Dear Cheney:

In accordance with Executive Order 13147, I am pleased to submit to you the Final Report of the White House Commission on Complementary and Alternative Medicine Policy. The Report contains administrative and legislative recommendations and action strategies to maximize the benefits to Americans of complementary and alternative medicine (CAM).

The Commission was comprised of 20 business leaders, academicians, physicians, and other health care professionals from both conventional and CAM backgrounds. This diverse group brought knowledge and expertise to the complex issues that together formulate the Nation's health care system. They were further informed by the thousands of Americans who came forward to provide valuable perspective and information to the Commission's deliberations in the 4 Town Hall meetings held around the country and the 10 public sessions in Washington, D.C.

Of foremost importance to the Commission is the safety of the American public. As you may know, a large number of people are using CAM practices and products, some of which are lacking in scientific evidence or adequate information on their possible benefits and risks. In each area of the report, the Commission sought a balance between assuring the public's right to choose among different types of health care and the State and Federal governments' responsibility to assure that practitioners are qualified and products are safe.

The Report has sections on Research, Education and Training, Information Development and Dissemination, Access and Delivery, Coverage and Reimbursement, and Wellness. Each section describes current and future challenges and opportunities that will help shape the future of the health care system.

Of the many recommendations in this report, I would like to call your attention to a few that the Commission believes are worthy of immediate attention. First, the Commission recommends the establishment of a coordinating office within the Department of Health and Human Services to coordinate activities in the Federal sector. They also recommend increased funding for research of CAM practices and products so that safety and effectiveness can be established. This will, in turn, inform decisions on coverage and reimbursement policies. Finally, the Commission believes it is critical to improve the quality and accessibility of information on CAM available to consumers, including better information on dietary supplements, and an increased emphasis on wellness and prevention for Americans of all ages.

The Honorable Richard Cheney
President of the Senate
Washington, DC 20510

Dear President Cheney:

In accordance with Executive Order 13147, I am pleased to submit to you the Final Report of the White House Commission on Complementary and Alternative Medicine Policy. The Report contains administrative and legislative recommendations and action strategies to maximize the benefits of complementary and alternative medicine (CAM) to all Americans.

The Commission consisted of 20 business leaders, academicians, physicians, and other health care professionals from both conventional and CAM backgrounds. This diverse group brought considerable knowledge and expertise to the complex issues surrounding the Nation's health care system. In addition, thousands of individuals came forward to provide valuable perspective and information to the Commission's deliberations in the 4 Town Hall meetings held around the country and the 10 public sessions in Washington, D.C.

Of foremost importance to the Commission was the safety of the American public. As you may know, a large number of people are using CAM practices and products, some of which are lacking in scientific evidence or adequate information on their possible benefits and risks. In each area of the report, the Commission sought to balance the public's right to choose among different types of health care and the State and Federal governments' responsibility for ensuring that practitioners are qualified and products are safe.

The report has sections on research, education and training, information development and dissemination, access and delivery, coverage and reimbursement, and wellness. Each section describes current and future challenges and policy opportunities that will help shape the future of the health care system.

Of the many recommendations in this report, I would like to call your attention to a few that are worthy of immediate attention. First, the Commission recommends the establishment of an office within the Department of Health and Human Services to coordinate activities in the Federal sector. It also recommends increased funding for research of CAM practices and products so that safety and effectiveness can be established. This will, in turn, inform decisions on coverage and reimbursement policies. The report stresses the importance of improving the quality of information available on CAM and making it more easily accessible to consumers, particularly information on dietary supplements. Finally, it recommends an increased emphasis on wellness and prevention for Americans of all ages.

Sincerely,

Tommy G. Thompson

DRAFT

The Honorable Richard Cheney
President of the Senate
Washington, DC 20510

Dear Mr. President:

Enclosed for your information is the Final Report submitted by the White House Commission on Complementary and Alternative Medicine (CAM) Policy. Executive Order 13147 required a Final Report to be submitted to the President and terminate it's activities prior to March 7, 2002. The Final Report provide administrative and legislative recommendations for assuring that public policy maximizes the benefits to Americans of complementary and alternative medicine.

