



COUNCIL OF COLLEGES OF ACUPUNCTURE AND ORIENTAL MEDICINE

Fall 2002

Please Join Us in Celebrating North American Acupuncture and Oriental Medicine Day on October 24, 2002

At the most recent meeting of the North American Council for Acupuncture and Oriental Medicine (NACAOM) in Toronto this past June, AOM representatives from Canada, the United States, and Mexico declared October 24th of each year as North American Acupuncture and Oriental Medicine Day in these three countries. In addition to CCAOM, the following organizations in the United States have agreed to support this initiative: National Certification Commission for Acupuncture and Oriental Medicine (NCCAOM), Accreditation Commission for Acupuncture and Oriental Medicine (ACAOM), American Association of Oriental Medicine (AAOM), Acupuncture and Oriental Medicine Alliance (AOMA), American Academy of Medical Acupuncture (AAMA), Society of Acupuncture Research (SAR), National Acupuncture Detoxification Association (NADA), Federation of Acupuncture and Oriental Medicine Regulatory Agencies (FAOMRA), and the National Academy of Acupuncture and Oriental Medicine (NAAOM).

Council schools throughout the country will engage in a variety of activities on October 24th to promote greater public awareness of the benefits of AOM, such as issuing local press releases, offering free acupuncture treatments at college clinics, providing free talks about AOM, and encouraging alumni to hold an evening of free treatments or talks at their clinics. The colleges want to work with professionals throughout their local area in celebrating this day. The two professional associations have been encouraged to inform all their state associations about the day so that the local associations can work with the colleges and other relevant organizations in their areas.

Nationally, the Council will be working with other national organizations to promote the day through media outreach and other activities. The Council's Committee on Public Relations, Marketing, and Fund-Raising, chaired by David Lee of Emperor's College, is coordinating the Council's effort to bring recognition to this day. David Lee may be contacted at dsl@emperors.edu.

OCOM and Bastyr Approved to Offer D.A.O.M.

Oregon College of Oriental Medicine (OCOM)

The OCOM Clinical Doctoral Program was approved by ACAOM in May 2002 and plans to begin in July 2003. The initial enrollment will be 15 students. Admission to the program includes 5 years experience and faculty members and experienced practitioners from other AOM colleges will be encouraged to attend. OCOM will offer 3 specializations: women's health, pain management, and geriatrics. Two will be offered in the first year of the program. OCOM's doctoral program will be offered on an intensive module basis for 25 months, meet approximately 4 days per month, and require extensive work between the modules. The program culminates in 6 weeks of clinical experience in Nanjing and Chengdu, China (PRC) focusing on the areas of specialization. The faculty will consist of Acupuncture and Oriental Medicine practitioners, M.D.'s., N.D.'s., and Ph.D.'s working in collaboration in both the classes and the clinics and with an emphasis on integrated medicine. Students will work in both western and AOM clinical settings. The AOM faculty will be brought in from throughout the US, Europe, and China (PRC), are internationally renowned, and have over twenty-five years of clinical experience. Please see OCOM's web site for more information at www.OCOM.edu.

Bastyr University

Bastyr University's Acupuncture and Oriental Medicine Program was approved in May, 2002, to start offering a clinical doctoral program. The training will have an emphasis in oncology and will offer doctoral students clinical placements at an outpatient oncology clinic in Seattle that currently offers integrated care and opportunities to do advanced oncology clinical work at Bastyr's two sister universities, the Chengdu and Shanghai Universities of TCM. The didactic portion of the program provides advanced TCM and bioscience training in oncology, along with coursework in advanced Chinese medical classics theory. Currently, the program is structured to run over 11 quarters, or just under 3 years. The program will initially enroll 6 students per year. Upon expansion of additional clinical opportunities, the enrollment will be increased. Because of the university's regional accreditation status, the ultimate starting date for the program is contingent upon approval from the Northwest Association of Schools and Colleges. Please see Bastyr University's website at www.BASTYR.edu.

