionals curricula.
3. Review and implement CAM objectives in *Healthy People 2010* and testify for Qigong to be a part of the *Healthy People 2020 Objectives.*
4. Develop a PR and public education package and develop a speaker's bureau across the country to better educate the public and policy makers.

Health Insurance/HMOs

1. Complementary and Alternative Medicine (CAM) practices, such as Qigong, should be included as a part of coverage and benefit packages in all health insurance plans.
2. Qigong insurance benefits should be available to all members covered by insurance, regardless of age, ethnicity, economic status, or sexual orientation.

Additions:

1. Develop surveys to determine the number of insurance companies that cover Qigong.
2. Offer presentations to HMOs and insurance companies at their local, state, and national meetings.

Hospitals/Medical Schools:

1. Encourage and support the establishment of complementary and alternative medicine departments at major hospitals and medical schools.
2. Qigong should be integrated into clinical treatment practices and wellness programs at clinics and hospitals.

Additions:

1. Develop surveys to determine which hospitals, clinics, medical schools, nursing schools, and other accredited health care providers are currently integrating Qigong into their programs.
2. Add complementary and alternative departments at nursing schools and other sites for accredited health care providers.

The Workplace

1. Businesses should include Qigong training and classes as a part of onsite wellness programs.
2. The practice of Qigong leads to the development of greater energy and endurance within individuals. Thus, the promotion of Qigong at the workplace can help to increase worker productivity and enhance peak performance.
3. Health benefit insurance packages for workplace employees should include insurance coverage for Qigong. (Repeated emphasis)

Additions:

1. Market and develop a promotional package on Qigong for the workplace with a percentage of the proceeds to benefit Qigong medical research. Qigong instructors would introduce the package and train the trainers of corporations to continue the process of spreading Qigong to their employees.

Educational System

1. It has been shown that Qigong has helped students improve in focus, self-confidence, and concentration, resulting in higher grades.
2. Curriculum in all schools, colleges, and universities should include Qigong as a required course to enhance students' potential.

Additions:

1. Market and develop a promotional package on Qigong K-grade 12 (age appropriate) to be introduced in schools as a PE offering. Cost effective and efficient use of time to increase productivity.

World Qigong Federation (WQF)/American Qigong Association (AQA):

1. WQF/AQA should establish effective public relations to educate the public and governmental and funding agencies about the benefits of Qigong.
2. WQF/AQA should create a network of practitioners for advice and support.
3. WQF/AQA to hold conferences and conventions, such as this one, on a regular basis to promote Qigong.
4. WQF/AQA should oversee the setting of standards for Qigong practitioners for all of the many, different styles and schools of Qigong.
5. WQF/AQA should act with other Qigong associations to form governing and regulatory bodies to increase public trust by setting guidelines for Qigong practitioners, ensuring standards and requirements are met.
6. WQF/AQA should explore legal consultations on design of informed consent so practitioners can limit liabilities.
7. WQF/AQA to develop a code of ethics, criteria for credentialing and standards of practice and peer review. Qigong Associations should promote the healing aspects of Qigong and also must address the ethical implications of practicing Qigong, including the potential for negative use of Qi.
8. WQF/AQA should promote sound, scientific research on Qigong research to establish the scientific credibility of Qigong, thereby leading to its greater acceptance. Publications of research data in professional journals and books will increase public awareness of the clinical benefits of Qigong.
9. WQF/AQA should develop a consensus on policy as to how to handle reimbursement issues from managed care organizations.
10. WQF/AQA should encourage all potentially interested parties to join the World Qigong Federation and national associations. Varying the amount of dues to join the World Qigong Federation will help to increase membership and therefore further the promotion of Qigong.
11. The health benefits of Qigong should be made available to all peoples, regardless of age, ethnicity, economic status or cultural group. WQF/AQA should provide leadership in ensuring a conscious effort to do outreach to under-served, minority communities.
12. WQF/AQA should develop cooperative support with internationally recognized bodies, such as the WHO.
13. WQF/AQA should facilitate the development of National Associations, such as the German Qigong Association, under the umbrella of the WQF for a unified supportive platform.

Additions:

1. Review and make assignments at the next WQF/AQA meeting at the Fourth World Congress on Qigong and the 4th American Qigong Association Conference to establish what has been done and what needs to be done to activate these well-defined recommendations.

II. Clinical Service Recommendations:

1. In Qigong, the vital life force helps the body maintain harmony, stay free of disease and helps to maintain a healthy body, mind and spirit. Therefore, Qigong should be integrated into health promoting centers and into the therapeutic practices and clinical work of healthcare practitioners to provide better holistic care for people of all ages and nationality, regardless of sex or creed.
2. Instead of focusing on disease and pathology, healthcare practitioners should emphasize the use of Qigong to promote better health, wellness and empowerment.
3. Qigong is an effective form of health promoting therapy for physical diseases, such as cancer, chronic pain syndrome, RSI, tumors, asthma, paralysis and other disabilities.
4. Qigong is an effective form of therapy for mental conditions, such as depression, anxiety, trauma, excessive stress, etc.
5. Qigong is an effective form of therapy for different forms of addictive behaviors such as substance abuse, alcoholism and gambling.
6. Qigong is a powerful tool in the assessment of conditions caused by Qi imbalance, such as fatigue, pain, weight-gain, stress, etc.
7. Qigong can be used in many, different settings, such as hospitals, clinics, nursing homes, rehabilitation centers, public parks and community centers.
8. Mainstream healthcare organizations should promote the use of Qigong for its preventative factor, providing for early diagnosis and detection of illness. This strategy leads to lower healthcare costs and is in accordance with the concept of managed care.

III. Training Recommendations:

Who Should be Trained?

1. Qigong training should be made available to all interested parties, regardless of age, sex, culture, social or economic status because it is essentially a self-help, health promoting practice.
2. Qigong training should be made available to all healthcare practitioners, especially Western-trained medical professionals, such as physicians, nurses, etc.
3. Qigong training should be made available to other non-healthcare providers, such as teachers, social workers, politicians, clergy, leaders in the business world, etc.

Where Should the Training be Provided?

1. Since Qigong approaches can be used to promote health in everyday life, Qigong should be made available in many different settings, such as hospitals, schools, universities, wellness centers, community centers, places of business, in the home, etc.

How to Provide Qigong Training?