The Commission has heard hours of testimony from advocates and critics alike including patients, CAM and conventional practitioners and research investigators, private foundations, professional organizations, representatives of the pharmaceutical and dietary supplements industries, and officers of the appropriate Federal agencies. CAM is a complex and evolving issue. There is extensive use of multiple interventions known as CAM but there is a lack of adequate and timely information about the potential benefits and limitations of their use. Additional resources are needed to increase private and public sector research of these interventions to obtain the information to enable patients and health care providers to make informed decisions on the appropriate use of CAM practices and products.

This report details what the needs are and provides suggestions to address these concerns. While significant costs will be attached to the implementation of several of the

recommendations, many others will involve minimal costs. One overarching concern is the need for a central office to coordinate CAM activities in the Federal Sector. This Office would not duplicate the activities of the NCCAM at NIH. The other emphasizes the possible contribution of safe and effective CAM Practices and Products to the health of all Americans through incorporation of these interventions into wellness, health promotion, self-care and disease prevention programs.

We hope the report will provide guidance as you address these issues in the coming months. It has been a privilege to serve the Department in this important Commission.

Respectfully Submitted

James S. Gordon, M.D.
Chair

Stephen C. Groft, Pharm.D.
Executive Director

KDF comments 3/4

Dear Fellow Commissioners:

Here is the Vision Statement. I am sorry that it is arriving later than I wanted it to come to you, but I wanted to make sure that I was really representing our collective vision and that I had the opportunity to hear and assimilate everyone's comments at the last meeting before writing it. I hope I have done that in a way that feels good to you.

If you have any concerns or issues, it would be wonderful if you could get in touch with me before the Monday conference call so that we can deal with any problems. It would be best just to call me at (202(537-6837.

I look forward to talking with you all on Monday—we have a lot to cover then--and to bringing the report and our work together to a successful conclusion. Thank you again for all your efforts throughout the last two years and especially for the time and thought and care that you are putting into these last stages of our work.

Jim

Conf call
NO agreement
Whit is @ Jim Gordon
statement -
use first
person

reads much like
exec summary
also - look to
footle on 1-st
vs. 3rd person

WHCCAMP VISION STATEMENT

James S. Gordon, M.D., Chair

Two years ago, in March 2000, the President and Congress, responded to public requests of the ~~demand and public need~~ by creating the White House Commission on Complementary and Alternative Medicine Policy (WHCCAMP). The Commission's mandate was to develop legislative and administrative recommendations that would help public policy maximize potential benefits, to consumers and American health care, of complementary and alternative medicine (CAM) therapies ~~– nutritional and mind-body therapies, herbs, acupuncture and a host of other approaches –~~ while also protecting the public from unsafe products and practices..

President Clinton appointed ~~the 20~~ a of twenty members and their President Bush. Many ~~of us~~ members are conventionally trained health professionals. Several ~~of us~~ are trained ~~purely as~~ CAM practitioners. Several more are conventional health professionals who integrate complementary and alternative approaches ~~into our work. We include a number of academic physicians and health and mental health professionals who joined the Commission interested in, but not experts in CAM approaches.~~ Both practitioners + advocates were represented There are, ~~as well~~ also several business people and patient advocates.

For 18 months ~~we listened~~, in 14 meetings, to the testimony of over 700 individuals and organizations, and ~~we~~ read the submissions of over 1000 more. ~~We~~ All of these comments were discussed ~~discussed what we heard~~ in subcommittees and in full Commission meetings.

The report that follows is a response to ~~the public trust we were given and~~ to the questions ~~we were~~ asked by the President and Congress. The text reflects what ~~we have~~ the Commission members have

learned together and the recommendations are those on which, often after considerable debate, ~~we have~~ they reached ~~A~~ general agreement.

