

Comprehensive Cancer Care: Integrating Complementary & Alternative Therapies
Time for A Change
James S. Gordon, MD & Senator Tom Harkin
June 12, 1998

Dr. Gordon: Good morning everybody. I'm Jim Gordon, Director of the Center for Mind-Body Medicine. I'd like to welcome all of you here on behalf of those who have helped to put together the preparation for this conference – our staff, our board of trustees, our board of advisors, contributors, volunteers. We have over 100 volunteers to help you in whatever way you need help. I also want to acknowledge all of the people who are going to be sharing this stage and those serving on stage in the panels. All those people have come here out of the goodness of their heart and out of their interest in making this conference happen.

I want to welcome you and to extend our hospitality to you, because hospitality is crucial to healing. In fact the very words “hospital” and “hospitality” are the same. There's a saying in India that the guest is God. When you come to a home in India, however humble you are, you're treated as if God had just arrived. So we want to extend that invitation to the God in all of you to make you a part for these three days, and perhaps for longer, of our family, to extend our hospitality to you, and to welcome you.

This conference is truly a collaborative venture – collaborative in many ways. Collaborative between people who are doing some of the most exciting and interesting work with complementary and alternative therapies for cancer, and those who are in the mainstream of oncology and cancer treatment and medicine and nursing. It's a collaboration, a coming together, of those different groups. And we're doing this for the benefit of those whom we're here to serve – our patients. We're also coming together as we reach out beyond ourselves to others whose opinions and training and background may be different. This is also healing for us,

even as it helps to heal our patients and helps to heal our health care system. So this work is all about collaboration and about extending a welcome to one another.

We want to make you very much an active part of this conference. At each of the breakout sessions there will be opportunities to ask questions. We'll have cards for you to write your questions. There will be opportunities to talk with the presenters individually after the sessions. We'll have a "Meet the Presenters" reception tomorrow evening at 6:30. Those times allow us to get together with and share with and learn from one another.

We also want to hear at the end what you think and feel about the conference – what you've learned, what you'd like to learn, what you feel didn't go so well, what you feel went well – we want to hear from you and make you a part of this conference. We're planning to continue it on a regular basis as long as it serves the needs of people with cancer and those who care for and care about them. If something comes up, incidentally, during the time that you're here, and you're troubled by something, we have volunteers in all of the meetings, please let them know. We're here to serve you, to be with you, to make this conference not only interesting intellectually, but also a place where you feel at home.

Part of the work of feeling at home is actually being at home. One of the ways to do this is to be at home in every moment. An aspect of the work we do at the Center for Mind-Body Medicine, and one of the aspects of the work we do with cancer patients in particular, is to help them be present in the moment, where all of us live. Neurosis is essentially worrying about what happened yesterday, or being anxious about what's going to happen tomorrow. What we're concerned about here is helping you and ourselves come into this moment. I was talking with a friend earlier and we were joking about being too stressed out to deal with stress, which in

Washington is a common affliction. We want you to be present here, so each day we're going to begin with a meditation.

Now, for those of you who have not meditated, it doesn't involve paying any money. You've already paid whatever money you're going to pay. It doesn't involve going off to the mountains or living in a cave. It simply involves being present in the moment. And incidentally, for those of you who are physicians, who think perhaps that meditation may not be part of medicine, actually meditation and medicine are completely conjoined. They come from the same Sanskrit root word, meaning "to take the measure of."

I'd like for everybody just for a moment to sit comfortably. You can put your things down, put your burdens down for a moment, and sit comfortably in your chair, and breathe in through your nose and out through your mouth. This is a relaxing breath. Allow your eyes to close, and allow your belly to be soft. If the belly is soft, all the other muscles tend to relax, and the breath tends to be deeper, abdominal breathing. To remind yourself to keep your belly soft, you can say to yourself, "soft," as you breathe in, and "belly," as you breathe out. If thoughts come, let them come and let them go, and return to the breathing. (Four minute pause)

Okay, open your eyes, come on back. We hope that you'll keep coming back to this center, not just the Center for Mind-Body Medicine but this center within yourself each day as you listen and participate in the sessions.