**Editorial: A Call For Building
Consensus and Cultivating
Compassion and Patience, by
Elizabeth A. Goldblatt, Ph.D.,
M.P.H./H.A., CCAOM President**

The field of acupuncture and Oriental medicine is going through major transitions. In the 1990s, our field was catapulted into national attention. The events that marked the 90's include the Bill Moyer's series "Healing and the Mind," the David Eisenberg study on the use of complementary and alternative medicine (CAM) in our country, recognition by the FDA of acupuncture needles, the NIH Consensus Conference recognizing the benefits of our medicine, and, most recently, the White House Commission on CAM's recommendations

that strongly support integrating CAM into our health care system. The Integrated Healthcare Policy Consortium, which includes organizations from all medical fields, as well as representatives from hospitals, insurance companies and so forth, continues its work on Capitol Hill to promote the inclusion of CAM into our country's medical system.

Our field is experiencing significant change. More insurance companies cover acupuncture and Oriental medicine. There are now more salaried positions available in public health clinics and hospitals. More opportunities exist for participating in integrated clinics and collaborative projects among health care providers. Collaborative research projects are flourishing. We are legally able to practice in 42 states plus D.C., and there are now almost 50 colleges of acupuncture and Oriental medicine in the U.S. Two of our colleges have been approved to offer what will be the first clinical doctoral programs in the country.

Individuals react to change in a variety of ways. Some experience excitement and look forward to new opportunities, others experience fear, anxiety, feel threatened, become turf oriented, and resist change. Many feel a variety of emotional and intellectual reactions. When not used constructively, these reactions can cause disharmony, which is what seems to have happened in our field over the past few years. The CCAOM knew that when we created the clinical doctoral program, there would be many reactions. We believe that it is of the utmost importance now to move carefully, to go slowly, and to allow these doctoral programs to evolve. It will be many years, if not decades, before the majority of colleges will be approved to offer a doctoral program. We do not yet know how these programs will affect our field. This academic evolution will take time. We will need to review and evaluate these programs carefully after they have been up and running a few years. Then we can intelligently discuss their effect on our field and the appropriate role and position that the doctoral programs should have in our academic institutions.

We are concerned that some practitioners seem to be impatient, not

open to dialogue, and are attempting to use the legislative arm to mandate their vision for the field. We are very concerned about this situation, as we believe that ultimately it will only hurt our entire field. As an academic and grateful patient of this superb medicine for over 30 years, I am disheartened by the kind of politics that have been occurring in our field at the state legislative level. We all know that a far more constructive and harmonious approach is to have dialogue, debate, and discussions among ourselves within the field until we reach a level of consensus that creates a vision that we can all support. **It is essential that the colleges and the practitioners work together on the educational future for our field. If we do not work together, we will remain in disharmony, which does not reflect our medicine and will negatively affect our field, ourselves, our patients, and all the multitudes of people and organizations with whom we work.** Therefore, I call for patience, compassion, caring for one another, listening and working together as we build a vision for our field that includes the many organizations and individuals who will be so strongly affected by our actions. Please take the debate out of the legislative level. Please be open and listen carefully to others. Let us all begin to work together. If we do, we will regain the harmony and balance that reflects our medicine. Thank you.

Editorial: Our Future by Steve Given, L.Ac., M.T.O.M., CCAOM Executive Committee Member., [Liza to write on

There is something happening within our profession. What is going on in California?

It is not a matter of diversity. Acupuncture and Oriental Medicine in the United States is a reflection of the diversity of the medicine worldwide. We represent practitioners of Traditional Chinese Medicine, Classical Chinese medical traditions, Korean acupuncture, Japanese therapeutic styles, European five element and energetic systems, and the innovative permutations that have grown

out of the melting pot of diversity that is Asian medicine in this country.

It is not about our colleges. Our institutions continue to grow, expand, and improve. Our schools grow in number and strength. Our school curricula deepen and mature. Our clinical opportunities both here and abroad increase in number, quality, and depth. Our professional associations have increased in strength and the number of affiliates. The National Certification Commission for Acupuncture and Oriental Medicine and the Accreditation Commission for Acupuncture and Oriental Medicine have evolved, both facilitating the growth of our profession. Research organizations communicate and collaborate with educational and practitioner institutions.