The Report embodies a vision of the ways in which complementary and alternative therapies could contribute to better health care for all ~~of us.~~ citizens. It also suggests how these approaches, techniques and perspectives, thoughtfully evaluated and appropriately used and regulated, might be incorporated into ~~our~~ the health care system and the education of the public as well as health care professionals.

~~From~~ The first days of this Commission ~~I've seen our work on this Report~~, at the beginning of the 21st century, should be viewed against the background of the Flexner Report, a powerfully influential document that was conceived, researched and written at the beginning of the 20th century.

In 1910, Abraham Flexner, a Johns Hopkins educator working for the Carnegie Foundation issued a report titled *Medical Education in the United States and Canada.* Aided by the American Medical Association, Flexner graded North American medical schools according to the scientific standards of Johns Hopkins, which in turn was basing its rigorous curriculum on the German model. Flexner's report, with its emphasis on full-time faculty in the basic and clinical sciences and extensive laboratory and hospital facilities, set the standard for medical practice and licensing, as well as medical education, for the 20th century.

The medicine that Flexner's report catalyzed, helped to produce the extraordinary gains in scientific research, high-technology treatment of illness, and rigorous scientific

education that have been the hallmark and pride of American medicine. The medicine of Flexner's heirs, though enormously powerful and precise, was, understandably, incomplete.

In using a stringent set of criteria to judge medical education, Flexner, and those who followed his recommendations, eliminated some of the diversity that marked early 20th century American medicine. Schools of homeopathy – and those emphasizing herbal and natural healing – disappeared, as did a number of medical schools that served primarily women and minorities. The scientific medicine of the ensuing 90 years made many advances, but in the process it excluded or ignored many of the traditions that lay beyond the borders of Western medicine or could not yet meet its standards of scientific research.

Over the last 30 years, increasing numbers of Americans, particularly those with chronic and life threatening illnesses, have begun to look for health care answers in these and other traditions and practices. These people are not turning their back on conventional medicine - it is, in fact, those who have had all the benefits of modern scientific medicine who have led the search - but they are painfully aware of its limitations and side effects. They are exploring approaches that would complement this medicine – or in some cases, be alternatives to it.

These people are looking for therapies that may be more helpful and less burdened by side effects. Many of them are searching for something else as well. They want more time with the professionals who will provide care for them, a sustained healing partnership rather than a brief consultation, and they want the opportunity to participate in their own care as well as to "follow doctor's orders".

Flexner's report was very much a blueprint for an emerging profession. It was brilliantly focused and carefully constructed to shape the evolution of the scientific medicine that was emerging in the United States at the beginning of the 20th century. At the beginning of the 21st century, the White House Commission's Report addresses the hopes and concerns of the American people as well as the professionals who serve them. It emphasizes the need to use the tools of post-Flexnerian biomedical research to assess the perspectives and findings of a world-wide spectrum of approaches, techniques and systems of healing.

The Commission's vision is holistic. It is shaped by attention to the mind, body and spirit of each person, and to the social and ecological world in which we all live. This perspective, which has also emerged over the last 30 years in Western medicine under the name "biopsychosocial", has long been the shaping principle of traditional systems of healing.

The Commission's vision is also defined by an emphasis on the importance of each person participating in his or her own care, and moderated by the understanding that government has a responsibility to facilitate this process. We recommend, as the Institute of Medicine has also done, active participation of the public in all aspects of their care including the development of new research agendas.

We recognize our citizens' pressing need to know with as much authority as possible, what works and for whom, in complementary and alternative, as well as conventional medicine. And we make recommendations – for more, and more rigorous and relevant research and for the training of researchers - which we believe will facilitate this process.

All Americans should have access to qualified and accountable practitioners and safe health care products. ~~In this~~ The Report, ~~we~~ emphasizes the unique role the Federal government can take in making available and accessible the latest research findings as well as ensuring the safety of products. ~~We address as well~~ The important leadership states can take in regulating the practice of professionals is addressed.

