Withdrawal/Redaction Sheet
Clinton Library

DOCUMENT NO. AND TYPE	SUBJECT/TITLE	DATE	RESTRICTION
001. email	Wallace Sampson to Steve Groft, no subject (partial) (1 page)	09/06/2000	b(6)
002a. letter	Wallace Sampson to Sheila Katz (partial) (1 page)	03/27/2000	b(6)
002b. envelope	Wallace Sampson to Sheila Katz (partial) (1 page)	nd	b(6)
003. email	Wallace Sampson to Steve Groft, no subject (partial) (1 page)	09/06/2000	b(6)
004. letter	Wallace Sampson to Stephen Groft (partial) (1 page)	01/25/2000	b(6)

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

OA/Box Number: 43234

FOLDER TITLE:
Sampson, Wallace, MD

2011-0568-S
kc853

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]

Groft, Stephen (NCCAM)

To: Wisampson@cs.com
Cc: jsgordon@mindspring.com; Chang, Michele (NCCAM); Pollen, Geraldine (NCCAM)
Subject: RE: Meeting of science

Dr. Sampson:

As discussed in an earlier message, the Commission plans to discuss policy aspects of the Coordination of CAM research at the May 15-16 meeting, the specific session would be during the afternoon of May 15. We will also discuss reimbursement for CAM services and products on May 14-15. I have reserved 2 hours for you and three other speakers of your choice to address the Commission on recommendations related to the issues before the Commission as provided in the Executive Order on CAM practices and products that you feel should be considered to be included in the final report to the President through the Secretary of DHHS. We have found 15 minute presentations to be a good length of time per speaker with the remaining time available for questions from the Commission members. I will provide a preliminary draft of the agenda shortly. We are attempting to confirm other speakers including former editors of JAMA and NEJM, the Director of the National Library of Medicine, representatives from the Robert Wood Johnson Foundation, and the Susan B.Komen Breast Cancer Foundation, among many other potential participants.

The Commission is prepared to provide expenses for coach travel, per diem expenses, and hotel accommodations (one night of hotel expenses at the government rate) for these speakers at the selected session. If you are in agreement with these plans, I would appreciate it if you could provide me with the names of the individuals that you would like us to contact and to request recommendations to the Commission. Other information such as phone numbers, e-mail addresses, mailing addresses would also be helpful if readily available to you.

Ms. Geraldine Pollen of our staff is currently developing the agenda. Palladian Partners, Inc. will provide the logistical information for travel to and from the meeting. They will also arrange the hotel reservations for you and all participants at the meeting.

Thank you for your consideration and I await your response. If you would like to discuss this meeting in greater detail, please send me your phone number.

Steve Groft

Stephen C. Groft

April 4, 2001

Dear Dr. Groft,

I received your e-mail note of March 29 inviting me and others I might recommend to your May session in Washington. Again I respectfully decline for reasons previously outlined, and which are repeated below. I request that this communication be made part of the Commission's official record and be included in any report made to the public.

First, the White House Commission was formed without input from or knowledge of many of the physicians and scientists most familiar with the various methods, and who are also critical of unfounded claims made for those methods. I believe you are familiar with the names of some of those individuals from their applications to serve on various advisory bodies for the Office of Alternative Medicine (now NCCCAM.) We have concluded that the lack of information dissemination was more than oversight. The evidence points to an exclusion of scientific opinion. This marginalization persists in the rejection of our proposal.

The reasons we do not accept the WHCCAM offer include the above and the following.

Charges: the Commission is charged with exploring ways of researching "alternative" methods, most of which have been disproved or are highly implausible. The Commission is charged with advising on teaching the methods, yet no knowledgeable course organizer is on the Commission. It is charged with investigating integration of anomalous methods into practice, yet does not have valid information on which methods are valid and which are not, and cannot obtain that information without a thorough hearing from those who know. It is further charged with recommending methods for reimbursement, yet will not hear from those most knowledgeable of the methods' validity and usefulness. We do not conceive of a way to make sensible recommendations about these issues without complete review of the basic and clinical science.

Time: We maintain that adequate discussion of the problem cannot take place by three to five fifteen minute presentations. I have been teaching the analysis of anomalous ("alternative") medical claims at Stanford University for twenty-two years, and take ten weeks, or twenty hours to present enough material to educate students in methods of analysis alone. Our 1999 Philadelphia conference took two days and over fourteen hours, with simultaneous sessions.

The Commission:

Composition. The Commission's formation, nomination and selection procedures remain shrouded in non-disclosure. I have written to three sources for that information and have received no answer. Such resistance and mystery are discordant with democratic government, and do not allow us to look on the Commission with confidence.

Qualification. The Commission not only does not contain any of the knowledgeable scientists mentioned above, but perhaps only four or five members have the academic qualifications to evaluate information on efficacy and data validity. There are five medical school instructors of rational, scientific courses on "alternative medicine" in the U.S. and Canada – none is on the Commission.

Conflict of interest: Most members represent a variety of occupations and methods not recognized as scientifically valid. Many of the methods have been proved to be ineffective. Commission members representing specific occupational special interests stand to benefit economically from positive recommendations.

Our proposal: In order to solve the dilemma of the Commission's defects and our experts' information, we have proposed a two to three day conference for presentation of papers on the basic science and clinical science of "alternative" methods. The presenters would be selected from the authors and editorial and review boards of our journal, The Scientific Review of Alternative Medicine, members of the National Council against Health Fraud, and other selected experts in specific fields selected by us. They would present to a panel of medical scientists selected from the Institute of Medicine of the National Academy of Sciences. Those scientists would evaluate our information and contribute balanced evaluations and recommendations to the Commission, the White House, and the people. The presentations themselves would be published as an official document of the Commission.

We understand that the WHCCAM operates with a $1 million grant from the Congress and suggest that the Commission would be financially able to sustain all expenses for such a conference. We understand that such events take time and organization, and we are willing to aid in its creation.

I appreciate that you may find your situation to be uncomfortable as scientist, trying to negotiate a plan acceptable to the commission, key senatorial members, and to our group of medical scientists. I am also aware that some skeptical individuals have accepted speaking slots at the Town Meetings. But in the absence of positive response to our proposal, my colleagues and I feel advised to decline a formal appearance before the Commission. In the absence of a positive response, we will seek ways to collate our information for presentation elsewhere. Some of our material can be found as individual papers in various medical journals. Others may be found in the 2001 issue of Academic Medicine, and in books such as Science Meets Alternative Medicine, The Health Robbers, and Examining Holistic Medicine (all by Prometheus Books.) More information is being prepared for submission to standard journals.

Sincerely,

Wallace Sampson, MD

Groft, Stephen (NCCAM)

To: Wisampson@cs.com
Subject: RE: Meeting

Dr. Sampson:

Thank you for a timely response. I will provide your response to the Commission and formally enter your comments into the record of the Commission's activities. Your recommendation for a scientific meeting is something that could be considered as part of an implementation plan following the termination of the Commission on March 7, 2002. I am sorry that you are unwilling to participate in the discussion planned for the May 14-16 meeting of the Commission. However, your views will be presented to the Commission. Are there others who you would like to refer to me to inquire into the possibility of attending and discussing their concerns about the issues before the Commission?

I will make no further atempts to attempt to convince you to accept our invitation, but I will encourage you to continue to keep informed of the activities of the Commission by viewing the website for the Commission, especially after the Interim report is made available in July/August. I would also welcome your comments at that time.

Take care of yourself and again thank you for the suggestions.

Steve Groft

-----Original Message-----
From: Wisampson@cs.com [mailto:Wisampson@cs.com]
Sent: Friday, April 06, 2001 3:43 PM
To: Groft, Stephen (NCCAM)
Subject: Meeting

Dr. Groft:

Below and attached are forms of my reply to your recent invitation. Although I appreciate your efforts at establishing some liaison, the conditions for transmitting our information are not acceptable, for the reasons stated. The accompanying messages will be sent also by regular mail. Should the commission reconsider our proposal, we will be receptive to further discussion.

Thanks for your efforts.

Wallace Sampson MD

April 4, 2001

Dear Dr. Groft,

I received your e-mail note of March 29 inviting me and others I might recommend to your May session in Washington. Again I respectfully decline for reasons previously outlined, and which are repeated below. I request that this communication be made part of the Commission's official record and be included in any report made to the public.

First, the White House Commission was formed without input from or knowledge of many of the physicians and scientists most familiar with the various methods, and who are also critical of unfounded claims made for those methods. I believe you are familiar with the names of some of those individuals from their applications to serve on various advisory bodies for

the Office of Alternative Medicine (now NCCCAM.) We have concluded that the lack of information dissemination was more than oversight. The evidence points to an exclusion of scientific opinion. This marginalization persists in the rejection of our proposal.

The reasons we do not accept the WHCCAM offer include the above and the following.

Charges: the Commission is charged with exploring ways of researching "alternative" methods, most of which have been disproved or are highly implausible. The Commission is charged with advising on teaching the methods, yet no knowledgeable course organizer is on the Commission. It is charged with investigating integration of anomalous methods into practice, yet does not have valid information on which methods are valid and which are not, and cannot obtain that information without a thorough hearing from those who know. It is further charged with recommending methods for reimbursement, yet will not hear from those most knowledgeable of the methods' validity and usefulness. We do not conceive of a way to make sensible recommendations about these issues without complete review of the basic and clinical science.

Time: We maintain that adequate discussion of the problem cannot take place by three to five fifteen minute presentations. I have been teaching the analysis of anomalous ("alternative") medical claims at Stanford University for twenty-two years, and take ten weeks, or twenty hours to present enough material to educate students in methods of analysis alone. Our 1999 Philadelphia conference took two days and over fourteen hours, with simultaneous sessions.

The Commission:

Composition. The Commission's formation, nomination and selection procedures remain shrouded in non-disclosure. I have written to three sources for that information and have received no answer. Such resistance and mystery are discordant with democratic government, and do not allow us to look on the Commission with confidence.

Qualification. The Commission not only does not contain any of the knowledgeable scientists mentioned above, but perhaps only four or five members have the academic qualifications to evaluate information on efficacy and data validity. There are five medical school instructors of rational, scientific courses on "alternative medicine" in the U.S. and Canada - none is on the Commission.

Conflict of interest: Most members represent a variety of occupations and methods not recognized as scientifically valid. Many of the methods have been proved to be ineffective. Commission members representing specific occupational special interests stand to benefit economically from positive recommendations.

Our proposal: In order to solve the dilemma of the Commission's defects and our experts' information, we have proposed a two to three day conference for presentation of papers on the basic science and clinical science of "alternative" methods. The presenters would be selected from the authors and editorial and review boards of our journal, The Scientific Review of Alternative Medicine, members of the National Council against Health Fraud, and other selected experts in specific fields selected by us. They would present to a panel of medical scientists selected from the Institute of Medicine of the National Academy of Sciences. Those scientists would evaluate our information and contribute balanced evaluations and recommendations to the Commission, the White House, and the people. The presentations themselves would be published as an official document of the Commission.

We understand that the WHCCAM operates with a $1 million grant from the Congress and suggest that the Commission would be financially able to sustain all expenses for such a conference. We understand that such events take time and organization, and we are willing to aid in its creation.

I appreciate that you may find your situation to be uncomfortable as scientist, trying to negotiate a plan acceptable to the commission, key

senatorial members, and to our group of medical scientists. I am also aware that some skeptical individuals have accepted speaking slots at the Town Meetings. But in the absence of positive response to our proposal, my colleagues and I feel advised to decline a formal appearance before the Commission. In the absence of a positive response, we will seek ways to collate our information for presentation elsewhere. Some of our material can be found as individual papers in various medical journals. Others may be found in the 2001 issue of Academic Medicine, and in books such as Science Meets Alternative Medicine, The Health Robbers, and Examining Holistic Medicine (all by Prometheus Books.) More information is being prepared for submission to standard journals.

Sincerely,

Wallace Sampson, MD

Groft, Stephen (NCCAM)

To: Wisampson@cs.com
Cc: Kaczmarczyk, Joseph (NCCAM); Chang, Michele (NCCAM); Pollen, Geraldine (NCCAM); Axelrod, Corinne (NCCAM)
Subject: RE: Meeting of science

I will be back in touch with you shortly. I am trying to put together a session of the Commission meeting for the May 14-16 meeting. As I mentioned, the format you are proposing is not within the scope of the activities of the Commission. The meeting as proposed would be more appropriate during any future implementation phase or an activity resulting from a recommendation from the commission to the White House and other Federal agencies and Congress. I am still receiving comments from Commission members after sending your message to them. There is agreement that we need to hear your concerns and more importantly your recommendations addressing the issues in the Executive Order. Thank you for your consideration. Please continue to follow the activities of the Commision through the website. Within a week we will have the draft agenda for the February 22-23 meeting on training, licensing, credentialing, and accountability of CAM practitioners. Thank you for your consideration

Steve Groft

-----Original Message-----
From: Wisampson@cs.com [mailto:Wisampson@cs.com]
Sent: Thursday, January 25, 2001 11:15 PM
To: Groft, Stephen (NCCAM)
Subject: Meeting of science

Dr Groft:

I am sending a copy of this letter by regular mail.

January 25, 2000

Stephen C. Groft, Pharm.D.
Executive Director
White House Commission on Complementary and Alternative Medicine Policy
(WHCCAMP)
6701 Rockledge Drive, Suite 1010, MS-7707
Bethesda, Maryland 20892

Dear Dr. Groft,

I have directed some three electronic mail messages regarding my original suggestion and your offer to hold a conference to explore the science and scientific problems underlying the commission's four charges. My last, in November, containing specifics of such a conference, was not answered. I therefore am sending this letter by mail asking for a response. I know you are busy with the already arranged Town Hall meetings, but time is becoming short on deciding on my proposal.

The commission contacted several of our speakers to present ten-minute presentations at the town halls - outside the system of presentation about which we were corresponding. Most of the medical and other scientists I have contacted feel that a ten minute presentation in a town hall format is inappropriate for exploring the scientific and other issues surrounding the commission's considerations.

To answer your request for names and contacts, I do not yet know all those who would want to speak. They are not all members of one group. I have assembled a tentative list and sent an request message to leaders of the scientific, skeptic, and rationalist communities asking them for more names

of potential speakers and subjects. They range from philosophers, physicists, physicians, and psychologists, to magicians, and other experts. The best way to assure their cooperation would be to have, as proposed, a thorough and exclusive hearing devoted to their information before a neutral scientific panel. The conference would take two or three entire days, and would be devoted to reviewing both the existing scientific information about anomalous methods, and the issues underlying the four general questions the commission is requested to examine.

For a representative group to be assembled, we would assure the scientist speakers that they would present before a scientifically literate and commercially neutral group. As you know, almost of the appointees to the commission have known connections to or are advocates of anomalous and sectarian systems or have commercial interests and conflicts. Few have a formal scientific background from which one could reach rational and socially responsible conclusions.

Therefore, the commission would request that the president of the Institute of Medicine of the National Academy of Sciences nominate a list of about fifteen members selected from the Institute - preferably scientists with no prior involvement with or publications in the field of "CAM." The panel of seven members from the original list would be chosen by you and to a small committee selected by me. The talks would be presented to the panel. Any and all members of the commission could attend, but as audience observers, not members of the panel. My small committee would arrange for speakers and speaker order. Expenses would be borne by the commission.

The speakers would outline the scientific hurdles that unscientific practices have to overcome for acceptance by science. Initial talks would be on background material - history and sociology of folkway and anomalous practices, psychology of errors of perception, errors of cognition, psychology belief, explanation of transcendental experience and group experience, and scientific explanations for placebo phenomena. After the basic material, will be reports on scientific evidence for and against validity of the major and popular methods. These will include reviews and scientific literature analyses.

Selected speakers would then explore those methods and systems likely to add to quality of life without detrimental effects, in other words, truly complementary methods - those that would be candidates for integration into medical and health practices, and under which conditions. All individual papers would be submitted in writing, along with the panel's summary report to the commission. All presentations would be presented along with the commission's report to the White House. Proceedings of the meeting would be published in book form for professions and the public.

The above represents an initial consensus outline developed from suggestions of members of at least three private organizations with memberships totaling over 50, 000 individuals, and likely represents the large majority of the medical and other scientific professions. Thank you for considering this program and for suggesting the meeting. If you find the format favorable I will continue to assemble the speakers.

Wallace Sampson MD
Clinical Professor of Medicine, emeritus
Stanford University School of Medicine.

Cc: T. Thompson, Secretary of Health and Human Services
Senator Diane Feinstein
Senator Barbara Boxer
Congresswoman Anna Eshoo, 14th district

Groft, Steve (NCCAM)

To: Wisampson@cs.com
Subject: RE: (no subject)

Dr. Sampson:

We are entering the planning stages for the next meeting of the White House Commission on Complementary and Alternative Medicine Policy. Are you available to come to Washington, DC on December 4 or 5 to discuss the concerns presented and discussed with Dr. Joseph Kaczmarczyk at the Town Hall Meeting in San Francisco? We would reimburse for transportation, lodging, per diem and other expenses associated with your travel to and from the meeting.

Thank you.
Steve Groft

Groft, Stephen (NCCAM)

From: Joseph Fins [jjfins@med.cornell.edu]
Sent: Wednesday, January 31, 2001 4:16 PM
To: tierney334@yahoo.com; cmapaz@totacc.com; Bresler@aol.com; DeanOrnish@aol.com; drwarren@artelco.com; EastWestQi@aol.com; gbernier@utmb.edu; jsgordon@mindspring.com; jjfins@mail.med.cornell.edu; Jrsct6@cs.com; linnealarson@mac.com; Tom@toms-of-maine.com; Veronicapgdc@aol.com; wjonas@usuhs.mil; DrFair@haelth.com; MingTian@aol.com; Chang, Michele (NCCAM); Pollen, Geraldine (NCCAM); Kaczmarczyk, Joseph (NCCAM); Axelrod, Corinne (NCCAM); Albrecht, Joan (NCCAM); Groft, Stephen (NCCAM); Lowdogmd@aol.com
Cc: Kingsbury, Doris (NCCAM)
Subject: Re: Science

Dear All,

Tieraona is quite right about appearances and the need for inclusive dialogue about CAM modalities. I, too, am concerned that the sessions have been too uncritical and warmly accepting of a whole range of interventions, thus unintentionally decreasing the standing of those therapies which may well be efficacious. Indeed, the current New Yorker comments on the tenor of our meeting with Nicholas Gonzalez and notes how unconfrontational we were with him. Although I think the writer may have mistaken the civility of that session as an endorsement of his approach, it is essential that we do not get labelled as uncritical proponents of CAM. If we are going to have any credibility downstream, we must hear from the skeptics and from mainstream medicine.

I think that the mere establishment of the Commission is an endorsement of CAM and its importance and relevance to the Public Health. We should not feel compelled to only put up witnesses who are pro-CAM, fearing that any negative comments will undermine alternative modalities. Quite the opposite. I believe we will advance CAM by having balanced hearings and using this information to establish policy mechanisms that will help engage in benefit and risk stratification of CAM therapies--identifying what works and should be promoted and what is dangerous and should be prohibited.

Dr. Sampson is correct in his assertion that we are not a scientific body able to engage in peer review. But I do not think that was our charge. Instead, it was to establish mechanisms so that therapies and interventions could be evaluated in existing (NCCAM) or new structures that we suggest. Given this,I think that scientific review by a neutral body is a fine idea and one recommendation that we could make in the final report --- as one of our many recommendations.

I quite agree that Dr. Samson has no standing to dictate our agenda. We should however invite him --and others-- to one of the meetings and ask him what he would envision as an adequate process of peer review for CAM therapies. This is a critical question as too much of what has been presented to us is anecdotal.

Some of what we seek to assess will be accomodated by the scientific method and peer review. The fact that studies have been done poorly is no reason to indict the scientific method. We need to insist that studies be rigorous when they are accomodated by this method of inquiry and not settle for poorly designed substitues. We should recommend funding for RFPs that help bring the best of clinical epidemiology and study design into collaboration with CAM investigators so that studies are well done and publishable in mainstream medical journals. (I, for one liked the sort of collaboration that was emerging between Bastyr and Wash University along these lines) Some questions, however, may need to rely on the social sciences for indirect evidence of efficacy and we should help to establish support for this sort of work as well.

Finally, at the risk of stating the obvious, I think that we have all been enriched by reading Dr. Samson's dissent. His comments have promoted this informal exchange which itself, testifies to the value of hearing from those with whom we may disagree.