It is not about healing. Each tradition that is part of our profession, each modality, each type of practitioner, whether a licensed acupuncturist, medical acupuncturist, assistant, Detox specialist, or supplier, represents an important component in this medicine. We all play a role. We all contribute to a tradition of healing and the growth of this tradition in the United States. Moreover, our patient satisfaction is very high.

It is not about controversy or having opinions. Our ability to disagree, the tenacity of our viewpoints, and even the strength of our convictions are as durable as our medicine. We have disagreed as long as we have practiced medicine. The greatest impetus for the growth of medicine is the infusion of new ideas. Classical medicine in the West developed in part because classical culture interacted with the cultures of North Africa, the Middle East, and cultures along the Silk Road. Chinese medicine is the amalgam of Taoism, Confucianism, Buddhism, Legalism, Moism and, starting in the 17th Century, occidental culture. With these divergent influences comes a tradition of debate that continues to this day both within our profession and between our profession and other therapeutic paradigms.

It is about politics. Just as this medicine is part of the fabric of healthcare in the United States, the politics of acupuncture and Oriental medicine are what have changed. What has changed is

the tenor of the debate. We no longer assume the best motivations for each other. We no longer see our debates as distinctions between ideas. Our debates have become personal. In face-to-face meetings and in front of legislatures, we no longer see each other in terms of a divergence of ideas, but in terms of an incorrectness of being.

The CCAOM interacts with the legislative branches of the Federal and State governments regarding the statutory issues impacting our medicine. We interact with the Executive branch through regulatory boards. We interact with local business regulations. We interact with the judicial branch through our role in the courts. **We are concerned that a small group of practitioners are attempting to use the legislative process to mandate their particular vision by passing state laws. We strongly believe that this is not a constructive avenue and is creating tremendous tension and divisiveness in our field.**

While no one is without fault, there are a few individuals who are fueling this slide into acrimony. This small group of practitioners has made the assumption that by impugning fellow participants in the debates within our profession, they are more likely to advance their agenda than by discussing their agenda without personal attack. They single out visible proponents of views that are different from their own. They accuse those who disagree with their agenda of interfering with the profession rather than disagreeing with their views. Their debate has become one of personal attack rather than persuasion based on the merit of their beliefs. They suggest that acupuncturists who do not believe as they do are "not the real acupuncturists," or "not the real profession." They dismiss the contributions of those within our profession who, while not acupuncturists, are vital contributors to the institutions that make up our profession. These practitioners have become barriers to compromise, collaboration, and community.

This process of politics by personal attack is unacceptable. We believe that if this continues, we will never be in a position to see all the issues that beset

this profession resolved. Only by constant dialogue and work that includes a process that respects our individual and organizational differences can we continue collectively to improve all aspects of this medicine. Historically, medicine evolves, molded by the forces of culture, religion, philosophy, and economics. Our collective vision is as much a part of these forces as are our differences.

The process of debate and resolution of the areas of friction within the medicine can only be successful if personal attack is replaced by collaboration and mutual respect. Each of the groups that make up our profession brings unique skills and experiences to the debate. Whether the issue is about insurance billing, practice management, or education and curriculum development, there are individuals within the Oriental medicine community that bring skills and perspective to bear on the discussion. We must listen to and respect all these voices.

The CCAOM encourages everyone in our field to honor a moratorium on all legislative issues and agendas as we work towards creating an open and cordial dialogue among ourselves. Further, we encourage all communications, whether in publications, web sites, e-mails, letters, or in other forms to be respectful and accurate, and that the authors not participate in "dirty politics." We encourage the immediate ceasing of all personal and organizational attacks.

Instead, we should all work together to create more employment opportunities for our practitioners, the expansion of insurance reimbursements at appropriate rates, collaborative research projects, information sharing, and celebrate the fact that two of our colleges were recently approved by ACAOM to begin their clinical doctoral programs. While we believe it will be years, if not decades, before the majority of our colleges will be approved to offer clinical doctoral programs, we have just made historical progress in 1) creating the clinical doctoral program, and 2) having two colleges approved for the doctorate in May 2002. Let us celebrate our accomplishments and work together. We must listen to and respect all the voices in our field.

