

Testimony before the U.S. Senate

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S. Hrg. 103-146

ALTERNATIVE MEDICINE

HEARING

BEFORE A

SUBCOMMITTEE OF THE COMMITTEE ON APPROPRIATIONS UNITED STATES SENATE ONE HUNDRED THIRD CONGRESS

FIRST SESSION

SPECIAL HEARING

Printed for the use of the Committee on Appropriation

STATEMENT OF HARVEY KALTSAS, D.A., PRESIDENT OF THE AMERICAN ASSOCIATION OF ACUPUNCTURE AND ORIENTAL MEDICINE

Senator Harkin. And Dr. Harvey Kaltsas, President of the American Association of Acupuncture and Oriental Medicine. Again, Dr. Kaltsas, I have your statement. It will be made a part of the record.

Please proceed.

Dr. Kaltsas. Thank you, Senator. Mr. Chairman, today I will highlight some of the dramatic cost savings already brought about by acupuncture, a 5,000-year old healing system of traditional Chinese medicine that includes the use of heat therapy, massage, herbs, diet, lifestyle, and exercise counseling.

The AAAOM requests continued support for research by NIH's Office of Alternative Medicine into this discipline. We specifically ask that the OAM include the participation of certified acupuncturists, who are the real experts in this field, in its research plans. We also ask for Senate support of bills now being introduced in the House which will cover acupuncture under Federal health insurance.

Derek Bok, former president of Harvard University, once said, "If you think education is expensive, try ignorance." Well, unfortunately, the Federal Government is relatively uneducated about acupuncture, and its ignorance about what acupuncture can do is costing the Federal Government a great deal of money. For example, HCFA has recently ruled — well, 20 years ago ruled — that acupuncture is experimental, despite voluminous research on acupuncture's safety and effectiveness. HCFA has not reversed its ruling and, as a result...

Senator Harkin. Is that ruling still in existence?

Dr. Kaltsas. It is still in existence. And acupuncture is not included under Medicare part-B.

Senator Harkin. Is that FDA?

Dr. Kaltsas. No; that is HCFA, Health Care Financing Administration.

Senator Harkin. HCFA?

Dr. Kaltsas. It was actually a rule promulgated in 1984 under a former administration. Starting with California and Nevada, 23 States, and the District of Columbia now license acupuncturists. Most recently is Iowa. On May 18, 1993, the Governor of Iowa signed into effect an acupuncture bill.

The health care consumers in Iowa called our national organization and requested that we not involve ourselves in any way in their legislative process. They did not want the legislators in Iowa to think that it was acupuncturists pushing to get licensed. They wanted the legislators in Iowa to know that it was consumers who wanted the service available to them. So we completely stayed out of it, and the law passed in Iowa.

The same thing happened 2 months ago in Louisiana where 10,000 consumers who were tired of driving to Texas for acupuncture treatments petitioned their legislature. Unfortunately, the bill failed in Louisiana, but it is being reintroduced.

Now, every year the public demands that acupuncture be included under Medicare and other Federal programs, but in response, many legislators wonder, "With a deficit this big, how can we possibly include another group of health care providers under Medicare?" Actually, the legislators should be asking, "Where can we replace high-cost, high-technology care with low-cost acupuncture?"

We have to ask, "Why do the patients fight to get acupuncture included?" It takes a lot to get legislatures to approve groups of practitioners. The main reason is that patients do not really want health care insurance. They do not really even want health care. They want health. And, for many patients, acupuncture is their only way to regain their health.

A study in Florida showed that 96 percent of all acupuncture patients have already been to the medical doctors for care and could not find relief, and they came to acupuncture as a last resort. And 80 percent of those very difficult patients got well.

How can acupuncture save the Federal Government money in this country? Let us look at China as an example for a moment. I know China has human rights abuses and it is not the ideal political system, but when it comes to health care, we have something to learn from them. America spends \$3,200 per year per person on health care. China spends \$71 per person per year; \$3,200 versus \$71. We have something to learn from them.

How do they get their health care costs so low? They use two basic capitalist principles. They increase the supply of health care providers. They legalized 500,000 Doctors of Acupuncture who work hand-in-glove with the medical doctors. There is no competition, no hierarchical structure. The medical doctors and the acupuncturists work hand-in-hand together, and they both educate their patients on how to stay well. The focus of health care in China is not treating illness, it is promoting health. And until we start doing that in this country, we are going to keep on with an \$800 billion a year health care bill.