Our approach is pluralistic. The American people want their conventional practitioners - doctors, nurses, mental health professionals - to help them make wise decisions about which complementary and alternative therapies to use and they want CAM practitioners to be responsive and informed partners with their mainstream medical caregivers. ~~We are offering~~ The Report offers guidance for both the integration of safe and effective complementary and alternative therapies into conventional medicine and for respectful collaboration between conventional health professionals and those whose practices are shaped by other healing traditions. ~~We look forward to~~ The need for cross-fertilization among these disciplines in education and research as well as clinical care is identified.

~~Our~~ The report is shaped by ~~our~~ concern for an aging population with an increasing incidence of chronic illness – for precisely those people who are among the most frequent users of CAM products and services. ~~We want~~ Those with chronic illness and those who are dying ~~to~~ should have available approaches that can reduce their stress and suffering, approaches – including CAM therapies - that recognize the spiritual, as well as the physical and emotional dimensions of their lives. And ~~we want to do everything we can to make sure~~ those in the greatest need should have the most accurate, up to date information about which techniques and products may help and which may harm.

The Commission sees

~~We see~~ as well the singular importance to the long-term health of the American people of approaches that ~~prevent disease and~~ promote health, and ~~wellness~~. Some of these approaches have been presented in government reports like *Healthy People 2000, 2010* and *2020*. Many of the principles and practices of CAM approaches are aimed at enhancing health and well-being, and promoting each person's capacity for self-healing. ~~We have highlighted~~ The opportunity that federal agencies now have to evaluate the ways that safe and effective CAM therapies may be integrated into their ongoing efforts to promote health among all children and adults are highlighted.

A hundred years ago Abraham Flexner helped physicians gain a scientific education, a research capacity, a clinical experience and a therapeutic authority in which patients could trust. The White House Commission on Complementary and Alternative Medicine Policy's intention is to stimulate research which will fairly test promising new and ancient approaches; to fully inform all health professionals and the people they serve about what is, and is not, known about CAM therapies; to extend the range of safe products and qualified practitioners available to all Americans; and to expand all ~~our~~ options for safe and effective care.

Our larger concern is not, of course, complementary and alternative therapies, but the health and wellness of all Americans. We hope to help create the foundation for a health care system in which what is currently called "complementary" or "alternative" may well be temporary labels that will be erased, if and when the therapies are proved safe and effective. We look forward to a health care practice in which engaged and

informed patients form healing partnerships with a wide range of respectful and collaborative practitioners, in which all of us learn to take better care of ourselves and one another.

3/5/02

WHCCAMP REPORT

BASIC STYLE SHEET

Format Style:

Font:

- Times New Roman throughout the report
- Single spaced

Headings:

- Remove "introduction" heading from each chapter. The Introduction of the report will be the only introduction section in the report.

- Main section heading 16 point bold (e.g., **Access and Delivery**)

- First sublevel heading:14 point bold—skip one line below (**CAM and Cancer**)
- Second sublevel heading: 12 bold underline—no space below (**Why Cancer Patients Use CAM**)
- Third sublevel heading: 12 point underline—no space below (Economic Reasons)
- Fourth sublevel heading: 12 point italic—no space below (*Yearly Expenditures*)

Footnote Format:

- Denote in text using astericks (*, **, ***). No more than three per page.

Recommendation Format:

- Consecutively numbered throughout the report

- **Recommendation 1: The whole recommendation is bold as well.** Skip a space after the recommendaton. Left margin justified

- **Action 1.1** Language of action is a hanging indent (not bold)

Reference Format:

Cite in text using superscript numbers

Number sequentially in bibliography at the end of each chapter.

Put a line space between each reference

Journal articles

One author: Fields W.C. The use of complementary and alternative medicine. *JAMA* 2001; 512(67):1-14.

Up to four authors: Fields WC, Rooney A, Marx G, Swyers JP. Complementary and alternative medicine policy in the U.S. *Science* 2001; 23(3):79-82.

Five or more authors: (Fields WC, Rooney A. Marx G, Swyers JP, et al. How integrative is complementary medicine? *N Eng J Med* 2002;361(4):91-98.