I hope all of you are well.
Joe Fins

>To The Group,
>
>I have sent my responses to Doris and Steve but did not "cc" the group. I
>appreciate the comments I have read thus far from Dean and Effie. I agree
>that we do not need to set up a "special" weekend for Dr. Sampson's
>representative scientists to make their points. I am quite familiar with
>Barrett, Shermer, Sampson and others that comprise the "skeptic group" as I
>have been on the receiving end of their attacks before. However, I believe
>that the voices of the non-believers, those with issues surrounding the more
>fringe aspects of CAM and the many who believe the science is simply not
>there to support the incorportation of CAM into mainstream medicine have not
>been adequately heard or represented at our meetings. I am not suggesting a
>free-for-all but rather a well thought-out program for one day at our
>regularly scheduled WHC meeting on research. Let us invite a number of
>scientists who have familiarity with the subject, including those who have
>debunked (questioned) a number of the studies that have been published. We
>don't have to look too far to find a group well suited to address the
>research question in a balanced and thoughtful manner. I see no harm in
>taking suggestions from Sampson with regards to speakers, however, we need to
>ensure that the tone of the meeting remains one of rational inquiry.
>
>Dr. Sampson is not a member of this Commission and has no authority to
>dictate the tenor of our meetings. Yet, he has raised some valid points in
>his letter. We certainly have a number of Commissioners on our panel that
>have no outright bias for or against CAM, however, there are many of us who
>teach, research, practice, or in some fashion profit from the this field.
>That doesn't mean that we are not objective - but the appearance can lead
>those who are already skeptical to believe that this Commission is heavily
>weighted towards making recommendations that favor CAM. I do not believe
>that we have adequately addressed the issues surrounding the research. We
>have had MANY people testify before us about the extent of research
>validating the modality that they are representing. I have personally
>followed up on a number of these areas and have found inconsistent/poor
>methodology that fails to support the claims made by these well-intentioned
>representatives to the Commission. (See Cochrane Library on preterm infant
>massage, acupuncture, chiropractic just to name a few.) Our meetings are
>definately slanted towards the positive aspects of this field.
>
>As an advocate for many complementary modalities, it is even more important
>for me to listen to those who have a different view point. I feel the
>Commission will only benefit from a well-thought-out approach to this very
>important question. Albert Einstein said, "The significant problems we have
>cannot be solved at the same level of thinking we were at when we created
>them." This hold true for the problems in western medicine, CAM and
>research. Only through exploring the visions and thoughts of those with many
>diverging opinions can we hope to come to some meaningful recommendations.
>
>Tieraona Low Dog, MD

Groft, Stephen (NCCAM)

From: Wayne Jonas [wjonas@mxa.usuhs.mil]
Sent: Thursday, February 01, 2001 11:00 AM
To: Kingsbury, Doris (NCCAM)
Cc: Buford Rolin; Conchita M. Paz; David Bresler; Dean Ornish; Donald Warren; Effie Chow; George Bernier; George DeVries; James Gordon; Joseph Fins; Julia Scott; Linnea Larson; Thomas Chappell; Tieraona Low Dog; Veronica Gutierrez; Wayne Jonas; William Fair; Xiaoming Tian; Chang, Michele (NCCAM); Pollen, Geraldine (NCCAM); Kaczmarczyk, Joseph (NCCAM); Axelrod, Corinne (NCCAM); Albrecht, Joan (NCCAM); Groft, Stephen (NCCAM)
Subject: Re: FW: Meeting of science

Steve, Here are my suggestions to Wally Sampson

thank you for your suggestions on a symposium on the scientific issues around CAM. As you know, the commission and the NIH have been exploring these issues for quite a while. We have made a concerted effort to get "neutral" input from a wide audience including input from the IOM, FDA, CDC, mainstream universities and plan an input from the NSF and NAS.

We would welcome input from the "skeptical" community you represent and I would be happy to work with you on putting together a panel at our second commission meeting on science.

Sincerely

"Kingsbury, Doris (NCCAM)" wrote:

> For Your Information and a note Do you have any thoughts on this request?
>
> Dear Dr. Groft,
>
> I have directed some three electronic mail messages regarding my original
> suggestion and your offer to hold a conference to explore the science and
> scientific problems underlying the commission's four charges. My last, in
> November, containing specifics of such a conference, was not answered. I
> therefore am sending this letter by mail asking for a response. I know you
> are busy with the already arranged Town Hall meetings, but time is becoming
> short on deciding on my proposal.
>
> The commission contacted several of our speakers to present ten-minute
> presentations at the town halls - outside the system of presentation about
> which we were corresponding. Most of the medical and other scientists I
> have
> contacted feel that a ten minute presentation in a town hall format is
> inappropriate for exploring the scientific and other issues surrounding the
> commission's considerations.
>
> To answer your request for names and contacts, I do not yet know all those
> who would want to speak. They are not all members of one group. I have
> assembled a tentative list and sent an request message to leaders of the
> scientific, skeptic, and rationalist communities asking them for more names
> of potential speakers and subjects. They range from philosophers,
> physicists,
> physicians, and psychologists, to magicians, and other experts. The best way
>
> to assure their cooperation would be to have, as proposed, a thorough and
> exclusive hearing devoted to their information before a neutral scientific
> panel. The conference would take two or three entire days, and would be
> devoted to reviewing both the existing scientific information about
> anomalous
> methods, and the issues underlying the four general questions the commission
>
> is requested to examine.

> For a representative group to be assembled, we would assure the scientist
> speakers that they would present before a scientifically literate and
> commercially neutral group. As you know, almost of the appointees to the
> commission have known connections to or are advocates of anomalous and
> sectarian systems or have commercial interests and conflicts. Few have a
> formal scientific background from which one could reach rational and
> socially
> responsible conclusions.
>
> Therefore, the commission would request that the president of the Institute
> of Medicine of the National Academy of Sciences nominate a list of about
> fifteen members selected from the Institute - preferably scientists with no
> prior involvement with or publications in the field of "CAM." The panel of
>
> seven members from the original list would be chosen by you and to a small
> committee selected by me. The talks would be presented to the panel. Any
> and all members of the commission could attend, but as audience observers,
> not members of the panel. My small committee would arrange for speakers and
>
> speaker order. Expenses would be borne by the commission.
>
> The speakers would outline the scientific hurdles that unscientific
> practices
> have to overcome for acceptance by science. Initial talks would be on
> background material - history and sociology of folkway and anomalous
> practices, psychology of errors of perception, errors of cognition,
> psychology belief, explanation of transcendental experience and group
> experience, and scientific explanations for placebo phenomena. After the
> basic material, will be reports on scientific evidence for and against
> validity of the major and popular methods. These will include reviews and
> scientific literature analyses.
>
> Selected speakers would then explore those methods and systems likely to add
>
> to quality of life without detrimental effects, in other words, truly
> complementary methods - those that would be candidates for integration into
> medical and health practices, and under which conditions. All individual
> papers would be submitted in writing, along with the panel's summary report
> to the commission. All presentations would be presented along with the
> commission's report to the White House. Proceedings of the meeting would be
>
> published in book form for professions and the public.
>
> The above represents an initial consensus outline developed from suggestions
>
> of members of at least three private organizations with memberships totaling
>
> over 50, 000 individuals, and likely represents the large majority of the
> medical and other scientific professions. Thank you for considering this
> program and for suggesting the meeting. If you find the format favorable I
> will continue to assemble the speakers.
>
> Wallace Sampson MD
> Clinical Professor of Medicine, emeritus
> Stanford University School of Medicine.
>
> Cc: T. Thompson, Secretary of Health and Human Services
> Senator Diane Feinstein
> Senator Barbara Boxer
> Congresswoman Anna Eshoo, 14th district

Groft, Steve (NCCAM)

To: Wisampson@cs.com
Subject: RE: Commission

-----Original Message-----
From: Wisampson@cs.com [mailto:Wisampson@cs.com]
Sent: Wednesday, August 16, 2000 3:01 AM
To: Groft, Steve (NCCAM)
Subject: Re: Commission

Dr. Groft:

Thank you for the reply and the CVs of members and the announcement of the San Francisco meeting.

Can you answer the original and following questions?

Not included was reference to the member selection process, as requested - can your staff find this information for me?

<<From the constitution of the Commission, I do not see how that rational approach can be carried out. Perhaps you can inform me otherwise.

<<If you cannot supply me the information below, I would appreciate forwarding

<<the request to those who can in the Dept. of Health and Human Services, or at
the White House. Surely, the idea and the selections occurred somewhere.

The list of members and their curricula vita and present addresses and affiliations.

<<The list of nominators - Congressional, private, organizational, and the names each one nominated by each nominator.

<<The method by which the nominated members were chosen by their respective nominators.

<<The method by which the nominated members were actually chosen or appointed to the Commission.

Additional questions for you are,

<< Who and which organizations have already been notified of the meetings by you, a predecessor, or other representative of the the Commission?

<< When the meetings occur, what allowances are to be made for expression of rational and critical views?

<< How many spots will be open to us?
<< If I had not written, how would I or my colleagues found out about them?

If you are unable to answer, can you supply me with names of the people to contact?

I recognize that our opinions are in opposition to the principles for which the Commission is expected to take action. Nevertheless, I can tell you with certainty that our opinions are congruent with the vast majority of medical scientists and practitioners, as well as with most academic scientists. I can also say that what the Commission is asked to investigate has for the

most part already been disproven.

We have a significant problem here that has negated reality and rationality and science and replaced them with ideology in an economic-political arena, quite unlike anything prior.

It certainly is time to talk.

Wallace Sampson

I will be most pleased to meet with you before the Town Meeting, and will call or email about my arrival at the hotel.

W Sampson

Groft, Steve (NCCAM)

To: Wisampson@cs.com
Subject: RE: Commission

Dr. Sampson:

I will forward the previous message to the Departmenty of Health and Human Services and the DHHS White House Liaison for their consideration. We could have done a better job of announcing the first planning meeting. However, the time constraints to at least have a planning meeting to gather input from the Commission members was extremely important to the staff to enable us to start moving to an implementation phase for future activities. Contact information will improve hereafter. Information from this meeting will be available on the Website for the Commission when it is up and running. I will continue to talk with you about the availability of this information to the public.

It is important for you to identify potential speakers for each of the 4 policy issues under the scope of review of the Commission identified in the Executive Order and the Federal Register announcement that I sent to you. I will include the proposed speakers in the agenda. There is also the opportunity to request time at each of the Town Hall Meetings for presentations (Sept 8 in San Francisco and October 30-31 in Seattle in Seattle) These are the only 2 with definitive dates and locations. We are working on others for the months of November, December, and January in other locations throughout the US. Each of the regularly scheduled meetings will have time available for public coomments (at least 2 hours per meeting). At each of these non-Town Hall meetings, the Commission will focus on one or two of the 4 major issues.

It is not the intent of the Commission to focus on individual interventions. I would like to discuss in greater detail my ideas of where the Commission might go when you and I meet in San Francisco. Reimbursement for interventions and products is very important. If reimbursement is going to occur for particular interventions or products, certain issues come into play and must be considered. Issues such as the training, education, licensing of practitioners are very important as are the requirements for all health care providers. Likewise, establishing the safety, effectiveness, stability, and composition of herbal-based products or botanicals are important to the health of the consuming American public.

I also think with more funds made available through the budget process to NIH's National Center for Complementary and Alternative Medicine, good studies can be performed that will provide answers to the safety and effectiveness questions of many of the highly-used products, From my first introduction to CAM in 1991, I have always believed that well-controlled studies are needed to develop answers that the consumer can use to determine the usefullness and safety of products that are being considered for their use.

I look forward to meeting with you at your convenience. A late afternoon meeting may be the best at the Hotel.

Thank you for your willingness to share your concerns.

Steve Groft

-----Original Message-----
From: Wisampson@cs.com [mailto:Wisampson@cs.com]
Sent: Wednesday, August 16, 2000 3:01 AM
To: Groft, Steve (NCCAM)
Subject: Re: Commission

Dr. Groft:

Thank you for the reply and the CVs of members and the announcement of the San Francisco meeting.

Can you answer the original and following questions?

Not included was reference to the member selection process, as requested - can your staff find this information for me?

<<From the constitution of the Commission, I do not see how that rational approach can be carried out. Perhaps you can inform me otherwise.

<<If you cannot supply me the information below, I would appreciate forwarding

<<the request to those who can in the Dept. of Health and Human Services, or at
the White House. Surely, the idea and the selections occurred somewhere.

The list of members and their curricula vita and present addresses and affiliations.

<<The list of nominators - Congressional, private, organizational, and the names each one nominated by each nominator.

<<The method by which the nominated members were chosen by their respective nominators.

<<The method by which the nominated members were actually chosen or appointed to the Commission.

Additional questions for you are,

<< Who and which organizations have already been notified of the meetings by you, a predecessor, or other representative of the the Commission?

Response: A federal register announcement is scheduled for publication shortly. We are preparing a press advisory for this notification. we will use NIH and DHHS resources on their professional organizations list to inform the health care provider community

<< When the meetings occur, what allowances are to be made for expression of rational and critical views? As mentioned above, we will plan for the participation of all interested individuals and organizations. Written commnents are also accepted and will be made available to the Commission.

<< How many spots will be open to us?
<< If I had not written, how would I or my colleagues found out about them? You would have been informed due to my personal knowledge from before. We also rely heavily upon individuals to convey the information about meetings to others in their organization or related organizations.

If you are unable to answer, can you supply me with names of the people to contact?

I recognize that our opinions are in opposition to the principles for which the Commission is expected to take action. Nevertheless, I can tell you with certainty that our opinions are congruent with the vast majority of medical scientists and practitioners, as well as with most academic scientists. I can also say that what the Commission is asked to investigate has for the most part already been disproven.

We have a significant problem here that has negated reality and rationality and science and replaced them with ideology in an economic-political arena, quite unlike anything prior.

It certainly is time to talk.

Wallace Sampson

I will be most pleased to meet with you before the Town Meeting, and will call or email about my arrival at the hotel.

W Sampson

Withdrawal/Redaction Marker
Clinton Library

DOCUMENT NO. AND TYPE	SUBJECT/TITLE	DATE	RESTRICTION
001. email	Wallace Sampson to Steve Groft, no subject (partial) (1 page)	09/06/2000	b(6)

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

OA/Box Number: 43234

FOLDER TITLE:
Sampson, Wallace, MD

2011-0568-S
kc853

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]

[001]

Groft, Steve (NCCAM)

To: Wisampson@cs.com
Subject: RE: (no subject)

I hope you are doing well following the medical procedures. We do have Dr. Underdown scheduled to speak following his request. I look forward to meeting with you and Dr. Underdown to discuss future meetings of the Commission. One of the goals of the Town Hall meetings is to hear the concerns and needs of the public and then translate those issues into action items for the Commission to consider at later meetings. The major commission meetings will be held in Washington, DC. We decided to hold Town hall meetings to give the public better access to our activites. Not all members of the Commission will attend every Town hall meeting.

I believe the 4 major issues are broad enough to raise and include your concerns, thus the significance and importance of making these views known in a public forum for the Commission to address later. I will convey your comments to the Commission members and look forward to the comments at the meeting. Thank you.

Steve Groft

-----Original Message-----
From: Wisampson@cs.com [mailto:Wisampson@cs.com]
Sent: Wednesday, September 06, 2000 1:29 AM
To: Groft, Steve (NCCAM)
Subject: (no subject)

Dr Groft:

Thank you for acknowledging my request for information on presenting information at the Town hall meeting in San Francisco. I could not on such short notice meet the time limits set for submitting requests. My schedule was :

August 9-14 Niagara, Ont. Canada for seminar on "alternative/complementary medicine," part of the seven-city tour of lectures for family practitioners I give each year in Canada.

August 16-20 University of Oregon lecture/workshop I gave on "alternative medicine" and the postmodern and medical anthropology movements.

(b)(6)

Nevertheless, I was able to ask another to speak in my place - James Underdown, of the Center for Inquiry, West, Marina del Rey, Calif.

I will try to attend, at least for part of the meeting - especially the afternoon, and would meet with you personally after the meeting should you have time.

However, a five minute spot in a town hall meeting is not the forum for expression of the serious problems that the Commission faces because of its mission and the four general areas for comment.

The meeting will take comments on only four issues: Increasing research, providing information to professions and public, access and reimbursement issues, training and accountability issues.

This format assumes that the public will accept unscientific and unreliable

explanations for medical events, and will want or tolerate incorporation of unproved, disproved, and implausible methods into a medical care system of unparalleled success - the modern scientifically-based system. that system is used not just in the US, but throughout the developed world.

The problems behind those presumptions are so deep to the philosophy of modern thought and democratic government, that a "Town hall" format from the public and from advocates and proponents hardly seems to be appropriate. The discussions being limited to the four issues overrides issues of validity, effectiveness, ethics, and prevention from illusion and delusion, as well as protection from abuse.

The Commission has no provision for discussing research already done that disconfirms most methods under consideration.

In other words, a rational discussion is not possible, and rational recommendation ensuing from the Town Hall is hughly unlikely.

Despite my short notice and tight schedule, If I were fully able to recruit other people to testify, I would have found reasonable discussion impossible under the ground rules. Therefore I state the following.

I protest the ground rules of the Town Meeting as exclusionary of rational discourse.

I protest the short (less than one month) notice as prejudicial to obtaining representational public and professional commentary.

I protest the lack of public notice and lack of notification of known expert and opposing organizations as prejudicial.

Public Town meetings are not the proper forum for the asembly of information on which the Commission can reasonably act. A meeting with experts in analysis of pseudo-science is essential as a first step in correcting the erroneous path set so far for the Commission.

I request that the Commission convene a special meeting of at least two days, inviting at least fifteen known non-advocate and oppossition experts from a variety of public-interest and educational organizations - members to be selected by three persons including me and two others of my choice.

The invitees will inform the Commission of the errors, misinterpretations, and misrepresentations that have led to formation of the Commission and these meetings. The assumptions and presumptions behind the four-issue ground rules will be outlined, and knowledge that already exists disconfirming the methods in question will be displayed and discussed. Background testimony will also include known psychological reasons for erroneous thinking as well as analyses of specific fields.

Invitees will be paid transportation, lodging, and incidental expenses for the meeting from the Commission budget.

Issues raised by the invitees be made public record and be published and made freely available to the public and professions.

I request this written testimony be included in the public record.

Sincerely,

Wallace Sampson MD

Below are two brief description of two talks given by dr Sampson at Old Dominion University, Norfolk, Virginia, February 2,000. You may include them in the record if you wish.

Thursday evening general talk on February 3
Alternative Medicine: Factors and forces behind an ideologically correct social delusion
Why does an interest in aberrant medical practices arise in the latter 20th century - a time of unprecedented technological progress? Answers must be speculative, but there seems to be a conjunction of a number of both

perennial and contemporary causes and "risk factors." The contemporary ones include some heretofore hidden or unsuspected academic and societal and conceptual shifts. These include the rise of cultural relativism, cross-cultural thinking, and the counter-culture movement. The most recent development is the obscurantism of postmodernism, that assumes no objective reality, devalues the concept of validity, and that elevates all interpretations to equal status. All contribute to a shift from rational problem-solving for the common good to a philosophical solipsism and narcissistic view of health. Advocates of various and disparate medical ideologies have also gradually distorted language and bombarded the public with unsupported statements presented as fact, effecting attitudinal changes in academic and governmental institutions and the press. Last is an unsuspectedly large amount of financial backing from ideologically devoted granting organizations that have ... distorted major medical institutions to an unprecedented degree.

Friday afternoon scientific talk on February 4
Errors, misinterpretations, and academic legends: "Alternativism" and the science literature
"Alternative medicine" advocates plead their cases through a series of incompatible statements. On one hand they claim that centuries of empirical experience have proved the effectiveness of the major "alternative" approaches (homeopathy, traditional Chinese medicine, chiropractic, Ayurvedic, herbalism, etc.) On the other hand, they plead for more research to prove their claims, blaming the scientific and medical "Establishments" for not supplying the funds and personnel. Yet others further contradict by claiming that many "alternatives" (homeopathy, acupuncture, chiropractic,) are unprovable through established scientific methods (clinical trials) because they are tailored to the individual. In fact, most "alternative" claims have been disproved to a reasonable degree. Claims of proof are erroneous for a variety of reasons, including simple error, misinterpretation, and misrepresentation - examples of which will be presented and discussed.

Groft, Steve (NCCAM)

To: Wisampson@cs.com
Subject: RE: Commission


Agenda71300.WHC CAMP.wpd


ExOrd13147.wpd


fedreg.FINL.71200.wpd


WHpress713.wpd


publicroster.wpd

Dr. Sampson:

Thank you for your request. We have a Town Hall meeting scheduled for September 8 in San Francisco at the Holiday Inn Golden Gateway at 1500 Van Ness Avenue. There will probably be 6 other Town Hall Meetings throughout the USA during the next 6-7 months. There is also a Town hall Meeting scheduled for Seattle, WA at the end of October. The date has not been established at this time. The next meeting of the entire Commission is October 5-6 in Room 800 at the Hubert H. Humphrey Building (DHHS) in Washington, DC. I expect to convene a meeting of the Commission every 2 months to discuss one of the issues provided in the Executive Order. I would welcome your comments, in person or in writing, on any of the issues before the Commission. All meetings will be held in public settings. All information will be posted on the Website for the Commission. The Interim Report after it is written is scheduled to be made available on the Internet for public comment in July of 2001. Do you have access to the Internet? We plan to maximize the use of the Internet to make the information available to the public and receive comments from the same. I anticipate the website will be live within 2 weeks. I will send a copy of the Website URL for you to check periodically for an update on the activities of the Commission

I assumed the role of the Executive Director of this Office on June 27. The Commission members were nominated from various sources and selected by the White House prior to my arrival. The role of the Office is to support the activities of the Commission. I have attached various documents that were provided at the first planning meeting on July 13-14. If you have difficulty opening any of the documents, please let me know and we will send in a different format or fax to you.

Please note I was not involved in the selection of Advisory Council members in 1992-1993. My acting capacity at OAM terminated in October 1992. The Director of OAM, Dr. Joseph Jacobs at that time and subsequent directors since then, had the responsibility of selecting Council membership. I know all names received were put forth because all who requested membership were provided to the OAM upon my return to the Office of Rare Diseases.

Steve Groft
6701 Rockledge Drive, MSC-7077
Rockledge II Building, Room 1010
Bethesda, MD 20817-7707
Phone: 301-435-7592
Fax: 301-480-1691

-----Original Message-----
From: Wisampson@cs.com [mailto:Wisampson@cs.com]
Sent: Tuesday, August 08, 2000 1:23 AM
To: sg18b@nih.gov
Subject: Commission

Hello Dr Groft.