I think 80 percent of all the health care expenditures in China are spent on pregnant women and children in the first 5 years of life. Senator Dodd is always quoting that 75 percent or so of our health care

expenditures are on patients in the last 6 months of life in our country. So we have got to shift the focus to prevention.

One way China reduces demand is by having widespread public health education campaigns and by encouraging the use of low-cost acupuncture therapies. One thing we desperately need in this country is a national cancer registry so that all cases of cancer are registered, like they are in China. In China, the Government knows how many cases of a particular type of cancer are in a particular region. They look to see if there is a lead smelter in that region spewing lead downwind, and they close it down and clean up the area so people do not get cancer from the lead that is being spewed out. We do not have statistics like that in our country, but we should and we should put the mechanization to collect them in place.

Most Chinese families practice some very simple acupuncture, massage, and dietary therapies at home as a way of preventing illness. For example, there is an acupuncture point right here, between your thumb and index finger. If you rub it, it is good for preventing constipation and good for preventing and treating headaches. How many Americans know about this point? Very, very few. But the Asian Americans know about this in our own country. And the Federal Government spends less for the care of Asian Americans than for any other ethnic group in the country. We have something to learn from our own Asian Americans, and from our own Federal statistics.

Senator Harkin. Are you saying in America we spend less for the Asian American community on health care than any other sector?

Dr. Kaltsas. Yes; that is right. Those are from Federal census statistics. Every day, American acupuncturists are educating American patients with this basic preventive Chinese wisdom. And what else are we trying to do to bring the health care costs from \$3,200 down to \$71?

Acupuncture is now used on 90 percent of all drug-related felons going through Miami drug court. Hugh Rodham is the Public Defender of Dade County and he refers all of his drug-related cases to the Miami drug court where they are given a choice of receiving acupuncture; 90 percent of the felons elect to attend acupuncture sessions. The cost for 1 full year of treatment is only \$750 per patient, and criminal recidivism among those who select acupuncture is now less than 7 percent. Normally, 50, 60 percent of people who have been through the criminal justice system get rearrested. The cost to process one case is over \$3,000. The cost for the acupuncture is only \$750.

New York City saves millions of dollars each year with acupuncture drug detox programs which dramatically reduce the time newborns must be sheltered while their mothers recover from crack-cocaine addiction. It is very expensive to keep newborn babies in hospitals instead of in their mothers' arms. Acupuncture puts the mothers back into their proper role of mothering by getting them off the crack-cocaine addiction.

Our own Veterans Administration researchers found that 61 percent of stroke patients with paralysis showed significant improvement following acupuncture. Our VA did the landmark studies of all the world acupuncture community by doing CAT scans of stroke patients' brains, finding out what part of the brain was damaged and then doing acupuncture with laser devices on those parts of the scalp.

In Czechoslovakia, they are doing the same type of work on brain-damaged babies and they do not have to institutionalize their children who have brain damage. Not keeping a child in a hospital saves millions of dollars for the countries of Czechoslovakia and Hungary. And I would like this to be instituted in our country. The laser device they use — you can get it from "Sharper Image." You know, it is the type they use to highlight things during speeches on the wall. It costs \$150. This is very inexpensive technology.

AIDS is another example where acupuncture is saving money. Yearly treatment with acupuncture in San Francisco Department of Health clinics costs less than \$3,400 per patient, and that figure includes herbs, weekly consultations and acupuncture treatments, lab work, and all administrative overhead. Clinical research that was just presented last weekend at a nationwide conference out in San Francisco shows that low-cost acupuncture and herbs are even more effective than treating AIDS with conventional, expensive Western therapies.

Acupuncture is very helpful in treating chronic pain syndromes. The FDA reports that acupuncture is used by doctors in 90 percent of German pain clinics; that the French National Health Plan covers acupuncture. The American Chiropractic, Osteopathic, and Veterinary Associations have all endorsed acupuncture as an effective therapy for the treatment of pain. Even Henry Kissinger's dog has been for acupuncture.

The conference report accompanying the National Institutes of Health Revitalization Act urges the Office of Alternative Medicine to coordinate research with other countries, foster training in alternative medicine, and disseminate its research findings. The AAAOM strongly supports the directive Congress has given OAM. China's Minister of Health, who is the brother-in-law of one of our AAAOM members, has assured our organization of full Chinese cooperation with United States research efforts. Other countries have made similar offers.

