

CENTER FOR MIND-BODY MEDICINE
COMPREHENSIVE CANCER CARE 2001: INTEGRATING COMPLEMENTARY & ALTERNATIVE
THERAPIES

PLENARY SESSION: A PROGRESS REPORT: THE WHITE HOUSE COMMISSION ON
COMPLEMENTARY AND ALTERNATIVE MEDICINE POLICY

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P R O C E E D I N G S

MR. ANDREWS: Good afternoon. Well, ladies and gentlemen, I think I have what is probably the least necessary task of this conference, and that is to introduce our next speaker. Jim Gordon and I met when I was serving in the U.S. Congress, representing the State of Maine, and I asked him if he would come to the Congress. I was hosting a series of breakfast seminars for the new members of Congress, and I thought it might be a good idea to do a session on stress management. And, actually, Jim, I think it might be a good idea to one of those seminars right now, actually. So for that reason, it's a particular pleasure to be able to come and introduce him this afternoon at this conference.

According to The Journal of Clinical Oncology, 7 out of 10 cancer patients use some form of alternative medicine. And according to a study published by the American Medical Association, the last decade has seen a 50 percent increase in the number of times Americans visited alternative medical practitioners. In total, Americans made over 700 million such visits last year, 200 million more than the number of visits of primary care physicians.

The question is whether or not public policies and our laws are keeping up with this explosive growth of interest and use of CAM by Americans. There are a number of very important public policy questions that have emerged, such as, how should CAM therapies be paid for? Are we doing enough research to know what works and what doesn't? What is safe and what isn't? What do physicians and other conventional healthcare practitioners need to know about CAM, and what do CAM practitioners need to know about conventional medicine? What should be the government's role in regulating CAM practices and products? What can be done to improve the development and dissemination of CAM information to the public and to all healthcare practitioners?

Well, in March of last year, President Clinton created the White House Commission on Complementary and Alternative Medicine Policy to take these questions on head-on. It was and it continues to be fully supported by the United States Congress, as political leaders from all ends of the political spectrum have come forward to provide their enthusiastic support. And take it from me, ladies and gentlemen, when Congressman Dan Burton and Senator Tom Harkin agree on anything, people take notice. And they certainly are.

The task of leading and guiding this Commission, a very difficult task, fell upon Dr. James Gordon when he was appointed as the Commission chair. And while he hardly needs an introduction of his body, for the few of you who may not be familiar with Jim, let me just say he is a Harvard-trained physician and former research psychiatrist at the National Institute of Mental Health, professor of Georgetown University Medical School, founder and director of the Center for Mind-Body Medicine here in the Washington area. He's the author of two very noteworthy books, "Comprehensive Cancer Care: Integrating Complementary and Alternative Therapies," and "A Manifesto for a New Medicine." And last but not least, Jim is a remarkable human being with a spirit and a heart that is open and expansive as his mind.

When someone asked him at the very beginning of the Commission's life what his vision was for the White House Commission, they asked him, what is this Commission going to do, and he said very simply, and I'm quoting, "I believe that what the commission is going to do will have a major impact on healthcare for the rest of this century."

Please join me in welcoming the chairman of the White Commission on Complementary and Alternative Medicine Policy, Dr. Jim Gordon. (Applause)

DR. GORDON: Thank you. Thank you, Tom. And before I talk about where we are with the Commission, I want to acknowledge one of the staunch Commission members who's sitting here in the front row, who's Bill Fair, and who's been working with us all along. (Applause)

Earlier this morning, I saw Wayne Jonas, who's here, who's also been an extremely important member of the Commission. And, Wayne, are you here at this moment? Maybe not here now. And tomorrow Dean Ornish will be here, who's also on the Commission. And a number of commissioners, including Julia Scott and Conchita Paz and Buford Rolin, have helped sit on the planning committee for this conference. And others, Effie Chow and Ming Tian, have participated in this conference over the years.

What I want to do is to very quickly, well as quickly as I can, give you a sense of where we are, where we've been as a Commission, where we are and where we're headed. And if I do this expeditiously, we'll have some time for questions and answers, so that you can ask questions about where we're going and how it relates to comprehensive cancer care. And I'm going to go through a number of slides about the Commission. And then as the slides come up, from time to time, I'll talk about the particular relevance to comprehensive cancer care. And then if there are any questions at the end, particularly of our cancer that people would like to raise, we'll have time

So the White House Commission -- I won't read all of these -- on Complementary and Alternative Medicine Policy was established, et cetera, et cetera. As Tom Andrews said, the Commission was established by Congress with the President. There was a presidential executive order, and there was a presidential executive order because Congress passed a bill mandating the Commission and providing some money for its functioning.