1. The dissemination of the knowledge and practice of Qigong should be taught in an innovative and creative manner, utilizing the following recommendations:

    a. Promotion of Qigong through conferences, seminars and workshops.

b. Media exposure of Qigong through TV, as in public service announcements, and special coverage on well-watched TV programs such as *20/20* or *60 minutes.*
c. Publication of articles on Qigong in popular newspapers and journals, such as *TIME* and *Newsweek and Fortune.*
d. Publications in scientific journals of research proving the effectiveness of Qigong.
e. Promotion of demonstration and teaching events by credible, Qigong masters.
f. Use of movies, radio and video for the dissemination of information on Qigong.
g. Integration of Qigong into medical and nursing school curricula and the curricula of other healthcare professions.
h. Development of an inter-disciplinary forum for information exchange, consultation and support.
i. Inclusion of Qigong classes in schools, colleges and universities.
j. Establishment of regional chapters or "Qigong clubs."

2. In addition to Qigong training for use as an assessment and therapy tool, focus should also be on wellness, prevention and health promotion. The practice of Qigong should be integrated into the hygiene of daily life.
3. Training should be affordable, accessible and culturally sensitive.

IV. Research Recommendations:

1. Increase research data or findings on the benefits of Qigong. Carry out an extensive search on research that has been done in other countries, especially in The Peoples' Republic of China.
2. Publish research studies and case reports in peer reviewed, professional journals.
3. Conduct research using good scientific methods to establish the credibility of Qigong within the mainstream. Seek well-known scientists to conduct the research.
4. Set up within WQF/AQA a Center for the Exchange of Research Results, including research on a variety of Qigong masters.
5. Do not generalize the results from one Qigong master to the next.
6. Research on both long and short-term results.
7. Do research in conjunction with conventional, medical authorities.
8. Obtain adequate research funding to carry out research properly.
9. Assess adequacy of research protocols for Qigong research.

FOLLOW-UP OF RECOMMENDATIONS: Follow-up on any further recommendations and or refinement of current recommendations presented at the Fourth World Congress on Qigong and the Fourth American Qigong Association Conference will include further research through the work of the various Advisory Committees of the American Qigong Association (AQA). Once these recommendations are finalized they will be presented to the White House Commission on Complementary and Alternative Medicine Policy (WHCCAMP), established by the President in March of 2000. This material will be added to previous data requested by WHCCAMP from the American Qigong Association (AQA) to further document the importance and necessity of medical qigong to be included in the future CAM policies for healthcare for the nation.

Rationale for the Qigong Summit 2000 and the 3rd American Qigong Association Conference; and now the forthcoming event of the Fourth World Congress on Qigong and the 4th American Qigong Association Conference

I: BACKGROUND:

As part of its mission, the US Public Health Service, Department of Health and Human Services with its working document *Healthy People 2010* is committed to providing top quality service to all citizens. In recent years the cost of health care has spiraled to disproportionate heights. Chronic degenerative conditions, the ten great killers in the nation and communicable diseases of the world are influenced primarily by lifestyle and environmental factors. In the past 15 years there has been a shift in the direction of health care from crisis intervention and "Curing" to health promotion and disease prevention where people are more continuously becoming aware of and requesting the services of complementary and alternative medicine.

The US Public Health Service, Department of Health and Human Services has a central role in providing national leadership and in articulating the importance of diversity in the provision of culturally appropriate primary health care services. Therefore, to support this premise it seemed appropriate for the Qigong Summit 2000 and the 3rd American Qigong Association Conference to be held. This Summit will address these issues and target a broad national audience.

In 1990 research was done and a report published in the New England Journal of Medicine, by Dr. Eisenberg et al. regarding complementary/alternative medicine (CAM). This report indicated that individuals spent around 17.4 billion dollars per year for complementary/alternative medicine. These monies were out of pocket and it was more than had been spent on the cost for surgery for that year. The New England Journal of Medicine Report noted that about 34% of the population utilized complementary/alternative medicine due to the following two factors: cost and non-help with traditional modern medicine. Help was found in the complementary/alternative methods. Also noted in the Report was the fact that modern western medicine had become so technical and technology-oriented, isolated and impersonal that clients sought other options. An option that clients sought was complementary/alternative medicine because it placed emphasis on the whole person and a total approach to holistic health, not just the problem. It integrates the body, mind, and spirit. In 1990, the Office of Alternative Medicine was mandated through congressional legislation and was established in the Director's Office of the National Institutes of Health (NIH). This development brought worldwide attention. Now in the late 1990's it has been stated that over 65% of the population had utilized complementary/alternative medicine. Dr. Eisenberg further reported that 65% of the US Medical Schools provide some form of complementary and alternative medicine program.

Qigong and traditional Chinese medicine are very strong components of the complementary/alternative medicine umbrella. In The Office of Alternative Medicine there was a division specifically designated as ethno-medicine or health practices of the ethnic minority. Our nation is comprised of ethnic minorities rich with great diversity.

In 1972 James Reston, a newspaper magnate, was in China and had an appendix operation utilizing acupuncture to reduce post-operative pain. Excitement and interest in Traditional Chinese Medicine began. This excitement continued into the 1970's and 1980's around the area of acupuncture; and China was opened up to a myriad of visitors. The visitors witnessed 100 million people throughout China daily practicing something new at 6 am each morning. This practice helped to keep people healthy and more resilient from disease. This practice is known as Qigong. Qigong had to go underground during the Cultural Revolution which ended in 1976. Since then the masses have shown great interest in it. It was known that Qigong had been practiced in secret prior to the ending of the Cultural Revolution and that the leaders had their own private Qigong masters. Thus we see many very old, healthy leaders in China.

Two famous personalities in China recovered by the use of Qigong when medicine or other means were ineffectual: one had lung cancer and one had paralysis. This started a massive interest in Qigong. The government, fearing it was a religious cult, spent great amounts of money to carry out "scientific research" into the credibility of Qigong and to establish whether there was a scientific basis for it. Over the past 15 years thousands of completed scientific research studies were reported at major national conferences in China. The government was happy to establish that there was some scientific basis to Qigong. Now in China throughout the hospitals and universities, there exists a Traditional Chinese Medicine and Qigong Department. Patients have a choice whether they pursue traditional Chinese medicine or Western medicine. And Qigong is very much an integral part of the health care.