Books and Reports

Larson DB, Swyers JP, Larson S. *The Costly Consequences of Divorce*. Rockville, MD: National Institute for Healthcare Research, 1995.

U.S. Department of Education. *National Adult Literacy Survey*. Washington, D.C.: National Center for Education Statistics,1992.

Koenig HC, Cohen H (Eds). *The Handbook of Religion and Health*. New York: Oxford University Press, 2001.

Newspaper articles

Swyers JP. FDA approves protease inhibitor ritonavir for treatment of HIV. *Washington Post*. 1996, March 3, C4.

Information obtained from web sites

National Center for Complementary and Alternative Medicine. *Frequently asked questions about CAM and NCCAM. What is Complementary and Alternative Medicine?* Available at http://nccam.nih.gov/nccam/fcp/faq/index.html.

Term format

acronyms: First time an agency or entity appears in a section, spell it out, and then use acronym (see CAM below). Spell out in recommendations (i.e., do not use acronyms in recommendations and action items).

Ayurvedic medicine: NOT ayurveda (capitalize A, but not M)

CAM: Spell out complementary alternative medicine (CAM) the first time it appears in each section, and then use acronym from then on.

chiropractic: always lowercase; never referred to as chiropractic medicine

data base: always two words).

Federal Government: always capitalize

health care: always two words

institute: If referring to a specific NIH Institute (e.g., National Cancer Institute), then capitalize, otherwise lowercase.

Internet: always capitalized

Naturopathic medicine: Capitalize Naturopathic but not medicine. Not naturopathy

Native American medicine: capitalize Native American, but not medicine

Qigong: always one word and lowercase; not qi gong

state: uppercase for proper name only (e.g., State of Minnesota); otherwise lowercase

United States: spell out unless used as a modifier (e.g., "U.S. public policy")

Workgroup: lowercase, except when referring to a specific work group (e.g., Work Group H)

Traditional Chinese Medicine: capitalize all three words.

Dummy Section

Chapter 8:
CAM in Wellness and Health Promotion

In recent years, people have recognized that a healthy lifestyle may promote wellness and prevent illness and disease, which would allow them to enjoy a long, high-

quality life. To achieve this goal, many people have used various approaches, including complementary and alternative medicine (CAM).

Wellness* is defined in many different ways, but all agree that it is more than the absence of disease. For some it is the achievement of one's fullest potential, for others it is an integration of body, mind, and spirit. Wellness can include a broad array of activities and interventions that focus on the physical, mental, spiritual, and emotional aspects of one's life.

The Role of Safe and Effective CAM Practices and Products in Promoting Wellness

The most recent Federal government report on the health Status of the Nation, *Healthy People 2010*,[1] is designed to achieve two overarching goals: 1) Increase quality and years of healthy life and 2) Eliminate health disparities. These goals and objectives are the blueprint for the Nation's health promotion and disease prevention activities, and influence data collection, national health policy, and program development and implementation. *Healthy People 2010* addresses clinical, behavioral, environmental, and health system issues that impact on health, and there is a strong emphasis on health education and changing the health behaviors of individuals and communities.

Wellness and Health Promotion for Children

For no other group is the learning and adoption of healthy behaviors and lifestyle choices more important than for children and young people. Although many programs address some of the pressing issues facing American youth, the statistics remain sobering, with unintentional injuries, homicides, and suicides accounting for the majority of deaths between age one and 24.[2] Serious, chronic conditions are beginning earlier in life, as shown by the recently released *The Surgeon General's Call to Action to Prevent and Decrease Overweight and Obesity* (6). This report highlights many of the health issues facing children who are overweight, including heart disease, diabetes, and depression, and states that risk factors for heart disease (e.g., high cholesterol and high blood pressure) occur with increased frequency among overweight children. Numerous reports have cited the dramatic increase of Type II diabetes in children and adolescents in recent years, which is also strongly associated with being overweight (7) (8).

