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HB-122

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Testimony of W. Aderhold
350 Grubstake Ave
Homer, Ak 99603

March 9, 2011 House - Labor & Commerce

Chairman Olson & Members of the Committee

I'm speaking <u>for</u> HB-122 today representing myself and other like-minded consumer-patients who utilize naturopathic doctors for delivery of their primary or secondary healthcare.

I'm 61 years old, have resided in AK for 36 of those years, and plan to live out my days here. My college degrees are in civil engineering and my work is construction project management. I've also had some direct experience in healthcare as a volunteer EMT with my local fire department in the 70's and 80's and nursing in a refugee camp in Thailand for 3 months. I also served on the Operating Board of my local hospital for a few years (1997-2000) and managed construction on the hospital for the Borough. Both experiences gave me insight into governance structure as well as behavior of the "players" (the Board, the administration and the doctors). Most importantly as applies to HB-122 I began taking a much more active role in my health & healthcare choices about 20 years ago when I realized not only was I not indestructible but that I had options in choosing my healthcare, and that the best route for me in the long term might also require not only going against "the flow" but also digging into my own pockets to pay for some of my choices. Looking back now I'm convinced I've made a good choice by taking the naturopathic route, including my Initial step with a serious low back injury (1993) And also dealing with cancer (2002) ... as well as everything in between. During this period I started taking more responsibility for decisions which led to more self-education.

So, why should you listen to my views on this bill? In order to best serve consumers you should assure that the two "schools" of primary medical care are on an equal footing and fully empowered to practice in Alaska. From a financial perspective, you and I have a common interest since I value my health as nt chief asset and so I make decisions with the long haul in mind, which includes paying out of pocket when necessary. The only hope for flattening and then reversing today's upward curve in "healthcare" costs is for consumers to take responsibility for their health and care where they are able to, thereby cutting back on expenses that should rightfully be labeled "damage control" (not "healthcare"). Naturopaths, in their primary care role, are trained to teach their patients these skills.

We patient-consumers deserve to have a fully functional naturopathic option, which means:

- governance of the "trade" by a Board composed of peers
- maximizing the effectiveness of the "trade" by allowing to use all the skills they are willing to be responsible for, including access to the pharmacy

And why do I believe Government needs to be involved in this process? I've learned in my brief study of the history of the two schools of medicine that the saying is true: "If men were angels, there would be no need for government". Since the Civil War the school of medicine that formed the roots of today's naturopathic school has gone from a rise to predominance around the turn of the century to near extinction in the 1920's, and now a resurgence. A major component of this drama has been the struggle over prescriptive rights and with few exceptions it is currently the domain of the allopaths. Strange as it may seem today, there was a brief time when the pharmaceutical industry gained enough political clout to make it illegal for doctors to prescribe but wisdom overtook greed and the law was eventually

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overturned. Concern for the welfare of the patient has usually taken a back seat to business interests throughout the history of pharmaceuticals. The notable exception to this has been with the doctors who prescribe from the principle that "less is more" and it's not hard to see why this principle is counter to the financial interests of someone who makes more money when a patient takes more drugs for a longer period. I have a strong preference for having my prescriptions limited to the minimum necessary and written by an ND due to their inherent tendency to err on the side of letting my body heal itself whenever possible.

I understand legislative concerns regarding malpractice, but that should truly be a function of the Board once it is established (and points out the immediate need to pass HB-122 into law so that we do have a mechanism to deal with this possibility). From my personal experience with ND's over 18 years, I can say unequivocally that the concept of malpractice has never been even a remote factor in any treatment. I know something about malpractice in general from my experience on the hospital Board when we instituted the requirement for credentialed medical staff to qualify for malpractice insurance. What I learned from my research was that the bulk of malpractice claims were generated by a very small number of doctors and that in nearly every case they arose due to a failure of the medical staff to police its own ranks (le, there was plenty of warning before significant incidents arose.)

My vision of a healthy coexistence of the two schools of medicine in AK is represented by joint knowledge sharing and transfer in the continuing education efforts required by proper governance, where each can gain from the knowledge of the other. This is already happening where entities like the Institute for Functional Medicine are assuming a "bridge" role in organizing symposia with AMA continuing education accreditation where providers from all disciplines, but particularly MD's and ND's are treated with equality and respect .

Let's move to the future of a vibrant healthcare system for Alaska by passing HB-122 into law now. I'm open to questions and welcome the possibility of more in depth discussion with any Legislative staff either via teleconference or in person (I traveled to Juneau last year for this bill and would do so again).

Respectfully,

attachments:

-Inst. Functional Med.-"Confronting Cancer as a Chronic Disease", May '10

-copy of book cover: "Divided Legacy" by Coulter, vol III

Note: subject is "primary care" & 7 MD's + 4 ND's are presenters.