AAAOM requests that Congress fund the Office of Alternative Medicine to conduct domestic research staffed by State-licensed acupuncturists and to compile and translate acupuncture research done in Asia and Europe. It costs a lot less to translate than it does to conduct a new study. AAAOM also requests that the Senate pass a companion bill to parity legislation similar to legislation that was introduced in 1989 by Senator Barbara Mikulski.

The new legislation is being introduced in the House by Congressman Maurice Hinchey, and it guarantees that Federal workers have the right to choose a certified acupuncturist when receiving acupuncture care. Presently, the Federal Employees Health Benefits Plan covers acupuncture, but many of the policies only do so when it is provided by a medical doctor and you cannot go for acupuncture to somebody who is not certified in the discipline. We do not think this is fair.

The savings in drug detox costs alone for Federal workers could be substantial — 15 percent of all the American population is affected by chemical dependency. It is a very substantial cost to our society. And our profession is the only one that offers training in the prevention of chemical dependency and the treatment of chemical dependency. Medical schools only provide 2 hours of training in chemical dependency treatment and prevention — 2 hours in a whole course of medical school education. We offer 120 hours, leading to certification as certified addiction professionals. We want to teach the MD's how to approach their patients so they can prevent addiction and treat it when it develops.

We further request that the Senate pass companion legislation to a new House bill which includes acupuncture and acupuncturists under Medicare part-B. Blue Cross & Blue Shield of Maine estimated that covering acupuncture with their own policies, provided by licensed acupuncturists, costs less than \$1 per member per month.

To reiterate, "If you think education is expensive, try ignorance." As a society, we are now being presented with the bill for our ignorance of how to care for ourselves. We should learn from the example of Asian Americans and no longer dismiss their priceless medical heritage as experimental.

Senator Harkin. Very good. Dr. Kaltsas. Thank you very much.

PREPARED STATEMENT

[The statement follows:]

Statement of Dr. Harvey Kaltsas

Mr. Chairman and members of the Committee, I am Dr. Harvey Kaltsas, a Doctor of Acupuncture and the President of the American Association of Acupuncture and Oriental Medicine (AAAOM) which represents America's 7,000 state licensed acupuncturists. During this proceeding, I will illustrate some of the dramatic cost-savings already brought about by our profession, which has gained popularity in the USA only since President Nixon's visit to China in 1971. I will also request Senate support for research at NIH's Office of Alternative Medicine (OAM) into this discipline. I specifically request that OAM include the participation of state licensed acupuncturist in its research plan. I also ask for Senate support for bills now being introduced in the House which will cover acupuncture under federal health insurance.

I would like to start with a quote from Derek Bok, former President of Harvard University, "If you think education is expensive, try ignorance." The federal government is relatively uneducated about acupuncture, and that ignorance is costing plenty.

Acupuncture is the most commonly known therapy within the 5,000 year old healing system of Traditional Chinese Medicine (TCM), a system which also includes the use of heat therapy, massage, herbs, and dietary, lifestyle, and exercise counseling. When I speak about acupuncture hereafter I am referring to the entire system of Traditional Chinese Medicine. The practitioners of Traditional Chinese Medicine understood the circulation of blood 2,000 years before William Harvey articulated the concept in the West. And one thousand years "before Richard Williamson pioneered a modern glucose level test, Chinese doctors had discovered another method for detecting sugar they had patients pass urine on a wide, flat brick to see if ants gathered to collect the sugar. As far back as 752 A.D., pork pancreas was recommended as treatment for this disease, an approach similar to modern treatment by insulin."

Yet this 5,000 year old system of healing has been ruled experimental by the Health Care Financing Administration (HCFA), which has ignored voluminous research on acupuncture's safety and effectiveness and has excluded acupuncture coverage under Medicare. This is most inconsistent, because Medicaid pays for acupuncture in states such as New York and California; the Federal Employees Health benefits Plan covers acupuncture; millions of federal dollars are being spent on acupuncture drug detoxification programs, and Master's degree level programs in acupuncture are funded by the J.S. Department of Education, with over 500 new graduates each year.