Academies of Traditional Chinese Medicine and Institutes of Qigong were also established by the government to provide clinical services and to promote continuing research into Qigong. The opening of China to millions of visitors offered a great introduction of Qigong, and was a phenomenon, which caught the international visitor's fancy. Interest in the past 15 years has grown tremendously in the West. Thus East West Academy of Healing Arts (EWAHA), a leader in this area, has been encouraged to focus a great deal of time and attention on the development of programs and conferences, to investigate, to explore, and to educate people about the practice of Qigong. It is a practice ultimately promoting self-care, independence, and responsibility for one's own health. It takes into consideration the whole person and the total approach to body, mind and spirit as well as the environmental factors. These are the underlying factors in the philosophy for practicing Qigong. There are thousands of styles and forms of Qigong in various parts of China. This is due to the vast size of the country and the poor communication technologies at that time. Hence, varying Qigong styles developed in their own particular time, place and fashion.

In1973, EWAHA was established to foster understanding and the integration of Traditional Chinese Medicine and Qigong into the mainstream health care system. It had a great impact in helping to establish acupuncture, one of the dimensions of traditional Chinese medicine. Now it has put vigorous efforts behind establishing the significance of Qigong as an augmentative practice that everybody can learn and use to help them maintain a healthy life style.

EWAHA is a non-profit private agency 501©3 status. There was great interest in Qigong and since 1990, under the leadership of Doctor Effie Poy Yew Chow, EWAHA has been on the forefront honoring public requests as well as client requests. She began to provide services of Qigong to a diversified population of all ages, in all economic ranges, and of all belief systems. The felt need, as expressed by the population, was to concentrate on having major educational conferences to help the people better understand the methods and philosophy of Qigong. Three World Congresses have been organized and held in the past few years with multiple institutional co-sponsorships which included a special letter from President Clinton and the White House, government agencies, universities, national organizations, health care and social service agencies.

The President of EWAHA, Dr. Effie Poy Yew Chow, Ph.D., RN, National Diplomat in Acupuncture, Qigong Grandmaster, is uniquely qualified to proceed with the integration of Qigong into the mainstream healthcare system for many reasons. She has had over 35 years of experience in Chinese medicine and Qigong and has received numerous awards and recognition for her significant contributions in the field of Chinese medicine, acupuncture, Qigong and health care. She has been appointed to many national health care committees within the traditional health care system as well. Some of these committees include the following: US Department of Health and Human Services (DHHS) in the field of cultural diversity, alternative and ethno-medicine; National Advisory Council to The Secretary of DHHS on Health Professions' Education for Medicine, Osteopathy, Dentistry, Veterinary, Optometry, Pharmacy and Podiatry (MODVOPP); first Ad Hoc Advisory Panel of the Congress-mandated Office of Alternative Medicine (OAM) at the National Institute of Health (NIH) and Advisory Council to the Minority Task Force of the National Heart, Lung, Blood Institute for Hypertension and Diabetes for over 20 years with NIH; Scientific Advisory Board of the Richard and Hinda Rosenthal Center for Alternative/Complementary Medicine at Columbia University in New York; visiting lecturer on Qigong and Chinese medicine to the School of Medicine at the University of California San Francisco; and Scientific Advisory Board to OAM Grant of Bastyr University of Naturopathic Medicine in Seattle, Washington. Dr. Chow has been active in many national professional associations and has won some of the following awards: American Nurses Association (ANA) for her work with Minority Doctoral Fellowship Program; Award in Entrepreneurship given by the Human Rights and Minority Fellowship of ANA; Distinguished Award from the National Society of Acupuncturists of the Republic of China; and Distinguished Award from the Ministry of Health, Department of Occupational Health, Republic of China.

Organizations that promote and inform about Qigong are growing throughout the world. Dr. Effie Chow was instrumental in the development of many of these organizations. The World Qigong Federation was established in 1997, and it now has affiliated organizations in different countries such as The American Qigong Association, The German Qigong Association, and The Romania Qigong Association. There are many other associations in development stages. Members from these various associations attended the Qigong Summit 2000 and the 3rd American Qigong Association Conference in April 21-23, 2000 in Washington, D.C.

Members from these various associations will be attending the Fourth World Congress on Qigong and the 4th American Qigong Association Conference in San Francisco, California on May 4-7, 2001.

The aims and purposes of the Qigong Summit 2000 were to explore, educate, and facilitate understanding of Qigong's positive healing benefits and also of the science of Qigong, specifically Medical Qigong and how it can promote health and life so that we can enhance our system of health care to better serve our people. At this Summit we will involve decision-makers from the traditional medical/health fields, leaders in complementary/alternative medicine, legislative policy makers, and world experts in Qigong to evolve some initial plans and strategies for implementing integration. This will be the first step, and it will be a truly inspirational event as we direct our energy toward health and holism.

The following purposes are also important for the advancement of Qigong:

-To enhance our system of health care by further integrating Qigong into the mainstream of life and health care to better serve the people.
-To evolve some initial plans and strategies to better implement the short term and long term process of health care through the use of Qigong.
-To devise some means of on going consultation and cooperation among the World Qigong Federation, The American Qigong Association and EWAHA in acting as a resource for information and experts on the subject of Qigong.
-To work closely with government, the private sector and non-profit agencies in designing and implementing further plans for the teaching and practice of Qigong.
-To establish a resource pool of Qigong experts, policy makers, administrators, professional clinicians and educators.
-To establish a set of recommendations, plans and strategies for implementing and integrating Qigong into the nation's health care system.

The Summit 2000 program had the following five tracks: 1) Client Centered Experiences; 2) Scientific Research; 3) Demonstration/Experiential for All Ages and Conditions; 4) Integration of Qigong into Mainstream Life and Health Systems: Administration, Policies, Funding; 5) Qigong Programs Existing in the System.

In dealing with a diversified culture the exciting aspect about the exploration of Qigong, as a beneficial factor, is this. Traditionally the West has looked at the various cultures and tried to see how it could apply western medicine to different cultures even though their belief system is very different. And now we're taking a 180-degree turn and saying that this particular culture, in this instance Chinese, has something that is exciting, very beneficial, very effective and cost effective to offer the whole population, not just the Chinese. The Chinese are proud to know that they have something to offer to the general population that will improve the health of everyone and can provide more effective and humanitarian health care.