The Role of Schools

Schools are a particularly important part of any strategy because school provides activities and services to promote students' physical, emotional, and social development and usually require some form of health education to be taught as part of a student's total education. The teaching of safe and effective CAM practices in schools to improve nutrition, reduce stress, resolve conflicts, and develop healthy lifestyles should be evaluated to determine if they can complement the efforts already under way to improve the health and well-being of young people. School programs are locally designed and implemented, and what works in one community may not be applicable to another.

---

* The World Health Organization's definition of wellness is the most widely accepted definition and is the one used in this report.

Therefore, it is essential that members of the local community (children, parents, teachers, school boards, etc.) are involved in these activities.

Recommendation 1: The Department of Health and Human Services and other federal agencies and public and private organizations should evaluate CAM practices and products that have been shown to be safe and effective to determine their potential to promote wellness and help achieve the Nation's health promotion and disease prevention goals. Demonstration programs should be funded for those determined to be of benefit.

Actions

1.1 The Healthy People Consortium should evaluate the role of safe and effective CAM practices and products in addressing the10 leading health indicators and develop strategies, including demonstration programs, to encourage the use of those CAM practices and products found to have benefit in addressing these indicators.

1.2 Questions on the extent and use of CAM products and practices should be included in national surveys and other assessment tools including the National Health Interview Survey, the National Health and Nutrition Examination Survey, and the Medical Expenditure Panel Survey. Information from these data should be incorporated into the *Healthy People 2020* goals and objectives where appropriate.

References:

1. Department of Health and Human Services. *Healthy People 2010: Understanding and Improving Health*. Washington, D.C.: U.S. Government Printing Office, 2000.

2. Eisenberg DM, Davis RB, Ettner SL, Appel S, et al. Trends in alternative medicine use in the United States. *Journal of the American Medical Association*. 1998;280:1569-75.

Groft, Stephen (NCCAM)

From: DeanOrnish@aol.com

Sent: Tuesday, March 05, 2002 12:04 PM

To: Groft, Stephen (NCCAM); tierney334@yahoo.com; cmapaz@totacc.com; Bresler@aol.com; drwarren@artelco.com; EastWestQi@aol.com; gbernier@utmb.edu; georged@ashn.com; jsgordon@mindspring.com; drpizzorno@salugenecists.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: Axelrod, Corinne (NCCAM); Chang, Michele (NCCAM); Fisher, Ken (NCCAM); jpswyers@starpower.net; Kaczmarczyk, Joseph (NCCAM); Kingsbury, Doris (NCCAM); Miller, Maureen (NCCAM); Pollen, Geraldine (NCCAM)

Subject: vision statement

Dear Jim,

Thank you for sending a copy of your "Vision Statement" and your request for comments about concerns and issues.

I have great respect for your work, strong regard for your difficult job as chair of this commission, and a deep love and appreciation for our friendship. As you know, I have dedicated the past 25 years of my professional life to a series of research and demonstration projects using complementary and alternative medicine.

Because of this, it is difficult for me to be in the role of continually asking for restraint in our recommendations and statements. It is not from a lack of passion or vision about the potential benefits of complementary and alternative medicine; rather, it is *because* of it. I have seen and documented what a powerful difference some of these modalities can make, so I want our recommendations to be effective in moving the field forward. I know that you do as well.

We seem to differ in our approach and strategy. I believe that our report should take a more modest and balanced tone, one that recognizes up front the clear fact that most complementary and alternative medicine modalities have not been scientifically studied and found to be safe and effective. We should not confuse the fact that many Americans are using complementary and alternative medicine modalities with the fact that most of these modalities are unproven.

I believe that a more balanced, restrained, and scientifically based report will advance the field further and more quickly than if it is viewed as a polemic or manifesto that may create a backlash. I want us to claim the high ground.

As individuals, each of us may choose to be an agent provocateur, but as members of a White House Commission I think we need to be more restrained and modest.