Highlights of Recent CCAOM Meetings

Hawaii (2001)

On November 8-9, 2001, in conjunction with the annual meeting of the American Association of Oriental Medicine, the Council met in Hawaii and formally admitted into its membership the Phoenix Institute of Herbal Medicine and the Michener Institute of Applied Health Sciences in Toronto. There was an open discussion at the meeting concerning how the events of September 11, 2001 affected the AOM field and a suggestion to develop a protocol for handling such situations at any of the Council's schools. The Professional Acupuncturist Response Team (PART) reported that within 48 hours of the terrorist attacks in New York City, PART coordinated with the Federal Emergency Management Agency (FEMA) and gathered 300 practitioners to work 24/7 at the Jacob Javitz Center. The group administered some 3000 treatments to relief workers, dogs, and victims during this emergency situation. The Council unanimously adopted a resolution recognizing the compassion and contribution of the AOM community in the recovery effort associated with the events of September 11. After this tragedy, FEMA urged the AOM community to submit a proposal specifying the benefits of integrating acupuncture and bodywork in future disaster relief efforts. The Council also formed a PART Task Force to consist of Jack Miller, Patsy Roth, Megan Haungs, and Valerie Hobbs.

Dr. Andreas Bayer, founder of TCM Academy, a non-profit nongovernmental organization, made a presentation to the Council concerning the status and development of TCM in Europe. Dr. Bayer has worked to establish the European Association for TCM for the purpose of uniting 13 countries and 5000 practitioners throughout Europe.

The Council elected Jack Miller as Vice President, Barbara Ellrich as Treasurer, and Shen Ping Liang as Member-at-Large.

San Francisco (2002)

On May 2-3, 2002, in conjunction with the annual meeting of the Acupuncture and Oriental Medicine Alliance, the Council met in San Francisco for the first of its two biannual meetings for this year. The Council formally admitted into its membership the Jung Tao School of Classical Chinese Medicine in Sugar Grove, NC, and the American Academy of Acupuncture and Oriental Medicine in Roseville, MN. The Accreditation Commission for Acupuncture and Oriental Medicine (ACAOM) granted both schools candidacy status in November 2001. The Council currently consists of 46 member schools.

In addition to its formal meetings, the Council sponsored two workshops. Faith Gabelnick, Ph.D., President of Pacific University in Forest Grove, OR, presented a training specifically designed for the Presidents and CEOs of the Council colleges. Raymond Vittorio, M.O.M., L.Ac., Dean of Academic Studies at the American College of Traditional Chinese Medicine in San Francisco, and Tom Haines, Ph.D., Director of Academic Affairs at Pacific University in San Diego, co-presented an afternoon workshop concerning faculty development for the benefit of academic deans and deans of faculty at CCAOM schools.

During the meetings of the full Council, Elizabeth Goldblatt, President of the Council, noted the challenge presented by recent legislation in California that proposed a dramatic increase in the number of required educational hours for the training of acupuncture practitioners and the necessity for the Council to have an open discussion concerning this issue. It was also announced that for the first time in its history the Council had hired an Executive Director, David M. Sale, J.D., LL.M., who began his duties in the Washington, DC office on February 12, 2002.

The Council considered a draft proposal for a Doctorate in Acupuncture that its Doctor of Acupuncture Committee had developed over the course of the preceding two years. The new doctoral program would consist of a 4000 hour, clinically-based curriculum that would include Masters level training and permit

in-depth study of and specialization in the vast store of knowledge within the field of acupuncture. Underlying the development of this new degree is the reality that the body of knowledge of the theory and practice of acupuncture is available to offer formal training at the doctoral level in a dedicated doctoral program. The Council adopted a motion recognizing the legitimacy of the study of acupuncture as its own area of clinical and academic interest and directed that the proposal undergo further review by the Doctor of Acupuncture Committee, which was newly constituted as a subcommittee of the Council's Doctorate of Acupuncture and Oriental Medicine Committee. The additional review is expected to generate specific recommendations to the Council including admissions requirements for doctoral students, the pathway to doctoral degree completion, and any changes necessary to provide access to degree holders of the Master of Acupuncture.