The Qigong Summit 2000 and 3rd American Qigong Association Conference was held in Washington D.C. April 21-23, 2000 at the Omni Shoreham Hotel. There were 35 presenters representing some of the top world-renowned Qigong Masters from China and other parts of Asia; Europe, including the Netherlands, Germany and Romania; Canada; and USA; scientists; and clients with adverse physical conditions who have experienced the values of Qigong. Also present were policy makers, administrators, professional clinicians and educators of both the traditional medicine community and leaders in complementary alternative medicine. The Qigong Summit will involve individuals with the expertise in primary health care. The exciting opportunity with Qigong is that it is a minority population that offers it and it can be used to enhance the involvement of the majority of the population. Keeping this in mind, the health care work force needs to be diversified and involved in developing sensitively appropriate health care policies that address increased health care service delivery to ethnic minorities, and other medically under-served and vulnerable populations.

The Summit established a set of recommendations, plans and strategies for the implementation and integration of the beneficial aspects of (Medical) Qigong into the nation's health care system. Included in this material is information on resources and experts; and audio and videotapes of certain selected panels and speakers. There will be continued contact with the US Public Health Services, Department of Health and Human Services to make them aware of this material. These recommendations from the Summit will be disseminated to relevant policy makers, health professions, educators, and scientific organizations upon their request.

Dr. Chow has committed herself to the effective outcome of numerous Qigong programs and conferences over the past twenty years. Because of her involvement in national and international policies as well as being a practitioner, an organizer and community-action person, she is well qualified and committed to the efficiency and success of such conferences.

II. The Fourth World Congress on Qigong and the 4th American Qigong Association Conference -- Plans:

It is expected that the Fourth World Congress on Qigong and the 4th American Qigong Association Conference in San Francisco, May 4-7, 2001 will have a larger attendance, over 70 international presenters, and a more expansive array of workshops than at the Qigong Summit 2000.

III. The Fourth World Congress on Qigong and the 4th American Qigong Association Conference -- Follow-up:

It is anticipated that further action will be taken on previous recommendations from other Congresses, Conferences and the Summit; and any new recommendations from the Fourth World Congress on Qigong and the 4th American Qigong Association Conference. The American Qigong Association (AQA), Special Advisory Committees, will review and refine the recommendations and forward the information to the White House Commission on Complementary and Alternative Medicine Policy (WHCCAMP) to accompany previously requested information on the AQA.

BY-LAWS

OF

EAST WEST ACADEMY OF HEALING ARTS

1. PRINCIPAL OFFICE.

The principal office of the corporation shall be located in the City and County of San Francisco, California at an address to be established by resolution of the Board of Directors.

2. MEMBERSHIP.

(a) Members. There shall be two classes of members. The first class shall consist of those persons who constitute the Board of Directors at any given time; each Board member shall also be a regular member. The second class of members shall be called regular members. Any person may become a regular member by a majority vote of the Board, and the Board shall determine the rights and responsibilities of such members, including the amount of dues, if any. All further reference in these by-laws to members is a reference to regular members.

(b) Qualifications. Death, resignation or removal of any Director or member as provided in these by-laws shall automatically terminate membership of such person in this corporation.

(c) Annual Meeting of Members. An annual meeting of the members shall be held for the purpose of electing directors and transacting such other business as may come before it. The

meeting shall be held on January 15 at 11:30 a.m. at the principal office of the corporation. Notification to members of such meetings is dispensed with, unless such meeting be held at a different date than specified above.

(d) Liability. No member of the corporation now or hereafter elected shall be personally liable to its creditors for any indebtedness or liability, and any and all creditors shall look only to its assets for payment.

3. BOARD OF DIRECTORS.

(a) Election and Term of Office. The Directors shall be elected at the organizational meeting and at each annual meeting thereafter. The term of office of each Director shall be one year or until his successor is elected. A director may succeed himself in office.

(b) Vacancies. Any vacancy or vacancies in the Board of Directors resulting from death, incapacity, resignation, expiration of term of office, removal, or otherwise, shall be filled by the remaining Directors or Director then in office, even though those remaining be less than a quorum.

(c) Powers. Consistent with law, the articles of incorporation and the by-laws, the Directors shall exercise all the powers of the corporation, control its property, and conduct its affairs in any way they deem to be in the best interest of the corporation and its charitable purposes.

(d) Compensation. The Directors shall receive no compensation

Directors shall consider shall be a motion to adjourn.

(g) Removal. A Director may be removed from office, for cause, by the vote of two-thirds of the Directors.

4. OFFICERS.

(a) Appointment. The officers of this corporation shall be a president, vice president, secretary, and treasurer, and such other officers as the Board of Directors may appoint. When the duties do not conflict, one person, other than the president, may hold more than one of these offices. Officers other than the president and vice president need not be members of the Board of Directors.

(b) Election. The Board of Directors shall elect all officers of the corporation for terms of one year, or until their successors are elected and qualified.

(c) Vacancies. A vacancy in any office because of death, resignation, removal, disqualification or otherwise shall be filled by the Board of Directors.

(d) President. Subject to the control of the Board of Directors, the president shall have general supervision, direction and control of the business and affairs of the corporation. He shall preside at all meetings of the members and Directors, and shall have such other powers and duties as may be prescribed from time to time by the Board of Directors.

(e) Vice President. In the absence or diability of the president, the vice president shall perform all the duties

for their services as such. This provision, however, is not intended to prohibit any payment to a Director for expenses directly and reasonably incurred in connection with attendance at meetings or other necessary business of the corporation.

(e) Special Meetings. Special meetings of the Board of Directors for any purpose may be called at any time by the President or by any two Directors. Notice of the time and place and nature of such special meeting shall be communicated to each Director personally or by mail at least two days prior to any such meeting.

The transactions of any meeting of the Board, however called and noticed and wherever held, shall be as valid as though had at a meeting duly held after regular call and notice, if a quorum be present and if either before or after the meeting each Director not present signs a written waiver of notice or a consent to holding such meeting or an approval of the minutes thereof. All such waivers, consents or approvals shall be filed with the corporate records or made a part of the minutes of the meeting.

(f) Quorum. A majority of the Board of Directors authorized by the by-laws to serve at any given time shall constitute a quorum. In the absence of a quorum, the Board shall transact no business, except as otherwise expressly provided in these by-laws, and the only motion that the

for their services as such. This provision, however, is not intended to prohibit any payment to a Director for expenses directly and reasonably incurred in connection with attendance at meetings or other necessary business of the corporation.