It now gives me enormous pleasure to introduce someone who is not only a great friend of complementary and alternative medicine and, in fact, of the best in all of medicine, and a friend to the Center for Mind-Body Medicine, but also someone I regard as a personal friend. Tom Harkin is one of those rare people in our political life, in our common life as citizens, who grows deeper, and although he might blush a bit, even wiser as the years go on. Many of us who

live here in Washington have frequently seen people come here who are overwhelmed at times by the difficulties, not only the difficulties in passing legislation, but the difficulties of simply being human and dealing with all the problems of the people who look to them. And many of those people become cynical, and some of them become glib. Others deepen. Others use the suffering that comes to all of us in our lives to go further, to go within, to allow themselves to be refined, to be more open and more sensitive to others, and more effective as a champion on their behalf.

Senator Tom Harkin, from Iowa, is one of those people. Over the many years that he's been in the Senate, he has extended himself to people who are suffering life-threatening illness or are threatened with life-threatening illness. He has done his best to make available the best of all research, the best of all clinical treatment in his continuing support of the National Institutes of Health. He's had the wisdom and the foresight, the determination to find out more about what may be useful, what may be helpful – to bring his concerns into the dialogue on the floor of the Senate and into the public dialogue in this country.

He has not only done this on behalf of people who have been ill here in the United States, but he has been a continuing and courageous champion of human rights around the world. As we begin this conference, it's important to remember that the right of patients to have access to the best treatment and the best information is very much connected with the rights of people around the world to have access to freedom and to the kind of choice that we have. Tom Harkin has been one of those few people in the Senate who over the years has been a champion both of the rights of people who are suffering from illness in this country and the rights of people who are suffering from the depredations, torture and misfortune that happens around the world. So I

am extremely pleased and very grateful to Tom Harkin personally, and on behalf of our Center and this conference, and I welcome him to be here with all of us.

Sen. Harkin: Jim, thank you very much for that most kind and generous introduction. As Mark Twain once said when he was introduced with effusive praise, “Sir, you’ll go to heaven for your generosity unless you go elsewhere for your exaggeration.”

I thank you not only for the introduction, but I thank you for your leadership in an area to which I have devoted a lot of my life, in recent years – the area of seeking new complementary and alternative methodologies to keep people healthy and to prevent illness. The Center for Mind-Body Medicine has led the way in the United States, and Jim Gordon has been its leader. Won’t you all join me in thanking Jim for pulling this conference together.

This is truly an historic occasion, and will be remembered as such. It is the first time all of you have come together from the mainstream medical community and the alternative therapy community. We have people from foreign countries here – I’ve already met two or three from different foreign countries – all here for this very first meeting. And I’m going to have more to say about that in a minute.

I do want to recognize Dr. David Rosenthal of the American Cancer Society, who is here, and Dr. Bob Wittes of NIH, as well as some very old and very dear friends, Tony Martinez, Ralph Moss and Bob Atkins. The reason I mention them is they’re the only ones I can see right now. They’re up close. But to all of you who are back there, many of you I know, our paths have crossed in the past, and I look forward to working with you in the future to take the results of this conference and to move ahead even more aggressively.

Being with such a distinguished group of health professionals, and being asked to give the opening comments, I feel a little bit like the man who survived the Johnstown, Pennsylvania flood. As one of the few survivors, he spent the rest of his life arm-twisting, getting anybody he could get a hold of to tell them about the flood – how deep the water was, how many people drowned, how many houses were washed away, and how his life was spared miraculously.

When he came to the end of his life, he found himself at the gates of heaven. He got a hold of St. Peter right away and said, “Let me tell you about the Johnstown flood,” and started regaling him about it, and asked St. Peter, “Now, there are a lot of people in heaven I know who don’t know about the Johnstown flood. I’d like to tell them about it.” St. Peter said, “All right, I’ll tell you what, tomorrow afternoon, cloud nine, we’ll assemble all the heavenly hosts and I’ll give you the podium and you can tell them about the Johnstown flood. But just remember, Noah’s going to be in the audience.”