And we began our work last July. We were appointed by President Clinton. And again, as Tom said, there is support in the current administration, and there is tremendous bipartisan interest in Congress.

And it's a very interesting phenomenon, and I just want to touch on a couple aspects of it. Different people come to complementary and alternative medicine for different reasons. One of the main reasons, however, that they come is because what they or family members have been doing simply has not worked as well as they would like. For most people, that's the bottom line, and it's very simple. And illness, death, and just feeling not so good come to all human beings, regardless of political affiliation -- which could be very instructive for all of us, if we paid a little more attention to it.

And Congress has paid some attention. And what they have seen -- and as you talk, as I have, over the years with members of Congress -- is that virtually everyone is interested and virtually everyone has some issue, concern, or problem that they would like to discuss in Congress, that they feel the conventional medical system may not have addressed as well as it might. And that ranges from people who've been injured during the war, who feel like pain control is not so good -- some of the senators, for example, sustained serious injuries during the Vietnam War. People who have family members with cancer. You've all heard Senator Harkin, who had a number of people in his family with cancer, and he concerned both about how effective the treatments were, and also, how well his relatives were being cared for and whether the symptoms of the treatment and the symptoms of the illness were being properly approached. So it's a universal concern.

I'm mentioning this, and I'm going to come back to it later, because Congress and the administration are crucial to the larger changes that we would hope to make in the healthcare system. The reason there's a White House Commission, the reason there's as much interest in complementary and alternative medicine, integrative medicine, as there is, is not primarily because of the science. Let there be no mistake about that. That doesn't mean the science isn't good for some approaches and not so good for others. It means that the moving force has been all of us. The reason Congress passed this legislation is

because they as representatives of the people wanted there to be initially an Office of Alternative Medicine, then a national center, and now a White House Commission.

So understand this: that the science is important, but the science is only one of the levels on which this movement is progressing.

The Commission's charge: research; reliable and useful information to healthcare professionals that can be made accessible to the public; access and delivery and education and training of healthcare practitioners. We've expanded this information directory to the public. The initial charge said "through healthcare professionals." It's clear to us the information needs to be made available to everyone.

Coverage and reimbursement. The bottom line is indeed the bottom line. If we can't get coverage and reimbursement from any of these approaches -- and we've heard this, many of us, in the small group sessions -- it's going to be very hard to make them as available, to provide access and delivery.

Regulation. There are significant issues with regulation of products and, to some degree, regulation of services as well.

Wellness. This was not part of our initial mandate, but to my great pleasure, the entire Commission felt and feels very strongly that a major thrust of our recommendations has to be toward changing the emphasis from a disease care system, which is what we currently have, to a true healthcare system, balancing the overwhelming emphasis on treatment with an equal emphasis on teaching people how to better understand and care for themselves. Making sure that we are as concerned with wellness and health promotion as we are with prevention and the treatment of diseases. So this has become a major focus of the Commission. (Applause)

Implementation. There are White House commissions, there are presidential commissions, that issue large reports that never go any further than a shelf in the Executive Office Building or the shelves of people in Congress. We are determined. We're people who are interested in being helpful and being useful, and in this whole way of working, that shares information, knowledge and power. So we're determined that this report will receive implementation. And let me say that when I say "we," I mean the Commission, and I also mean everybody here has to be determined that it'll be implemented; otherwise it won't happen. So we have a focus and we have at least a couple of strategies, which I'll go over with you later on.

So this is what we've done. We started meeting on July 15. And the piece I'm going to show you next is about what we've done up through September 15, and then we'll go into some of the recommendations toward which we're moving as of our October meeting.

Twenty commissioners, and of every imaginable kind, shape, size, color and profession. This is very important that there be people who are conventional physicians, some of whom knew little or nothing about CAM when they joined the Commission, as well as people who are CAM practitioners; that all the ethnic groups in the country are represented; that people who identify primarily as patients be represented, patients and patient advocates.

We've had eight full Commission meetings in Washington, four town hall meetings around the country. I know some of you here have been to the town halls: San Francisco, Seattle, New York and Minneapolis.

