

POIGNANT STORIES SUBMITTED BY PARTICIPANTS THAT EMPHASIZE THE NEED FOR HEALTH CARE REFORM

Note: Authors of the following stories have given permission to use their name and contact information in this submission to the Transition Team.

STORY 1

*Submitted by Bhaswati Bhattacharya MPH, MD, MA, HHC, DABIHM, FABPM,
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Despite disease and disability, many immigrant Americans struggle and force themselves to work in service and gratitude for the opportunities America has given them. They are promised health care in their later years in the form of Medicare and retirement health insurance. My father, a veterinarian, FDA meat-inspector, and later entrepreneur-scientist and landowner, worked for decades in several cities of America, until he suffered a stroke and was forced to retire. He had saved enough money to take care of himself and my mother for decades. But now most of that money is gone. Over the past decade, we have struggled to understand the bills and charges that come in weekly for his medical care. Neither will the doctors refrain from giving him drugs, expensive treatments and procedures, and additional but useless services; nor will they tell us what they will cost, how effective they will be, and how long they will provide any aid. If we ask, they write in the notes that we are 'difficult family members.'

We receive care one day and are bewildered when they abandon care the next. If we ask, they hide behind procedures and formalities. If we want to stop treatments, they are pejorative, rude, and confrontational. If we ask, they want us to sign AMA (against-medical-advice) forms. In the meantime, he lies in a nursing home, as the doctors have determined that we can no longer care for him, and they have denied my father the right to have his world around him when he dies. We of course have to foot the \$9000/month bill that they have decreed in a way that neither his health insurance nor Medicare will pay.

As a physician trained at some of the country's best schools on merit scholarships and loans, I am embarrassed to explain to my family the realities of what is taking place with my father. I believe ethically that he is not being cared for well. I know that I would prefer to use alternative medicines to help his constipation, depression and skin rashes. I know that the nine doctors that 'care' for him have convinced my mother that they know best. I know that I had no training in the business of health care, that is more of a Science of Profit: I was trained in the Science of Healing, which has no place in the money-making that my father's case assures to the insurance companies and hospitals. I know I have no idea what my services as an attending physician are charged to the patient. I also know that different patients get charged differently, depending on what they can afford and who does the administrative billing.

I know that I am a byproduct in the business of medicine, and I see my father withering away, as the system continues to make money from his body and soul, without taking care of him. The dark reality is that I am a pawn in the medical orthodoxy and the system it has created. They call me an expert but have binded me with red tape to silently witness the way medicine is being doled out, from the choices patients don't get, to the



informed consents papers they are forced to sign, to the costs they don't know until the bill comes, to the audacious self-aggrandizing in which many physicians indulge, to the discompassionate communication seen in ERs across the country, to the multiple studies highlighting the sad truth of medical errors, mishaps, and adverse events in the system. Fear of ostracism silences the physician who yearns to whistleblow. Fear of not having an income silences the administrators who push the papers through. Fear of being caught silences the scientists working in drug research companies. Fear of being stigmatized silences the politicians using CAM or going abroad for healing care. Fear of corporate sponsors funded by biopharma silences the media. Fear of being prosecuted silences the CAM healers healing without license. When will the system encourage those with eyes to speak what we all see?

STORY 2

*Submitted by Larry Scherwitz, PhD,
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I am a research scientist with a specialty in behavioral medicine and lifestyle and its link to preventing and reversing both heart disease and overeating, overweight, and obesity. In part, I have been using this evidence-based knowledge in the capacity of a Wellness and Cardiac Coach. The following story is a testimonial and letter of thanks I received from one of my clients who had heart disease. (He has given written permission to use his story and name.) It is a clear demonstration about the power that evidence-based lifestyle changes can have in reversing heart disease. Here is the full letter:

To Whom It May Concern:

This letter is to introduce Larry Scherwitz, PhD, whom I first met in 1999 when he was working as Research Director at California Pacific Medical Center's Institute for Health and Healing in San Francisco. WHEN I FIRST MET LARRY, my doctors had just told me I was a "high risk" candidate for a cardiac event. A heart scan had revealed high levels of calcifications, an "upsloping" ST segment was identified in a stress test, and a POSITRON EMISSION TOMOGRAPHY (PET) SCAN conducted at the University of Texas Medical Center identified some level of coronary atherosclerosis. My Total Cholesterol was over 200 with LDL over 130 and I was living under stress with little time for exercise. Larry played a big role in helping me make a series of LIFESTYLE changes that improved and probably extended my life. He helped me reaffirm a new diet/nutritional program I had just started and worked with me to customize an exercise program that included stress reduction. It was a program I stayed with because it fit my schedule, temperament, and was enjoyable.