In an effort to guide the AOM colleges in their relationships with each other, the Council adopted a Code of Ethics, which is reprinted in this newsletter.

A portion of the Council's discussions at the conference concerned issues associated with the controversial legislation proposed in Florida and California in 2002 that would dramatically increase the number of educational hours for the training of AOM practitioners up to 4000 hours. In recognition of the divisiveness of this issue and the need to establish a process for obtaining a shared and consensual vision for the profession as whole, the Council adopted a resolution committing itself to participate in a visioning process for the profession over the course of the next two years.

White House Commission on Complementary and Alternative Medicine Issues Final Report

In March of 2002, the White House Commission on Complementary and Alternative Medicine Policy issued its final report containing administrative and legislative recommendations for the CAM field. The Commission, which was established by a Presidential executive

order in 2000, addressed issues concerning the coordination of research to increase knowledge about CAM products, the education and training of CAM practitioners, the provision of reliable and useful information about CAM practices and products to health care professionals, and guidance concerning appropriate access to and delivery of CAM.

Among the many proposals of the Commission, the following specific recommendation and related action items concerning the education and training of CAM practitioners may be of particular interest to AOM educators:

Recommendation 10: The education and training of CAM and conventional practitioners should be designed to ensure public safety, improve health, and increase the availability of qualified and knowledgeable practitioners and enhance the collaboration among them. To implement this recommendation, the Commission urged that the following actions be taken:

- Conventional health professional schools, postgraduate training programs, and continuing education programs should develop core curricula of knowledge about CAM to prepare conventional health professionals to discuss CAM with their patients and clients and help them make informed choices about the use of CAM.
- CAM education and training programs should develop curricula that reflect the fundamental elements of biomedical science and conventional health care relevant to and consistent with the practitioners' scope of practice.
- CAM and conventional education and training programs should develop curricula and other methods to facilitate communication and foster collaboration between CAM and conventional students, practitioners, researchers, educators, institutions, and organizations.
- Increased Federal, state, and private sector support should be made available to expand and evaluate CAM faculty, curricula, and program development at accredited CAM and conventional institutions.

- Expansion of eligibility of CAM students at accredited institutions for existing Federal loan programs should be explored.
- The Department of Health and Human Services should conduct a feasibility study to determine whether appropriately educated and trained CAM practitioners enhance and/or expand health care provided by primary care teams. This feasibility study could lead to demonstration projects to identify: 1) the type of practitioners, 2) their necessary education and training, 3) the appropriate practice settings, and 4) the health outcomes attributable to the addition of the practitioners and services to comprehensive care.
- The Department of Health and Human Services and other Federal Departments and Agencies should convene conferences of the leaders of CAM, conventional health, public health, evolving health professions, and the public; of educational institutions; and of appropriate organizations to facilitate establishment of CAM education and training guidelines. Subsequently, the guidelines should be made available to the states and professions for their consideration.
- Feasibility studies of postgraduate training for appropriately educated and trained CAM practitioners should be conducted to determine the type of practitioners, practice setting, and their impact on clinical competency, quality of health care, and collaboration with conventional providers.
- Practitioners who provide CAM services and products should complete appropriate CAM continuing education programs that include critical evaluation of CAM to enhance and protect the public's health and safety.

The report contains numerous references to AOM in such contexts as the history of CAM in the United States, insurance reimbursement, treatment of painful chronic and other conditions, future research, medical school education, and training and licensing requirements for

CAM practitioners. For further details, including the Commission's recommendations unrelated to education and training, see the full text of the report at <http://www.whccamp.hhs.gov>.