(e) Special Meetings. Special meetings of the Board of Directors for any purpose may be called at any time by the President or by any two Directors. Notice of the time and place and nature of such special meeting shall be communicated to each Director personally or by mail at least two days prior to any such meeting.

The transactions of any meeting of the Board, however called and noticed and wherever held, shall be as valid as though had at a meeting duly held after regular call and notice, if a quorum be present and if either before or after the meeting each Director not present signs a written waiver of notice or a consent to holding such meeting or an approval of the minutes thereof. All such waivers, consents or approvals shall be filed with the corporate records or made a part of the minutes of the meeting.

(f) Quorum. A majority of the Board of Directors authorized by the by-laws to serve at any given time shall constitute a quorum. In the absence of a quorum, the Board shall transact no business, except as otherwise expressly provided in these by-laws, and the only motion that the

the articles or by-laws.

6. MISCELLANEOUS PROVISIONS.

(a) Fiscal Year. The fiscal year of the corporation shall end each year on August 31.

(b) Corporate Seal. The corporation shall have a seal which shall be specified by resolution of the Board of Directors. The seal shall be affixed to all corporate instruments, but failure to affix it shall not affect the validity of the instrument.

(c) Execution of Checks, etc. Except as otherwise provided by law, every check, draft, promissory note, money order, or other evidence of indebtedness of the corporation shall be signed by ~~the treasurer and countersigned by the president~~ any two of the following officers: President, Vice President/Secretary or Treasurer. Any contract, lease, or other instrument executed in the name of and on behalf of the corporation shall be signed by the secretary or treasurer and president, and shall have attached to it a copy of the resolution of the Board of Directors authorizing its execution. The foregoing shall not apply to an agreement giving the corporation an option to purchase real property in pursuance of its charitable purpose. The exercise of any such option, however, must be preceded by a resolution of the Board of Directors authorizing its exercise and the notice of exercise must be signed by the president and countersigned by the secretary or treasurer.

(d) Voting Securities. The president, or the vice

president and the secretary, or such other offices as the Board of Directors may select for the purpose, are authorized to vote, represent, and exercise on behalf of this corporation all rights incident to any and all voting securities, if any, of any other corporation or corporations held in the name of this corporation. The authority so granted may be exercised in person by the officers, or by any person authorized so to do by proxy or power of attorney duly executed by the officers.

* * * * *

STATE OF CALIFORNIA

ENDORSED
FILED
OCT 1 - 1973
MARTIN MONGAN, CLERK
By RICHARD P. METTER
Deputy Clerk

65094

OFFICE OF THE SECRETARY OF STATE

I, *EDMUND G. BROWN JR.*, Secretary of State of the State of California, hereby certify:

That the annexed transcript has been compared with the RECORD on file in this office, of which it purports to be a copy, and that same is full, true and correct.

IN WITNESS WHEREOF, I execute this certificate and affix the Great Seal of the State of California this

SEP 18 1973

Edmund G. Brown Jr.

Secretary of State

689468

ARTICLES OF INCORPORATION

OF

EAST WEST ACADEMY OF HEALING ARTS

FIRST: The name of this corporation is EAST WEST ACADEMY OF HEALING ARTS.

SECOND: The specific and primary purposes for which this corporation is formed are to promote international understanding of eastern and western medicine, to conduct research into eastern medicine, and to educate the public about the nature and developments concerning eastern healing arts; to enhance the treatment and prevention of disease by encouraging methods which take the total dimension and well-being of man into account.

The general purposes for which this corporation is formed are to acquire by purchase or otherwise, hold, improve, sell, lease, mortgage or otherwise encumber and convey any real and personal property held by it for such purpose as may seem advisable to carry on the work of this corporation, and to do all things necessary on any property acquired by this corporation for this purpose of carrying on the work of this corporation; and to do and perform every act necessary, incidental to, and in furtherance of this corporation's specific purposes.

Withdrawal/Redaction Marker
Clinton Library

DOCUMENT NO. AND TYPE	SUBJECT/TITLE	DATE	RESTRICTION
001. legal doc	Articles of Incorporation, East West Academy of Healing Arts (partial) (2 pages)	09/18/1973	b(6)

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

OA/Box Number: 43232

FOLDER TITLE:
Solicited Comments 2001 [1]

2011-0568-S
kc819

RESTRICTION CODES

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

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

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

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

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

Notwithstanding any other provision herein, this corporation shall not, except to an insubstantial degree, engage in any activities or exercise any powers that are not in furtherance of the primary purpose of this corporation; no part of the net earnings of the corporation shall inure to the benefit of any member, private shareholder, or individual; and no part of the activities of the corporation shall consist in carrying on propaganda or otherwise attempting to influence legislation, and the corporation shall not participate or intervene in (including the publishing or distributing of statements) any political campaign on behalf of any candidate for public office.

THIRD: This corporation is organized pursuant to the General Nonprofit Corporation Law of the State of California.

FOURTH: The principal office for the transaction of the business of this corporation is located in the County of San Francisco.

FIFTH: The names and addresses of the three (3) persons who are to act in the capacity of the first directors until the selection of their successors are:

Effie Pov Yew Chow
(b)(6)
San Francisco, California 94131

Paul K.J. Hu
(b)(6)
San Francisco, California 94109

[001]

Dr. Roy Wong
(b)(6)
Oakland, California 94612

The number of directors of this corporation can be changed by duly adopting By-Laws without amending these Articles of Incorporation.

SIXTH: The authorized number and qualifications of members of the corporation, the different classes of membership, if any, the property, voting and other rights and privileges of members and their liability for dues and assessments and the method of collection thereof, shall be as set forth in the By-Laws.

SEVENTH: This corporation is one which does not contemplate pecuniary gain or profit to the members. Upon the winding up and dissolution of this corporation, after paying or adequately providing for the debts and obligations of this corporation, the remaining assets shall be distributed to one or more organizations exempt from federal income tax under Section 501(c)(3) of the Internal Revenue Code of 1954 as it may be, from time to time, amended. In the event that a petition is filed pursuant to Section 9801 of the California Corporation Code by the Attorney General or any person concerned in liquidation proceedings to which the Attorney General is a party, the assets shall be disposed of as provided in that Section. The property, assets, profits, and net income of this corporation are irrevocably dedicated to charitable purposes.

IN WITNESS WHEREOF, for the purpose of forming this nonprofit corporation under the laws of the State of California, the undersigned, constituting the incorporators of this corporation and its first directors, have executed these Articles of Incorporation this 23d day of August, 1973.