The difference between the two meetings, briefly. The full Commission meetings, the commissioners and the staff created the agenda, even though there was some public input. Town halls were basically all public, designed all public input. In Minneapolis and Seattle, particularly, there were organizing committees that did a fabulous job of putting together agendas and raising important issues. We've had 1,000 people testify to us in person and 2,000 written testimonies, and we've heard from everybody. And it's been by design. We've invited people who are deeply skeptical of anything resembling complementary

or alternative medicine. We've had people who are passionate advocates. We've had mainstream organizations of medicine and nursing and psychology and social work and many, many other disciplines come and testify.

We have heard all this testimony; all the testimony in full Commission hearings is available on our website, and I gave you the address to the website earlier on. It's whccamp.hhs.gov. Here it is. No, you can't see it up here. You can't see it any better over there. Whccamp.hhs.gov. That's the website. All testimony given at full Commission hearings is there verbatim, and some reads of all the testimony from the town halls.

Now, one of the wonderful things about this Commission is that we are not just concerned with specific recommendations. We've been concerned from the beginning with defining who we are, and what we're about, and what we care about, and what animates us as human beings, as professionals, as members of this Commission.

And, again, the amount of agreement has really been striking. And in fact, the Commission is a kind of wonderful microcosm, it seems to me, just as I hope this conference is, of how people coming from very different perspectives can come together and begin to formulate principles and have a dialogue with each other and move a whole field ahead.

So here are some of our principles: attention to the whole person, body, mind, spirit, social and ecological as well. That understanding, these principles, animate all the recommendations that we will make.

We have a remarkable capacity for self-healing. Each person has unique needs and requires individualized treatment. An emphasis on health promotion, wellness, and disease prevention, as well as treatment. Concern for scientific evidence of safety and efficacy. Collaboration and mutual respect between the conventional and CAM worlds. And involvement of consumer-citizens at every stage of the process; we feel this is vitally important, to keep the evolution of healthcare in harmony with the needs of the people, not with the desires of any particular profession or any particular interest group, including our own. So, establishment of research priorities, free choice of providers, access to conventional and CAM approaches.

We're in the process of drafting recommendations, which means that we still invite your thoughts, your input. Send us a letter. Let us know what you think about what we have up there. I've already spoken with a couple people at this meeting who have extremely valuable things to contribute to us. We've heard from a lot of people. Over the next couple of months, we're eager to hear from others of you. So if there's something, whether it's in the area of cancer care or any other area, that you'd like to tell us about, please do.

What I'm going to go through now is some of the recommendations that I think are particularly relevant to comprehensive cancer care. And we'll take them in categories.

First of all, and you heard this the first morning, it's clear that we appreciate what's been done. And one of the wonderful things is that cancer is one of the areas in research -- or is the area, I would say, where the federal government has moved furthest, fastest, with the most commitment. So have here this morning Steve Straus, the director of the National Center for Complementary and Alternative Medicine, and Jeffrey White, representing the National Cancer Institute. They're making an economic commitment. They're making a commitment to collaboration. They've created a special committee, Cancer Advisory Panel on Complementary and Alternative Medicine. They've established the Best Case Series as a mechanism for people to present information. We feel that this is a model. We celebrate it, we salute them for doing it, and we want to encourage this to be done with all of the institutes at NIH, so that now we have here a mechanism. If somebody will present data here at this conference, we can say to them, okay, this looks really good. Here's Jeff White here at the conference, or here's somebody from -- Mary Ann Richardson from the National Center for Complementary and Alternative Medicine or Wendy Smith

from NCI or others from these offices. You can talk with them. You can present your data to them. They will help you formulate the research questions and help the research move ahead.

This is vital. It needs to be expanded and it needs to be available for everybody. So this collaboration is obviously a model, and more funding is needed.

One of the areas that we feel more funding is needed -- and these efforts are beginning -- is in terms of outreach. Over the years at this conference, we've seen many people who have the beginnings, who are doing very interesting clinical work that may or may not yield important results. But they don't have -- and I'm sure some of you here in the audience are in that predicament -- they don't have the wherewithal or the knowledge to really formulate and carry out research.

So one of the areas where we feel more funding is needed is in helping NCI and CAM to help people in the field to develop the research, so that they can get to that level so that it can be published in journals, so that larger studies can be done, so that we can answer fundamental questions of, does this approach work or doesn't it work?

First of all, this is discussed here a couple times at the meetings. We do believe that there should be a level playing field for research. This is clear in people who testify to us; it's clear among Commission members. What that means is that complementary and alternative therapies, integrative approaches, should be judged with the same rigor as conventional approaches and vice versa. This is a very important principle. There's a lot of discussion about who has had a free ride and who hasn't had a free ride. Without getting into that discussion, what's become clear is that everybody's got to be looked at with the same open-mindedness and the same criticism, everybody who's doing research.