National Policy Dialogue Issues Final Report

In March of 2002, the National Policy Dialogue to Advance Integrated Health Care issued its final report. The Dialogue met from October 31 – November 3 at Georgetown University in Washington, DC and consisted of over 50 participating national stakeholder organizations, including CCAOM President Elizabeth Goldblatt. The Dialogue was developed by the Integrated Health Care Consortium, headed by Candace Campbell of the American Association for Health Freedom. Participating stakeholders included CAM educators and professional associations, conventional and CAM practitioners, public and private payers, manufacturers of natural health care products, employers, consumer advocacy groups, and government agencies.

The report of the Dialogue is intended to provide a framework of reference for the future of integrated health care in the United States. To this end, the report makes public policy recommendations concerning research, education, services to underserved and special needs populations, regulation of CAM products and services, access to CAM in federal benefits and healthcare programs, and issues relating to clinical practice, quality of care, and public and community health.

In the area of education, the report recommends the establishment of a national consortium of conventional and CAM educators and practitioners. The purpose of the consortium would be to encourage conventional and CAM educational institutions to embrace their responsibility to educate the public so that health care consumers can make more informed choices in health care, resulting in enhanced quality of life. Elsewhere, the report urges the establishment of a federal office to foster creation of an integrated health care system with an emphasis on health promotion and disease prevention.

Additionally, the report advocates that authorized CAM and integrated health care providers, as well as accredited CAM schools, be included in all federal healthcare programs and initiatives on a nondiscriminatory basis.

The report indicates that the significance of the work of the National Policy Dialogue lies in the opportunity for the formation of new alliances involving providers, educators, researchers, payers, and consumers who are committed to the paradigm of integrated health care and the development of a shared policy agenda among these participants. Additionally, the report affirms its value in informing governmental and non-governmental decision-makers about the key issues involved in advancing a more integrated model of health care in the U.S., and in providing a benchmark for measuring future achievements against what the report deems to be currently necessary in achieving an integrated system of health care. Finally, the report hopes to inspire relevant decision makers in both the governmental and private sectors to take appropriate action to implement the recommendations of the National Policy Dialogue.

Council to be Represented in Europe and China

The Council will be represented this year in Europe for the Second Annual European Congress of TCM. In addition to CCAOM, other participating organizations at the Congress include the China State Administration of TCM (CSATCM) and the European Register of Organizations for TCM (EURTCM). The Congress is expected to provide a forum for discussing developments concerning TCM education and scientific research throughout the world.

The Council will also be represented by members of its Executive Committee and various AOM colleges at the First International Symposium on Education of Traditional Chinese Medicine, November 18-20, 2002, in Beijing, China. The Symposium, which is sponsored by the Beijing University of Chinese Medicine and the Taiji Group Co., Ltd., is designed

to promote progress in the internationalization of TCM education through academic exchanges, communication, and collaboration among TCM institutions, as well as to provide a forum for discussion and cooperation between TCM organizations and scholars from various countries. Additional outcomes for the Symposium are expected to include the publication of papers concerning TCM, which have been solicited for the meeting, and an international directory of TCM educational institutions.

CCAOM CODE OF ETHICS

The following is the text of the Code of Ethics adopted by the Council at its May, 2002 meeting:

The Council of Colleges of Acupuncture and Oriental Medicine has adopted this Code of Ethics to guide Member Institutions in their relation to each other. Each Member Institution is part of the broader academic profession of educating and training the generations of practitioners still to come.

Each has a responsibility to assist in the furthering of this academic profession, so as to result in practitioners of higher quality and the better protection of the public. The Council is formed with this purpose, a purpose that is encouraged to be shared by all Member Institutions.

A. Member Institutions are encouraged to respect each other, particularly each other's diversity of approach. Member Institutions are encouraged to collaborate on projects, wherever feasible and where appropriate through the Council, and outside the Council where that achieves mutual goals.

B. Member Institutions are encouraged to share with each other publications and methods of operation by which all can benefit. Where appropriate, Member Institutions are encouraged to join together in research projects or in workshops to enhance teaching or other services, thus permitting a group of Institutions to accomplish

what one alone could not do or could do only more expensively and inefficiently. Member Institutions are encouraged to make available administrators and faculty to participate in workshops, seminars, and other venues for the mutual education and advancement of all Member Institutions.