24 AMA PRA Calegory 1 Credits of continuing ed. Also note: this IFM session qualified for

Primary Care Takes a 360-degree View as a Chronic Disease: Confronting Cancer





ROGRAM SCHEDULE

































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Synthesis and Introductions Jeffrey Bland, PhD, FACN, CNS

SATURBAY, MAY 22 [8:00 am -6:00 pm]

PROGRAM SCHEDULE

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Hotel Information

April 26, 2010 at the reduced reservations early! A block of the Institute for Functional Ma The La Costa Resort and Spa call the Hotel at 600-854-5000

The Institute for Fermional Medici

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Directions and Answers

The Rate of Environmental Toxins in Cancer Development Gina Sciamon, MD, MPH Diet and Nutrition in Cancer Prevention: Separating Fact from Faction Nancy Emenaker, PhD, NEd, RB

Concluding Remarks David Jones, MD

Living Longer and Better: Cancer Survivorship Challenges and Opportunities Mitchell Gaynor, ਅਹ

Looking to the Future of Integrative Cancer Care Dan Rubin, NO, FABNO

Long-term Biologic Strategies for Secondary Prevention of Cancer Keith Black, MD

Synthesis and Introductions Jethrey Bland, PhD, FACN, CNS

SUNDAY, MAY 23 (8:00 am - 1:00 pm)

Concurrent Sessions 2:30 pm - 6:00 pm

Why Attitudes and Beliefs Matter in Cancer Care Anne Coscarelli, PhD

The Role of Antioxidants and Immunostimulants in Cancer Prevention and Treatment

Weighing the Risks and Benefits of Adjunctive Theraples during Chemotherapy and Radiation

Lise Auschuler, NO, FABNO

Tim Birdsalf, ND, FABNIO

Pliable Phenotypes: Changing the Way We View Cancer Dean Ornish, MD

Synthesis and Introductions Jeffrey Bland, PhD, FACN, CNS

FRIDAY, MAY 21 (8:00 am-6:00 pm)

Panel Discussion Jeffrey Bland, PhD, FACN, CNS; Dwight McKee, MD, Mary Hardy, MD

the Art and Science of an Integrative Approach to Cancer Mary Hardy, MD

Clinical Conundrums: Dealing with Incomplete Information in the Assessment, Prevention New Strategies for Underlying Mechanisms of Cancer Jeffrey Bland, PhD, FACN, CNS

Looking Anew at Cancer Jeffrey Bland, PhD, FACN, CNS

Productions David Jones, MD

HURSDAY, MAY 20 (8:00 am-5:30 pm)

and Treatment of Cancer Dwight McKee, MD

CONCURRENT SESSIONS SCHEDULE

2:30-4:00	FRIDAY EARLY CONCURRENT SESSIONS	
Ä	Prioritizing the Practical Steps in Reducing Cancer &sks from Environmental Sources	Вила Solomon, MD, МРН
8	Evaluating the Evidence of Controversial Cancer Treatments	Divigité McKas NO
ត	Integrating Dentistry in Career Prevention	Mary Ellen Chalmers, Dun
6	Say, Phyloestragens and Cancer: Prescription or Avaidance	Mark Massing 560 arc
4:00-4:30	AFTERMOON PROAF CONTINUES TO THE PARTY OF TH	
4:30-6:00	FRIDAY LATE CONCURRENT SESSIONS	
Æ	Prestate Cancer and PSA: Evaluating the Evidence	Peter Carroll, MD, MFH, FACS
F	Glucosinalates in Cancer Prevention	Jed Fattey, MS, Se.D
16	SNPs, Genetic Risks and Carper Prevention	Ruth DeBusk, PhO, RO
=	Conversations with Canzer Patients	Moshe Franket, MD and Mary Hardy, MB
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4:30-6:00 4:00-4:20

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Attendees

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Weighing the Risks and Benefits of Adjunctive Therapies during Chemotherapy and Radiation

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	Conversations with Cancer Patients	SNPs, Genetic Risks and Cencer Prevention	Olecosinalates in Cancer Prevention	Prostate Cancer and PSA: Evaluating the Evidence	FRIDAY LATE CONCURRENT SESSIONS	AFTERNOON BREAK (Refreshments in exhibit hall)	Soy, Phytoestrogens and Cancer: Prescription or Avoidance	Integrating Dentistry in Cancer Prevention	Evaluating the Evidence of Controversial Concer Treatments	Prioritizing the Practical Steps in Reducing Cæncer Rieks from Emironmental Sources	FRIDAY EARLY CONCURRENT SESSIONS	CONCURRENT SESSIONS SCHEDULE
wary narry, MU	Moshe Frenket, MD and	Ruth DeBusk, PhD, RD	Jed Fahey, MS, Sc.D	Peter Carroll, MO, MPH, FACS	Targeted therapy [edit] See etso	Radiation therapy	Cherrotherapy Cherrotherapy Cherrotherapy	Mary Ellen Chai	Dwight McKee,	Gine Solamon, A	·	
2H Biomarkers for Starrary Prevention and Secondary Recogurtance of Common Canous		2F Individualizing Food and Nutrition Th		2E Bolazical Medicine in Cancer Case Series Possiber	30 AFTE COORDINATED to Huffman ND (Homer)	ND (Anchorage), follow up care	re-occurrance: referred by J. Harmon	The U mali		Nutritio Canos	2:30-4:00 SATURDAY EARLY CONCURRED LSESSIONS	CONCURRENT SESSIONS SCHEDULE
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Hotel Information

reservations early! A block of monts is being held for us until April 26, 2010 at the reduced rate of \$205. For reservations, call the hotel at 800-854-5000 or 760-438-9111. The La Costa Resort and Spa, Carlsbad, CA—When making your reservations, be sure to mention that you are attenting the Institute for Functional Medicine Symposium. Make your

The JostPute for Foretional Medicine (IFM). Exclains Functional Medicine in Clinical Practice, and AFNOP

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Continuing Education Credit Designations

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24 AMA PRA Category I Credits " Physicians should only claim credit commensurate

Attendees with other degrees will find details about continuing medical education

credits at functionalmedicine.org.

For MDs and BOs. IFM designates this educational activity for a maximum of

with the extent of faeir participation in this activity.

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Squature

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THE CONFLICT BETWEEN HOMOEOPATHY AND THE AMERICAN MEDICAL ASSOCIATION

LEGACY



HARRIS L. COULTER