And what it also means is that research has to be looked at more broadly. Research is not randomized controlled studies. That is one aspect of research. There are many others that had another kind, and in many instances, an equal validity, because they are the appropriate design for the question that's being asked.

So that's what we're saying. Let's make the design appropriate to the question; let's not insist on one particular so-called gold standard, because the gold standard for one study may not be the gold standard for another.

This is a very important point, too, and I think very important to people here: we want there to be more research and more research funding for integrative approaches. It's not enough to take a look at, is shark cartilage a treatment for cancer? As important as that question is, that's only a piece of the puzzle. We need to be spending more of our money, more of our effort, more of our intellectual capital looking at the kinds of programs that people are actually using and that are probably the most likely to be effective. Programs that integrate a variety of therapies: conventional, complementary, alternative in many different combinations. This is crucial.

And -- we were talking about this at the press conference the other day -- this may represent one of the most profound shifts. It may seem obvious to everybody in this audience. But as long as you're focused on isolating one variable, having one intervention, your approach is narrow. It may be potent, but it's a very narrow spotlight that's being cast, and it may have very little to do with the most effective, comprehensive treatment for human beings who have cancer. So I really feel this is a very important matter, and that we need to push ahead as strongly as possible on this one.

Also, research on individualized treatment. Again, there's a very interesting study. Some of you may have seen in -- Journal of the Medical Association had a special issue on November 11, 1998. And I always liked the fact that it was on November 11, because that's Armistice Day. It was an issue on complementary and alternative therapies. And there was a study in there on use of Chinese herbs to treat irritable bowel syndrome. Some of you may remember the study. And it was a three-armed study, so

there were three different groups. One group got a general treatment and general mixture of Chinese herbs. The other groups had the Chinese herbs individualized for each person in that group. And the third group got a placebo. The first two groups, after a month or so of treatment, did better than the placebo group. But several months later, the group that got the general treatment, same treatment for everybody, one size fits all, they had gone back to the level of the control group in terms of their symptoms. But the group that got the individualized treatment maintained their improvement.

This is a simple example, published in one of the two or three most prestigious medical journals in the United States, which gives a very, very strong hint -- and it's just a hint -- of the power of individualized treatments.

Collaboration between CAM and conventional researchers and clinicians -- it's a must. It's beginning. You see examples of it at this conference. It needs to proceed apace.

And research on prevention and health promotion. A very tiny, minuscule amount of money, a homeopathic level of funding, goes to prevention and health promotion, and it needs to be increased exponentially.

Training of CAM researchers. Again, this is moving ahead. NCAM is doing a really nice job on this, and some of the people who are involved in that training have been here.

Financial incentives for the development of non-patentable products. So there are two issues here. One is more money. Why should we be spending huge amounts of public money to do research on products that can make hundreds of millions or billions of dollars for drug companies? There's basic research that needs to be done, I'm not denying that. But how far do we want to go down that road? And don't we want to begin to shift some of that money in the direction of funding non-patentable products, approaches, for the kinds of chronic illness that most Americans are suffering from? So this is a shift in a way of looking at things. (Applause) Ideally, we would like to continue -- we're not saying that basic research shouldn't be done at all. We're saying that far more attention needs to be paid to those substances and approaches that can't be patented.

Regulation. Chesterton -- I think it was Chesterton -- wasn't it Chesterton who said when somebody asked him what he thought about Christianity? He said it was a good idea. DSHEA is a very good idea. The Dietary Supplements and Health Education Act is a very good idea. But, like Christianity, it's all too infrequently implemented. And in particular, we're looking for good manufacturing practices. One of the problems that people presented to us, one of the major things that we've all seen in the newspaper, as well as in the literature is, you get a bottle of a supplement, you get a bottle of an herb, you don't have a clue if what's inside bears any relation to what's on the label.

So in this dietary supplements act, there is ample authority for the FDA to start making sure that all of us know what we're getting and that it's been properly manufactured and free of impurities.