So I’m mindful that you’re in the audience. More importantly, being with you I’m reminded of a statement by Rob Lehman of the Fetzer Institute at a hearing I held on alternative medicine a few years ago. He said that in times of great change there are two kinds of leaders: those who usher out the old, and they are called the pallbearers, and those who usher in the new, and these are called the torchbearers. Well this is truly a room full of torchbearers. I’m happy to be with you here today. I’m proud to be here because this is the first time that members of the conventional and alternative and complementary medical communities have come together, in such great numbers, to look at various treatments for cancer. This is the way to begin breaking down the barriers between these two groups.

The alternative and conventional medical communities need to come to the table with open minds and a mutual respect for each other. They cannot be like the two doctors I heard

about who met after a health seminar. One was a chiropractor, and the other an MD. When they were introduced, the MD said, “Well, I’m glad to meet you as a gentleman, but I can’t admit you are a doctor.” “And I,” the chiropractor said, “am glad to meet you as a doctor, although I can’t admit you as a gentleman.”

I’m glad that none of you are like those two. You all understand the need to work together, to find the answers, to save lives and keep people healthy. You all understand that cancer is an epidemic and that our combined efforts are needed to stop it. In the fight against cancer we can’t afford to dismiss any treatments, conventional or alternative, without careful, thorough and rigorous scientific review. An article in a recent NIH publication noted, “The aim of science is to move what we do not know into the realm of known things, and then, with greater store of knowledge, begin again, as if advancing a frontier.” That’s what all of you are doing, and that’s what torchbearers do – push the envelope of knowledge, rather than pushing against each other. That’s why we’re here today, to combine our strengths to win this battle. We must continue research on both conventional and alternative treatments, and we must look closely at how these two can be integrated.

I have, as Jim said, a long-standing commitment to medical research. That’s why I fight every year for funding for NIH. Their work has been vital. Until recently, though, the vast majority of research into cancer treatments has focused solely on conventional therapies. In 1989, when I took over as chair of the Appropriations Subcommittee that funds most health programs, including the NIH, I started to look at the extent to which preventative and alternative approaches were addressed by NIH and the research establishment. It wasn’t even a blip on the screen. In fact, there was a great bias against it at NIH.

And so, with the princely sum of two million dollars, in 1992 I established the Office of Alternative Medicine (OAM) at NIH within the Office of the Director. I created the office with the objective of testing non-mainstream treatments that showed promise and that were being ignored by NIH. It was the first time that the federal government had recognized alternative medicine in this way. I knew that it would be controversial, but I underestimated the reaction, both negative and positive. It truly sent shock waves around the country. For some at NIH, which was at that time an 11 billion dollar a year institute, the establishment of this 2 million dollar a year office was as devastating as wiping out the entire NIH. But on the positive side, there were a lot of researchers, in and out of NIH, who agreed that this was a good idea and long overdue. To thousands across the country, the establishment of OAM was seen as a ray of light in a sky of dark clouds. To them the federal government had at last recognized the legitimate and important role that non-traditional therapies have to play.

I cannot overstate the importance of the Office of Alternative Medicine. It is one of the best means available for insuring that alternative cancer treatments receive fair and rigorous evaluation. It allows us to keep the best alternative therapies and then search for ways to link them with conventional therapies that also have promise. While we've had some pretty darn hard times with OAM, it's now beginning to make a difference. I would not give up on it, and neither would you. It will continue to make a difference as long as I have something to say about it. And I'm proud to say this year funding for OAM is up to 20 million dollars a year, and we will fight to keep that funding up.

I also want to take the opportunity – you're going to be hearing from him later as a presenter – but I want to take this opportunity to publicly thank and congratulate Dr. Wayne Jonas for all he has done to lead the Office of Alternative Medicine. As I said, it started out very

rocky. There were a lot of biases against it. The powers that be would just as soon have seen it go away. I think that was their intention in the beginning. But we kept it going, and thank God we got Dr. Wayne Jonas to take it over at a very critical time, when it really could have gone under. He kept it alive, he promoted it, he's reached out to communities all over this country. He has done a magnificent job of bringing OAM to the point where it is today, and I just want to publicly thank Dr. Wayne Jonas for doing that.