EFFIE POY YEW CHOW

PAUL K.J. HU

DR. ROY WONG

American Qigong Association

530 Bush Street, Suite 202, San Francisco, California 94108
Telephone (415) 788-2227; Fax (415) 788-2242

FACT SHEET

I. History:

Discussion of establishing a World Qigong Federation and the American Qigong Association began in the early 1990's; both organizations were ratified prior to the Second World Congress on Qigong and the First American Qigong Association Conference held in San Francisco, California on November 20-26, 1997.

It was decided by those present at the first meeting in 1997 to speed up the organizational process of both organizations they would initially be incorporated under the non-profit status of East West Academy of Healing Arts (EWAHA) for financial support by EWAHA until such time that it is advantageous for them to be free standing. The Bylaws of EWAHA Corporation would be used. (Please see attached the EWAHA non-profit status papers and EWAHA Bylaws).

II. Mission Statement:

The American Qigong Association (AQA), a chapter of the World Qigong Federation (WQF), brings together scientists, professionals, institutions and lay people to promote research and education in the areas of Qigong under one, non-profit umbrella organization.

III. Goals of AQA:

- Promote Qigong, bringing it into the mainstream as a health practice
- Provide professional visibility for Qigong practitioners
- Establish standards of excellence and ethics in practice
- Support professionals, in establishing general acceptance and recognition within the medical and scientific community
- Provide a safe, nurturing environment for the professional growth of all styles of Qigong masters, teachers and practitioners
- Protect those seeking help through Qigong
- Act as an information clearinghouse for Qigong and a reference for services for individual clients, masters and teachers; including available course, seminars, developments, etc.
- Establish a resource library, including print, audio, videos, etc.
- Publish a directory of Qigong professionals and institutions
- Promote an international coalition to further an understanding of Qigong amongst the general population and the helping professions by cooperating internationally through the World Qigong Federation (WQF)
- Establish regional, state and local chapters of AQA through the generous support of sponsorships

IV. Board of Directors:

President
Effie Poy Yew Chow, PhD, RN, DiplAc(NCCAOM), Qigong Grandmaster
Vice President
Richard Yennie, DC, DiplAc (NCCAOM)
Secretary
Evelyn Lee, PhD
Treasurer
Cathy Chang, CPA
Board of Directors
Frances L. Brisbane, PhD; Francesco Garripoli; Nan Lu, OMD, L.Ac; Viola C. Ong; Alex Feng, DiplAc (NCCAOM), Garrett Yount, PhD

Executive Director
V. Kay Lahdenpera, RN, MPH

V. Advisory Committee Chair(s):

Clinical (include standards and ethics) – Fran Starr, PhD, RN & Ralph Pulegra, MD
Education (include standards and ethics) – Alex Feng, DiplAc (NCCAOM); Effie Chow, PhD, Qigong Grandmaster
Finance – Cathy Cheung, CPA & Barbara Sullivan, acct.
International Faculty – Lida Feng, PhD (China)
Membership/Fundraising – Richard Yennie, DC, DiplAc (NCCAOM)
Policies – Frances L. Brisbane, PhD & Evelyn Lee, PhD
Public Relations/Promotion – Nan Lu, OMD, L.Ac & James Lilley
Scientific/Research (include standards and ethics) – Garrett Yount, Ph.D.

VI. Membership:

Membership in AQA in May 1987 were forty-three members. Membership continues to increase, especially from the Congresses and Conferences. This creates visibility and an opportunity for people to attend meetings, share ideas and be a part of the organization. Now there are 723 members.

VII. Qigong Conferences:

There were three prestigious and dignified Qigong Conferences held in North America since 1997, which offered a platform to bring top Qigong Masters, and Qigong Scientists from China and around the world to North America to properly introduce Qigong to the West.

Qigong Conferences have been occurring for the following purposes:

- To broaden the influence of Qigong as a viable practice for enhancing health in everyday life and as an effective system for use in mainstream healthcare
- To bring together people to determine policies, to pursue research on Qigong and to act as a springboard for raising funds for much needed scientific research
- To inaugurate an international and national organizations to promote the benefits of Qigong, and its Masters of Excellence, worldwide and in the United States
- To involve government as co-sponsorships
- To declare a World Qigong Week and a World Qigong Day
    - November 22, 1997, The Honorable Willie Brown, Mayor of San Francisco, declared "Dr. Effie Chow Day" and presented her with the Proclamation at the opening of the Congress.
    - November 15-21, 1999, The Honorable Willie Brown, Mayor of San Francisco, declared "World Qigong Week" & November 20, 1999 as "World Qigong Day" and presented Dr. Effie Chow with the Proclamation at the opening of the Congress.
    - April 22, 2000, The Honorable Anthony A. Williams, Mayor of Washington, D.C. declared "National Qigong Day". The Mayor's Representative, Ivan C.A. Walks, MD, Chief Health Officer of the Department of Health, Washington, D.C presented this Proclamation. This Proclamation was presented to Dr. Effie Chow at the opening of the Summit.

The following Conferences recognized outstanding Qigong Masters and Qigong Scientists who were recipients of these awards:

- The First World Congress on Qigong was held in China in 1990
    - Chia Mantak – Qigong Master for 1990 (China)
    - Yoshiaki Omura, MD, ScD, FACA, FICAE – Qigong Scientist for 1990 (USA)
- The Second Congress on Qigong and the First American Qigong Association Conference was held in San Francisco, California on November 20-26, 1997.
    - Sifu Kiew Kit Wong – Qigong Master of the Year for 1997 (Malaysia)
    - Katsumi Niikura – KI Master of the Year for 1997 (USA)
    - Lida Feng, PhD – Qigong Scientist of the Year for 1997 (China)
    - Effie Poy Yew Chow, PhD, RN, DiplAc (NCCAOM) – Visionary of the Year for 1997 (USA)
    - Ken Sancier, PhD – Recognized for his accomplishments in the Promotion of Qigong for 1997 (USA)