And good manufacturing practices, the regulations -- FDA has formulated those regulations. They're at the Office of Management and Budget. Accurate labeling. More information. Somehow we have to figure out how to provide the information that people need. I think you saw in David Rosenthal's lecture, some of the concerns about interactions between herbal therapies in particular and pharmacotherapy. This is a crucial issue. But also, crucial issues are interactions among herbs and between herbs and supplements. And on the other side, just as crucial is good information about what works. So somehow, without violating the spirit of DSHEA, we have to make better information available to people, so that they know what the chances are, what the possibilities are of harmful interactions, and what the benefits are. Whether it's done with labeling or package inserts or other information, it's clear to us that this is a major public health issue.

It's also clear that, even though the government already provides some very good information, it's not enough, and it's not answering the questions that many people are asking, like does X therapy work, or where can I find somebody who has an integrative approach to cancer? This is particularly true with cancer, incidentally. When I was the chair of the advisory council to the Office of Alternative Medicine, 70 percent of all the calls to the office were about cancer. People could have been calling about anything. They could've been calling about, you know, trance dancing in Bali or Chinese herbs for arthritis, but 70 percent of all the questions were about cancer.

Whether it's directly at the government or through some kind of public/private partnership, we feel that it's the government's responsibility to ensure that good information by disinterested parties -- not uninterested but disinterested, unbiased parties -- be made available to everyone. Also, that it be made available in English. I don't mean as opposed to Spanish; I mean as opposed to some kind of jargon-laden language.

It's important that professionals know which papers to go to, and NCAM is actually doing quite a good job of helping to make that information available, but it's also important that anybody be able to call up or go into the Internet and get a clear answer.

So there need to be more systematic analyses and meta-analyses of research made available in comprehensible form. Those have been very helpful so far. We need more of these on some of the complementary, alternative, and integrative approaches to cancer. And that means that money needs to be expended to produce them.

There needs to be coordination of information activities. Many different agencies in the government have information. There needs to be a sort of thoughtful coordination to make sure that large areas are not missed.

It's also important that this information be made available in other languages and also to those who don't use the Internet, whether in terms of handouts or in terms of guidance and help in using the Internet at libraries. And I'll come back to that in a moment.

It's important that this information not be developed simply by the professionals. Anybody who's developing this information needs to hear in an ongoing way what people want, what they want to hear, the form in which they hear it, and there needs to be feedback about that.

And one of the other recommendations that, again, the Commission felt strongly about, is, it'll be very useful, since so much of the information on the Internet -- some is indeed valuable, some is utter garbage, terribly misleading, and potentially very harmful.

So the suggestion is that there be some kind of organization of people who are providing information, where they agree to abide by certain standards or kinds of claims that they make. This would not be any form of censorship; this would simply be people who would subscribe to particular codes of, in a sense, truth in advertising. This is very important.

But along with this, there needs to be education of the public. I think that, for my point of view -- and I think most of the commissioners share this as well -- our feeling is that it's important for people to have available to them all information -- although anything that's fraudulent is, of course, open to prosecution. But the ultimate goal is to educate ourselves and educate other people, so that we can discriminate between what makes sense and what doesn't.

And one of the rules that I have when I work with patients or work as a cancer guide, I say to people, "If it doesn't make sense to you, it doesn't make sense." Very simple.

So we need to help people become more confident in asking questions. We need to help them ask the questions that are important to them. And we need to make that information available to everybody everywhere. And the public libraries and National Library of Medicine has been beginning to do this with conventional medicine, and we want them to do this with CAM, because it's quite important.

Access and delivery. Licensure. Many professions want licensure and are having difficulty in some states. We would like to encourage licensure when a profession feels it has reached, without forcing people to have licensure. It's a very interesting and thorny issue. Now, we're not getting into all the aspects of it up here, but there are some people who don't want to be licensed. For example, many reiki practitioners say this is spiritual practice; this is not in the domain of licensure. People from traditional systems of healing, whether it's American Indian or Caribbean or coronderos (phonetic) said to us in no uncertain terms, we don't want to be part of the licensure game. But there are others -- for example, Alexander teachers want to stay educational, many of them, rather than be licensed.

So what we're advocating for is a respect for professions to develop themselves, to develop their own ways of certifying their own practitioners, and at the same time, where professions want to licensure, to encourage that process and to encourage the state boards to work with them.

Again, here, make available education and qualifications. Again, it's simply truth in advertising. People should say, if you say you're an herbalist, what does that mean? Where did you study? Very important for there to be openness, just as there has to be for those of us who are physicians. And it's a complicated and interesting issue as well, because there are all these domains that intersect, and sometimes licensure becomes a license for exclusivity. So we're aware of that danger as well, and one of the things that we're encouraging is the exploration of ways that, if you have license in one practice, that you can also use a certain number of other practices under that license; that you don't have to be purely licensed in everything and practice according to different -- so you would put on one hat when you put in the acupuncture needles and another hat when you prescribe the chemotherapy. It doesn't have to be, and there are ways to work it out. And we feel it's very important. One of the things that we're looking for is to help practitioners become integrative in their own work, as well as to create integrative programs in their practices.