C. Member Institutions should not disparage other academic institutions. Institutions are encouraged to impress upon staff and faculty that no person should discredit another institution by disparaging the character, nature, quality, value, or scope of its course of instruction or services; or by imputing to the other institution dishonorable conduct; or by adversely reflecting on it in any other material respect.

D. At no time should Member Institutions, formally or informally, discuss with each other tuition rates, scholarship policies, limitation of enrollment, limitation of teacher salaries, or other practices that might be construed as being violations of antitrust laws or otherwise in restraint of trade.

E. Member Institutions are encouraged to impress upon one another that each should treat their Member Institution colleagues with civility and respect. Each Member Institution is encouraged to be particularly aware of the importance of respecting different beliefs or opinions that may be held by one or more other Member Institutions. Although a CCAOM member should feel free to disagree with the opinion of another, distortion or misrepresentation of that opinion is unacceptable whether done at a CCAOM meeting or elsewhere. Positions are encouraged to be fairly summarized both at and outside of CCAOM meetings.

F. A Member Institution is encouraged to respect the confidentiality of material or information received by the Member Institution, in either oral

or in written form, from or about another Member Institution.

G. CCAOM as an organization attempts to reach consensus on most issues before it so that the academic profession, as much as possible, may move forward together. Of course, during the discussion of an issue, each Member Institution is encouraged to disclose its views and present them freely. But then each Member Institution shall work with the whole in attempting to reach a consensus within which all, or most, are able to find comfort. However, if the general consensus is to adopt a policy with which a Member Institution feels strongly, a minority view can be expressed. The Member Institutions that adhere to the majority, consensus position shall respect the minority view, as shall the Member Institutions that adhere to the minority position respect the majority view. Those who adhere to the minority position should recognize that the consensus or majority position is the policy of the Council until altered by a consensus or majority of the Council.

H. At all meetings of the Council, its committees, and workshops, seminars, or other venues sponsored by the Council, the representative(s) of each Member Institution are encouraged to act with dignity, respecting and honoring the rights of others to present views with which the representative may disagree.

I. Member Institutions or officers who participate as a representative of the Council in events, panels, meetings, or other venues for the acupuncture and Oriental medicine profession or in public activities are encouraged to represent fairly the consensus or majority view of the entire Council, or the Executive Committee in lieu of appropriate timing of full Council meetings. At all times, the Council's mission, goals, bylaws, and strategic plans

must provide the guidance for the Council's communications, activities, and decisions with the public.

CCAOM Officers and Committees

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David M. Sale, J.D., LL.M., Executive Director
Paula Diamond, B.A., CNT Program Administrator

CCAOM Mission and Goals

The mission of the CCAOM is to advance acupuncture and Oriental medicine by promoting educational excellence within the field.

The goals of the CCAOM are:

- to support the development and improvement of educational programs in acupuncture and Oriental medicine
- to develop recommended curricula for degree, diploma and other educational programs
- to support and foster academic freedom and a diversity of educational approaches within the field
- to encourage scientific research, innovative teaching methodology, and faculty development
- to provide a forum for discussion of issues relevant to member colleges
- to serve as an information resource for member colleges, other college and organizations, regulatory agencies, and the public
- to encourage ethical business practices among member colleges
- to work with accreditation, certification, licensing and regulatory agencies to develop appropriate educational standards and requirements
- to promote increased public access to high quality health care provided by well trained practitioners of acupuncture and Oriental medicine

Future Meeting Dates

The CCAOM holds two meetings each year, one in May in conjunction with the convention of the Acupuncture and Oriental Medicine Alliance and one in conjunction with the convention of the American Association of Oriental Medicine in November. The next meeting dates and locations are:

November 14-15, 2002—Rosslyn, VA
May 1-2, 2003—Safety Harbor, FL, on Tampa Bay

CCAOM meetings are open to the public and interested persons are invited to attend.