As a result of Dr. Scherwitz' program, my Total Cholesterol dropped to 140; MY LDL dropped to 80. AFTER ONE-YEAR OF DR. SCHERWITZ' LIFESTYLE GUIDANCE, my stress test and a follow-up PET SCAN WAS normal, which caused MY WIFE AND ME to conclude DR. SCHERWITZ' PROGRAM had resulted in reversing MY heart disease. I would highly recommend Larry Scherwitz AS A HEALTH AND HEALING GUIDE. He is extremely knowledgeable/ experienced and he is thoughtful, determined and results oriented.

Sincerely, Art Ciocca

STORY 3

*Submitted by Integrative Nursing Institute
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John is a 28 year old male who I have been coaching at my office for the past few months. He came because his labs showed high cholesterol and triglycerides, and his high blood pressure was elevated. He had gained 40 lbs over two years. His blood sugar was elevated for the first time. He had experienced recent stress in his life, a parent dying and a recent divorce. He lived alone and admitted that he was depressed. He worked long hours in the post office and did not cook for himself. He depended on fast food for breakfast, lunch and dinner. He complained of muscle aches and fatigue daily. His doctor wanted to place him on Statin drugs, high blood pressure medication, and told him to "eat healthier, exercise and lose weight". He had no idea where to begin. His sister who was health conscious and concerned called me for an appointment and brought John to my office for nutrition and lifestyle counseling. This began an educational and coaching process to see where changes could be made and what John was willing to do.

We slowly worked on his diet, learning how to shop and cook. He began a slow exercise program starting with walking and mild stretches. He got some tapes to learn to relax his body and mind to deal with stress. We used some other interventions including imagery, to see himself as wants to be and feel. We included a food journal and affirmations as the sessions continued. I coached John for 3 months, once weekly. It was an out of pocket expense of several hundred dollars that his sister, not his good health insurance would pay for. At the end of three months, he prepared meals at home and bringing leftover s to work the next day. He integrated whole foods and measure portions. He felt good enough to join a local gym and exercised for 45 minutes,3 times weekly. He lost 25 lbs and still had a goal of 15 more lbs to reach ideal body weight.

His labs showed lipids and blood sugar within normal range. His quality of life index (assessment tool) indicated more energy, less pain, and happier in his daily life. This could have been done cost effectively in a community or group setting and could be created in community health clinics everywhere. This would bring in the social support network that John craved and is a motivational component (look at the success of a weight watchers model) Through Health and Wellness Coaching and as a nurse, I was able to speak with his physician, interpret his labs, and guide him and know his limits. Nurses as coaches are ideal in this new model. As a Medical Anthropologist, another aspect that must be included in a comprehensive model is that of cultural diversity. Diet, perceived stress, coping strategies, etc all must be culturally specific if there is to be an effective program.

STORY 4

*Submitted by Gary Sandman, Individual Health Solutions
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At 18 I was diagnosed with hyper glycemia a pre-cursor of diabetes. My friend Bob had the same issue. 40 years later my dad has diabetes and is experiencing neuropathy in his feet. I have been symptom free - My weight is within 8 pounds of what I weighed at 18 - I was told to give up sugar in all forms - soda, cakes, desserts etc- take a good quality multi-vitamin eat small meals of protein and eat protein first on the plate. I am healthy and active my friend Bob has full bloom insulin dependent diabetes - I started my company to help others learn of their proclivity to illness and strengthen that "Achilles heel" that we all have. Custom made Nutrient formulas help to rebuild that weakness and affect it' expression so that we can remain healthy and support our health based on what we truly need.



STORY 5

Submitted by Michael D. Levin, Health Business Strategies
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My father-in-law was a pleasant, reasonably healthy 76 year old retired plumber. He spent 21 days in a level 1 trauma center after sustaining a neck fracture. I was at his bedside, daily. The surgery was a success but the patient died, needlessly. His death was precipitated by medication mismanagement. For this, the US taxpayers got a bill for \$250,000, and we lost our beloved family member. He loved music and played trumpet. Along with his wife and grandchildren, we dearly miss him.

STORY 6

Submitted by Eliot Tokar, Traditional Tibetan medicine doctor, Chagpori Institute
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For the past 25 years I have been providing natural healthcare advice to my patients. In doing so I have acted to reduce healthcare costs both by providing that care and by actively educating my patients in regard to their preventing illness and disease. As a result, when these individuals access biomedical care it is limited to appropriate needs and does not generate exorbitant costs to them or to the healthcare system. I have also been working internationally as an activist, writer and lecturer to preserve my tradition of Tibetan medicine which is itself in danger of declining due to biopiracy, and other social economic and political causes. This experience has lead me to understand the global and historical nature of the unique healthcare crisis facing America.

STORY 6

In a letter to the Editor published in the New York Times, I wrote that “the redefining of medicine in America as a healthcare industry, where economics and consumerism are the central issue rather than health, undermines our attempts to find real solutions to the continual growth of degenerative illness.” I asserted that, “if medicine can reclaim its traditional role in society, and greater medical pluralism is realized, then we will be better able to begin to change our focus away from the commerce of disease and towards an understanding of how to achieve health.” To achieve the most useful role for alternative/natural medicine in the US, practitioners need to emphasize broad-based collegiality within and between our disciplines.