We feel very strongly that there should be large-scale demonstration projects of integrative services, particularly as a part of community health centers that serve people with low incomes. This is crucial. This -- CAM is in no way of particular interest to people with substantial incomes. What we call CAM is the primary care for large numbers of people in the United States, and what we call CAM is of tremendous interest to people of all income levels. And we have to do a good deal more to make sure that those who don't have excess cash have as much access as those who do.

Reimbursement and coverage. Here's an area that's very important. I would suggest this as a sort of step for some of you here. I don't know if Dean will talk about this when he talks tomorrow, but Dean Ornish, after much sweat, has been able to work with Medicare to get his program of treatment for heart disease licensed or included as major demonstration project for Medicare. There is no reason why some of these programs for integrative cancer care could not begin to move in this direction as well.

Beyond that, there's a whole issue of making sure that when there is sufficient evidence, that Medicare, Medicaid, federal employees benefit plans, cover those approaches for which there is evidence of safety and efficacy. Again, this is partly a scientific matter, but as Dean will tell you, it is also very much a political matter.

We want many more studies, so-called health services research. What does treatment look like when you actually do it, when you actually put together a variety of different elements? Public, private, public/private collaboration?

Professional education. This is very simple. Every conventional health professional needs to know, what is CAM all about? What is integrative medicine, integrative healthcare all about? Not just what is the research literature, but what's the spirit? What about the spirit, the principle that we do have a capacity for self-healing? What about a holistic approach and the inclusion of the spiritual domain? What about the emphasis on self-care? Those need to be integrated into every aspect of training, from the beginning of professional education all the way through postgraduate education and continuing education. There are small programs for this now. NCAM is providing some funding. This needs to be a mandate.

And the other side, CAM providers, need to understand more about conventional medicine. There needs to be much more of a dialogue, and both sides need to know when to refer and how to work with each other.

Prevention, wellness, health promotion. Fundamental parts of healthcare, not a nice add-on, not something if you're feeling great and go down to the gym to do, but an absolutely intrinsic part. And Bill Fair has been particularly strong on this, of teaching in the schools at every level, from kindergarten on up. At the Center for Mind-Body Medicine, we've been working in schools for many, many years. The approaches that we teach, the work with Mind-Body approaches, nutrition, exercise, meditation, working in small groups, kids love this. Health education in most schools is a series of don'ts: don't drink, don't smoke, don't have sex, what else are you supposed to not -- don't use drugs, don't speak to strangers on the street. It's all don'ts. And the fascinating thing, anybody who's ever studied worker hypnosis or with trance knows that nobody pays attention to the don'ts, and the only message they hear is "Sex, drugs, cigarettes." So a positive program of health education. What can you do? How can you feel good?

Wellness. All these -- prevention, wellness, health promotion -- need to be fundamental aspects of all our healthcare policy decisions: research, training, education services.

Implementation. There is a recommendation that is strongly felt by most of the Commission members -- it's not a final recommendation; they're still working on draft recommendations -- that there be a central office to forward all the recommendations that the Commission will make and to coordinate activities in the field of complementary and alternative medicine, complementary and alternative therapies, integrative therapies, integrative medicine. We're not sure of the name, and we're open to all possibilities. But that needs to happen at the highest level of government, that what we're talking about here is not just bringing a few more techniques into medicine or healthcare. We're talking about a fundamental sea change in the way we look at medicine and healthcare. We're talking about shifting the locus of power from the professions to a shared collaboration between people and the professionals they work with, a shift from being so overwhelmingly concerned with treatment to focusing on health promotion and wellness and prevention. We're talking about widening our sights, so that we include a number of research methodologies, and so that we take in the wisdom of many healing traditions. We're talking about giving power back to the people who are coming for help with their healthcare.

And in order for this kind of change and these principles -- let alone any administrative changes or legislative changes -- but for these principles to stay alive, we need a group that's charged within the government with, to quote another former congressman, "keeping the faith." Adam Clayton Powell who used to always end his thoughts by saying, "keep the faith." So something we need to do. How do we stay on this course?