- The Third Congress on Qigong and the Second American Qigong Association Conference was held in San Francisco, California on November 19-21, 1999.
    - Wang Yan – Qigong Master of the Year for 1999 (The Netherlands)
    - Binhui He – Qigong Master of the Year for 1999 (China)
    - International Society of Life Information Science (ISLIS) received Qigong Scientist Group of the Year for 1999 (Japan)
    - Nan Lu, OMD, L.Ac – Visionary of the Year for 1999 (USA)
    - Effie Poy Yew Chow, PhD, RN, DiplAc (NCCAOM) – World Humanism Award of the Year for 1999 (USA)
- The Qigong Summit 2000 and the Third American Qigong Association Conference was held in Washington, D.C. on April 21-23, 2000.
    - Zhi Xiang Gao – Qigong Master of the Year for 2000 Memory & Intelligence (China)
    - Fei Long QI – Qigong Master of the Year for 2000 Soft & Hard Qi (USA)
    - Kevin Chen, PhD, MPH – Qigong Scientist of the Year for 2000 (USA)
    - Bill Douglas – Community Service Award of the Year for 2000 Promotion of the World T'ai Chi & Qigong Day, which was held on April 8, 2000 and to be held every Saturday after UN World Health Day each year. (USA)
    - Francesco Garripoli – Media Excellence of the Year for 2000 "Qigong—Ancient Chinese Healing for the 21st Century"

Withdrawal/Redaction Marker
Clinton Library

DOCUMENT NO. AND TYPE	SUBJECT/TITLE	DATE	RESTRICTION
002. resume	V. Kay Lahdenpera (partial) (1 page)	nd	b(6)

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

OA/Box Number: 43232

FOLDER TITLE:
Solicited Comments 2001 [1]

2011-0568-S
kc819

RESTRICTION CODES

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

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

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

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

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

[002]

V. KAY LAHDENPERA
(b)(6)
Anchorage, AK 99515-1068
(b)(6)
E-Mail: vklahdenpera@aol.com
(b)(6)

EDUCATION

MPH - Loma Linda University, Loma Linda, California
(Extended Degree Program)
Masters Program - Psych Counseling, University of Alaska, Anchorage,
Alaska (Night program discontinued after 1 year of study)
BSN - University of Washington, Seattle, Washington
Professional Nursing License: Alaska, New York, Washington

EXPERIENCE

2000 – Present Executive Director
1999 – Present Congress Secretariat (3rd World Congress on Qigong & 2nd American Qigong Association Conference, Qigong Summit 2000 & 3rd American Qigong Association Conference; and 4th World Congress on Qigong & 4th American Qigong Association Conference
American Qigong Association

1967-1999 Family Planning Program Manager
Municipality of Anchorage, Department of Health & Human Services

1965-1967 Public Health Nurse
Greater Anchorage Area Borough Health Department

1961-1965 Nurse Supervisor
Episcopal Mission Society, St. Barnabas House, New York, New York

1961-1965 Float Nurse and/or Shift Supervisor
Psychiatric, Medical, Surgical, Pediatrics and Communicable Disease Wards
Bellevue Hospital, New York, New York

1958-1961 Graduate Nurse & Student Nurse
Swedish Hospital, Seattle, Washington

INSERVICE:

Management:

Alaska Colleagues in Caring – 1996-1999
State Health Department Family Planning Administrators (SFAP) Conference (annual event – WN.DC) – 1984 – 1999
Region X Grants Management Conferences (quarterly events -- Seattle, WA) – 1978 – 1999
National Family Planning Reproductive Health Assn (NFPRHA) Conference (annual event – WN.DC) – 1978-1999
Nursing Leadership Workshops (6) sponsored by Alaska Methodist University (40 nurses selected in AK) – 1975-1976
Management by Objectives – University of Wisconsin – 1974

Health Related:

Chow Qigong 100 Hour Intensive Training Course – San Francisco, CA – 1999
SFPA & NFPRHA Conferences CEU's – Washington, DC - 1978-1999
The Center for Health Training – Seattle, WA. – 1988-1999
Alaska Health Summit Annual Conferences – 1990 - present
Alaska Health Summit sponsored by AK. Public Health Assoc./numerous other health organizations –
Women's Health Track/Qigong - Dr. Effie Poy Yew Chow – 1995
Alaska State Nurses Association Annual Convention – 1978 - present
Municipality of Anchorage, Department of Health and Human Services, Family Planning Program
Holistic Health/Energy Healing - Dr. Effie Poy Yew Chow – 1987 & 1985
Lucille Kinlein Nursing Theory & Learnership Program – University of AK-Anchorage., School of Nursing – 1978 & 1979
Holistic Health – University of Alaska-Anchorage, School of Nursing – 1978
Clinical Hypnosis , University of Alaska, Dept. of Psychology – 1978
"Living Now" Carl Rodgers Institute, Lahoya, CA – 1977

PROFESSIONAL ORGANIZATIONS:

American Nurses Association (ANA) - 1967 - Present
Legislative Liaison for AK – 1985 - 1995

Alaska Nurses Association (AaNA 1995) - 1966 - Present
President 1979-1981
1st Vice President 1978-1979
Delegate to ANA Convention 1978,1980 & 1981 (National Convention)
Board of Directors 1975 - 1978
Chairman of following committees: Membership, Convention, Economic & General Welfare, Legislation, PAC
Currently serving on Legislative and PAC Committees

Alaska Nurses Association (AaNA) District I (Anchorage)
President 1986 & 1989
1st Vice President 1972 &1976
Board Member 1975 & 1978
Chairman of following committees: Membership, Scholarship, Public Relations

American Public Health Association (APHA) 1984 - 1992

Alaska Public Health Association (ALPHA) 1978 - Present
Membership Committee 1983 - 1987
Program Committee 1988-1989
Brown Bag Committee 1990 - 1999

American Qigong Association (AQA) 1999 – Present
Executive Director 2000 - Present
Board Member 1999-2000

National Family Planning Reproductive Health Association (NFPRHA) 1975 - 1999
Program Committee 1988 - 1999
Minority Development Committee 1990 - 1999

Health Care Coalition of Alaska (HCC of AK) - 1987 - 1990
Board Member 1987 - 1989
Secretary 1989 - 1990

NATIONAL/INTERNATIONALPRESENTATIONS:

August 1997 - XV FIGO World Congress of Gynecology & Obstetrics – Copenhagen, Denmark
"Quality Assurance -- Nurse Practitioners and the Colposcopy Project in Anchorage, AK."

October 1993 – Eisenhower Ambassador Program to China for Deans/Administrators/Professors of Public Health Nursing
"Family Planning Project for Troubled Teens" & " Reproductive Health & STD Issues"

March 1988 - National Family Planning Reproductive Health Association, Washington, D.C., "Family Planning Project for Troubled Teens in Anchorage, Alaska."