We suspect HCFA is using the experimental label on acupuncture as a cost-containment measure. HCFA should reverse its acupuncture ruling immediately. By demanding acupuncture coverage, HCFA is inflating costs instead of containing them. Ironically, the same research that shows that acupuncture is safe also shows that it is quite dramatically cost-effective.

The Office of Alternative Medicine (OAM) has an opportunity to save the federal government, literally billions of dollars by identifying specific safe and effective acupuncture treatments for specific ailments. This will remove the unjustified blanket label of "experimental" that has been placed over all acupuncture treatment during the past twenty years. But first OAM must reach out for the expertise of the acupuncture community, both domestically and worldwide.

Thus far, the OAM has relied primarily upon the expertise of MDs in approaching acupuncture. This is a serious mistake because practitioners of Traditional Chinese Medicine, with years of schooling are the real experts in this field, not MDs, most of whom do not have the time to explore this discipline

adequately. AAAOM strongly urges OAM to include state licensed acupuncturists on any future acupuncture research projects. Moreover, AAAOM urges that OAM follow up on offers from China, Taiwan, Japan, Russia and Europe to share its research. Translation is much faster and inexpensive than conducting new studies. OAM's recommendations can then spur the integration of acupuncture into other federal programs. Every year lost adds to needless human suffering and to the billions in wasted federal funds.

ACUPUNCTURE IN THE UNITED STATES

Over the past twenty years, since President Nixon's visit to China, some 6 percent or 15 million Americans have been treated with acupuncture. This low-cost, benign therapeutic system is especially helpful for children, the elderly, the chemically dependent, and those whose immune systems are compromised. Acupuncture often precludes the need for chemical pain killers, cortisone, and surgery, all of which carry serious side effects.

Starting with California in 1976, twenty-three states and the District of Columbia now license, certify, or register acupuncturists. Most recent of these is Iowa, where on May 6, 1993 the Governor signed legislation which for the first time in Iowa allowed non-MD's to practice. Since so few MD's practice acupuncture, it had been virtually unavailable in Iowa heretofore. Not one acupuncturist or one penny of practitioner support was involved in passing the Iowa law. This was 100 percent the effort of health care consumers in Iowa.

Why are these citizens demanding that acupuncture care be made available to them? Eric Hoffer, LBJ's favorite philosopher, once said, "You can never get enough of what you don't really want to make you happy." The simple truth is that Americans do not really want health care insurance. They do not really even want health care. They want health. And that's what acupuncture offers — a way for many to regain health who could not do so otherwise.

A 1987 Florida study revealed that 96 percent of Florida acupuncture patients had already been unsuccessfully treated with conventional western medical care and then turned to a acupuncture as a last resort. Fully 80 percent of these difficult patients reported satisfactory results from acupuncture. Our patients are living proof that acupuncture has a unique contribution to make to America's health care system. What we offer is clearly not a replication of services.

Every year acupuncture gains in popularity. More than 82 private insurance carriers now cover acupuncture, and there has been growing public demand to include acupuncture under Medicare and other federal programs. In response, many legislators are asking "With the deficit this big, how can we possibly mandate coverage for another group of health care providers?"

Actually, legislators should be posing a more appropriate question, "What could the federal government save by including acupuncture in the American health care system?"

THE CHINESE EXAMPLE

Let us look at China for a moment. I expect that some don't want to hear about China because of its human rights abuses, and others don't like the fact that it is a communist country. But the simple truth is that China spends \$71 per person on health care per year, whereas America spends \$3,200. Granted the American population is healthier as a whole, but not by much. What accounts for this astounding discrepancy in health care costs per person?

China has observed two time-honored capitalistic principles to lower its costs, increase supply and reduce demand. First, China greatly increased its supply of medical providers in 1949 by giving equal legal and social status to an army of 500,000 doctors of acupuncture and Traditional Chinese Medicine who offer low-cost, low-tech care.

Second, China has reduced demand by improving food supplies, implementing massive public sanitation projects and widespread public preventive health education campaigns, and encouraging the use of low-cost acupuncture therapies. China's preventive measures are low-cost and low-tech. They combine western medical knowledge and practical measures we should have long ago implemented in our country (such as a national cancer registry) with Traditional Chinese Medical wisdom. Actually, acupuncture is not so much a disease treatment system as it is a health promotion system.