I appreciate that the latest version of our report has been toned down significantly to the point that I am more comfortable signing it than writing a dissent, although I have to say that it's a close call. As it now reads, your vision statement, despite its eloquence, has caused me to need to write a separate statement. Even if your vision statement is signed only by you, many will presume that it reflects the beliefs and perspective of the other commissioners, especially since you write, "The Commission's vision" and use the term "we" throughout. I am not comfortable with this.

It may have been better if something as important as a vision statement had been circulated months ago, allowing adequate time for discussion and debate, rather than sending it only a few days before our final report is due. You could have given it to us before the meeting so you could have heard and assimilated everyone's comments about the vision statement when there was enough time to do so.

I am not comfortable describing or implying that our report is a 21st century version of the Flexner Report. Let other people do that, if the comparison is appropriate. I prefer a more humble approach in our tone. I don't think we need another Flexner Report; I think we need to apply its emphasis on scientific standards to complementary and alternative medicine.

It may be inflammatory to write, for example, "Schools of homeopathy and those emphasizing herbal and natural healing disappeared, as did a number of medical schools that served primarily women and minorities." The reason that schools of homeopathy disappeared is because they had no scientific basis then, which was the point of the Flexner Report. It does not put us on the strongest scientific ground to imply that we are proponents of homeopathy. Nor does making it seem that the Flexner report was misogynistic and racist and that CAM is not. If there is more scientific evidence now, then let's examine it; if it passes muster, then we can talk about how to move forward from there.

One person may think of CAM as diet or acupuncture or exercise, but another may read chelation and coffee enemas. We don't distinguish among these.

I like the tone of your last paragraph in which you write, "We hope to help create the foundation for a health care system in which what is currently called 'complementary' or 'alternative' may well be temporary labels that will be erased, if and when the therapies are proved safe and effective." I would like this tone to be heard throughout our report. Unfortunately, at times there is an "us vs. them" tone in your vision statement that may be counterproductive, one which was often heard from those who testified before our commission.

You wrote, "The scientific medicine of the ensuing 90 years made many advances, but in the process it excluded or ignored many of the traditions that lay beyond the borders of Western medicine or could not yet meet its standards of scientific research." Instead of blaming the Flexner report for excluding CAM practitioners, I think we should place some of the responsibility on CAM practitioners for not conducting rigorous scientific research on their modalities. I think we should be raising the standards of scientific study of these other CAM modalities as well as of allopathic medicine modalities that are yet unproven but widely practiced.

I respect your right as the Chair to write whatever you want as long as it is clear that it from you personally and does not reflect the entire Commission. Given the time and effort you have put into writing it, and given the short time frame, I would like to suggest that you include the following short perspective from me as another point of view if you want to include your vision statement:

* * *

"The question is not should Americans be using complementary and alternative medicine modalities, for several studies have shown that many--perhaps most--already are doing so. For the most part, however, they are making these choices in the absence of valid scientific information to guide them.

"Substantially more funding for CAM research is needed to help citizens understand what works, what doesn't, for whom, and under what circumstances and conditions. Good scientific research and

demonstration projects can help to determine which complementary and alternative medicine modalities and approaches are medically effective and cost effective. Americans can then make more informed and intelligent decisions about their own health and well-being.

"There are many modalities of allopathic medicine that are widely used and often reimbursed that have not been proven to be either medically effective or cost effective, and some have side-effects that are more harmful than many CAM modalities. However, I believe that all systems of health and healing, including allopathic and CAM, should be held to the same rigorous standards of good science and health services research.

"Although most complementary and alternative medicine modalities have not yet been proven to be safe and effective, it is likely that some of them eventually will be whereas others will not. Thus, it is important to lay out a road map and context now as we go down these paths that may help guide research and policy decisions over the next several years as more science and other information become available.

"I acknowledge Dr. Gordon for his leadership as Chair of the White House Commission on Complementary and Alternative Medicine Policy. Thank you very much for the opportunity to be of service.

Dean Ornish, M.D."

* * *

I would value your thoughts and comments. I remain deeply grateful for the opportunity to have served on this Commission with each of you. I hope that this is the beginning of lifetime friendships with each of you.

Dean