November 1988 - American Public Health Association, Boston, Massachusetts, "Family Planning Project for Troubled Teens in Anchorage, Alaska."

PROFESSIONAL CONSULTATION:
Region IV Family Planning requested technical assistance on MOA/DHHS/Family Planning "Troubled Teen Project." Traveled to North Carolina in Nov. 1988, met with the State Family Planning Div.

Bethel, Alaska requested technical assistance with development of Family Planning Advisory Committee, acted as a consultant through Region X contractor, Professional Management Association, Inc.

OTHER ORGANIZATIONS:
Planned Parenthood of Alaska (Past Board Member)
Pioneers of Alaska
Anchorage Women's Club (Past Member)
Alaska Mental Health Association (Past Board Member)
Alaska Women's Political Caucus
PTA (Past Member)
League of Women's Voters
Alaska Theater of Youth - Board Member 1983-1987; President 1988-1989 Secretary 1991-1992
Alaska Youth & Parent Foundation - Board Member 1994-Present
Kids' Corp Inc. (Head Start) Board Member 1999 -Present
Church Activities

AWARDS
April 2000 – Qigong Summit 2000 and Third American Qigong Association Conference Special Appreciation Award

March 2000 - The American Academy of Nurse Practitioners State Award for Nurse Practitioner Advocate

December 1999 - Alaska Public Health Association (ALPHA) Long Term Service Award in recognition of contribution to ALPHA and health of Alaska

June 1999 - Anchorage Municipal Assembly Award for dedication and service to people of Anchorage for 34 years to improve the public health of Anchorage

January 1999 - Municipality of Anchorage, Work Unit of the year for Support Services 1998 Measles Support Response Team

October 1997 - Department of Health & Human Services, PHS Region X Women's Health & Family Planning Award for Leadership in Promoting Statewide Women's Health Activities in the Public Health Service, Region X.

April 1997 - Women of Achievement Award Sponsors: BP Alaska and YWCA

February 1996 - "Outstanding Local Service Award" from the National Family Planning & Reproductive Health Association, Inc.

September 1994 - Office of Women's Health, USPHS, Region X, "Appreciation for Your Work on Behalf of African American Women's Health Care" award

July 1993 - "Title X-Family Planning Program-Excellence in Management" award

April 1991 - American Nurses Association Excellence in Nursing award

February 1991 - Service Plaque: Health Coalition of Alaska

January 1991 - Runner up for Municipality of Anchorage, Employee of the Year award

May 1990 - Invited to join Who's Who in Nursing

April 1988 - First recipient of Alaska nurses Association Community Service award

April 1983 - Sigma Theta Tau, Nursing Honorary, University of Alaska

Clinton Presidential Records
Digital Records Marker

This is not a presidential record. This is used as an administrative marker by the William J. Clinton Presidential Library Staff.

This marker identifies the place of a publication.

Publications have not been scanned in their entirety for the purpose of digitization. To see the full publication please search online or visit the Clinton Presidential Library's Research Room.

Fourth World Congress on Qigong

and the 4th American Qigong Association Conference

San Francisco Mayor Willie Brown-Honorary Chair, the co-sponsors, and we warmly invite you to join us at the **Fourth World Congress on Qigong** and the **4th American Qigong Association Conference**, May 4th – 7th, 2001, in the beautiful and dynamic city of San Francisco. We will Celebrate World Qigong Week, April 30-May 6, 2001 and specifically World Qigong day, May 5, 2001.

The past Congresses have been highly successful! Attendees in the past expressed great support and enthusiasm, as well as a strong desire for Qigong to be integrated into the Western Health care system.

This is your opportunity to increase your healing knowledge and skills as well as to make a significant impact on the health policies of the nation and the world. Since President Bill Clinton formed the White House Commission on Complementary and Alternative Medicine Policy (WHCCAMP) by Executive Order 13417 on March 7, 2000, Qigong has become an even more important self-help entity. The WHCCAMP has a mandate to develop and present to The President and Congress, a set of legislative and administrative policy recommendations that will maximize the benefits of complementary and alternative medicine (CAM) practices and products. The outcomes and recommendations of this Qigong Congress will be sent forth to the White House Commission. It is important for you to be present to have your integral voice and input!

This unique event brings together an impressive array of international and nationally renowned Qigong Masters, scientists, dignitaries and speakers from Europe, Canada, USA and Asia, to focus the nation's attention on the tremendous health-giving potential of Qigong, and the need for research into this vital health promotion and healing system.

The goals of the Fourth World Congress on Qigong and the 4th American Qigong Association Conference are: 1) to demonstrate and broaden the influence of Qigong as a viable practice for enhancing everyday life and as an effective self-help system in mainstream health care and life; 2) to present the recommendations to the White House Commission on Complementary and Alternative Medicine Policy; and 3) to act as a springboard for raising funds for much-needed scientific research for Medical Qigong into Cancer, Heart Disease, Paralysis, Women's Health, Anti-Aging, etc.

QIGONG, an ancient science and art of health, is a traditional form of Chinese energy exercise and healing for the body, mind, and spirit. Qigong is practical for all ages and physical conditions, millions of people practice Qigong daily in China! Qigong is suitable for finding emotional balance in today's stressful lifestyle, training of top Olympic and World-Class athletes. Also Qigong has been found to be very helpful in the management of many patients suffering from such condition as cancer, asthma, cardiovascular diseases and some types of paralysis. It

氣功

Fourth World Congress on Qigong

and the 4th American Qigong Association Conference

Sponsored by: East West Academy of Healing Arts

Takes place in San Francisco, CA., Golden Gateway Holiday Inn

The special focus of this Congress is on Qigong through clinical, educational and research activities/programs. Learn from renowned Qigong Masters, scientists and speakers from around the world, on the broad segment of Complementary and Alternative Medicine. Also, you can make a difference in Health Policy, for you will have an opportunity to offer vital input to the WHCCAMP commission through this Congress.

Web page: http://www.eastwestqi.com
E-mail: eastwestqi@aol.com
Phone: 415-788-2227

EWAHa — a non-profit organization dedicated to holistic health research education and care

East West Academy of Healing Arts
530 Bush Street, Ste. 202
San Francisco, CA 94108

(415) 788-2227 / 788-2242