I am Wallace Sampson, MD, Editor in Chief of The Scientific Review of Alternative Medicine, and Clinical Professor of Medicine at Stanford University. I am also on the Board of Directors and former Chairman of the National Council for Reliable Health Information. You might remember me as having contacted you in 1992-3 regarding appointment to the then Office of

Alternative Medicine Advisory Council (I never heard back.)

I request information on the formation of the President's Commission on Alternative Medicine. I request specifically:

The list of members and their curricula vita and present addresses and affiliations.

The list of nominators - Congressional, private, organizational, and the names each one nominated by each nominator.

The method by which the nominated members were chosen by their respective nominators.

The method by which the nominated members were actually chosen or appointed to the Commission.

I also request notification at least sixty days in advance of all Commission meetings, and committee and subcommittee meetings and the agendas thereof, and subsequent minutes of each meeting and subcommittee meeting. I also request copies of any actions and considerations of the Commission so far.

I and associates wish to follow closely all actions of the Commission and wish to be in a position to offer reliable and rational information at significant times. I hope the Commission's proceedings will be open for public and professional attendance, inspection, and commentary.

Please also send me your official mailing address and telephone number.

Thank you in advance for attendance to this request.

Wallace Sampson MD
Editor, The Scientific Review of Alternative Medicine

cc: (Reg mail) Congr. Anna Eshoo
Sen. Dianne Feinstein
Sen. Barbara Boxer

Groft, Steve (NCCAM)

To: Wisampson@cs.com
Subject: RE: Commission


Agenda71300.WHC CAMP.wpd


ExOrd13147.wpd


fedreg.FINL.71200.wpd


WHpress713.wpd


publicroster.wpd

Dr. Sampson:

Thank you for your request. We have a Town Hall meeting scheduled for September 8 in San Francisco at the Holiday Inn Golden Gateway at 1500 Van Ness Avenue. There will probably be 6 other Town Hall Meetings throughout the USA during the next 6-7 months. There is also a Town hall Meeting scheduled for Seattle, WA at the end of October. The date has not been established at this time. The next meeting of the entire Commission is October 5-6 in Room 800 at the Hubert H. Humphrey Building (DHHS) in Washington, DC. I expect to convene a meeting of the Commission every 2 months to discuss one of the issues provided in the Executive Order. I would welcome your comments, in person or in writing, on any of the issues before the Commission. All meetings will be held in public settings. All information will be posted on the Website for the Commission. The Interim Report after it is written is scheduled to be made available on the Internet for public comment in July of 2001. Do you have access to the Internet? We plan to maximize the use of the Internet to make the information available to the public and receive comments from the same. I anticipate the website will be live within 2 weeks. I will send a copy of the Website URL for you to check periodically for an update on the activities of the Commission

I assumed the role of the Executive Director of this Office on June 27. The Commission members were nominated from various sources and selected by the White House prior to my arrival. The role of the Office is to support the activities of the Commission. I have attached various documents that were provided at the first planning meeting on July 13-14. If you have difficulty opening any of the documents, please let me know and we will send in a different format or fax to you.

Please note I was not involved in the selection of Advisory Council members in 1992-1993. My acting capacity at OAM terminated in October 1992. The Director of OAM, Dr. Joseph Jacobs at that time and subsequent directors since then, had the responsibility of selecting Council membership. I know all names received were put forth because all who requested membership were provided to the OAM upon my return to the Office of Rare Diseases.

If you plan to be in the Washington, DC area at any time during the life of the Commission, I would like to meet with you. Where are you living in California, i assumed you are from the cc. to the Senators from CA

Steve Groft
6701 Rockledge Drive, MSC-7077
Rockledge II Building, Room 1010
Bethesda, MD 20817-7707
Phone: 301-435-7592
Fax: 301-480-1691

-----Original Message-----
From: Wisampson@cs.com [mailto:Wisampson@cs.com]
Sent: Tuesday, August 08, 2000 1:23 AM
To: sg18b@nih.gov
Subject: Commission

Hello Dr Groft.

I am Wallace Sampson, MD, Editor in Chief of The Scientific Review of

Alternative Medicine, and Clinical Professor of Medicine at Stanford University. I am also on the Board of Directors and former Chairman of the National Council for Reliable Health Information. You might remember me as having contacted you in 1992-3 regarding appointment to the then Office of Alternative Medicine Advisory Council (I never heard back.)

I request information on the formation of the President's Commission on Alternative Medicine. I request specifically:

The list of members and their curricula vita and present addresses and affiliations.

The list of nominators - Congressional, private, organizational, and the names each one nominated by each nominator.

The method by which the nominated members were chosen by their respective nominators.

The method by which the nominated members were actually chosen or appointed to the Commission.

I also request notification at least sixty days in advance of all Commission meetings, and committee and subcommittee meetings and the agendas thereof, and subsequent minutes of each meeting and subcommittee meeting. I also request copies of any actions and considerations of the Commission so far.

I and associates wish to follow closely all actions of the Commission and wish to be in a position to offer reliable and rational information at significant times. I hope the Commission's proceedings will be open for public and professional attendance, inspection, and commentary.

Please also send me your official mailing address and telephone number.

Thank you in advance for attendance to this request.

Wallace Sampson MD
Editor, The Scientific Review of Alternative Medicine

cc: (Reg mail) Congr. Anna Eshoo
Sen. Dianne Feinstein
Sen. Barbara Boxer

Groft, Steve (NCCAM)

To: Wisampson@cs.com
Subject: RE: Commission


Agenda71300.WHC CAMP.wpd


ExOrd13147.wpd


fedreg.FINL.71200.wpd


WHpress713.wpd


publicroster.wpd

Dr. Sampson:

Thank you for your request. We have a Town Hall meeting scheduled for September 8 in San Francisco at the Holiday Inn Golden Gateway at 1500 Van Ness Avenue. There will probably be 6 other Town Hall Meetings throughout the USA during the next 6-7 months. There is also a Town Hall Meeting scheduled for Seattle, WA at the end of October. The date has not been established at this time. The next meeting of the entire Commission is October 5-6 in Room 800 at the Hubert H. Humphrey Building (DHHS) in Washington, DC. I expect to convene a meeting of the Commission every 2 months to discuss one of the issues provided in the Executive Order. I would welcome your comments, in person or in writing, on any of the issues before the Commission. All meetings will be held in public settings. All information will be posted on the Website for the Commission. The Interim Report after it is written is scheduled to be made available on the Internet for public comment in July of 2001. Do you have access to the Internet? We plan to maximize the use of the Internet to make the information available to the public and receive comments from the same. I anticipate the website will be live within 2 weeks. I will send a copy of the Website URL for you to check periodically for an update on the activities of the Commission

I assumed the role of the Executive Director of this Office on June 27. I wish I could provide addititonal information on the nomination and selection process. The Commission members were probably nominated from various sources and selected by the White House prior to my arrival. I was not involved in this process of the selection of the Commission members.

The role of the Office is to support the activities of the Commission. I have attached various documents that were provided at the first planning meeting on July 13-14. If you have difficulty opening any of the documents, please let me know and we will send in a different format or fax to you.

Please note I was not involved in the selection of Advisory Council members in 1992-1993. My acting capacity at OAM terminated in October 1992. The Director of OAM, Dr. Joseph Jacobs at that time and subsequent directors since then, had the responsibility of selecting Council membership. I know all names received were put forth because all who requested membership were provided to the OAM upon my return to the Office of Rare Diseases.

If you plan to be in the Washington, DC area at any time during the life of the Commission, I would like to meet with you. Where are you living in California? Perhaps we could meet in California prior to the Town Hall meeting. I assumed you are from CA from the cc. to the Senators.

Thank you for the note and the willingness to share your ideas, concerns, and recommendations with the Commission.

Steve Groft
6701 Rockledge Drive, MSC-7077
Rockledge II Building, Room 1010
Bethesda, MD 20817-7707
Phone: 301-435-7592
Fax: 301-480-1691

-----Original Message-----
From: Wisampson@cs.com [mailto:Wisampson@cs.com]

Sent: Tuesday, August 08, 2000 1:23 AM
To: sg18b@nih.gov
Subject: Commission

Hello Dr Groft.

I am Wallace Sampson, MD, Editor in Chief of The Scientific Review of Alternative Medicine, and Clinical Professor of Medicine at Stanford University. I am also on the Board of Directors and former Chairman of the National Council for Reliable Health Information. You might remember me as having contacted you in 1992-3 regarding appointment to the then Office of Alternative Medicine Advisory Council (I never heard back.)

I request information on the formation of the President's Commission on Alternative Medicine. I request specifically:

The list of members and their curricula vita and present addresses and affiliations.

The list of nominators - Congressional, private, organizational, and the names each one nominated by each nominator.

The method by which the nominated members were chosen by their respective nominators.

The method by which the nominated members were actually chosen or appointed to the Commission.

I also request notification at least sixty days in advance of all Commission meetings, and committee and subcommittee meetings and the agendas thereof, and subsequent minutes of each meeting and subcommittee meeting. I also request copies of any actions and considerations of the Commission so far.

I and associates wish to follow closely all actions of the Commission and wish to be in a position to offer reliable and rational information at significant times. I hope the Commission's proceedings will be open for public and professional attendance, inspection, and commentary.

Please also send me your official mailing address and telephone number.

Thank you in advance for attendance to this request.

Wallace Sampson MD
Editor, The Scientific Review of Alternative Medicine

cc: (Reg mail) Congr. Anna Eshoo
Sen. Dianne Feinstein
Sen. Barbara Boxer

Groft, Steve (NCCAM)

From: Brenda Stodart 301-827-3463 FAX 301-827-4577 [STODARTB@cder.fda.gov]
Sent: Tuesday, August 08, 2000 10:26 AM
To: Groft, Steve (NCCAM)
Subject: First Exam

Sensitivity: Confidential

Good Morning Dr. Groft,

I have just been informed that I must attend an exhibit in San Diego during the first week in September. Therefore, I must take my first exam earlier than planned. Is Thursday, 24th August at 9.00am OK?

Also, I am not familiar with Rockledge Building - could you please give me directions from Rockville Pike? Also, is parking available - Non-parallel park if possible!!

Thank you
Brenda Stodart
301-827-3463

Groft, Steve (NCCAM)

From: Bowersox, John (OD)
Sent: Tuesday, August 08, 2000 7:34 AM
To: Barry Kramer; Henrietta Hyatt-Knorr; Paul Coates; Stephen Groft; Stephen Kaler; William Harlan
Subject: MEDIA ADVISORY -- financial conflict of interest and human subject protections in clinical research

Date: August 7, 2000
FOR IMMEDIATE RELEASE
Contact: HHS Press Office (202) 690-6343
Headline: MEDIA ADVISORY

The Department of Health and Human Services will hold a two-day public meeting August 15-16, 2000, to discuss the issue of financial conflict of interest and human subject protections in clinical research. The meeting will emphasize the informed consent process and how it might be clarified and enhanced in dealing with issues related to financial conflict of interest. This conference responds to one of the five main actions outlined by HHS Secretary Donna E. Shalala in her May 23 announcement of steps being taken to strengthen human subject protection during clinical trials.

The conference will provide information on current Public Health Service and Food and Drug Administration regulations, guidelines and guidance, and will include examples of how the issue of financial conflict of interest has been handled by a number of institutions, Institutional Review Boards, and clinical investigators. The conference also will solicit public comment on the issues surrounding financial conflict of interest and human subject protections. The input received during the meeting will provide information for HHS to develop additional guidance to implement current regulatory requirements.

The meeting will be held in the Natcher Conference Center on the Bethesda, Md., campus of the National Institutes of Health. The Office of the Secretary, HHS, NIH, the Food and Drug Administration, and the Centers for Disease Control and Prevention are the sponsors of the meeting. Additional information about the conference is available at the following Web site: http://www.aspe.hhs.gov/sp/coi/index.htm. You may register online at the Web site, or you may contact Mark Brown by phone at 240-632-0519, by fax at 240-632-0519, or by e-mail at mbrown@masimax.com.

###

Groft, Steve (NCCAM)

From: Wisampson@cs.com
Sent: Tuesday, August 08, 2000 7:15 PM
To: Groft, Steve (NCCAM)
Subject: Re: Commission

Dr. Groft:

Thank you for your prompt reply. I was unable to open the attachments. I can receive them as "cut and paste" or perhaps in other form. Or, my fax is 650/559-1883, but call first for me to turn it on. (650/948-1683) I will be out from 0700 PDT until noon on Wednesday. From Friday (12th) -Monday will be near Toronto presenting a two day "CAM" conference part of my second round of seven Canadian cities seminars for family practitioners.

As you can tell, and as you must by now know, there are several hundreds to thousands of us informed experts in the field of aberrant and fringe practices and traditional practices of other cultures, all of whom have been kept on the outside of the "CAM" movement activities within the US Government. For instance, I was invited to only one OAM conference (1996, to which I paid my own way, was allowed only in the audience, and not afforded a place on the speaking schedule.) Yet I am recognized internationally as are many of my colleagues as expert in the field, and have a deep understanding of 'CAM" scientific errors and of "CAM's" political and social forces.

As you also may know, the NCAHF/ NCRHI reguarly reports on aberrant activities and erroneous practices. Quackwatch.com is accumulating a vast information base on products and methods and individuals. Our journal, SRAM, has already exposed many of "CAM" errors and misrepresentations, and will be publishing more such information regularly. The Commission might want to be informed.

If the Commission truly wishes to present to the public a rational and valid representation of "CAM", it would be most profitable to seek us out, personally notify us of all plans, and to seek our counsel.

Most concerning is that no one representing the scientific, rational view was even considered for the Presidential Commission. Although you may not have had much to do with that decision, the bias of appointments is more than remarkable. We consider the action highly insulting and revealing of the exclusiveness and secretiveness of the "CAM" movement - especially in the government, which is supposed to represent us - the people, and to act in fair ways.

From the constitution of the Commission, I do not see how that rational approach can be carried out. Perhaps you can inform me otherwise.

If you cannot supply me the information below, I would appreciate forwarding the request to those who can in the Dept. of Health and Human Services, or at the White House. Surely, the idea and the selections occurred somewhere.

The list of members and their curricula vita and present addresses and affiliations.

The list of nominators - Congressional, private, organizational, and the names each one nominated by each nominator.

The method by which the nominated members were chosen by their respective nominators.

The method by which the nominated members were actually chosen or appointed to the Commission.

Additional questions for you are,

Who and which organizations have already been notified of the meetings by you, a predecessor, or other representative of the the Commission?

When the meetings occur, what allowances are to be made for expression of rational and critical views?

How many spots will be open to us?

If I had not written, how would I or my colleagues found out about them?

I will be most pleased to meet with you before the Town Meeting. I live on the San Francisco Peninsula near Palo Alto, and can travel by commuter train or car. Please let me know when you will be available.

841 Santa Rita Ave,
Los Altos CA 94022

I hope that the agendas at all Town meetings will allow at least equal time for critiques as allowed to advocates.

W Sampson

Withdrawal/Redaction Marker
Clinton Library

DOCUMENT NO. AND TYPE	SUBJECT/TITLE	DATE	RESTRICTION
002a. letter	Wallace Sampson to Sheila Katz (partial) (1 page)	03/27/2000	b(6)

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

OA/Box Number: 43234

FOLDER TITLE:
Sampson, Wallace, MD

2011-0568-S
kc853

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]

[002a]

Wallace Sampson MD
(b)(6)
Los Altos CA 94022

March 27 2000

Dr. Sheila Katz
Executive Director
Presidential Commission on "Alternative " Medicine
6701 Rockledge Dr, Suite 1010
Bethesda MD 20817

Dear Dr. Katz,

I request all information on the genesis and structure of the announced (March 7) Presidential Commission on "Alternative and complementary" medicine.

The information requested would include but not be limited to the following:

The statement of need or any related statement or material bearing on the rationale for the Commission's creation and existence.

The names and brief curricula vita of the nominees.

The structure of and charges to the Commission.

The names of all individuals and organizations with whom the President or his staff and the Secretary of Health, Education, and Welfare or her staff met or corresponded with regarding the creation and composition of the Commission, and the person(s) who originated the idea of the Commission.

The dates of meetings and available records of those meetings.

If these materials are not in your immediate possession, I ask that you obtain them for forwarding of them to me, or that this request be forwarded to the appropriate individuals in the Office of the President and / or Department of Health, Education, and Welfare.

I also request being placed on a list of those to be notified in advance of any formal commission meetings, hearings, or other official organized activities. I will appreciate a reply with a statement as to which materials will be sent by whom.

Thank you.

Wallace Sampson MD
Clinical Professor of Medicine, Stanford University
Chair pro tem, Cancer Advisory Council, State of California
Editor, The Scientific Review of Alternative Medicine

(b)(6)

c: Rep. Anna Eshoo

Withdrawal/Redaction Marker
Clinton Library

DOCUMENT NO. AND TYPE	SUBJECT/TITLE	DATE	RESTRICTION
002b. envelope	Wallace Sampson to Sheila Katz (partial) (1 page)	nd	b(6)

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

OA/Box Number: 43234

FOLDER TITLE:
Sampson, Wallace, MD

2011-0568-S
kc853

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]

[0025]

Mr. Wallace I. Sampson MD
(b)(6)
Los Altos, CA 94022

40

Dr. Sheila Katz
Executive Director
Presidential Commission on "Alternative" Medicine
6701 Rockledge Dr. Suite 1010
Bethesda MD 20817

Groft, Steve (NCCAM)

From: Villone, Shirley (NCCAM)
Sent: Tuesday, July 25, 2000 6:12 PM
To: Groft, Steve (NCCAM)
Cc: Hoover, Camille (NCCAM); Furin, Stephanie (NCCAM); Baron, Christopher (NCCAM)
Subject: White House Commission - Administrative Issues

Dr. Groft:
Sorry for the delay in getting back to you, but was trying to tie up a number of loose ends on the administrative issues we discussed. Here is an informal status report:

- **Appointment of Commission Members** - I have received most of the papers on 7 members; you should have received a copy of the 7/19 cover memo from NICHD committee management that listed the packages submitted. The earliest date I can make them "official" in the system is 7/30/2000. Therefore, payment for anyone attending the 13th and/or the 14th meeting will have to be done through the contractor.

- **Payment of Commission Members** -- Once they are in the system (the HR effective date of their appt), they can be paid by ITAS at their daily rate. That will require an email from you to Doris Kingsbury indicating who should be paid and for what days. When you have a schedule of meetings established, perhaps you could copy us so that we could be earmarking when they should be paid.

- **Timekeeping for Detailees from Within NIH**-I have made arrangements for the System Administrator for the NIH Timekeeping System (ITAS) to have you assigned in the system as the detailed NIH employee's leave approving official. All requests will come to you, you approve and there is no additional paperwork involved and no burden on their parent organization.

- **Timekeeping for Detailees from OUTSIDE of NIH**-These cases will have to be handled differently, since they are outside of the NIH ITAS system. I recommend that the employee e-mail a request to you for leave, and then you can email your reply of approval or disapproval to them with a copy to their timekeeper. The employee should also submit a paper request for leave to you which you will sign and retain. This will meet the internal control requirement of a signature, in the event of audit. I will provide a supply of leave slips to Doris for your office use. Stephanie is contacting Ms. Chang's home office and will get the point of contact for a timekeeper. Although more cumbersome, it's the best we can do to maintain internal controls and have supportable documentation.

- **Total Service Limitations for Appointees**-Total service of Commission members serving under an intermittent appointment can not exceed 130 days in a calendar year.

- **Payment for Services** - In talking with other groups, the rule of thumb is that they get paid for scheduled meetings or sessions. It is my understanding that periodic conference calls of a more limited nature need not be keyed to payment, but that is something that probably should be addressed with the members so there are no false expectations. This is something we can discuss further if needed. I am at your disposal.

- **Value of Step Differences** - The ~ value of 1 step at the 13 is $2030; a step at the GS 14 level is ~$2400.

Hope this answers most of your questions. Feel free to contact me is anything is unclear, or if you need additional assistance.

Shirley B. Villone
Human Resource Manager
National Center for Complementary and Alternative Medicine
National Institutes of Health
Building 31, Room 5B58
Office: (301)435-5657
FAX: (301) 480-2759

Groft, Steve (NCCAM)

To: Terry Polevoy
Subject: RE: WCA membership on White House Panel

Dr. Polevoy,

I have been in touch with Dr. Wallace Sampson to discuss several of the issues you mentioned. I share your concerns with some of the advice being propagated without any scientific or medical basis of fact. One of the main goals of the Commission is to identify and recommend administrative and legislative policies to the President and Congress to develop the information necessary to answer the many questions related to complementary and alternative medicine interventions. Please visit our website at http://whccamp.hhs.gov to view our activities. We plan a number of town hall meetings around the country to hear the concerns and needs of the public on all issues related to CAM Policies.

We certainly welcome your participation in these activities. Our next Town hall meeting is in seattle on october 30-31. There is another one scheduled for New York City in January 1001 and others later in the year. Our next meeting of the entire Commission is December 4-5 in Washington, DC. We will discuss access to and delivery of CAM Interventions. The October 5-6 meeting of the Commission focussed on the Coordination of CAM research. A summary of that meeting and the transcripts from previous meetings will be available on the website within the next two weeks.

I encourage you to view the schedule and have representation at these meetings to present your views. I know at the San Francisco Town Hall meeting there were several people who spoke who share several of your concerns. These meetings are all open to the public and we encourage and solicit public participation. I look forward to your participation in future activities of the Commission.