Now it's time to move on to the next stage. One of the problems I've always had with the Office of Alternative Medicine is that it is located within the Office of the Director. This has caused some problems. I am proposing that we increase the status and the authority of the OAM by creating in its place a National Center for Complementary and Alternative Medicine at the NIH, to give it its own center status. It would then have the authority to directly fund research proposals and other projects without going through the director's office. This will save time, resources and money, and it will insure rigorous yet fair scientific review for alternative treatments.

Some of OAM's most important work is through the Center for Alternative Medicine Research in Cancer at the University of Texas. This center is just one of ten alternative medicine research centers established around the nation by OAM, and the only one dedicated solely to cancer treatments. It is currently conducting or supporting studies on a number of possible cancer treatments, among them ginseng, green tea, shark cartilage, Coley toxins.

If only one of these studies results in a new treatment for cancer, the hard work will have been worth it. Even one more treatment is a move in the right direction. And I might just add here that I had a wonderful meeting a couple of days ago with Dr. Burzynski. I hadn't seen him in about three years and then everyone said he was headed to jail. He has had the faith and the

courage to fight on, and the courts have decided in his favor. Dr. Burzynski, again I want to publicly thank you for your courage and your commitment to keep working in the face of overwhelming odds. Right now, as you know, Dr. Burzynski has asked for an NDA, a New Drug Application, for his treatment at the FDA, and I hope that the FDA will come through.

The key is that the alternative therapies of proven value should be integrated into the range of possible cancer treatments instead of being dismissed out of hand. Fifty percent, and I think that's probably a low number, of cancer patients use complementary and alternative medicines. They deserve thorough and well-researched information on those treatments.

A year ago this week, my next oldest brother died of cancer. Our family has been hit hard by cancer. Out of six kids, two of my sisters died of breast cancer, my next older brother died last year of thyroid cancer, another brother has prostate cancer. Only two of us are so far, thank God, cancer-free. My brother, Chuck, who passed away from cancer last year went through a long period of fighting. On his own and with me, we examined a number of alternative therapies and approaches. Some of those therapies and approaches, while they did not cure his cancer, alleviated his pain and his suffering, and went a long way towards giving him a very much higher quality of life. I thought it very odd that some of these were just not even being examined, were not even being tested or researched at all. And to this day they still aren't.

I'm hopeful that once we get this center status that we can begin to look more aggressively at some of these therapies – therapies which have been dismissed, but which I've seen with my own eyes go a long way towards giving my brother a better quality of life in the later stages of his cancer.

I must tell you one story, though. You'll love this. My brother Chuck was at NIH where they were treating him, and he was in terrible pain, just in atrocious pain, and so they had him on morphine. They had him on so much morphine that he could barely talk, he was just very groggy. I'd go up to visit him, and he could barely communicate.

One day, through happenstance, I saw a doctor there who suggested to me that I might want to contact a Dr. Ming, who is an acupuncturist, and we did. He was permitted to come into NIH, and I'll never forget the day I went out there. It was on a Friday, and he came in to give my brother acupuncture for his pain. Now my brother is a smart guy – engineer, MBA, the whole thing. He's not one to be lulled into some false sense of euphoria. Dr. Ming, with several doctors and nurses, gave him acupuncture. They told him to lay back, he relaxed, and they put the needles in. Dr. Ming was talking about what they do, and then he took the needles out and my brother was totally free of pain. Totally free of pain. He didn't need any morphine.

Well, they didn't quite understand this, so the next day I went up there, and he gave him acupuncture again, and he was talking about the chi that flows. The doctors were very skeptical. But Dr. Ming had my brother lay back on the bed – he had his eyes closed, needles in his legs and a couple up here in his ears, and some other places. And he told Chuck, "Now I'm going to touch one of the needles, and you tell me when I touch it." Now mind you, my brother's eyes are closed. He's laying back on a pillow. Dr. Ming took his hand and passed it about six or eight inches above a needle that was in his leg, and my brother said, "You just touched it." And then Dr. Ming did it to another needle in another place and he said, "You just touched it again." These doctors are standing there watching this, and their eyes are like this. They have never seen anything like it.