(Tape interruption)

DR. GORDON: -- the Commission will make its report. It'll be public. What happens with the report will depend on legislation in Congress, will depend on what kind of administrative changes happen. Those changes, that legislation, will only happen with your support.

So what do you do? Read our draft recommendations. Tell us what you think. If you agree with our final recommendations, we'll be presenting them to the President on about March 6 of 2002. Tell your elected

representatives, tell your professional organizations. Only we, all of us, can make a truly integrative and comprehensive approach to healthcare and cancer care. And only we can make it available to everyone.

Thank you very much. (Applause)

So we have some time for questions. Anybody have any questions?

FEMALE SPEAKER: Do you have an e-mail address where you'd like us to send our messages to you, our comments and our questions?

DR. GORDON: You'll get it through the website. Whccamp.hhs.gov.

FEMALE SPEAKER: Is that where the draft will be made available to us?

DR. GORDON: The draft will be available March 6. The interim report is up on the website. And the report on the most recent meeting will be up on the website very soon, the October 4th through 6th meeting.

FEMALE SPEAKER: But the final draft won't be until March?

DR. GORDON: Yes, yes, it will be done in March. The draft will have to go through a whole clearance process. It goes through the Secretary of HHS. And our intention is, we will finish our part in January. It will go to the Secretary, and we will, all things being equal, present it to the President in early March, and to Congress.

FEMALE SPEAKER: Tomorrow, I know Michael Lerner's presenting the environmental factors related to cancer. And today, Joel Evans presented some strong evidence related to environmental toxins in our food. And I'm wondering, if possible, given the force and the impact that your draft will have on policy, if you can, maybe in the domain of prevention -- are you going to be incorporating the issues related to our environmental concerns and the toxins in our food?

DR. GORDON: I think that that's something we wrestle with a lot. And our feeling generally, although there'll be some recognition in the report, there's not a major emphasis on that. It felt like two huge areas; it felt like we couldn't do -- so we will be addressing it in some way. But I don't think we're the right body to go to.

We had a lot of discussions about this, and there was a feeling that our strength is really in discussing -- our mandate is to look at complementary and alternative medicine policy. Our strength is in discussing that and discussing integration and bringing in the perspective of wellness. And, of course, environmental issues will come in there somewhat. But I think the environmental issues are so huge, so complex, that we're just not -- we can raise them, but we're not really in the best position to give the recommendations. That was the general consensus of the Commission. And it was not our mandate to begin with, so --

MALE SPEAKER: Much of the principles and philosophy of CAM you've mentioned that need to be adopted has been really in the background of the largest health profession, nursing. I'm concerned about the limited testimony by nursing organizations at the Commission meetings, and wondering what recommendations are being discussed by commissions to the staff regarding the leadership role of nurses in this area of healthcare?

DR. GORDON: I'm not sure what the question is, because there are several nurses on the Commission, and our attention is to the role of all health professionals, all conventional healthcare professionals. And so tell me more about the specifics of what you're thinking.

MALE SPEAKER: I'm just wondering, because nurses have been involved in this area for so long, what more they have to offer in a leadership kind of way in this whole field, because it's been --

DR. GORDON: But the concern is what?

MALE SPEAKER: Taking a more leadership role. I know, certainly, with other professionals that that's really recognizing --

DR. GORDON: I think nurses have a leadership role. They certainly have a leadership role on the Commission.

So our function is not to say who should be leading the teams, whether it's physician, nurse, acupuncturist, herbalist. Our function is really to try to give a sense of, as far as professional education, licensure, what kinds of services should be available.

One of the things that we understand is that there are a lot of turf battles. We haven't heard any testimony about the concerns of nurses on that issue. So if you'd like to send us something, we'd be happy to see it. But, for example, we've heard a lot of discussion back and forth from practitioners of acupuncture and Chinese medicine about what the appropriate qualifications should be for practice. And there's tremendous disagreement. And in general, what we're asking the professional groups to do, insofar as -- we always have the right to ask and they have the right to refuse -- is to go back and begin to address some of these turf battles and to come up with joint recommendations.

So on the one hand, we're open to hearing, however you think we can be creatively involved in this discussion. On the other hand, I don't think there's ever been any thought that nurses wouldn't be in leadership roles.

MALE SPEAKER: You have a lot to offer from the profession. Thank you.

DR. GORDON: No question. Thank you. Yeah?