Steve Groft

-----Original Message-----
From: Terry Polevoy [mailto:tpolevoy@healthwatcher.net]
Sent: Wednesday, October 25, 2000 7:44 AM
To: Groft, Steve (NCCAM); ldsg@egroups.com; Health Fraud; Terry Polevoy - Excite
Subject: WCA membership on White House Panel

Dear Dr. Groft:

I am writing to you because of my concern for the health of all North Americans. The new White House Commission on Complementary and Alternative Medicine has the appearance of being rigged by alt. medical people who want to advance their dubious professional interests.

Last week I was sent an e-mail by someone who said that they were from the World Chiropractic Alliance. Do you know the name of the WCA chiropractic representative who they say was just appointed to the White House Commission on Complementary and Alternative Medicine?

Do you know why this particular person was chosen or even nominated for that position?

Here is a typical article put out by the WCA members or associates that is aimed to destroy the public's confidence in childhoos vaccines?

http://www.worldchiropracticalliance.org/tcj/2000/oct/oct2000twarner.htm

These people represent what is the worst of the anti-vaccine movement. They distort reality, they push subluxation as the cause for most illnesses, a belief that is totally insane.

Why in the world would any pediatric chiropractor be chosen to be on the White House Commission on CAM?

The public deserves better than this.

I am an American born medical doctor who now practices in Canada. I am a frequent contributor to the media and an expert on quackery. We see it here every day, and it is getting pretty scary, especially during meningitis outbreaks when these anti-vaccine quacks get up to a microphone, or picket outside high schools to warn students that they don't have to be vaccinated.

Chiropractors regularly fly their so-called "experts" in from Australia or Europe to tour the country and lecture to young expectant mothers, to warn them about the hazards of obstrical care and vaccination for their children. Would you want your wife to go without proper treatment? Would you allow your children to go unvaccinated?

Certain element of the WCA have moved to Washington, DC to lobby for their form of pediatric quackery.

http://www.worldchiropracticalliance.org/tcj/2000/oct/oct2000a.htm

The medical care system in the U.S. and Canada is in crisis. The CAM movement is out to destroy what is left of it.

You must listen to real scientists here, not the wacko lunatic fringe who really believe that 75% of all illnesses are due to a newborn's travel through the birth canal, and the other 25% is due to immunizations.

Let me tell you that the medical profession and scientists need to be heard by the Commission. There are horror stories to tell, and you need to listen about the alternative medical movement and their real aims.

I suggest that the Commission listen to those of us who are in a position to help clear the air once and for all about CAM, but especially those who would aim to tear down the very foundations of public health that has taken the U.S. and Canada hundreds of years to develop.

It seems to me that the White House Commission can not function in a dreamworld of half-truths, half-baked ideas, and brainless ideologies. If they do, we might as well all go back to reading tea leaves, or palmistry to predict outcomes for clinical research. We might as well pre-book all our hospital care in Tijuana or Baja California.

Again, the American and Canadian people urgently need your help. If you refuse to invite those scientists and health care workers to Washington to be heard, there will be grave consequences for the health of all of us in the future.

--

!# Dr. Terry Polevoy
!# 105 University Ave. E.
!# Waterloo, Ontario, N2J 2W1 Canada
!# 519-725-2263 -- 725-4953 fax.
!# mailto:tpolevoy@healthwatcher.net
!# http://www.healthwatcher.net - Consumer Health Watchdog
!# http://www.dietfraud.com - FAT CITY Diet and Weight Loss Alerts
!# http://www.chirowatch.com - ChiroWatch

Groft, Steve (NCCAM)

To: Wisampson@cs.com
Subject: RE: (no subject)

I will provbide trhe Commission memebers with your response. However, I would appreciate the names, addresses, and phone numbers of other individuals who would be willing to address the issues you identified in your response.

-----Original Message-----
From: Wisampson@cs.com [mailto:Wisampson@cs.com]
Sent: Friday, October 27, 2000 4:37 PM
To: Groft, Steve (NCCAM)
Subject: Re: (no subject)

In a message dated 10/24/00 12:48:42 PM Pacific Daylight Time, GroftS@od31em1.od.nih.gov writes:

<< We are entering the planning stages for the next meeting of the White House Commission on Complementary and Alternative Medicine Policy. Are you available to come to Washington, DC on December 4 or 5 to discuss the concerns presented and discussed with Dr. Joseph Kaczmarczyk at the Town Hall Meeting in San Francisco? >>

Dr. Groft:

Thank you for the considerate invitation. I must decline the invitation under the present operating procedures of the Commission.

I declined to speak at the San Francisco Town meeting because I cannot recognize the authority of the Commission, its intent and goals, or the method of operation.

My opinions expressed to Dr. Kaczmarczyk in San Francisco were meant to remind the Commission that there are a large number of medical and biological scientists who have broad and deep knowledge of the methods and systems being investigated by both the NCCAM and the White House Commission. These scientists and clinicians have educated conclusions that almost all such anomalous methods are ineffective, and many are misrepresented. Commission's lack of attention to this problem comes as a disturbing disappointment tp clinicians and scientists.

This community of hundreds of clinicians and scholars, and its thousands of supporters, is disturbed at the lack of invitation by any governmental agency for opinion, consultation, or even for exchange of ideas on the issue of anomalous, "complementary and alternative" medicine. The lack of recognition is contrary to democratic process and representative government.

The White House Commission is itself an example.

Its formation was conceived and accomplished without notification of or input from the non-advocate people most knowledgeable about the subject.

The original twenty members are exclusively advocates and practitioners of anomalous medicine.

The first meetings were called without notification of the rational community, which should have been well known to creators, and members of the Commission.

Requests to appear before the Commission are answered with forms that notify the four specific areas to be addressed. Those four points do not include the most important issues surrounding the subject; review of the vast scientific data already in existence, the issue of data misinterpretation and misrepresentation, and the issue of ineffectiveness.

The forms allow the Commission to determine in advance the proportion of speakers of various points of view, thus selecting what it wishes to hear and

thus on which it can report.
These actions betray a political rather than a scientific approach to the problem.,

With those issues in mind, I recommend the next action of the White House Commission to be a wholesale reconstruction.

That the White House and the Department of Health and Human Services reconstitute the Commission to represent the population of knowledgeable people by including the medical and academic communities, not only the community of advocates.

That there be a significant majority of rational clinical scientists - both "neutral" or without formed opinion, and of informed scientists who have studied "complementary and alternative" systems. A ratio of one-third of each group - "neutral", "advocate", and "informed" - would be a "balanced" Commission. The Chair of the Commission would have to be a respected "neutral" or "informed" scientist, not an advocate. The members would have to be selected by representatives of each group.

The second condition is for the Commission's recommendations to be based on one or more two-day conferences devoted to rational, scientific analyses of the subjects at hand. Invited would be representatives of the scientific rational community, selected in consultation with representatives of that community. Such conferences would be the first convened by a governmental agency to examine rationally the evidence for and against effectiveness and roles of controversial methods. The proceedings would be printed and made available to the public along with the final report of the Commission.

Third, it is evident that advocacy had great influence in forming the goals of the Commission. No one from the rational medical community was consulted in its formation, or in construction of its charges. The President and HHS must be requested to change the charges to the Commission. Eliminated would be the goals of training and licensing of practitioners, integration of ineffective methods into practice, and reimbursement for services. Those goals leapfrog the debate over realities of the present situation and are incompatible with any dialogue or town meeting type discussion. The realistic goals would include investigation of the rationality of the methods, the data supporting and disproving them, and defining the conflicts underlying them, and the controversies surrounding them.

These recommendations go to the heart of the Commission's construction, and to the problems that the Commission should be investigating. Should the Commission wish to undertake both its own reconstruction and to convene such a conference, I would certainly cooperate by helping organize it and to speak.

Thank you again for your consideration.

Wallace Sampson MD

Groft, Stephen (NCCAM)

To: Wisampson@cs.com
Subject: RE: (no subject)

Dr. Sampson,

I had wanted to discuss your concerns at a meeting of the Commission. Your concerns have been distributed to the Commission previously as is all corrspondence on the Commission's activities. We usually have several speakers surrounding a particular issue or set of issues. The Commission has identified these procedures to handle all discussions. We try to obtain as much information about the agenda item before the meeting and discussion. Thus the request for the speakers who you feel would be most appropriate to participate in a discussion at a future commission meeting, now looking more like the dates of May 14-15, 2001. In an earier meeting with Senator Harkin, he did request that we make particular efforts to hear from the individuals who had concerns about the activities related to Alternative and Complementary Medicine

As the Executive Order states, we are required to submit a report on the 4 major issues identified in the Executive Order. There is also room to discuss issues identified by the public to the Commission in the report. We are not at that stage at the present time but will soon begin to develop the shell of the report, based on what we have heard thus far.

Thank you and I hope to hear from you

Steve Groft
-----Original Message-----
From: Wisampson@cs.com [mailto:Wisampson@cs.com]
Sent: Saturday, November 11, 2000 2:12 AM
To: Groft, Stephen (NCCAM)
Cc: Wisampson@cs.com
Subject: Re: (no subject)

In a message dated 11/2/00 7:18:18 AM Pacific Standard Time,
GroftS@od31em1.od.nih.gov writes:

<< However, I would
appreciate the names, addresses, and phone numbers of other individuals who would be willing to address the issues you identified in your response and participate witht he Commission at future meetings to discuss policy issues surrounding the four major issues identified in the Executve Order and other issues brought to the attention of the Commission. >>

Dr. Groft.

I am sure you appreciate the wide philosophical and political gulf that separates the Commission from the bulk of the scientific community. As our writings and analyses become published and more well known, it will be more apparent how erroneous and inappropriate are the four issues the commission is supposed to address. It is simply not possible to address them under these circumstances.

One cannot address what to do about aliens who abduct people until we have proof that the aliens exist and that they have abducted. More than that, I and others have information that claims for most "alternatives" (anomalous methods) are actually ineffective. Disproofs and such evidence are published regularly in our journal. By now you must be aware of this.

I do not have a bank of names and addresses of people who might respond to your invitation. I am a retired physician, have academic and some governmental positions, but do not run any organization nor am I an official functionary of one at this time, and do not have access to such lists. I do edit the Scientific Review of Alternative Medicine and write and teach on the

subject of erroneous medical claims.

I wish that my recommendations could be considered as previously stated. So far I have not received recognition of their being considered. I also have not heard from the HHS White House liaison.

Wallace Sampson

Groft, Stephen (NCCAM)

From: Wisampson@cs.com
Sent: Monday, December 11, 2000 6:48 AM
To: Groft, Stephen (NCCAM)
Subject: commission meeting

In a message dated 11/13/00 7:03:11 AM Pacific Standard Time, grofts@od31em1.od.nih.gov writes:

<< Thus the request for the speakers who you feel would be most appropriate to participate in a discussion at a future commission meeting, now looking more like the dates of May 14-15, 2001. >>

Dr. Groft:

Thank you for the message in November. I understand that you are limited to working within specific charges to the commission directly from HHS and the White House. I am encouraged by the flexibility in the desire to explore critical information with us.

The speakers for a proposed conference could be assembled. Although I do not know all who would want to speak, nor are they all members of one group, nor do I have immediate access to the various addresses, I have sent an explanatory message to leaders of the scientific, skeptic, and rationalist communities asking them to collect names of potential speakers and their subjects.

The best way to assure their cooperation would be to offer speakers an exclusive hearing devoted to information in their possession. Such a conference would take two or three entire days, and would be devoted to the scientific issues underlying the four general questions the commission is requested to examine.

Many of the scientists I have spoken with are concerned that because of the advocacy-oriented constitution of the commission, information presented to the commission would be subject to rejection or reinterpretation to reflect the commission's imbalance. They are concerned that the report to the White House would reflect the opinion of commission members with whom they disagree. In order to assure that a representative and authoritative group could be assembled, we would have to assure them that they would be presenting their material before a scientifically neutral group.

As a reasonable procedure for fair hearing and balanced representation, I suggest the following model. The commission would call on a panel of five to seven consultants selected from the Institute of Medicine of the National Academy of Sciences - preferably scientists with no prior involvement, interest in, or publications in the field of "CAM." The president of the Institute would nominate the panel members. The panel would be acceptable to both you and to a small committee suggested by me. The conference talks would be presented to the panel. Any and all members of the commission of course would attend as observers, but would not be members of the panel. The above small committee and I would arrange the speakers and speaker order.

The talks would outline the scientific hurdles that unscientific practices would have to overcome for acceptance by science. Initial talks would be on academic background material - history and sociology of folkway and anomalous practices, the psychology of perception, cognition, interpretation, belief, transcendental experience, explanations for unusual experiences, etc. After the basic background material, reports on scientific evidence for the major and popular methods would be presented. This would include problems with reviews and scientific literature analysis. All individual papers would be submitted in writing, along with the panel's summary report. All would be presented along with the commission's report to the White House. The

proceedings of the meeting would be published in book form for professions and the public. Such a procedure would assure a landmark in the history of the alternative and complementary medicine movement, as the first meeting for the purpose of assembling of relevant and critical scientific information.

Thank you for suggesting the meeting. I hope you will find the suggestions favorable, and if so, I will continue to assemble the potential speakers. A formal letter containing the above will be mailed.

Wallace Sampson MD
Clinical Professor of Medicine, emeritus
Stanford University School of Medicine.

cc: Cong. Anna Eshoo, 14th District

Groft, Stephen (NCCAM)

To: Wisampson@cs.com
Subject: RE: Meeting of science

Dr. Sampson:

I have asked guidance from the Commission on your request. My first impression is that I do not believe the type of meeting that you are suggesting is consistent with the mandate provided by the Executive Order. We did not interpret the Executive Order as requiring the investigation of individual interventions. This task should be one of the research community. We have discouraged participants from talking about the successes or failures related to individual interventions and to focus on the four major policy issues identified by the Executive Order. What you are suggesting seems to be more consistent with an effort related to the research agenda of the NCCAM at NIH. We have been requested to avoid all attempts at establishing the research agenda for NCCAM. This is the responsibility of the NCCAM National Advisory Couincil. Have you ever proposed such a meeting to Dr. Stephen Straus, Director of the NCCAM?

I will be back in touch with you after discussing with the Chair and other members of the Commission who may have some other suggestions on your request.

Thank you and I apologize for the delay. You are correct preparation for both the December and January meetings have consumed most of our time.

I hope you are doing well and thank you for your request.

Steve Groft

-----Original Message-----
From: Wisampson@cs.com [mailto:Wisampson@cs.com]
Sent: Thursday, January 25, 2001 11:15 PM
To: Groft, Stephen (NCCAM)
Subject: Meeting of science

Dr Groft:

I am sending a copy of this letter by regular mail.

January 25, 2000

Stephen C. Groft, Pharm.D.
Executive Director
White House Commission on Complementary and Alternative Medicine Policy
(WHCCAMP)
6701 Rockledge Drive, Suite 1010, MS-7707
Bethesda, Maryland 20892

Dear Dr. Groft,

I have directed some three electronic mail messages regarding my original suggestion and your offer to hold a conference to explore the science and scientific problems underlying the commission's four charges. My last, in November, containing specifics of such a conference, was not answered. I therefore am sending this letter by mail asking for a response. I know you are busy with the already arranged Town Hall meetings, but time is becoming short on deciding on my proposal.

The commission contacted several of our speakers to present ten-minute presentations at the town halls - outside the system of presentation about which we were corresponding. Most of the medical and other scientists I have contacted feel that a ten minute presentation in a town hall format is

inappropriate for exploring the scientific and other issues surrounding the commission's considerations.

To answer your request for names and contacts, I do not yet know all those who would want to speak. They are not all members of one group. I have assembled a tentative list and sent an request message to leaders of the scientific, skeptic, and rationalist communities asking them for more names of potential speakers and subjects. They range from philosophers, physicists, physicians, and psychologists, to magicians, and other experts. The best way to assure their cooperation would be to have, as proposed, a thorough and exclusive hearing devoted to their information before a neutral scientific panel. The conference would take two or three entire days, and would be devoted to reviewing both the existing scientific information about anomalous methods, and the issues underlying the four general questions the commission is requested to examine.

For a representative group to be assembled, we would assure the scientist speakers that they would present before a scientifically literate and commercially neutral group. As you know, almost of the appointees to the commission have known connections to or are advocates of anomalous and sectarian systems or have commercial interests and conflicts. Few have a formal scientific background from which one could reach rational and socially responsible conclusions.

Therefore, the commission would request that the president of the Institute of Medicine of the National Academy of Sciences nominate a list of about fifteen members selected from the Institute - preferably scientists with no prior involvement with or publications in the field of "CAM." The panel of seven members from the original list would be chosen by you and to a small committee selected by me. The talks would be presented to the panel. Any and all members of the commission could attend, but as audience observers, not members of the panel. My small committee would arrange for speakers and speaker order. Expenses would be borne by the commission.

The speakers would outline the scientific hurdles that unscientific practices have to overcome for acceptance by science. Initial talks would be on background material - history and sociology of folkway and anomalous practices, psychology of errors of perception, errors of cognition, psychology belief, explanation of transcendental experience and group experience, and scientific explanations for placebo phenomena. After the basic material, will be reports on scientific evidence for and against validity of the major and popular methods. These will include reviews and scientific literature analyses.

Selected speakers would then explore those methods and systems likely to add to quality of life without detrimental effects, in other words, truly complementary methods - those that would be candidates for integration into medical and health practices, and under which conditions. All individual papers would be submitted in writing, along with the panel's summary report to the commission. All presentations would be presented along with the commission's report to the White House. Proceedings of the meeting would be published in book form for professions and the public.

The above represents an initial consensus outline developed from suggestions of members of at least three private organizations with memberships totaling over 50, 000 individuals, and likely represents the large majority of the medical and other scientific professions. Thank you for considering this program and for suggesting the meeting. If you find the format favorable I will continue to assemble the speakers.

Wallace Sampson MD
Clinical Professor of Medicine, emeritus
Stanford University School of Medicine.

Cc: T. Thompson, Secretary of Health and Human Services
Senator Diane Feinstein

Senator Barbara Boxer
Congresswoman Anna Eshoo, 14th district

Groft, Stephen (NCCAM)

To: Joseph Fins
Subject: RE: FW: Meeting of science

Joe,

Thank you for the comments. It was good to see you in NYC. The Big Apple did not seem as formidable as in previous visits. I actually enjoyed the City lifestyle out of the hotel.

Thank you for the suggestion. I agree with your recommendation. Perhaps we could get 3-4 of the panelists - Dr. Sampson, Dr. Saul Greene, Dr. Paul Kurtz and another person of their determination and give them a 2 hour session to discuss. There is a historical precedent for this in the old DESI (Drug Efficacy Study Implementationm) review of Drugs done by FDA in the 60's, Different indications for use of all drug products were classifieds as "Effective" "Probably Effective" "Possibly Effective" and "Ineffective". These indications and status were also provided in the the offical labeling and the PDR. Manufacturers were then required to develop and conduct the appropriate studies to upgrade their indications within a certain period of time or they would lose their indication/approval status. I think the entire process was about 15 years long. I may be able to come up with some other ideas prior to any further discussion at the meeting.

Best wishes from the Raven's Roost Region and a former Colt's fan.