My last story on this quality of life issue is this. Right after the second session, Dr. Ming had left Chuck's room. He was standing out in the hall, talking. My brother had a tumor that pressed on his diaphragm. It would cause him tremendous hiccups. He'd hiccup like once every second. I mean he just couldn't control it. They had a medicine that they were giving him, an intravenous injection that would stop it. But it had a lot of other side effects. Well, Chuck started having these hiccups, and so I called out to Dr. Ming to come back in the room. I tried to explain to him what was going on, and of course my brother had these hiccups – he couldn't even talk, they were so violent and so rapid. The nurse said, "Okay, when this happens we have to take this intravenous drug to stop it." In front of a couple of nurses and a doctor, Dr. Ming took his hand, and I don't know what he did, but he pushed his hand back and he pressed here on Chuck's wrist, and it stopped it just like that. Absolutely, totally stopped his hiccups.

Now these are not stories I'm telling you that someone else has told me. These are things I have seen with my own eyes. I tell you these stories because when I see things like this I ask, Why? Why aren't these things being researched? Why aren't they more broadly available to the public at large? Why do people today continue to take more and more morphine for their pain, when they could be using acupuncture for their pain control? Why is this not being done? This is the kind of barrier that all of us together have got to break down in this country.

Just remember, many treatments that were once considered quackery are now accepted. In the 1950's, nitroglycerin for heart attack victims was considered invalid. Well into this century, many scientists resisted basic antiseptic techniques as quackery, because they refused to accept the germ theory. X-rays were considered unconventional. Acupuncture was considered Chinese voodoo, and by some still is. Doctors who use alternative therapies are often called unconventional quacks. George Washington's doctors used leeches to bleed him and they were

conventional doctors. I've often wondered, as I read American history, if the pioneers on America's frontier wouldn't have been better off using Native American medical practices than the conventional medicine of the time.

Today's consumers want alternatives. They want less invasive, less expensive, preventative options. This meeting reflects the growing public interest in alternative therapies. Americans want to stay healthy, and they're speaking with their feet and their pocketbooks. One in three Americans are using alternative treatments. They're spending about 13 billion dollars a year, mostly out of their own pockets. Americans made an estimated 425 million visits to providers of alternative therapy. This exceeds the number of visits to primary care physicians. That's not to say that conventional physicians do not offer effective therapies. Instead I see it as a challenge to the mainstream medical community to work with alternative and complementary practitioners to use the best of both areas to give patients the finest care possible.

Finally, I want to stress the importance of getting involved in the political and legislative process. There is a void in the health care debate that is being filled by the pallbearers of the world. We need more torchbearers in the health care debate. We need you to be involved. I will just give you one example. We have proposed to the Senate to confirm a new head of the Food and Drug Administration, the FDA. I will have the opportunity at hearings to raise questions about alternative and complementary medicine and how she's going to view that as head of the FDA. I ask all of you, if you have any questions, if you have any points that you want me to bring up, please get them to me, either directly to my office, or give them to Dr. Gordon. I don't care how you get them to me, but if you've got questions, proposals, things that I should bring up, I want to be your sounding board. Give them to me. I want her to know that she will not be

the next head of the FDA unless she has a good, positive outlook on alternative and complementary medicine in the United States.

This meeting comes at a truly exciting time, with OAM, with the FDA, with everything that's happening. We're moving in the right direction. But there will be a well-financed campaign to keep the status quo. So your voice must be strong, and it must be united. Join with your colleagues who share your desire to eradicate cancer. Join with your colleagues who want to work together to make sure that alternative and complementary therapies are joined with mainstream therapies. If we work together we can take the best of both, the best of conventional treatments and complementary and alternative medicines, and zero in on cancer. We need the best of both possible worlds to do the job. Together we can make a difference. Together, the torchbearers can carry the day. Together, we truly can significantly affect the frequency of cancer deaths in our lifetime. Thank you, and God bless all of you for the work that you do.