FEMALE SPEAKER: Hi. My question is regarding credentialing and licensing. And I'm wondering what the relationship between your national recommendations will be to states who oversee the licensure of professions. I just don't know what that mechanism is. I know that the states handle boards for looking at licensing of these new professions. And I very much appreciate hearing your perspective that you want the professions to help self-define themselves.

DR. GORDON: Nice, easy question. The issue is very thorny with dealing with what we should, as a federal body, recommend to the states. One of the things that we have, I think, put some pressure on the state boards to do, we've had dialogue with the Federation of State Medical Boards. We've had dialogue with other boards. And our interest really is in the boards giving full respect to practitioners who use CAM or integrative approaches, and that they be judged on exactly the same kinds of standards by people with equal expertise as those of conventional practitioners, meaning, if it's a nursing board or if it's a medical board and you're looking at somebody who's doing a CAM or integrative practice, there should be nurses or doctors on that board who know about those practices. So that's one piece of it.

The other is, an issue that's still very much up in the air for us is whether we ought to establish some suggested national standards for the different professions, or whether -- we can't do that; that's too much of a micro task. But should we recommend that somebody establish national standards, or should we not? And I think we're still very much debating that. The advantage is, there are many people asking us to do that. The disadvantage is, there are many people asking us not to do that, because they're afraid that, first of all, states will say, we're not interested, or second of all, that somehow what we say might tilt toward one aspect, one segment of a particular profession or another.

So I think that it's one we're still grappling with right now. We do feel that, as I said, the major issues are, state boards should know what they're talking about when they're dealing with practitioners who use these practices; they should have fair representation; they should be just the way other professionals are. And, secondly, that emerging professions should have -- and I've been involved in this with some emerging professions at the state level. They've sometimes had a very hard way to go to get licensure. And so we're urging state boards to essentially use the same kind of even-handedness with the emerging professions as they have with the established professions.

I probably have time for a couple more and then --

MALE SPEAKER: Well, my question is, since there is a pretty strong evidence that nutrition plays a very important role in cancer causation and cancer prevention, does your draft report, the report, is also emphasizing the important role of nutrition in the cancer prevention, as well as an adjunct to the cancer therapy?

DR. GORDON: Nutrition is a major focus of our emphasis on wellness. Yeah, I think when we talk about wellness programs, at this point what we're talking about is self-awareness, self-care, nutrition, mind-body approaches, physical exercise, and some kind of group support, group teaching, something like that. That's kind of where we are at this point.

So nutrition is of major importance. And also, in terms of research, nutrition is one of the major areas. Food is -- well, I was just going to say, food is non-patentable. Of course, that's not true. If you genetically alter it, you can patent it. But food is still reasonably freely available. And so there is not as much research money going into the therapeutic or health-promoting aspects of food, and that's one of the areas that we feel very strongly about.

Let's do one more question and then we'll take a break, and I'm happy to spend a few minutes afterwards talking with you.

FEMALE SPEAKER: What is the impact that the Commission hopes to have influencing the state boards on emerging professions?

For example, massage therapy in the state of Florida, it's one license. You can practice anywhere in the state. In Virginia, if you practice within one city, that's one permit; if you go outside the city boundaries, it's another permit. It makes it very difficult to practice statewide.

DR. GORDON: Well, we'll see. It's a long question and it's a short answer. I think we've already had --- the state medical boards, for example, we ask them to testify a couple of times. And they came and testified, the Federation of State Medical Boards. Sometime at about the same time the Commission was established, they began to have an advisory committee to look at their relationship to CAM. I think between that advisory committee, their own understanding, our dialogue is helping to push them, helping them to encourage them to open much more.

As far as emerging professions go, I think the only power we have as a federal commission is really to lay down some guidelines for ways to treat emerging professions and to help them emerge. And I'm hoping that we will do that.

Ultimately, the power devolves to the states. But what we hope to do is to create both a climate in which the state medical boards will understand -- or not medical boards, all the state boards -- will be encouraged to open up and to invite some of the professions in, and to help them develop licensure, and at the same time, create a document that those of you who are in the various states can use as a blueprint and a manifesto, if you will, to go the boards and say -- and this is one of the major uses of our Commission. We're spending a year and a half of 20 people and 10 staff, working very, very hard, listening to several thousand people, and digesting God knows how many hundreds of thousands of

pages of information. And the document we have, we hope you will take and you will use in exactly these situations.

Thank you very much, everybody.

FEMALE SPEAKER: Thank you. (Applause)

DR. GORDON: We'll break and then small groups, concurrent sessions, will begin.

(Whereupon, the PROCEEDINGS were adjourned.)

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