Steve

-----Original Message-----
From: Joseph Fins [mailto:jjfins@med.cornell.edu]
Sent: Monday, January 29, 2001 10:34 AM
To: Kingsbury, Doris (NCCAM)
Cc: Groft, Stephen (NCCAM)
Subject: Re: FW: Meeting of science

Steve,
I think that scientific review by a neutral body is a fine idea and one recommendation that we could make in the final report --- as one of our many recommendations. At this juncture, I think we should invite Dr. Samson to one our meetings to formally make this suggestion and outline how it could be best organized. As I see it, our role is not to vet the science of CAM but rather to set up the structures that can do this into the future. What do you think?
Joe

>For Your Information and a note Do you have any thoughts on this request?
>
>
>Dear Dr. Groft,
>
>I have directed some three electronic mail messages regarding my original
>suggestion and your offer to hold a conference to explore the science and
>scientific problems underlying the commission's four charges. My last, in
>November, containing specifics of such a conference, was not answered. I
>therefore am sending this letter by mail asking for a response. I know you
>are busy with the already arranged Town Hall meetings, but time is becoming
>short on deciding on my proposal.
>
>The commission contacted several of our speakers to present ten-minute
>presentations at the town halls - outside the system of presentation about
>which we were corresponding. Most of the medical and other scientists I
>have
>contacted feel that a ten minute presentation in a town hall format is
>inappropriate for exploring the scientific and other issues surrounding the

>commission's considerations.
>
>To answer your request for names and contacts, I do not yet know all those
>who would want to speak. They are not all members of one group. I have
>assembled a tentative list and sent an request message to leaders of the
>scientific, skeptic, and rationalist communities asking them for more names
>of potential speakers and subjects. They range from philosophers,
>physicists,
>physicians, and psychologists, to magicians, and other experts. The best way
>
>to assure their cooperation would be to have, as proposed, a thorough and
>exclusive hearing devoted to their information before a neutral scientific
>panel. The conference would take two or three entire days, and would be
>devoted to reviewing both the existing scientific information about
>anomalous
>methods, and the issues underlying the four general questions the commission
>
>is requested to examine.
>
>
>For a representative group to be assembled, we would assure the scientist
>speakers that they would present before a scientifically literate and
>commercially neutral group. As you know, almost of the appointees to the
>commission have known connections to or are advocates of anomalous and
>sectarian systems or have commercial interests and conflicts. Few have a
>formal scientific background from which one could reach rational and
>socially
>responsible conclusions.
>
>Therefore, the commission would request that the president of the Institute
>of Medicine of the National Academy of Sciences nominate a list of about
>fifteen members selected from the Institute - preferably scientists with no
>prior involvement with or publications in the field of "CAM." The panel of
>
>seven members from the original list would be chosen by you and to a small
>committee selected by me. The talks would be presented to the panel. Any
>and all members of the commission could attend, but as audience observers,
>not members of the panel. My small committee would arrange for speakers and
>
>speaker order. Expenses would be borne by the commission.
>
>The speakers would outline the scientific hurdles that unscientific
>practices
>have to overcome for acceptance by science. Initial talks would be on
>background material - history and sociology of folkway and anomalous
>practices, psychology of errors of perception, errors of cognition,
>psychology belief, explanation of transcendental experience and group
>experience, and scientific explanations for placebo phenomena. After the
>basic material, will be reports on scientific evidence for and against
>validity of the major and popular methods. These will include reviews and
>scientific literature analyses.
>
>Selected speakers would then explore those methods and systems likely to add
>
>to quality of life without detrimental effects, in other words, truly
>complementary methods - those that would be candidates for integration into
>medical and health practices, and under which conditions. All individual
>papers would be submitted in writing, along with the panel's summary report
>to the commission. All presentations would be presented along with the
>commission's report to the White House. Proceedings of the meeting would be
>
>published in book form for professions and the public.
>
>The above represents an initial consensus outline developed from suggestions
>
>of members of at least three private organizations with memberships totaling
>

>over 50, 000 individuals, and likely represents the large majority of the
>medical and other scientific professions. Thank you for considering this
>program and for suggesting the meeting. If you find the format favorable I
>will continue to assemble the speakers.
>
>Wallace Sampson MD
>Clinical Professor of Medicine, emeritus
>Stanford University School of Medicine.
>
>Cc: T. Thompson, Secretary of Health and Human Services
> Senator Diane Feinstein
> Senator Barbara Boxer
> Congresswoman Anna Eshoo, 14th district

Groft, Stephen (NCCAM)

From: Wisampson@cs.com
Sent: Saturday, January 27, 2001 3:32 PM
To: Groft, Stephen (NCCAM)
Subject: Re: Meeting of science

In a message dated 1/26/01 6:39:11 AM Pacific Standard Time, grofts@od31em1.od.nih.gov writes:

<< focus on the four major
policy issues identified by the Executive Order. What you are suggesting seems to be more consistent with an effort related to the research agenda of the NCCAM at NIH. We have been requested to avoid all attempts at establishing the research agenda for NCCAM. This is the responsibility of the NCCAM National Advisory Couincil. Have you ever proposed such a meeting to Dr. Stephen Straus, Director of the NCCAM? >>

Dr. Groft:

Thank you for the reply. I presented the same idea to Dr. Straus after his appointment, and his reply did not mention the idea. It is evident that the NCCAM is taking other directions in its approach to this issue and that the rest of the scientific community is forced to seek out other pathways in which to bring its concerns to the public. I might add that no one from this community has been consulted, appointed to a position within OAM or NCCAM, nor has one been invited to speak officially at any conference. The organizations I will call upon count upward of 100,000 members and subscribers, and hundreds of active scientists and clinician members concerned about evidence in this field.

We have similar concerns about the White House Commission recommending actions without including this preponderance of information.

The conference is not intended as an attempt at establishing a research agenda. It is for background material to the American public on what is known about the matters being considered by the commission in its recommendations to the White House and to the public about teaching, implementation, reimbursement, and other issues to which the commission is to direct its attention.

This matter cannot be easily avoided and rejection of the idea for a conference, and the request for this scientific information to be included in any report will be interpreted as a political decision. It will appear that information casting doubt on claims in fields represented by members of the commission, or that might inhibit economic interests of the commission members is unwelcome.

Such bias is not in the scientific tradition, nor is it in the tradition of governmental commissions, responsible to the public it serves. I hope you and the commission members will reconsider your initial response.

Wallace Sampson MD

Groft, Stephen (NCCAM)

To: Wisampson@cs.com
Subject: RE: Meeting of science

Dr. Sampson:

I did receive some messages back from a few of the Commission members. Iw ill be back with you probably later this week to talk about your suggestion. I don't think we will be able to sponsor such a conference but I think it is a suggestion we would want to consider as a possible recommendation from the Commission. A meeting as you suggest could be a follow-up item during an implementation program phase for the various programs after the Commission is retired in March 2002.

Do you remember the DESI Review of all drug products in the 60's-70's and early 80's when all products were classified as effective, probably effective, possibly effective, and ineffective by review panels? Drug Company Sponsors were then required to either produce data from controlled clinical trials about the efficacy of the products and have their indications either upgraded or downgraded depending on the results of the studies and the literature. This was a massive effort by the FDA with a number of external review panels that required many uears to complete. I was at FDA from 1974-1988 and I recall the process and the level of effort that was put forth.

I think we can get something going here to address your concerns.

Thank you, again.

Steve Groft

-----Original Message-----
From: Wisampson@cs.com [mailto:Wisampson@cs.com]
Sent: Saturday, January 27, 2001 3:32 PM
To: Groft, Stephen (NCCAM)
Subject: Re: Meeting of science

In a message dated 1/26/01 6:39:11 AM Pacific Standard Time,
grofts@od3lem1.od.nih.gov writes:

<< focus on the four major
policy issues identified by the Executive Order. What you are suggesting seems to be more consistent with an effort related to the research agenda of the NCCAM at NIH. We have been requested to avoid all attempts at establishing the research agenda for NCCAM. This is the responsibility of the NCCAM National Advisory Couincil. Have you ever proposed such a meeting to Dr. Stephen Straus, Director of the NCCAM? >>

Dr. Groft:

Thank you for the reply. I presented the same idea to Dr. Straus after his appointment, and his reply did not mention the idea. It is evident that the NCCAM is taking other directions in its approach to this issue and that the rest of the scientific community is forced to seek out other pathways in which to bring its concerns to the public. I might add that no one from this community has been consulted, appointed to a position within OAM or NCCAM, nor has one been invited to speak officially at any conference. The organizations I will call upon count upward of 100,000 members and subscribers, and hundreds of active scientists and clinician members concerned about evidence in this field.

We have similar concerns about the White House Commission recommending actions without including this preponderance of information.

The conference is not intended as an attempt at establishing a research

agenda. It is for background material to the American public on what is known about the matters being considered by the commission in its recommendations to the White House and to the public about teaching, implementation, reimbursement, and other issues to which the commission is to direct its attention.

This matter cannot be easily avoided and rejection of the idea for a conference, and the request for this scientific information to be included in any report will be interpreted as a political decision. It will appear that information casting doubt on claims in fields represented by members of the commission, or that might inhibit economic interests of the commission members is unwelcome.

Such bias is not in the scientific tradition, nor is it in the tradition of governmental commissions, responsible to the public it serves. I hope you and the commission members will reconsider your initial response.

Wallace Sampson MD

Withdrawal/Redaction Marker
Clinton Library

DOCUMENT NO. AND TYPE	SUBJECT/TITLE	DATE	RESTRICTION
003. email	Wallace Sampson to Steve Groft, no subject (partial) (1 page)	09/06/2000	b(6)

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

OA/Box Number: 43234

FOLDER TITLE:
Sampson, Wallace, MD

2011-0568-S
kc853

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]

[003]

Groft, Stephen (NCCAM)

From: Wisampson@cs.com
Sent: Wednesday, September 06, 2000 1:29 AM
To: Groft, Steve (NCCAM)
Subject: (no subject)

Dr Groft:

Thank you for acknowledging my request for information on presenting information at the Town hall meeting in San Francisco. I could not on such short notice meet the time limits set for submitting requests. My schedule was :

August 9-14 Niagara, Ont. Canada for seminar on "alternative/complementary medicine," part of the seven-city tour of lectures for family practitioners I give each year in Canada.

August 16-20 University of Oregon lecture/workshop I gave on "alternative medicine" and the postmodern and medical anthropology movements.

(b)(6)

Nevertheless, I was able to ask another to speak in my place - James Underdown, of the Center for Inquiry, West, Marina del Rey, Calif.

I will try to attend, at least for part of the meeting - especially the afternoon, and would meet with you personally after the meeting should you have time.

However, a five minute spot in a town hall meeting is not the forum for expression of the serious problems that the Commission faces because of its mission and the four general areas for comment.

The meeting will take comments on only four issues: Increasing research, providing information to professions and public, access and reimbursement issues, training and accountability issues.

This format assumes that the public will accept unscientific and unreliable explanations for medical events, and will want or tolerate incorporation of unproved, disproved, and implausible methods into a medical care system of unparalleled success - the modern scientifically-based system. that system is used not just in the US, but throughout the developed world.

The problems behind those presumptions are so deep to the philosophy of modern thought and democratic government, that a "Town hall" format from the public and from advocates and proponents hardly seems to be appropriate. The discussions being limited to the four issues overrides issues of validity, effectiveness, ethics, and prevention from illusion and delusion, as well as protection from abuse.

The Commission has no provision for discussing research already done that disconfirms most methods under consideration.

In other words, a rational discussion is not possible, and rational recommendation ensuing from the Town Hall is hughly unlikely.

Despite my short notice and tight schedule, If I were fully able to recruit other people to testify, I would have found reasonable discussion impossible under the ground rules. Therefore I state the following.

I protest the ground rules of the Town Meeting as exclusionary of rational discourse.

I protest the short (less than one month) notice as prejudicial to obtaining representational public and professional commentary.

I protest the lack of public notice and lack of notification of known expert and opposing organizations as prejudicial.

Public Town meetings are not the proper forum for the asembly of information on which the Commission can reasonably act. A meeting with experts in analysis of pseudo-science is essential as a first step in correcting the erroneous path set so far for the Commission.

I request that the Commission convene a special meeting of at least two days, inviting at least fifteen known non-advocate and oppossition experts from a variety of public-interest and educational organizations - members to be selected by three persons including me and two others of my choice.

The invitees will inform the Commission of the errors, misinterpretations, and misrepresentations that have led to formation of the Commission and these meetings. The assumptions and presumptions behind the four-issue ground rules will be outlined, and knowledge that already exists disconfirming the methods in question will be displayed and discussed. Background testimony will also include known psychological reasons for erroneous thinking as well as analyses of specific fields.

Invitees will be paid transportation, lodging, and incidental expenses for the meeting from the Commission budget.

Issues raised by the invitees be made public record and be published and made freely available to the public and professions.

I request this written testimony be included in the public record.

Sincerely,

Wallace Sampson MD

Below are two brief description of two talks given by dr Sampson at Old Dominion University, Norfolk, Virginia, February 2,000. You may include them in the record if you wish.

Thursday evening general talk on February 3
Alternative Medicine: Factors and forces behind an ideologically correct social delusion
Why does an interest in aberrant medical practices arise in the latter 20th century - a time of unprecedented technological progress? Answers must be speculative, but there seems to be a conjunction of a number of both perennial and contemporary causes and "risk factors." The contemporary ones include some heretofore hidden or unsuspected academic and societal and conceptual shifts. These include the rise of cultural relativism, cross-cultural thinking, and the counter-culture movement. The most recent development is the obscurantism of postmodernism, that assumes no objective reality, devalues the concept of validity, and that elevates all interpretations to equal status. All contribute to a shift from rational problem-solving for the common good to a philosophical solipsism and narcissistic view of health. Advocates of various and disparate medical ideologies have also gradually distorted language and bombarded the public with unsupported statements presented as fact, effecting attitudinal changes in academic and governmental institutions and the press. Last is an unsuspectedly large amount of financial backing from ideologically devoted granting organizations that have ... distorted major medical institutions to an unprecedented degree.

Friday afternoon scientific talk on February 4
Errors, misinterpretations, and academic legends: "Alternativism" and the science literature
"Alternative medicine" advocates plead their cases through a series of incompatible statements. On one hand they claim that centuries of empirical

experience have proved the effectiveness of the major "alternative" approaches (homeopathy, traditional Chinese medicine, chiropractic, Ayurvedic, herbalism, etc.) On the other hand, they plead for more research to prove their claims, blaming the scientific and medical "Establishments" for not supplying the funds and personnel. Yet others further contradict by claiming that many "alternatives" (homeopathy, acupuncture, chiropractic,) are unprovable through established scientific methods (clinical trials) because they are tailored to the individual. In fact, most "alternative" claims have been disproved to a reasonable degree. Claims of proof are erroneous for a variety of reasons, including simple error, misinterpretation, and misrepresentation - examples of which will be presented and discussed.

Groft, Stephen (NCCAM)

From: Wisampson@cs.com
Sent: Monday, December 11, 2000 6:48 AM
To: Groft, Stephen (NCCAM)
Subject: commission meeting

In a message dated 11/13/00 7:03:11 AM Pacific Standard Time, grofts@od31em1.od.nih.gov writes:

<< Thus the request for the speakers who you feel would be most appropriate to participate in a discussion at a future commission meeting, now looking more like the dates of May 14-15, 2001. >>

Dr. Groft:

Thank you for the message in November. I understand that you are limited to working within specific charges to the commission directly from HHS and the White House. I am encouraged by the flexibility in the desire to explore critical information with us.

The speakers for a proposed conference could be assembled. Although I do not know all who would want to speak, nor are they all members of one group, nor do I have immediate access to the various addresses, I have sent an explanatory message to leaders of the scientific, skeptic, and rationalist communities asking them to collect names of potential speakers and their subjects.

The best way to assure their cooperation would be to offer speakers an exclusive hearing devoted to information in their possession. Such a conference would take two or three entire days, and would be devoted to the scientific issues underlying the four general questions the commission is requested to examine.

Many of the scientists I have spoken with are concerned that because of the advocacy-oriented constitution of the commission, information presented to the commission would be subject to rejection or reinterpretation to reflect the commission's imbalance. They are concerned that the report to the White House would reflect the opinion of commission members with whom they disagree. In order to assure that a representative and authoritative group could be assembled, we would have to assure them that they would be presenting their material before a scientifically neutral group.

As a reasonable procedure for fair hearing and balanced representation, I suggest the following model. The commission would call on a panel of five to seven consultants selected from the Institute of Medicine of the National Academy of Sciences - preferably scientists with no prior involvement, interest in, or publications in the field of "CAM." The president of the Institute would nominate the panel members. The panel would be acceptable to both you and to a small committee suggested by me. The conference talks would be presented to the panel. Any and all members of the commission of course would attend as observers, but would not be members of the panel. The above small committee and I would arrange the speakers and speaker order.

The talks would outline the scientific hurdles that unscientific practices would have to overcome for acceptance by science. Initial talks would be on academic background material - history and sociology of folkway and anomalous practices, the psychology of perception, cognition, interpretation, belief, transcendental experience, explanations for unusual experiences, etc. After the basic background material, reports on scientific evidence for the major and popular methods would be presented. This would include problems with reviews and scientific literature analysis. All individual papers would be submitted in writing, along with the panel's summary report. All would be presented along with the commission's report to the White House. The

proceedings of the meeting would be published in book form for professions and the public. Such a procedure would assure a landmark in the history of the alternative and complementary medicine movement, as the first meeting for the purpose of assembling of relevant and critical scientific information.

Thank you for suggesting the meeting. I hope you will find the suggestions favorable, and if so, I will continue to assemble the potential speakers. A formal letter containing the above will be mailed.

Wallace Sampson MD
Clinical Professor of Medicine, emeritus
Stanford University School of Medicine.

cc: Cong. Anna Eshoo, 14th District

Groft, Stephen (NCCAM)

From: saulgreen [saul@ssr.com]
Sent: Friday, January 12, 2001 3:55 PM
To: Groft, Stephen (NCCAM)
Subject: RE: FW: Information for January 23rd Meeting

Dr. Groft,
I have your answer to my first note. I have reexamined my calender and find that I have a previous commitment for Jan. 23 so I will not attend the meeting. Besides, after examining the list of panel members, I can't imagine that anything I might say to them in three to five minutes would make an impression. Thank you

Saul Green, PhD

At 02:50 PM 1/12/01 -0500, you wrote:
>Dr. Green:
>
>You are correct. After the interim period, recruiting took place for a
>permanent director and Dr. Joe Jacobs was selected. I returned to set up
>the Office of Rare Diseases and remained there until June 27, 2000. At that
>time, I was asked by Dr. Kirschstein, Acting Director of NIH, to get
>involved in initiating the Commission's activities identified in the
>Executive Order. It is different now. Dr. Straus at the NCCAM now has
>resources to test these interventions to determine if they work or not. I
>have provided the text of the documents that I referred to in the e-mail
>address. Can we talk next week about the questions you pose - especially
>after reading the attached material? If you or others that you suggest are
>available to comment on the issues presented in the Federal register
>announcement and the Executive Order, we would schedulke you into the
>agenda. Everyone is asked to send in extensive written comments but are
>being given 3 minutes to summarize their recommendations. We can discuss
>the time allotment for your presentation. The meeting information follows:
>
>Date and Time: January 23, 2001; 9:00 a.m. - 9:00 p.m.
>Place: Ames Auditorium, Lighthouse International Conference Center
> 111 East 59th Street, New York, New York 10022-1201
>
>We are trying to stay away from the discussion of individual interventions
>and focus on the policy issues identified in the Executive Order. Dr.
>Stephen Straus of NCCAM has developed at strategic research plan on the
>research issues related to CAM interventions and products. The commission
>will not direct its attention to the research agenda of the NIH.
>
>I also attached the membership roster. There are several members who have
>no previous CAM experience. Many of the individuals you had some
>interactions with in the past are not members of the Commission.
>
>Thank you for your consideration and I appreciate your willingness to
>discuss further. I hope you are doing well.
>
>Steve Groft
>301-435-6199
>
>
>
> THE WHITE HOUSE
> Office of the Press Secretary
>_____
>For Immediate Release March 8, 2000
>
>

>
>WHITE HOUSE COMMISSION ON COMPLEMENTARY
>AND ALTERNATIVE MEDICINE POLICY
>
>
> By the authority vested in me as President by the Constitution and the >laws of the United States of America, including the Federal Advisory >Committee Act, as amended (5 U.S.C. App.), and in order to establish the >White House Commission on Complementary and Alternative Medicine Policy, it >is hereby ordered as follows:
>
> Section 1. Establishment. There is established in the Department of >Health and Human Services (Department) the White House Commission on >Complementary and Alternative Medicine Policy (Commission). The Commission >shall be composed of not more than 15 members appointed by the President >from knowledgeable representatives in health care practice >and complementary and alternative medicine. The President shall designate a >Chair from among the members of the Commission. The Secretary of Health and >Human Services (Secretary) shall appoint an Executive Director for the >Commission.
>
> Sec. 2. Functions. The Commission shall provide a report, through the >Secretary, to the President on legislative and administrative >recommendations for assuring that public policy maximizes the benefits to >Americans of complementary and alternative medicine. The >recommendations shall address the following:
>
> (a) the education and training of health care practitioners in >complementary and alternative medicine;
>
> (b) coordinated research to increase knowledge about complementary >and alternative medicine practices and products;
>
> (c) the provision to health care professionals of reliable and >useful information about complementary and alternative medicine that can be >made readily accessible and understandable to the general public; and
>
> (d) guidance for appropriate access to and delivery of >complementary and alternative medicine.
>
> Sec. 3. Administration. (a) To the extent permitted by law, the >heads of executive departments and agencies shall provide the Commission, >upon request, with such information and assistance as it may require for the >purpose of carrying out its functions.
>
> (b) Each member of the Commission shall receive compensation at a >rate equal to the daily equivalent of the annual rate specified for Level IV >of the Executive Schedule (5 U.S.C. 5315) for each day during which the >member is engaged in the performance of the duties of the Commission. While >away from their homes or regular places of business in the performance of >the duties of the Commission, members shall be allowed travel expenses, >including per diem in lieu of subsistence, as authorized by law for persons >serving intermittently in Government service (5 U.S.C. 5701-5707).
>
> (c) The Department shall provide the Commission with funding and >with administrative services, facilities, staff, and other support services >necessary for the performance of the Commission's functions.
>
> (d) In accordance with guidelines issued by the Administrator of >General Services, the Secretary shall perform the functions of the President >under the Federal Advisory Committee Act, as amended (5 U.S.C. App.), with >respect to the Commission, except that of reporting to the Congress.
>
> (e) The Commission shall terminate 2 years from the date of this >order unless extended by the President prior to such date.
>

>
>   WILLIAM J. CLINTON
>
>   THE WHITE HOUSE,
>   March 7,
>2000.
>
>
>   # # #
>
>
>White House Commission on Complementary and Alternative Medicine Policy
>
>
>
>6701 Rockledge Drive, Suite 1010, MS-7707, Bethesda, Maryland, 20817-7707
>tel: 301-435-7592, fax: 301-480-1691, e-mail:whccamp@od.nih.gov Website:
>http://whccamp.hhs.gov
>
>
>
>COMMISSION ROSTER
>
>CHAIRPERSON
>James S. Gordon, M.D.
>Director
>The Center for Mind-Body Medicine
>2934 Macomb Street, N.W.
>Washington, D.C. 20008
>
>COMMISSIONERS
>George M. Bernier, Jr., M.D.
>Vice President for Education
>University of Texas Medical Branch
>301 University Boulevard, Suite 1.116
>Galveston, Texas   77555-0113
>
>David Bresler, Ph.D, LAc, OME,
>Dipl.Ac. (NCCAOM)
>Founder and Executive Director
>The Bresler Center, Inc.
>30765 Pacific Coast Hwy #355
>Malibu, California 90265
>
>Thomas Chappell
>Co-Founder and President
>Tom's of Maine, Inc.
>P.O. Box 710
>Kennebunk, Maine 04043
>
>Effie Poy Yew Chow, Ph.D., R.N.,
>   DiplAc (NCCA)
>Qigong Grandmaster
>President, East West Academy of Healing   Arts
>P.O. Box 31211
>San Francisco, California 94131
>
>George T. DeVries, III
>CEO/President
>American Specialty Health Plans
>777 Front Street
>San Diego, California   92101
>
>William R. Fair, M.D.
>Attending Surgeon, Urology (Emeritus)
>Memorial Sloan-Kettering Cancer Center
>Chairman, Clinical Advisory Board for