As a result, most Chinese families understand prevention and practice some very simple therapies at home. For example, there are over a thousand acupuncture points on the body that can be useful in reinforcing health. Most people in China know at least some of these points and massage them if a problem is developing.

I'd like everyone here to spread their thumb and index finger of your left hand. Now please take your right thumb and press on the webbed area between your left thumb and forefinger until you feel a tender spot. You've just located a point, Hoku. When used regularly, it is often helpful in treating headaches, constipation, and a number of other ailments. Does it cost anything to rub it? Of course not. How many Americans know about this point? Very, very few.

Similarly, very few Americans understand that drinking cold liquids on a regular basis can disturb the digestive function, thereby weakening the immune and circulatory systems. Americans drink ice water with meals. Chinese drink hot tea. Do Chinese know something we don't? Until very recently, western medicine did not acknowledge the role of diet in creating or preventing disease, something understood for centuries in China. Now this is common knowledge in the West. American acupuncturists are working every day to educate our patients with similar valuable knowledge.

What other steps are acupuncturists taking to bring that \$3,200 figure closer to \$71?

ACUPUNCTURE IN THE TREATMENT OF CHEMICAL DEPENDENCY

The experience of the Miami Drug Court shows that acupuncture is a safe, inexpensive way to help most felons succeed at treatment and avoid continued addiction, probable re-arrest, and possible death. In fact, acupuncture is considered "State-of-the-Art Treatment" in the domain of chemical dependency. The State of Oregon concurred by mandating that "synthetic opiates [i.e. Methadone] shall be used only when ... detoxification with acupuncture and counseling have proven ineffective or upon the written request of a physician ... showing medical need..."

Why? Because acupuncture works, and it is very inexpensive. Eighty percent of arrestees, nationwide test positive for drugs. Hugh Rodham, Public Defender for Dade County, Florida, [and brother of Hillary Clinton] now refers all of his drug abusing clients for acupuncture through the Miami Drug Courts. Acupuncture provides the physical support which keeps felons enrolled in the treatment and counseling process, dramatically relieving the biochemical stress of withdrawal and rapidly accelerating physiological recovery.

In two full years of operation, 4,296 felony drug possession arrestees entered the Miami program. The 1,600 graduates have a 3 percent re-arrest rate. The 1,153 individuals still in the program have a 7 percent re-arrest rate. Cost is only \$750 per client for a full year of acupuncture treatment. What would it cost not

to treat these patients with acupuncture? On a more positive note, imagine the savings if our national recidivism rate were only 3 percent. The City of New York also saves millions of dollars each year with acupuncture detox programs that dramatically reduce the time the City must house newborns while the mothers recover from crack cocaine addiction. Without acupuncture, what would the expense to society be? Bullock and Culliton noted that in a six month alcoholism treatment study, compliance and retention increased from 5 percent of the patient population without acupuncture to 35 percent with acupuncture.

Sir Jay Holder, Director of the 250 bed Village Addiction Treatment Center in Miami and the first American ever to be awarded the Albert Schweitzer Prize in medicine, conducted the first true placebo study of acupuncture in the treatment of chemical dependency. Dr. Holder concluded that "patients who complete at least ten days of auricular [ear acupuncture] therapy and do not receive inter-current medications would be ten times more likely [96 percent] to complete a thirty day residential program than they would without auricular therapy."

In the realm of addictionology, these figures compare with Michael Jordan's performance in basketball.

The real key to resolving the problem of chemical dependency, which afflicts 15 percent of the population, is education — starting with health care professionals, who in turn should educate their patients on the nature, prevention, and treatment of drug addiction. However, acupuncture is presently America's only primary care profession which offers significant, comprehensive training leading to certification as a Certified Addiction Professional. Medical schools generally only teach two to three hours on the treatment of chemical dependency during the entire education of an MD. In fact, the western medical tradition is itself drug dependent and continually sends out a strong pro-drug message with every prescription written. Acupuncture does just the opposite.

In what other areas could our federal government save money by supporting the expanded use of acupuncture in the U.S.?

STROKE, PARALYSIS, AND BRAIN DAMAGED BABIES

The Veterans Administration, in association with the Boston University School of Medicine, has conducted landmark research with the use of acupuncture to treat paralysis caused from stroke. Federal researchers found that "61 percent of the stroke patients with paralysis showed significant improvement following acupuncture", and are now able to predict with 95 percent accuracy which stroke patients are likely to benefit from acupuncture." Once again, acupuncture proves to be safe and cost-effective.