CCAOM Administrative Staff

In February of 2002, the Council hired its first Executive Director, David M. Sale, J.D., LL.M., who is located in the Washington, DC office of the Council. David comes to the Council with both a legal, administrative, and holistic health background and is knowledgeable about energetic approaches to healing through his prior experience as a Reiki teacher and practitioner. He may be contacted at CCAOM@aol.com.

The CNT Program is administered by Paula Diamond, B.A., CNT Program Administrator, who is also located in the Washington, DC office. Paula has been in charge of the day-to-day operation of this program for almost three years. She may be contacted at CCAOM1@compuserve.com.

**Forty-Six
Accredited and
Candidate Colleges
in CCAOM**

The following colleges have met the standards of the Accreditation Commission for Acupuncture and Oriental Medicine and are members of the Council of Colleges of Acupuncture and Oriental Medicine:

Arizona

Arizona School of Acupuncture and Oriental Medicine
Tucson

Phoenix Institute of Herbal Medicine
Scottsdale

California

Academy of Chinese Culture and Health Sciences
Oakland

American College of Traditional Chinese Medicine
San Francisco

China International Medical University
Los Angeles

Dongguk Royal University
Los Angeles

Emperor's College of Traditional Oriental Medicine
Santa Monica

Five Branches Institute: College of Traditional Chinese Medicine
Santa Cruz

Meiji College of Oriental Medicine
Berkeley

Pacific College of Oriental Medicine
San Diego

Samra University of Oriental Medicine
Los Angeles

Santa Barbara College of Oriental Medicine
Santa Barbara

South Baylo University
Anaheim
Los Angeles

Yo San University of Traditional Chinese Medicine
Santa Monica

Colorado

Colorado School of Traditional Chinese Medicine

Denver
Southwest Acupuncture College
Boulder
Florida
Academy for Five Element Acupuncture
Hallandale
Academy of Chinese Healing Arts
Sarasota

Southeast Institute of Oriental Medicine
Miami

Atlantic Institute of Oriental Medicine
Fort Lauderdale

Florida Institute of Traditional Chinese Medicine
St. Petersburg

National College of Oriental Medicine
Orlando

Hawaii

Institute of Clinical Acupuncture and Oriental Medicine
Honolulu

Tai Hsuan Foundation: College of Acupuncture & Herbal Medicine
Honolulu

Traditional Chinese Medical College of Hawaii
Kamuela

Illinois

Midwest College of Oriental Medicine
Chicago

Pacific College of Oriental Medicine
Chicago

Maryland

Maryland Institute of Traditional Chinese Medicine
Bethesda

Tai Sophia Institute
Laurel

Massachusetts

New England School of Acupuncture
Watertown

Minnesota

American Academy of Acupuncture and Oriental Medicine
Roseville

Minnesota Institute of Acupuncture and Herbal Studies
Bloomington

New Jersey

Eastern School of Acupuncture and Traditional Medicine
Montclair

New Mexico

International Institute of Chinese Medicine
Santa Fe
Albuquerque
Southwest Acupuncture College
Santa Fe
Albuquerque

New York

Mercy College: Program in Acupuncture and Oriental Medicine
Dobbs Ferry

New York College for Wholistic Health Education and Research
Syosset

New York Institute of Chinese Medicine
Mineola

Pacific College of Oriental Medicine
New York City

Swedish Institute: School of Acupuncture and Oriental Studies
New York City

Tri-State College of Acupuncture
New York City

North Carolina

Jung Tao School of Classical Chinese Medicine
Sugar Grove

Oregon

National College of Naturopathic Medicine
Portland

Oregon College of Oriental Medicine
Portland

Texas

Academy of Oriental Medicine at Austin
Austin

American College of Acupuncture and Oriental Medicine
Houston

Dallas Institute of Acupuncture and Oriental Medicine
Dallas

Texas College of Traditional Chinese Medicine
Austin

Washington

Bastyr University
Kenmore

Wisconsin

Midwest College of Oriental Medicine
Racine

Canada

Michener Institute for Applied Health Sciences
Toronto



Council of Colleges of Acupuncture and Oriental Medicine

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