>   Haelth, LLC
>201 East 69th Street
>Suite 5J
>New York, New York 10021
>
>Joseph J. Fins, M.D., F.A.C.P.
>Associate Professor of Medicine
>Weill Medical College of Cornell University
>Director of Medical Ethics
>New York Presbyterian Hospital-Cornell Campus
>525 East 68th Street, F-173
>New York, New York 10021
>
>Veronica Gutierrez, D.C.
>Gutierrez Family Chiropractic
>3704 172nd Street, NE-Suite N
>Arlington, Washington 98223
>
>Wayne B. Jonas, M.D.
>Department of Family Medicine
>Uniformed Services University of the
>   Health Sciences
>F. Edward Hebert School of Medicine
>4301 Jones Bridge Road
>Bethesda, Maryland   20814-4799
>
>Linnea Signe Larson, LCSW, LMFT
>Associate Director
>West Suburban Health Care, Center for Integrative Medicine
>455 Washington Boulevard
>Oak Park, Illinois 60302-4030
>
>Tieraona Low Dog, M.D., A.H.G.
>4840 Pan American Freeway, N.E.
>Albuquerque, New Mexico 87109
>
>Charlotte R. Kerr, R.S.M.
>Traditional Acupuncture Institute, Inc.
>American City Building
>10227 Wincopin Circle, Suite 100
>Columbia, Maryland 21044
>
>Dean Ornish, M.D.
>President and Director
>Preventive Medicine Research Institute
>Clinical Professor of Medicine
>University of California, San Francisco
>900 Bridgeway, Suite 2
>Sausalito, California   94965
>
>Conchita M. Paz, M.D.
>1510 Altura Avenue
>Las Cruces, New Mexico 88001
>
>
>
>Joseph E. Pizzorno, N.D.
>4220 NE 135th Street
>Seattle, WA 98125
>
>Buford L. Rolin
>Poarch Band of Creek Indians
>308 Forest Avenue
>P.O. Box 19
>Atmore, Alabama   36504
>
>Julia R. Scott

>1306 Palmyra Lane
>Bowie, MD 20716
>
>Donald W. Warren, D.D.S.
>Diplomate of the American Board of Head, Neck & Facial Pain
>390 Factory Road
>Clinton, Arkansas 72031
>
>
>
>
>
>
>
>
>
>
>
>
>
>
>
>
>
>
>
>
>
>
>
>EXECUTIVE STAFF
>White House Commission on Complementary and Alternative Medicine Policy
>(WHCCAMP)
>6701 Rockledge Drive
>Suite 1010, MS-7707
>Bethesda, Maryland 20817-7707
>TEL: 301-435-7592
>FAX: 301-480-1691
>E-MAIL: WHCCAMP@od.nih.gov
>WEBSITE: http://www.whccamp.hhs.gov
>
>Stephen C. Groft, Pharm.D.
>Executive Director
>E-MAIL: GroftS@od.nih.gov
>
>Michele M. Chang, C.M.T, M.P.H.
>Executive Secretary
>E-MAIL: ChangM@od.nih.gov
>
>Kenneth D. Fisher, Ph.D.
>Senior Scientific Advisor
>E-MAIL: WHCCAMP@od.nih.gov
>
>Joseph M. Kaczmarczyk, D.O., M.P.H.
>Senior Medical Advisor
>E-MAIL: KaczmarJ@od.nih.gov
>
>Doris A. Kingsbury
>Program Assistant
>E-MAIL: WHCCAMP@od.nih.gov
>
>Geraldine B. Pollen, M.A.
>Senior Program Analyst
>E-MAIL: PollenG@od.nih.gov
>
>

>
>
>
>
>
>
>
>
>
>
>
>[Billing Code: 4140-01]
>
>DEPARTMENT OF HEALTH AND HUMAN SERVICES
>White House Commission on Complementary and Alternative Medicine Policy
>
>Notice of Meeting
>
>Notice is given of the third Town Hall Meeting of the White House Commission
>on Complementary and Alternative Medicine Policy. The purpose of the
>meeting is to convene the Commission for a public hearing to receive public
>testimony from individuals and organizations interested in the subject of
>federal policy regarding complementary and alternative medicine. Comments
>received at the meeting may be used by the Commission to prepare the report
>to the President as required by the Executive Order.
>
>Comments should focus on the four areas that follow. Questions for
>consideration include, but are not limited to those presented below. For
>each question, please consider including in your response concerns, possible
>obstacles, existing programs, and suggested solutions to guide the
>Commission in their deliberations.
>
>I. Coordinated Research and Development to Increase Knowledge of
>Complementary and Alternative Medicine Practices and Interventions
>(A) What can be done to expand the current research environment so that
>practices and interventions that lie outside conventional science are
>adequately and appropriately addressed?
>(B) What types of incentives are needed to stimulate the research of CAM
>practices and interventions by the public and private sectors?
>(C) How can we more effectively integrate the CAM and conventional research
>communities to stimulate and coordinate research?
>
>II. Guidance for Access to, Delivery of, and Reimbursement for Complementary
>and Alternative Medicine Practices and Interventions
>(A) Do you have ready access to CAM practices and interventions?
>(B) How can access to safe and effective CAM practices and interventions be
>improved?
>(C) What types of CAM practices and interventions should be reimbursable
>through federal programs or other health care coverage systems?
>
>III. Training, Education, Certification, Credentialing, Licensing, and
>Accountability of Health Care Practitioners in Complementary and Alternative
>Medicine
>(A) How can uniform standards of education, training, licensing and
>certification be applied to all CAM practitioners?
>(B) What training and education should be required of all health care
>providers to assure access to safe and effective CAM practices and
>interventions?
>(C) What sources of funds exist for the education and training of CAM
>practitioners?
>(D) Are performance standards or practice guidelines needed to ensure the
>public will have access to the full range of safe and effective CAM
>practices and interventions?
>
>IV. Delivery of Reliable and Useful Information on Complementary and
>Alternative Medicine to Health Care Professionals and the Public
>(A) How can useful, reliable, and updated information about CAM practices

>and interventions be made more accessible? How would you like to receive
>such information?
>(B) As a consumer, what kinds of information about CAM practices and
>interventions are most needed and important to you?
>(C) As a health care provider, what kinds of information about CAM practices
>and interventions are most needed and important to you?
>
>The Town Hall Meeting is open to the public and opportunities for oral
>comments and written statements by the public will be provided.
>
>Name of Committee: The White House Commission on Complementary and
>Alternative Medicine Policy
>
>Date and Time January 23, 2001; 9:00 a.m. - 9:00 p.m.
>
>Place: Ames Auditorium, Lighthouse International Conference
>Center
> 111 East 59th Street, New York, New York 10022-1201
>
>Contact Persons: Stephen C. Groft, Pharm. D., Executive Director, or
> Michele Chang, CMT, MPH, Executive Secretary; 6701
>Rockledge Drive; Room 1010, MSC-7707; Bethesda, MD 20817-7707; Phone: (301)
>435-7592 or 866-373-1124 (Toll-Free); Fax: (301) 480-1691; E-Mail:
>WHCCAMP@od.nih.gov
>
>The President established the White House Commission on Complementary and
>Alternative Medicine Policy on March 7, 2000 by Executive Order 13147. The
>mission of the White House Commission on Complementary and Alternative
>Medicine Policy is to provide a report, through the Secretary of the
>Department of Health and Human Services, on legislative and administrative
>recommendations for assuring that public policy maximizes the benefits of
>complementary and alternative medicine to Americans.
>
>Because of the need to obtain the views of the public on these issues as
>soon as possible and because of the early deadline for the report required
>of the Commission, this notice is being provided at the earliest possible
>time.
>
>Public Participation: The Town Hall meeting is open to the public with
>attendance limited by the availability of space on a first come, first serve
>basis. Members of the public who wish to present oral comment may register
>by calling 1-800-953-3298 or by accessing the website at
>http://whccamp.hhs.gov no later than January 16, 2001.
>
>Oral comments will be limited to five minutes. Individuals who register to
>speak will be assigned in the order in which they registered. Due to time
>constraints, only one representative from each organization will be allotted
>time for oral testimony. The number of speakers and the time allotted may
>also be limited by the number of registrants. All requests to register
>should include the name, address, telephone number, and business or
>professional affiliation of the interested party, and should indicate the
>area of interest or question (as described above) to be addressed.
>Individuals interested in attending the meeting to observe the proceedings
>but not to provide oral testimony should also register.
>
>Any person attending the meeting who has not registered to speak in advance
>of the meeting will be allowed to make a brief oral statement at the
>conclusion of the morning and afternoon sessions, if time permits, and at
>the chairperson's discretion.
>
>Individuals unable to attend the meeting, or any interested parties, may
>send written comments by mail, fax, or electronically to the staff office of
>the Commission for inclusion in the public record. When mailing or faxing
>written comments, please provide, if possible, an electronic version or a
>diskette.
>
>Persons needing special assistance, such as sign language interpretation or

>other special accommodations, should contact the Commission staff at the
>address or telephone number listed no later than January 16, 2001.
>
>Dated:
>
>
>
>
>
>
>LaVerne Y. Stringfield
>Director, Office of Federal Advisory Committee Policy
>
>
>
>
>
>
>-----Original Message-----
>From: saulgreen [mailto:saul@ssr.com]
>Sent: Wednesday, January 10, 2001 4:27 PM
>To: Groft, Stephen (NCCAM)
>Subject: Re: FW: Information for January 23rd Meeting
>
>
>Sorry,
> I can't down load any of the info in the two attachments.
>Please send the material by mail to: Dr. Saul Green, 340 West 57th
>Street, N.Y. N.Y. 10019. In addition I need to know more about this
>meeting. When, Where, Names of the Panel Members, Time I will have for
>comments, subject matter to be discussed etc, names of others who have
>been invited to comment.
> I am surprised to have heard from you. My last letter to you
>was dated Feb. 2, 1992. I volunteered to serve on the ad hoc committee for
>the new OAM but never got a written reply, Apparently Ralph Moss and Frank
>Wiewal had better credentials for designing and evaluating experimental
>protocols. Are they on this current panel. How about Dr. Michal
>Hawkins? He had the first look at the database I prepared on alternative
>medicine and he turned it down. Too extensive he wrote. I look forward to
>hearing from you.
>Saul Green, PhD.
>
>At 03:59 PM 1/10/01 -0500, you wrote:
>
> > > <<fedregNEWYORKtownhall.1220.wpd>>
> > > <<ExOrd13147.wpd>>
> > >
> >Note to Dr. Saul Green:
> >I wasn't sure if you had received the information about the upcoming public
> >town hall meeting of the Commission scheduled for January 23 in New York
> >City. Are you available to participate in the eeting by poroviding
>comments
> >about the policy issues identified in the Executive Order and the federal
> >register Announcement? These are Word Perfect Documents. If you have
> >trouble opening, please send me a note back.
> >
> >Thank you for your consideration
> >
> >Steve Groft
> > >

Groft, Stephen (NCCAM)

From: Wisampson@cs.com
Sent: Saturday, January 27, 2001 3:32 PM
To: Groft, Stephen (NCCAM)
Subject: Re: Meeting of science

In a message dated 1/26/01 6:39:11 AM Pacific Standard Time, grofts@od31em1.od.nih.gov writes:

<< focus on the four major
policy issues identified by the Executive Order. What you are suggesting seems to be more consistent with an effort related to the research agenda of the NCCAM at NIH. We have been requested to avoid all attempts at establishing the research agenda for NCCAM. This is the responsibility of the NCCAM National Advisory Couincil. Have you ever proposed such a meeting to Dr. Stephen Straus, Director of the NCCAM? >>

Dr. Groft:

Thank you for the reply. I presented the same idea to Dr. Straus after his appointment, and his reply did not mention the idea. It is evident that the NCCAM is taking other directions in its approach to this issue and that the rest of the scientific community is forced to seek out other pathways in which to bring its concerns to the public. I might add that no one from this community has been consulted, appointed to a position within OAM or NCCAM, nor has one been invited to speak officially at any conference. The organizations I will call upon count upward of 100,000 members and subscribers, and hundreds of active scientists and clinician members concerned about evidence in this field.

We have similar concerns about the White House Commission recommending actions without including this preponderance of information.

The conference is not intended as an attempt at establishing a research agenda. It is for background material to the American public on what is known about the matters being considered by the commission in its recommendations to the White House and to the public about teaching, implementation, reimbursement, and other issues to which the commission is to direct its attention.

This matter cannot be easily avoided and rejection of the idea for a conference, and the request for this scientific information to be included in any report will be interpreted as a political decision. It will appear that information casting doubt on claims in fields represented by members of the commission, or that might inhibit economic interests of the commission members is unwelcome.

Such bias is not in the scientific tradition, nor is it in the tradition of governmental commissions, responsible to the public it serves. I hope you and the commission members will reconsider your initial response.

Wallace Sampson MD

Groft, Stephen (NCCAM)

From: Lazarus, Linda [Linda.Lazarus@hq.doe.gov]
Sent: Friday, January 26, 2001 5:40 PM
To: Groft, Stephen (NCCAM)
Subject: Do you have time to speak to Tim Dirks ?

Hi Steve,

Happy New Year.

Tim Dirks works for the Office of Management and Administration at DOE. I have started to chat with Tim about increasing the use of ADR at DOE.

I would be most appreciative if you have time to chat with Tim about my presentation before the White House Commission. (As you may recall, you requested that I testify about using the tools of ADR to help the WHC achieve its objectives. I made a last-minute decision to testify as a citizen, and my name does not appear on the agenda of the October meeting.)

I'll see if I can find some of the materials that I used.

Thanks much.

Linda

PS-- I hope you don't mind if I send you an article about some of my mediation work at DOE.

Joan,
Please call to obtain Fax #
yes

Re. January 23 Mtg

Dr. Saul Green, Ph.D
psychiatrist, retired from Memorial Sloan Kettering
a "quack buster"
NO fax * 212-957-8029
SaulL@SSR.com

Joan,
can you add these 2 officers & ask for fax and e mail add

Steven Barrett, MD
Manager Web site
P.O. Box 1747
Allentown PA 18105
quackwatch.com
610-437-1795

ask until Jan 15 *

and e mail add

Thanks
Steve

Sbinfo.quackwatch.com

Fax 610-437-2730

If these names don't work out - Barrie will think of others. The people above may not be willing to attend a meeting because they may not "trust" the Commission.

Withdrawal/Redaction Marker
Clinton Library

DOCUMENT NO. AND TYPE	SUBJECT/TITLE	DATE	RESTRICTION
004. letter	Wallace Sampson to Stephen Groft (partial) (1 page)	01/25/2000	b(6)

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

OA/Box Number: 43234

FOLDER TITLE:
Sampson, Wallace, MD

2011-0568-S
kc853

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]

[004]

THE SCIENTIFIC REVIEW OF ALTERNATIVE MEDICINE

January 25, 2000

Stephen C. Groft, Pharm.D Executive Director
White House Commission on Complementary and Alternative Medicine Policy (WHCCAMP)
6701 Rockledge Drive, Suite 1010, MS-7707
Bethesda, Maryland 20892

Dear Dr. Groft,

I have directed some three electronic mail messages regarding my original suggestion and your offer to hold a conference to explore the science and scientific problems underlying the commission's four charges. My last, in November, containing specifics of such a conference, was not answered. I therefore am sending this letter by mail asking for a response. I know you are busy with the already arranged Town Hall meetings, but time is becoming short on deciding on my proposal.

The commission contacted several of our speakers to present ten-minute presentations at the town halls - outside the system of presentation about which we were corresponding. Most of the medical and other scientists I have contacted feel that a ten minute presentation in a town hall format is inappropriate for exploring the scientific and other issues surrounding the commission's considerations.

To answer your request for names and contacts, I do not yet know all those who would want to speak. They are not all members of one group. I have assembled a tentative list and have sent a request to leaders of the scientific, skeptic, and rationalist communities asking them for more names of potential speakers and subjects. Speakers range from philosophers, physicists, physicians, and psychologists, to magicians, and other experts. The best way to assure their cooperation would be to have, as proposed, a thorough and exclusive hearing devoted to their information before a neutral scientific panel. The conference would take two or three entire days, and would be devoted to reviewing both the existing scientific information about anomalous methods, and the issues underlying the four general questions the commission is requested to examine.

For a representative group to be assembled, we would assure the scientist speakers that they would present before a scientifically literate and commercially neutral group. As you know, almost of the appointees to the commission have known connections to or are advocates of anomalous and sectarian systems or have commercial interests and conflicts. Few have a formal scientific background from which one could reach rational and socially responsible conclusions.

Therefore, the commission would request that the president of the Institute of Medicine of the National Academy of Sciences nominate a list of about fifteen members selected from the Institute - preferably scientists with no prior involvement with or publications in the field of "CAM." The panel of seven members from the original list would be chosen by you and a small committee selected by me. The talks would be presented to the panel. Any and all members of the commission could attend, but as audience observers, not members of the panel. My small committee would arrange for speakers and speaker order. Expenses would be borne by the commission.

Prometheus Books
PUBLISHERS
59 John Glenn Drive • 0133 • FAX (716) 691-0137
Wallace Sampson
(b)(6)
Los Altos, CA 94022

Speakers would outline the scientific hurdles that unscientific practices have to overcome for acceptance by science. Initial talks would be on background material - history and sociology of folkway and anomalous practices, psychology of errors of perception, errors of cognition, psychology of belief, explanation of transcendental experience and group experience, and scientific explanations for placebo phenomena. After the basic material, will be reports on scientific evidence for and against validity of the major and popular methods. These will include reviews and scientific literature analyses.

Selected speakers would then explore those methods and systems likely to add to quality of life without detrimental effects, in other words, truly complementary methods - those that would be candidates for integration into medical and health practices, and under which conditions. All individual papers would be submitted in writing, along with the panel's summary report to the commission. All presentations would be presented along with the commission's report to the White House. Proceedings of the meeting would be published in book form for professions and the public.

The above represents an initial consensus outline developed from suggestions of members of at least three private organizations with memberships totaling over 50, 000 individuals, and likely represents the large majority of the medical and other scientific professions. Thank you for considering this program and for suggesting the meeting. If you find the format favorable I will continue to assemble the speakers.

Wallace Sampson MD, Editor

Wallace Sampson MD
Clinical Professor of Medicine, emeritus
Stanford University School of Medicine.

Cc: T. Thompson, Secretary of Health and Human Services
Senator Diane Feinstein
Senator Barbara Boxer
Congresswoman Anna Eshoo, 14th district

Groft, Stephen (NCCAM)

From: Groft, Stephen (NCCAM)
Sent: Tuesday, January 16, 2001 8:22 AM
To: 'Wisampson@cs.com'
Subject: RE: White House Commission.

Stuart

I have no answers to most of these questions. Many of the actions were done before my arrival on June 27 by the White House personnel section. In all likelihood, that memory will dissipate this Saturday at 12:00 noon. Let me look at the questions and I will give you my best answers.

Steve

-----Original Message-----
From: Wisampson@cs.com [mailto:Wisampson@cs.com]
Sent: Friday, December 29, 2000 5:06 PM
To: NIGHTINGALE, STUART (HHS/OS)
Subject: White House Commission.

Dr Nightingale:

We met at a Cancer Advisory Council of California meeting Sacramento in the 1970s where you presented results of the first "best case" series review of laetrile.
I read of your recent promotion in the SF Chronicle. Congratulations.

I write for your aid in obtaining information on the formation of the White House Commission on Alternative Medicine. I formed and am editor-in-chief of the Scientific Review of Alternative Medicine (Prometheus Books).

I wrote to the HHS - White House liaison four weeks ago for information on the formation of the commission but did not receive acknowledgement.

I sent a certified letter to Secretary Shalala last week requesting the following information:

· 1. The name(s) of all individual(s) who first approached HHS or the White House to request the commission.
· 2. The names of all those nominated for membership on the commission including names of those not selected, and of those who nominated individuals for membership - including the specific nominators of each nominee.
· 3. Criteria developed through or by HHS or the White House for membership on the commission - both positive and exclusionary.
· 4. The names of all individuals responsible for selecting commission members.
· 5. The reasons for the commission's formation in view of the structure of the National Center for Complementary and Alternative Medicine already in place.
· 6. The record and content of all correspondence by mail, internal memorandum, telephone, electronic mail and private conversation regarding formation of the commission and selection of its members.
· 7. The record of deliberations leading to the four questions put before the commission.

My request of you is to aid me in any way you can to expedite receipt of this information, as I need it for a report in process. I attached a statement to Dr Shalala to serve as a FIA request if that were necessary.