Dr. Margaret Naeser, one of the stroke study researchers, also reports the following on the use of acupuncture for the treatment of brain damaged babies in Czechoslovakia and Hungary: "The acupuncture is begun within the first 10 days post- birth, or within the first year, post-birth. Dr. Michaela Lidicka, from Czechoslovakia, has data which shows the brain-damaged babies who begin treatment with acupuncture within the first year of life, do not have to be institutionalized for care. Their records are complete up to 5 years, so far. This represents a great cost saving for medical care in their countries. Their results are better for babies born with brain damage due to lack of oxygen at birth, than for babies born with brain damaged due to genetic defect. The reputation of acupuncture in treating babies with brain damage has spread in Prague and Budapest, and as a result, most babies born with brain damage are now routinely referred to these acupuncturists for treatment ... as soon as possible, post-birth."

AIDS

Acupuncture has proven to be a low-cost, benign complement to conventional medicine in the treatment of AIDS. At the First International Conference of HIV, AIDS, and CHINESE MEDICINE held in San Francisco June 18-20, 1993, research was presented attesting to acupuncture's popularity and effectiveness at treating AIDS related diseases. Acupuncture is especially effective for managing such AIDS symptoms as diarrhea, fatigue, hepatitis, irritable bowel syndrome, joint pain, night sweats, and peripheral neuropathy.

In patients receiving acupuncture treatment, CD4 cells, which indicate the strength of the immune system, showed a decline of only 4 percent after 2.5 years compared to 18 percent and 49 percent in non-acupuncture groups. A sizeable number of patients remained asymptomatic. In one study of 201 HIV patients, those using only acupuncture and herbs did better than those using a combination of Chinese medicine and western medications.

In 1992, the American College of Traditional Chinese Medicine (ACTCM) in San Francisco received a first of its kind contract from the Department of Public Health to provide acupuncture care. Even with such an expensive disease as AIDS, the yearly cost for weekly treatment in this public clinic setting runs less than \$3,400 per patient, and that figure includes herbal care, consultations, lab work, and administrative overhead. Once again, education is an essential part of managing this disease in the ACTCM program, which has a four month waiting list for entry.

Sir Jay Holder considers acupuncture and Chinese herbs to be the most promising and cost-effective treatment for AIDS yet discovered. Dr. Holder asserts "There are very few things that can support the immune system as quickly, as effectively, and as inexpensively as acupuncture and traditional Chinese medicine."

This is not to suggest that acupuncture is a substitute for all other conventional therapies. But when these treatments are coordinated, acupuncture provides a safe and gentle support system for patients too weak to withstand the side effects of pharmaceuticals or surgery.

CANCER

It is often said that there are tremendous medical discoveries awaiting humanity within the flora and fauna of the Amazon rain forests, and that we must save them to preserve their treasures for posterity. Within the world of acupuncture and TCM [Traditional Chinese Medicine], many such treasures have already been found and developed. Over 5,000 herbs and 25,000 herbal formulae are now commonly used in TCM.

In China, herbs help significantly in the management of cancer when used as an adjunct to surgery, chemotherapy, and radiation. The Journal of the American Medical Association, 1/27/84, reported that life expectancy doubled for patients with rapidly advancing cancers when Chinese herbs [which cost pennies a day], were added to the treatment plan. JAMA noted that in general "patients who received Fu-Zheng [herbal] therapy survived longer and tolerated their treatment better than those patients who were treated by western medicine alone... In addition, the five year survival rate was twice as high among patients with nasopharyngeal cancer... (53 percent v. 24 percent)."

Another article in JAMA, 11/10/89, noted acupuncture's success treating nausea for chemotherapy.

PAIN

Acupuncture is perhaps best known for its ability to manage chronic pain syndromes. In one study of over 20,000 patients at UCLA, acupuncture reduced both the frequency and the severity of muscle tension headaches and migraines. Other studies document acupuncture's marked ability to reduce neck and back pain, with 58 percent of the treatment groups maintaining improvement after 40 weeks.

The American Chiropractic, Osteopathic, and Veterinary Associations have all endorsed acupuncture as an effective therapy. Even Henry Kissinger's dog has been treated with acupuncture!

And the AMA, while citing its shortcomings, acknowledges that "Acupuncture ... is considered particularly effective in the treatment of migraine and tension headaches, but it is often used in the treatment of visceral pain as seen with cholelithiasis, appendicitis, gastritis, renal colic and peptic ulcer..."

A 1991 study from the FDA's Office of Science and Technology reports that acupuncture is used by doctors in 90 percent of German pain clinics and is covered under the French national health plan. This study goes on to quote R.H. Bannerman, a Programme Manager of the World Health Organization: "... the sheer weight of evidence demands that acupuncture must be taken seriously as a clinical procedure of considerable value."

REQUESTS FOR CONGRESSIONAL SUPPORT

Acupuncture represents the greatest unexplored treasure trove of medical information on the planet today, and China has freely offered us the benefits of literally millennia of research. One of our members, Cecilia Chang, is sister-in-law to the Minister of Health for all China, and he has assured full Chinese cooperation with almost any U.S. research effort. The Taiwanese, Japanese and Europeans have made similar offers. AAAOM requests that Congress fund the Office of Alternative Medicine to support domestic acupuncture research and to compile and translate acupuncture research done in Asia and Europe.

We remind the Subcommittee that the Act reauthorizing the NIH Office of Alternative Medicine specifies that "[t]he purpose of the Office is to facilitate the evaluation of alternative medical treatment modalities, including acupuncture and Oriental medicine. . . . P.L. 103-43, Section 404E.

In the Conference Report accompanying the NIH Revitalization Act, H.R. Conf. Rep. No. 100, 103d Cong., 1st Sess., p. 117, the Conferees urged the OAM to accomplish the following:

- (1) formulate a plan for future research activities at NIH;
- (2) provide fellows authorized under this legislation the opportunity to engage in program and policy analysis, as well as perform clinical research;
- (3) coordinate research efforts with those of other countries;
- (4) develop databases which would support both research and information transfer functions;
- (5) foster training in the area of alternative medicine; and
- (6) disseminate its research findings through conferences and other forms of professional communication.

AAAOM strongly supports the directives that Congress has given to OAM. We specifically ask that OAM include the meaningful participation of state licensed acupuncturists, as research fellows, in the development, implementation, and evaluation of OAM's research plan to investigate acupuncture. We ask that as part of its research plan, OAM consult with representatives of HCFA to establish reasonable scientific criteria to remove the twenty year old "experimental" status of acupuncture.

AAAOM also requests that the Senate pass a companion bill to parity legislation being introduced by Congressman Maurice Hinchey which guarantees freedom of choice of health care providers for federal workers insured by the Federal Employees Health Benefits Program.

Some FEHBP policies presently cover acupuncture, but only when performed by an MD. The Hinchey legislation would leave insurance companies with the right to choose whether or not to cover acupuncture. But if they choose to cover acupuncture, then they must pay for the service when provided by a state certified, licensed, or registered acupuncturist. This sounds silly, but some FEHBP policies only cover acupuncture when performed by an MD, and not many MDs are well-trained in acupuncture. Savings in drug detox costs alone for federal employees could be substantial.

When similar parity legislation was reviewed by the State of Maine, its Mandated Benefits Advisory Commission concluded that "[s]ince the proposed mandate applies only to policies which already cover acupuncture, the financial impact would be minimal." The Maine study also explored the economic impact of requiring insurance policies to cover acupuncture and include acupuncturists as providers: "Blue Cross and Blue Shield estimate that addition of licensed acupuncturists as providers would add less than \$1 per member per month to pure premium if coverage of the service were mandated."

As a result, BC/BS of Maine has chosen to provide acupuncture coverage for all State of Maine employees and school teachers. With this in mind, AAAOM requests that the Senate pass a companion bill to one being introduced by Congressman Hinchey which would include acupuncture and acupuncturists under Medicare Part B.

CONCLUSION

To reiterate, "If you think education is expensive, try ignorance." As a society, we are now being presented with the bill for our ignorance of how to care for ourselves. We must increase the supply of those who would teach us how to live in harmony with life. By so doing, we can reduce the demand for expensive health care services.

U.S. Government research shows that Asian-Americans spend less federal health care dollars per person than any other ethnic group. We should learn from their example and not dismiss their medical heritage as "experimental." Frankly, we can no longer afford to do so.