Thank you

Wallace Sampson MD
Editor, The Scientific Review of Alternative Medicine
Chair pro-tem, Cancer Advisory Council, State of California
Clin Prof of Medicine, Stanford University School of Medicine

Groft, Stephen (NCCAM)

From: Groft, Stephen (NCCAM)
Sent: Friday, January 26, 2001 9:39 AM
To: 'Wisampson@cs.com'
Subject: RE: Meeting of science

Dr. Sampson:

I have asked guidance from the Commission on your request. My first impression is that I do not believe the type of meeting that you are suggesting is consistent with the mandate provided by the Executive Order. We did not interpret the Executive Order as requiring the investigation of individual interventions. This task should be one of the research community. We have discouraged participants from talking about the successes or failures related to individual interventions and to focus on the four major policy issues identified by the Executive Order. What you are suggesting seems to be more consistent with an effort related to the research agenda of the NCCAM at NIH. We have been requested to avoid all attempts at establishing the research agenda for NCCAM. This is the responsibility of the NCCAM National Advisory Couincil. Have you ever proposed such a meeting to Dr. Stephen Straus, Director of the NCCAM?

I will be back in touch with you after discussing with the Chair and other members of the Commission who may have some other suggestions on your request.

Thank you and I apologize for the delay. You are correct preparation for both the December and January meetings have consumed most of our time.

I hope you are doing well and thank you for your request.

Steve Groft

-----Original Message-----
From: Wisampson@cs.com [mailto:Wisampson@cs.com]
Sent: Thursday, January 25, 2001 11:15 PM
To: Groft, Stephen (NCCAM)
Subject: Meeting of science

Dr Groft:

I am sending a copy of this letter by regular mail.

January 25, 2000

Stephen C. Groft, Pharm.D.
Executive Director
White House Commission on Complementary and Alternative Medicine Policy
(WHCCAMP)
6701 Rockledge Drive, Suite 1010, MS-7707
Bethesda, Maryland 20892

Dear Dr. Groft,

I have directed some three electronic mail messages regarding my original suggestion and your offer to hold a conference to explore the science and scientific problems underlying the commission's four charges. My last, in November, containing specifics of such a conference, was not answered. I therefore am sending this letter by mail asking for a response. I know you are busy with the already arranged Town Hall meetings, but time is becoming short on deciding on my proposal.

The commission contacted several of our speakers to present ten-minute presentations at the town halls - outside the system of presentation about

which we were corresponding. Most of the medical and other scientists I have contacted feel that a ten minute presentation in a town hall format is inappropriate for exploring the scientific and other issues surrounding the commission's considerations.

To answer your request for names and contacts, I do not yet know all those who would want to speak. They are not all members of one group. I have assembled a tentative list and sent an request message to leaders of the scientific, skeptic, and rationalist communities asking them for more names of potential speakers and subjects. They range from philosophers, physicists, physicians, and psychologists, to magicians, and other experts. The best way to assure their cooperation would be to have, as proposed, a thorough and exclusive hearing devoted to their information before a neutral scientific panel. The conference would take two or three entire days, and would be devoted to reviewing both the existing scientific information about anomalous methods, and the issues underlying the four general questions the commission is requested to examine.

For a representative group to be assembled, we would assure the scientist speakers that they would present before a scientifically literate and commercially neutral group. As you know, almost of the appointees to the commission have known connections to or are advocates of anomalous and sectarian systems or have commercial interests and conflicts. Few have a formal scientific background from which one could reach rational and socially responsible conclusions.

Therefore, the commission would request that the president of the Institute of Medicine of the National Academy of Sciences nominate a list of about fifteen members selected from the Institute - preferably scientists with no prior involvement with or publications in the field of "CAM." The panel of seven members from the original list would be chosen by you and to a small committee selected by me. The talks would be presented to the panel. Any and all members of the commission could attend, but as audience observers, not members of the panel. My small committee would arrange for speakers and speaker order. Expenses would be borne by the commission.

The speakers would outline the scientific hurdles that unscientific practices have to overcome for acceptance by science. Initial talks would be on background material - history and sociology of folkway and anomalous practices, psychology of errors of perception, errors of cognition, psychology belief, explanation of transcendental experience and group experience, and scientific explanations for placebo phenomena. After the basic material, will be reports on scientific evidence for and against validity of the major and popular methods. These will include reviews and scientific literature analyses.

Selected speakers would then explore those methods and systems likely to add to quality of life without detrimental effects, in other words, truly complementary methods - those that would be candidates for integration into medical and health practices, and under which conditions. All individual papers would be submitted in writing, along with the panel's summary report to the commission. All presentations would be presented along with the commission's report to the White House. Proceedings of the meeting would be published in book form for professions and the public.

The above represents an initial consensus outline developed from suggestions of members of at least three private organizations with memberships totaling over 50, 000 individuals, and likely represents the large majority of the medical and other scientific professions. Thank you for considering this program and for suggesting the meeting. If you find the format favorable I will continue to assemble the speakers.

Wallace Sampson MD
Clinical Professor of Medicine, emeritus
Stanford University School of Medicine.

Cc: T. Thompson, Secretary of Health and Human Services
Senator Diane Feinstein
Senator Barbara Boxer
Congresswoman Anna Eshoo, 14th district

Kingsbury, Doris (NCCAM)

From: Lowdogmd@aol.com
Sent: Friday, January 26, 2001 11:44 AM
To: Kingsbury, Doris (NCCAM)
Subject: Re: FW: Meeting of science

Doris,

Please pass my support of this proposal to Steve. I must admit that the

Commission has been weak on addressing some of the more pressing issues surrounding CAM - the lack of science in some areas and the total disregard
of science that exists in others. I would want to include some of the scientists in Europe who have examined evidence on botanicals, acupuncture,
and dietary supplements and have been published on the subject in journals
such as Lancet and BMJ. At this point - our limited budget would be better
spent having a session devoted to this topic than traveling around the country doing town halls.

On a personal note - I hope that you have all recovered from your New York
trip. Look forward to seeing you in Washington in a few weeks.

Tieraona

Kingsbury, Doris (NCCAM)

From: Veronicapgdc@aol.com

Sent: Saturday, January 27, 2001 1:06 PM

To: Kingsbury, Doris (NCCAM)

Subject: Re: FW: Meeting of science

Dear Doris,

These people don't appear to be interested in the same opportunities to offer testimony as the rest of the public and interest groups, but special consideration!! I believe that they have had their time "in the limelight" already. If we allow them special treatment, we cannot NOT allow others the same. I shudder to think of all who might request more time under the "new" rules for testimony.

These scientists, of course, are allowed to submit any written or oral testimony that they feel is vital to the Commission for our consideration under the established and agreed upon rules for presentation.

If we are allowed any additional time to our present schedule, I would like to hear more about what works; not what someone thinks does not work. The more consumer testimony we receive, the better. The skeptics can continue to utilize the press and TV, etc. for their agenda.

Just my opinion!

Veronica

Kingsbury, Doris (NCCAM)

From: DeanOrnish@aol.com
Sent: Sunday, January 28, 2001 8:23 AM
To: Kingsbury, Doris (NCCAM); tierney334@yahoo.com; cmapaz@totacc.com; Bresler@aol.com; DeanOrnish@aol.com; drwarren@artelco.com; EastWestQi@aol.com; gbernier@utmb.edu; georged@ashn.com; jsgordon@mindspring.com; jjfins@mail.med.cornell.edu; Jrsct6 @cs.com; linnealarson@mac.com; Tom@toms-of-maine.com; Lowdogmd@aol.com; Veronicapgdc@aol.com; wjonas@usuhs.mil; DrFair@haelth.com; MingTian@aol.com
Cc: Chang, Michele (NCCAM); Pollen, Geraldine (NCCAM); Kaczmarczyk, Joseph (NCCAM); Axelrod, Corinne (NCCAM); Albrecht, Joan (NCCAM); Groft, Stephen (NCCAM)
Subject: Sampson

In a message dated 1/26/01 6:05:13 AM Pacific Standard Time, kingsbud@od31em1.od.nih.gov writes:

<< For Your Information and a note Do you have any thoughts on this request?

Dear Dr. Groft,

I have directed some three electronic mail messages regarding my original suggestion and your offer to hold a conference to explore the science and scientific problems underlying the commission's four charges. My last, in November, containing specifics of such a conference, was not answered. I therefore am sending this letter by mail asking for a response. I know you are busy with the already arranged Town Hall meetings, but time is becoming short on deciding on my proposal.

The commission contacted several of our speakers to present ten-minute presentations at the town halls - outside the system of presentation about which we were corresponding. Most of the medical and other scientists I have contacted feel that a ten minute presentation in a town hall format is inappropriate for exploring the scientific and other issues surrounding the commission's considerations.

To answer your request for names and contacts, I do not yet know all those who would want to speak. They are not all members of one group. I have assembled a tentative list and sent an request message to leaders of the scientific, skeptic, and rationalist communities asking them for more names of potential speakers and subjects. They range from philosophers, physicists, physicians, and psychologists, to magicians, and other experts. The best way to assure their cooperation would be to have, as proposed, a thorough and exclusive hearing devoted to their information before a neutral scientific

panel. The conference would take two or three entire days, and would be devoted to reviewing both the existing scientific information about anomalous methods, and the issues underlying the four general questions the commission is requested to examine.

For a representative group to be assembled, we would assure the scientist speakers that they would present before a scientifically literate and commercially neutral group. As you know, almost of the appointees to the commission have known connections to or are advocates of anomalous and sectarian systems or have commercial interests and conflicts. Few have a formal scientific background from which one could reach rational and socially responsible conclusions.

Therefore, the commission would request that the president of the Institute of Medicine of the National Academy of Sciences nominate a list of about fifteen members selected from the Institute - preferably scientists with no prior involvement with or publications in the field of "CAM." The panel of seven members from the original list would be chosen by you and to a small committee selected by me. The talks would be presented to the panel. Any and all members of the commission could attend, but as audience observers, not members of the panel. My small committee would arrange for speakers and speaker order. Expenses would be borne by the commission.

The speakers would outline the scientific hurdles that unscientific practices have to overcome for acceptance by science. Initial talks would be on background material - history and sociology of folkway and anomalous practices, psychology of errors of perception, errors of cognition, psychology belief, explanation of transcendental experience and group experience, and scientific explanations for placebo phenomena. After the basic material, will be reports on scientific evidence for and against validity of the major and popular methods. These will include reviews and scientific literature analyses.

Selected speakers would then explore those methods and systems likely to add to quality of life without detrimental effects, in other words, truly complementary methods - those that would be candidates for integration into medical and health practices, and under which conditions.
All individual papers would be submitted in writing, along with the panel's summary report to the commission. All presentations would be presented along with the commission's report to the White House. Proceedings of the meeting would be published in book form for professions and the public.

The above represents an initial consensus outline developed from

suggestions
of members of at least three private organizations with memberships totaling
over 50, 000 individuals, and likely represents the large majority of the
medical and other scientific professions. Thank you for considering this
program and for suggesting the meeting. If you find the format favorable I
will continue to assemble the speakers.

Wallace Sampson MD
Clinical Professor of Medicine, emeritus
Stanford University School of Medicine. >>

Dear Steve,

Thank you for passing along his note and asking for a reply.

Dr. Sampson is currently on the board of directors of the National Council
Against Health Fraud and is its former chairman. According to its mission
statement (http://www.ncahf.org), "The National Council Against Health Fraud
is a nonprofit, tax-exempt voluntary health agency that focuses its attention
upon health fraud, misinformation, and quackery as public health problems."

Dr. Sampson is also editor and founder of the journal, "The Scientific Review
of Alternative Medicine," which is dedicated to debunking most alternative
and complementary medicine practices and research. Although this journal is
supposed to be an objective assessment of CAM, virtually all of the articles
are highly critical of CAM. He is also a board member of "Quackwatch," a
group "whose purpose is to combat health-related frauds, myths, fads, and
fallacies," according to its mission statement (www.quackwatch.com).

I debated Wallace Sampson at Stanford in August 1998. He has made somewhat
of a career of "debunking" what he considers quackery, which is to say,
virtually all of alternative and complementary medicine. In our debate, for
example, he said there was virtually no evidence to support acupuncture, even
though in 1997, a Consensus Development Conference sponsored by the National
Institutes of Health and several other agencies concluded that "there is

sufficient evidence . . . of acupuncture's value to expand its use into
conventional medicine and to encourage further studies of its physiology and
clinical value." The panelists also suggested that the federal government
and insurance companies expand coverage of acupuncture.

According to the Quackwatch web site
(http://www.quackwatch.com/01QuackeryRelatedTopics/acu.html), "These
conclusions were not based on research done after NCAHF's position paper was
published. Rather, they reflected the bias of the panelists who were

selected
by a planning committee dominated by acupuncture proponents. National Council Against Health Fraud board chairman Wallace Sampson, M.D., has described the conference 'a consensus of proponents, not a consensus of valid
scientific opinion.' " (Dr. Sampson's article about this conference in his
journal, "The Scientific Review of Alternative Medicine," can be found at
http://www.hcrc.org/contrib/sampson/acup.html.)

In other words, even the NIH is biased in favor of quackery. Does this sound
familiar?

As a scientist, I strongly share Dr. Sampson's view that we need more good
scientific studies of alternative and complementary medicine and the concern
that some proponents of CAM need to be more objective. However, I am concerned that he and his colleagues have such a strong bias against these
approaches that, ironically, they are not a source of the objective evidence
that they purport to provide.

It is a serious charge for Dr. Sampson to accuse virtually everyone on the
White House Commission on Complementary and Alternative Medicine Policy to be
so biased, incompetent, or with such serious conflicts of interest as to be
incapable of rendering an informed judgement or understanding basic precepts
of science. I wonder if he realizes how offensive his suggestion is that an
entirely new committee be appointed-- even to the point of saying, "any and
all members of the [WHCCAMP] commission could attend, but as audience observers, not as members of the panel." Please.

Journals, the NIH, and scientific meetings deal with this issue by asking
reviewers/speakers/authors to disclose any potential conflicts of interest,
not by disqualifying them. As part of the WHCCAMP, we have done this before
we were appointed, and this is updated before each meeting.

When Dr. Sampson writes that the panel he proposes should contain "preferably
scientists with no prior involvement with or publications in the field of
CAM," this is not consistent with the process of peer review. His suggestion
is somewhat akin to asking a panel to review the relative merits of bone

marrow transplantation with members who have no experience, publications,
commercial interests, or background in that area. Of course, this is not
what usually happens in NIH or journal peer review.

If the Institute of Medicine or other organization (e.g., one of Dr. Sampson's several organizations) wants to hold a conference, then their findings/testimony could be submitted to the WHCCAMP for consideration. I

would be very interested in what they have to say. As you know, other people
who have testified before the WHCCAMP have provided additional materials as a
supplement to their ten-minute testimony. All of these materials are passed
along as part of our final report.

I am concerned that Dr. Sampson's primary goal may be to undermine the
credibility of the WHCCAMP, either by attempting to convene a separate panel
who, by its very existence, calls into question the credbility of the
WHCCAMP, or by claiming that he was rebuffed in his attempt to do so and to
use this as "evidence" that the WHCCAMP is biased. Dr. Sampson acknowledges
that he and several of his colleagues were invited to testify before the

WHCCAMP, and I would encourage them to accept our invitation. Instead, they
claim to know in advance what our response will be, which is hardly
scientific. Our invitations and openness to dialogue are our best defense
against their ability to claim that they were not given a voice and help

protect us from any charges that they were not given the opportunity to
present their points of view, whether or not they accept our invitations.

Dean

_____

Dean Ornish, M.D.
Founder and President, Preventive Medicine Research Institute
Clinical Professor of Medicine, University of California, San Francisco

Kingsbury, Doris (NCCAM)

From: Lowdogmd@aol.com
Sent: Sunday, January 28, 2001 7:11 PM
To: Kingsbury, Doris (NCCAM)
Subject: Re: FW: Meeting of science

Doris,

I have read Dean's email and agree with much of what he has to say. I don't think we need to have Dr. Sampson set up the meeting. We should set up the meeting for one day at our scheduled WHC meeting and include a number of panelists that he would recommend.

We do need to hear from some of the "hard-liners" because they have a valid point of view. The Commission continues to return to the "need more research, need more science" mantra at every meeting. Let's hear from the researchers and scientists, including those researchers in Europe who have done some fine research in this field.

We can keep control of the meeting but we should seriously address this concern/perception that we are not tackling some of the difficult issues surrounding the lack of scientific evidence for many CAM therapies.

Tieraona

Kingsbury, Doris (NCCAM)

From: Joseph Fins [jjfins@med.cornell.edu]
Sent: Monday, January 29, 2001 10:34 AM
To: Kingsbury, Doris (NCCAM)
Cc: Groft, Stephen (NCCAM)
Subject: Re: FW: Meeting of science

Steve,
I think that scientific review by a neutral body is a fine idea and one recommendation that we could make in the final report --- as one of our many recommendations. At this juncture, I think we should invite Dr. Samson to one our meetings to formally make this suggestion and outline how it could be best organized. As I see it, our role is not to vet the science of CAM but rather to set up the structures that can do this into the future. What do you think?
Joe

>For Your Information and a note Do you have any thoughts on this request?
>
>
>Dear Dr. Groft,
>
>I have directed some three electronic mail messages regarding my original
>suggestion and your offer to hold a conference to explore the science and
>scientific problems underlying the commission's four charges. My last, in
>November, containing specifics of such a conference, was not answered. I
>therefore am sending this letter by mail asking for a response. I know you
>are busy with the already arranged Town Hall meetings, but time is becoming
>short on deciding on my proposal.
>
>The commission contacted several of our speakers to present ten-minute
>presentations at the town halls - outside the system of presentation about
>which we were corresponding. Most of the medical and other scientists I
>have
>contacted feel that a ten minute presentation in a town hall format is
>inappropriate for exploring the scientific and other issues surrounding the
>commission's considerations.
>
>To answer your request for names and contacts, I do not yet know all those
>who would want to speak. They are not all members of one group. I have
>assembled a tentative list and sent an request message to leaders of the
>scientific, skeptic, and rationalist communities asking them for more names
>of potential speakers and subjects. They range from philosophers,
>physicists,
>physicians, and psychologists, to magicians, and other experts. The best way
>
>to assure their cooperation would be to have, as proposed, a thorough

and
>exclusive hearing devoted to their information before a neutral
scientific
>panel. The conference would take two or three entire days, and would
be
>devoted to reviewing both the existing scientific information about
>anomalous
>methods, and the issues underlying the four general questions the
commission
>
>is requested to examine.
>
>
>For a representative group to be assembled, we would assure the
scientist
>speakers that they would present before a scientifically literate and
>commercially neutral group. As you know, almost of the appointees to
the
>commission have known connections to or are advocates of anomalous and
>sectarian systems or have commercial interests and conflicts. Few have
a
>formal scientific background from which one could reach rational and
>socially
>responsible conclusions.
>
>Therefore, the commission would request that the president of the
Institute
>of Medicine of the National Academy of Sciences nominate a list of
about
>fifteen members selected from the Institute - preferably scientists
with no
>prior involvement with or publications in the field of "CAM." The
panel of
>
>seven members from the original list would be chosen by you and to a
small
>committee selected by me. The talks would be presented to the panel.
Any
>and all members of the commission could attend, but as audience
observers,
>not members of the panel. My small committee would arrange for
speakers and
>
>speaker order. Expenses would be borne by the commission.
>
>The speakers would outline the scientific hurdles that unscientific
>practices
>have to overcome for acceptance by science. Initial talks would be on
>background material - history and sociology of folkway and anomalous
>practices, psychology of errors of perception, errors of cognition,
>psychology belief, explanation of transcendental experience and group
>experience, and scientific explanations for placebo phenomena. After
the
>basic material, will be reports on scientific evidence for and against
>validity of the major and popular methods. These will include reviews
and
>scientific literature analyses.
>
>Selected speakers would then explore those methods and systems likely
to add
>
>to quality of life without detrimental effects, in other words, truly
>complementary methods - those that would be candidates for integration
into
>medical and health practices, and under which conditions. All
individual
>papers would be submitted in writing, along with the panel's summary

report
>to the commission. All presentations would be presented along with
the
>commission's report to the White House. Proceedings of the meeting
would be
>
>published in book form for professions and the public.
>
>The above represents an initial consensus outline developed from
suggestions
>
>of members of at least three private organizations with memberships
totaling
>
>over 50, 000 individuals, and likely represents the large majority of
the
>medical and other scientific professions. Thank you for considering
this
>program and for suggesting the meeting. If you find the format
favorable I
>will continue to assemble the speakers.
>
>Wallace Sampson MD
>Clinical Professor of Medicine, emeritus
>Stanford University School of Medicine.
>
>Cc: T. Thompson, Secretary of Health and Human Services
> Senator Diane Feinstein
> Senator Barbara Boxer
> Congresswoman Anna Eshoo, 14th district

9-6-07

Thanks Steve,

Joe

Engel, Linda (NCCAM)
From: Albert Bradford [Agbradford@aamc.org]
Sent: Friday, January 26, 2001 1:39 PM
To: Engel, Linda (NCCAM)
Subject: Re: Straus response to Sampson Letter

strausreplyedited.doc

Hey, Linda,

What a good reply! One, two, POW! I like authors who can say what they mean without beating around the bush.

I have attached the edited reply. There was only one sentence that I think needs some clarification—see my underlined changes and boldfaced explanation in the reply itself. Just get back to me sometime next week, please.

Please thank Dr. Straus for such an excellent reply and for taking the time to compose it.

Al

Albert Bradford
Senior Deputy Editor, Academic Medicine
AAMC, 2450 N St., NW
Washington, DC 20037
Phone: 202: 828-0591
Fax: 202: 828-4798

Academic Medicine's full text is online at <www.academicmedicine.org>.

"Engel, Linda (NCCAM)" <engell@od.nih.gov> 01/26/01 12:17PM >>>
<<Response to Sampson Letter.doc>>

Linda W. Engel
Special Assistant to the Director, For Program Development
National Center for Complementary and Alternative Medicine
Phone: 301/496-1944
FAX: 301/480-9500

-----Original Message-----

From: Engel, Linda (NCCAM)
Sent: Tuesday, January 23, 2001 1:17 PM
To: 'Albert Bradford'
Subject: RE: Just checking

It has been ready for ages (in time for the 1/5 deadline). We passed it around here for comment and I've provided the mark up to Dr. Straus for his review when he returns to the office on Friday. I should be able to send it to you next week.

Linda
Linda W. Engel
Special Assistant to the Director, For Program Development

In reply:--Some advocates criticize NIH-funded studies of complementary and alternative medicine (CAM) practices as a waste of government funds, because individual consumers have already decided that they work. Skeptics like Dr. Sampson also decry CAM research, because they believe that all such practices have already proven toxic, ineffective, or at best inferior to existing conventional treatments. Fortunately, most people acknowledge the reality of the widespread use and appeal of these practices, whatever their historical and philosophical underpinnings, and the wisdom of providing the public *definitive* answers as to their true safety and value. Such definitive evidence is derived from well-designed, double-blind, placebo-controlled, Phase III clinical trials, the gold standard set by the conventional research community. To date, evidence of that kind is unavailable, ~~despite~~ since the plethora of studies that have been carried out to test numerous CAM therapies have been less rigorous. **[The revision of this sentence may be wrong. But I was trying to make clear that the plethora of studies were not of the gold-standard type. Otherwise, that sentence could have been read to say that you have been carrying out a lot of gold-standard studies but haven't yet found any definitive evidence. If it does mean that, you need say it more clearly.]**

The history of laetrile use for cancer is a case in point. The huge clamor for it abated markedly only after competent studies showed it to be ineffective. While laetrile remains available, the data were sufficiently compelling for the vast majority of patients to reject it - a worthy public health outcome. So too would be definitive data, should it emerge, that popular supplements like St. John's wort or glucosamine do (or do not) afford health benefits. The National Center for Complementary and Alternative Medicine is dedicated to exploring complementary and alternative healing practices in the context of rigorous science; educating and training CAM researchers; and disseminating authoritative information to the public and professionals.

Stephen E. Straus, MD

Dr. Straus is the director of the National Center for Complementary and Alternative Medicine, National Institutes of Health, Bethesda, Maryland.

LETTER TO THE EDITOR

[Final version—Dec. 29, 2000]

Dancing with a Dream: The Folly of Supporting Alternative Medicine

I write to respond to the recent National Policy Perspectives column by Stephen E. Straus, MD, director of the National Center for Complementary and Alternative Medicine (NCCAM).[1] In that column, Dr. Straus accepts presumptions and concepts that divert medicine and medical education from reason and science, and makes some statements that are simply incorrect. In the following paragraphs, I hope to show readers why I say this.

Background. The present unwarranted push toward so-called "complementary and alternative medicine" (CAM) was foreshadowed in several books of the 1970s and 1980s.[2-4] The writers perceived that science and medicine had evolved toward objectivity. They stated that over the last two centuries medicine had isolated and dismissed subjectivity, transcendentalism, and consciousness from their influences on disease. The authors and others advocated a new age of medicine -- less scientific and rational, more self-centered and patient-directed, more mystical and "spiritual." Medicine would return to its past focus on subjectivity, melding science and mysticism in order to accommodate all human experience; it would become more "holistic" and "New Age." The advocates apparently believed this could come about without an ultimate decline in health and practice standards.

The New Age influence melded with movements under way in universities, particularly cultural relativism and the postmodern deconstruction of science. Cultural relativism considers objective standards for effectiveness as irrelevant. Its advocates in anthropology and sociology accept the absence of objective standards in evaluating the usefulness of medical systems from other cultural traditions. They also omit objective standards in evaluating the medical subcultures in modern societies. Postmodernism demotes rational thought, and considers facts as socially constructed. Surprisingly, it considers language as the determinant of reality, rather than as a tool for describing reality.

These two academic movements have been emphasizing the incompleteness of a purely objective approach to illness and medicine. However, they are also the intellectual forces that have been instilling in students and faculties the principles that rational and objective approaches to knowledge are of diminished importance. These forces have guided the acceptance of CAM, which is more accurately described as anomalous or aberrant medicine. These and other 20th-century developments, some alluded to above, continue to fertilize the "alternative medicine" movement. The soil of that movement consists of the human tendencies to suggestibility, misinterpretation, transcendentalism, anti-establishment sentiment, and other processes that distort reality. Of course, more obvious is commercial self-interest, a force that has a long and intimate association with pseudoscience in medicine.

In his essay, Dr. Straus's basic error was to disregard this fundamental philosophical and ideological geography. He stepped into a controversy as though it had little history and were merely a contest between unproved practices and proved ones. He states that NCCAM was formed because the American people demanded attention to "alternatives." Not so. The demanding advocates were a few members of Congress, influenced by advocates for offshore and border cancer clinics, the supplement industry, and a relatively small group of lay supporters. Perceiving their own medical problems to be cured by aberrant methods, they

brought political pressures on the National Institutes of Health (NIH) to form the original Office of Alternative Medicine (OAM).

The new NCCAM is dominated by sectarian and transcendental influences, and excludes rational opinion. Experts who represented scientific and objective views and who offered their services to OAM at its inception were ignored. Neither OAM nor NCCAM appointed academically qualified experts to any of its councils or committees. The first OAM director resigned under congressional pressure. He opposed the presence of advocates of fraudulent cancer methods on the office's advisory council. In addition, congressional committees chaired by supporters of "alternative medicine" closed the doors to critics at hearings on that topic.

Congress removed OAM from the scientific influence of former NIH director Harold Varmus, progressively increased the annual appropriation to over $70 million, and elevated the Office to be an independent Center. No congressional voice has opposed NCCAM, although many physicians and academics oppose NCCAM policies, and some oppose its very existence. Because of this dissent, it is most surprising that no medical organization has challenged NCCAM funding.

Specific points of disagreement. In his article, Dr. Straus calls for rigorous research on alternative methods, implying that rigorous trials have not been performed. But many have been performed, and adequate information already exists showing which "alternatives" are ineffective. Most of this information existed prior to OAM's formation , yet neither OAM or NCCAM has acknowledged it.

There is no compelling reason to test most alternative methods further. For example--

- The best quality research shows homeopathy to be ineffective.
- Of scores of chiropractic manipulation studies, the best show lack of efficacy.
- Acupuncture trials show no effect in the best studies, and show the most effect in the worst studies. Thirty-three meta-analyses and systematic reviews of over 200 clinical trials show a tendency toward positive evidence only for nausea in two specific circumstances and for pain from postoperative dental origin and tennis elbow. Even in those conditions trial results are not consistent, and chance can explain the positive outcomes. Advocates do not address the issue of how many negative studies are necessary to determine a method's ineffectiveness.

Dr. Straus also claims a historical precedent for use of herbals and biologicals. The claim implies that we lack research in botanicals and that NCCAM can supply it. The reality is that screening of natural products has been in place for decades through the National Cancer Institute, pharmaceutical companies, and by foreign agencies and companies. This pharmaceutical activity exceeds by orders of magnitude what NCCAM can produce.

Dr. Straus calls for "creative and experienced investigators to conduct the clinical research" on natural products. But there is little reliable information on which herbal and other substances merit study, or for which conditions. Herbal mixtures' effects are unpredictable, containing contaminants and adulterants; contents vary with time of planting and harvest, manufacturing processes, storage life, effects of fungi, bacteria, and insects, and interactions with pharmaceuticals. There is little consistency between the historical folk uses of herbs, present marketing claims, and usefulness. It is difficult to imagine how NCCAM could clarify the confusion generated by so many unfounded and invented claims, even with 50 years of study. Worse, no agency is presently able or will be able to control the quality of the massive amounts of either domestic or imported "natural" products.

Dr. Straus also states that history teaches that crude plant mixtures justify "alternatives." History really teaches that effective and reliable materials of plant origin come from modern pharmaceutical extraction, purification, and molecular alteration. Raw herbal use adds danger and complicates the practice of medicine.

In his article, Dr. Straus repeats the cliché that medicine is an art. The statement is only partially true, and has been used to foster a misconception that medicine is fundamentally unscientific. Wisdom and judgment are not the same as art. Wise medical decisions are based on a series of educated probability estimates, which in turn are based on accurate observations and knowledge. Although experimental science is recent, rational observation and thought in medicine are millennia old. Our predecessors were not all fools, and were aware of nonsensical claims. Oliver Wendell Holmes Sr. wrote of homeopathy's errors 150 years ago.

Dr. Straus goes on to state that medicine is sometimes unable to treat chronic disease. Modern scientific medicine has effective treatments for most chronic disorders such as diabetes, atherosclerosis, cancers, arthritis, and many others. The cliché is actually based on a misguided utopian concept that modern medicine must conquer all diseases and consequences of aging. In reality, medicine recognizes its limitations, extends life and increases comfort, and cures when it can. On the other hand, "alternatives" have little prospect for usefulness. Even the popular herbs such as ginkgo, St. John's wort, and PC-SPES have inconstant effects and have more reliable pharmaceutical equivalents.

Dr. Straus states that alternatives "extend the healing process beyond that afforded by drugs and other treatments alone." This statement is obscure, raises implications, but has no explicit meaning. The "healing process" is inadequately defined. Advocates seem to "know" what it means. No accelerated "healing" has been demonstrated as a result of an "alternative" sectarian method.

Dr. Straus promotes another misconception as well: that CAM, as opposed to scientific medicine, focuses on quality of life. Perhaps in large research institutions, quality of life concerns have in the past lacked attention. But in North America, medical practice has always been concerned with quality issues. Patients' concerns were part of medical education and practice long before the present meanings of "alternative" and "holistic" were invented. Failures of quality awareness usually arise from considerations of cost, individual professional decisions, and other local circumstances, not from an inherent flaw in scientific medicine. In fact, few persons recognize that CAM advocates have conscripted quality factors such as sensitivity and patient comfort to their own domain, to augment their quest for sympathy and power. Physicians, traditionally self-critical, have little awareness of this CAM sleight-of-hand maneuver to augment its own image.

Dr. Straus calls on medical education to be "more patient-centered and less paternalistic." In six words, centuries of self-critical, sensitive, and personal medical practice are dismissed and medicine's self-examination is turned on itself.

Dr. Straus calls for the Association of American Medical Colleges to work with NCCAM "to overcome the reluctance of conventional physicians to consider CAM therapies that are proven safe and effective for their patients." This statement assumes that some "CAM" therapies have been proved to be safe and effective, that physicians would not use safe and effective methods, and that physicians are "conventional" rather than intelligent, thoughtful beings. Dr. Straus, perhaps unwittingly, adopted CAM semantics and language distortion, again demonizing the medical profession.

The contest between pseudoscience and rationality will not be settled by NCCAM research. The thought floats about that enough "rigorous studies" will define what works and settle the issue. That thought underestimates the staying power of irrational ideas. Many rigorous studies have already been done. Pseudoscience advocates are not discouraged by the negative studies any more than they are by their own implausible propositions. Claims for Laetrile, diet cancer cures, chelation, vitamin C, and others were disproved decades ago. They persist. Homeopathy, chiropractic, and acupuncture are implausible, and rigorous clinical trials do not support their claims. Yet they still exist.

Dr. Straus calls for expanding medical schools' curricula to include teaching of CAM. But some 150 courses now exist; [5] most are run by advocates who present erroneous information with little scientific or critical analysis. For example, the results of an unpublished survey I conducted showed that of 58 courses in U.S. medical schools in 1995-1997, only five approached erroneous claims critically.

Some may question that any harm could come from individuals' erroneously attributing improvement to an ineffective treatment as long as they get better. The answer is that misattribution prolongs erroneous belief, diverts from valid conclusions, and discourages therapeutic relationships. It is the same kind of thinking that attributes having AIDS to life-style and socio-economic factors while dismissing the viral cause and modes of transmission; such wrongheadedness puts the world population at risk. Formation of the NCCAM itself resulted from this type of thinking.

Most important is that NCCAM's funding of medical research and education has the potential for corrupting the intellectual process in these fields. Some medical schools have quietly welcomed funding from institutions with religious agendas, such as the Templeton Fund, or ideological agendas, such as the Fetzer Foundation (mind/body). Others have remained silent or neutral. NCCAM, in its first eight years, has not produced any substantive results. Its present course is not likely to do so either. NCCAM investigations into "alternatives" as planned will pursue ephemeral statistical relationships through repetitions with "suggestive" conclusions. Chance associations will become new avenues for investigation, and the uncertainty can go on for a century. Recognizing existing disconfirming information would save hundreds of millions of dollars, and prevent detours into progressively narrow corridors of scientific dead ends.

Wallace Sampson, MD

Dr. Sampson is clinical professor of medicine, emeritus, at Stanford University School of Medicine, and editor-in-chief of *The Scientific Review of Alternative Medicine.*

References

1. Straus SE. Complementary and alternative medicine: challenges and opportunities for American medicine. Acad Med. 2000;75:572-3
2. Illich I. Medical Nemesis. New York; Harper & Row, 1973.
3. Ferguson M. The Aquarian Conspiracy. Los Angeles, JP Tarcher, 1980.
4. Carlson RJ. The End of Medicine. New York; Wiley and Sons, 1975.
5. Bhattacharya B. Programs in the United States with complementary and alternative medicine education opportunities: an ongoing listing. J Altern Compl Med. 2000;6:77-93.

COMPLEMENTARY AND ALTERNATIVE MEDICINE: CHALLENGES AND OPPORTUNITIES FOR AMERICAN MEDICINE

Both as an art and a science, medicine is an ever-evolving discipline. Before the emergence of the empirical and experimental sciences, physicians relied heavily on the art of medicine. But in the past century, progressively detailed investigations of individual organs, cells, and molecules led to the emergence of biomedicine, with its heavy reliance on science, as the now-dominant and conventional basis for medicine.

In this past century, advances in the biomedical sciences, coupled with improvements in sanitation and public health, resulted in dramatic improvements in health and a near-doubling of life expectancy. With these stunning successes, however, have come new challenges for conventional medicine, which has now to manage chronic diseases prevalent in an aging population. In this context, physicians are sometimes unable to cure their patients or offer them adequate relief from their symptoms, despite the current abundance of new treatments and technologies. Moreover, the reliance on technology and the economic imperatives of managed care have affected the privileged physician-patient relationship, depriving it of the rich dialogue that characterizes the art of medicine and can extend the healing process beyond that afforded by drugs and other treatments alone.

THE APPEAL OF NON-CONVENTIONAL THERAPIES

Facilitated by the globalization of information and resources, increasing numbers of patients are using complementary and alternative medicines (CAM) to satisfy their personal health needs. (CAM is defined as healthcare practices that are not an integral part of conventional medicine.) Eisenberg et al. estimated that by 1997, over 42% of Americans were using CAM. [1] As abundant and diverse as the peoples of the world, CAM practices encompass healing arts such as the use of herbals and other biologicals, acupuncture, chiropractic manipulation, fields of mind-body medicine, and many more.

Historical precedent predicts that a number of contemporary CAM therapies offer the potential to prevent and treat chronic diseases, reduce health care costs, and expand our understanding of how healing works. In fact, some of our most important pharmacological agents, such as digitalis, vincristine, vinblastine, and reserpine, are derivatives of herbal products. Radiation therapy, once regarded as a radical approach to treating cancer, is now a standard of care, and acupunture, considered arcane and primitive before Nixon went to China in 1971, is now routinely prescribed to manage pain. However, few current CAM therapies have been tested rigorously for safety and effectiveness.

Many consumers believe that if a product has been used for centuries, it must be effective, and if it is natural, it must be safe. To the contrary, there is mounting evidence that some CAM therapies expose patients to potentially toxic components or interfere with or displace effective conventional treatments. For example, a recent study demonstrated that when volunteers added St. Johns wort, a widely used natural anti-depressant, to a regimen of the HIV protease inhibitor indinavir, the serum level of indinavir fell below concentrations necessary for antiviral activity. [2] Similarly, another widely used herbal product, *Ginkgo biloba,* known to impair coagulation, may put patients at risk of hemorrhage during and following surgery. [3]

THE ROLE OF NCCAM

Lacking such knowledge yet enamored of the appeal of CAM practices, the American people have demanded that these be studied. In 1991, Congress established the Office of Alternative Medicine (OAM) at the National Institutes of Health, and in 1998 expanded its status, mandate, and authority by enacting legislation to create the National Center for Complementary and Alternative Medicine (NCCAM). NCCAM is charged to conduct and support basic and applied research (intramural and extramural), research training, the dissemination of health information, and other programs with respect to identifying, investigating, and validating CAM treatments, diagnostic and prevention modalities, disciplines, and systems. I was appointed as NCCAM's first Director in October 1999, drawn by the opportunity to address the major public health challenges that CAM represents. I was attracted equally by the opportunity to apply the uncompromising standard for scientific rigor to which I have aspired throughout my 23 years of conducting basic and clinical research in infectious diseases and immunology at the NIH.

To ensure that NCCAM proceeds with a sense of responsibility commensurate with the public trust it has been given, NCCAM has developed its first strategic plan (posted for broad public comment at <http://nccam.nih.gov> through June 21). In the plan we outline five cardinal strategic areas that will guide us in achieving our vision over the next five years: investing in research; training CAM investigators; expanding outreach; facilitating integration; and practicing responsible stewardship.

U.S. medical schools and teaching hospitals, and the AAMC in representing them, have pivotal roles to play in contributing to NCCAM's success. First, If NCCAM is to rigorously evaluate widely used CAM treatments for safety and efficacy and identify approaches that are worthy of more intensive study, we must recruit creative and experienced investigators to conduct the clinical research that is the centerpiece of NCCAM's research portfolio. They are needed also to carry out basic studies to determine underlying mechanisms of action of CAM treatments, discover biomarkers, define pharmacokinetics, and identify the active components in natural products, so that they may serve others as the basis for rational drug design.

EXPANDING MEDICAL SCHOOLS' CURRICULA

It is with respect to facilitating the integration of rigorously proven CAM approaches into the ongoing education of physicians and the daily practice of medicine that the AAMC can play an especially vital role. Thus, I am gratified that CAM was highlighted on the agenda of the recent annual meeting of the Council of Deans and that I was invited to participate. In his keynote speech to the Council, Dr. Andrew Weil, a leading proponent of integrative medicine, spoke of the need to train young physicians about CAM. Few would argue against the wisdom of this notion. For, if we are to guide our many patients who are using CAM modalities toward a safe and more integrated approach, we must be knowledgeable about them.

The question, however, is what specifically should be taught? Much is self-evident. A more patient-centered and less paternalistic approach should be stressed. Medical students should receive instruction about proven CAM methods of pain management and palliative care. They should be provided greater schooling than was available to my generation of students in the pharmacology of natural products, nutrition and exercise physiology, and the role of stress management in promoting health and preventing disease. Further, while aspiring physicians need not know how to practice alternative medical systems, such as Ayurveda and traditional oriental medicine, they should become familiar with their most basic principles and practices.

Finally, the curriculum should be enriched by exposures to the history of medicine, medical ethics, and medical economics.

In doing so, however, we must ensure that our idealistic and impressionable students are well grounded in the fundamentals. We must cultivate and promote both accomplished scientists and also clinicians skilled in the art of medicine to serve as role models for young physicians. We must respect the art of healing, while emphasizing the need to base treatment decisions upon rigorous evidence. And, we must define the limits of acceptable empiricism and when it is appropriate to say "No" to a patient. Most important, we must proceed with caution lest we perturb an otherwise effective educational system.

How CAM should be integrated into medical practice is another important question. One model that is espoused, perhaps not surprisingly, by some physicians, envisions the incorporation of selected alternative practitioners into the existing conventional medical system. In contrast, alternative medical practitioners, fearing a loss of identity and purpose, argue that CAM and conventional practitioners should work in parallel. The placement of CAM disciplines relative to conventional medicine is a major health policy issue that the AAMC should consider and that the newly chartered White House Commission on Complementary and Alternative Medicine Policy is charged to address.

Given the vital role the AAMC plays in guiding medical education, NCCAM seeks to develop a strategic partnership with the Association to facilitate development of health education curricula that respect and incorporate insights and opportunities afforded by validated CAM and conventional practices. We wish also to work with the AAMC to overcome the reluctance of conventional physicians to consider CAM therapies that are proven safe and effective for their patients. Here our strategy is to hold CAM therapies to the highest standards of evidence. Only by doing so will we best facilitate the merger of valuable CAM and conventional approaches into a practice of "integrative medicine," in which multiple health care professions work as an interdisciplinary team. Only in this way may we succeed in expanding the repertoire of ways to achieve and maintain health and restore an appropriate balance of both the art and science of medicine.

___ *Stephen E. Straus, MD*

Dr. Straus is the director of the National Center for Complementary and Alternative Medicine, National Institutes of Health, Bethesda, Maryland.

References

1. Eisenberg DM, Davis RB, Ettner S, et al. Trends in alternative medicine use in the United States, 1990-1997. JAMA. 1997;280:1569-75.
2. Piscitelli SC, Burstein AH, Chaitt D, Alfaro RM, Falloon J. Indinavir concentrations and St. John's wort. Lancet. 2000 Feb 12;355:547-8.
3. Norred CL, Zamudio S, Palmer S. Use of complementary and alternative medicines by surgical patients. Amer Assoc of Nurse Anesthesists Journal. 2000;68:13-18.