We need to forge progressive alliances with biomedical professionals without having to compromise the integrity of our own unique medical systems. Promoting the values of medical pluralism will help protect ancient medical systems and traditions like Tibetan medicine from the negative global effects of integration, co-optation and biopiracy. Furthermore, it will allow us to fulfill our potential to contribute to changing our focus away from the commerce of disease and toward the advancement of health awareness. Please review my doctoral dissertation research on support groups and hypnosis for people living with chronic illness, published in Nursing Science Quarterly, October, 2007. This evidenced based research demonstrates that advanced practice holistic nursing led support groups and education in hypnosis significantly enhances power and self defined health promoting goals for patients living with chronic illness.



STORY 7

Submitted by Jeffery Dusek PhD, Penny George Institute for Health and Healing, Abbott Northwestern, jeffery.dusek@allina.com, 612-863-6105

The Penny George Institute for Health and Healing is the Integrative Medicine Department at Abbott Northwestern Hospital, a 629-bed tertiary-care hospital in Minneapolis, Minnesota and the flagship hospital of Allina Hospitals & Clinics. From July 2004 to June 2008, a total of 43,276 Integrative Medicine (IM) visits were provided to about 15,000 patients. Inpatient IM services are conducted individually in patients' rooms, initiated by hospital staff providing direct patient care and documented using the hospital's EPIC based electronic medical record system. Services are provided at no expense to patients and include mind body therapies via relaxation response, acupuncture, acupressure, massage therapy, healing touch, music therapy, aromatherapy, Korean hand therapy or reflexology. All 24 IM practitioners (19 FTE's) are trained in multiple areas of IM ensuring that provision of services is based on individual patient's need. IM was provided across all hospital areas: medical/surgical services (33%), neurology and rehabilitation (26%), orthopedics and spine care (14%), women's health (14%) and cardiovascular (13%). Average age for patients was 52.6 years, mean duration for IM sessions was 24 minutes and on average each patient received 2.8 visits. In conclusion, the ability to provide high quality IM services across an entire hospital is feasible. Not only is IM well accepted by the patients, nurses, physicians, other health professionals, but there is strong support from administration and executive leadership.

STORY 8

Submitted by Cathy Miller, Director of Clinical Acupressure, Soul Lightening International sourcepointmail@aol.com, 410-253-8882

I am a certified acupressure therapist. This is a lesser known profession than acupuncture, but has been around just as long, and is just as effective. I have countless stories of how my clients and students have benefited from this simple, holistic modality. For instance, after only two brief sessions in a walk-in community clinic a man who was scheduled to have sinus surgery cancelled his procedure because the chronic facial pain, headaches, and congestion had completely cleared. Or, another story is of the 7 year old girl with such severe allergies that she fell asleep at school because of all the heavy medication she took. After a series of 4 treatments, she was able to stay awake at school all day, was alert and happy at home, and began reducing her medications (with her doctor's supervision). After 2 months she was completely free of these medications and maintains her wellness by receiving a "tune-up" treatment at the change of each season.

Or there's the story of the woman with Lyme disease who was so ill that she was in danger of losing her job. She was exhausted and unable to function at her previous level of output, and utterly depressed after seeking help from 9 different specialists. After taking a 6 hour self-help workshop, she began treating herself every day and is now able to manage a full work schedule, and a busy family life. These are just a few instances of how this form of acupressure can transform and heal---not only bodies, but whole lives. Our small educational non-profit has provided a complete curriculum of acupressure classes for professional healthcare providers for many years. We have now developed a series of self-care workshops as well. There has only been minimal research on this work--but we are ready and eager to change this. The time is NOW!! For more information about our program please visit our website: www.ClinicalAcupressure.com



STORY 9

*Submitted by Jacquelyn Wilson MD, San Diego Cancer Research Institute,
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Example of use of regulatory medicine. A 35 year old man came to me complaining of increased sunburn after a little sun exposure. This change in his reaction to the sun happened after he took Tetracycline antibiotic prescribed by another doctor for an upper respiratory infection 3 years ago. The infection disappeared by he became sun sensitive. Prescription drugs from multiple physicians did not help reverse his sun sensitivity. I prescribed a 30C potency of a homeopathic medicine made from Tetracycline which cured him in one week. This sunburn reaction has never returned and this is after a ten year follow up. And if he had a homeopathic first aid kit at home, he probably could have self treated his infection and would never had needed the Tetracycline which disrupted his health.

STORY 10

Submitted by Sharon Montes MD, sharondmontes@gmail.com, 3015788775

As a health care provider who has spent 1000s of hours working in intensive care settings; working in inner city clinics and caring for people with chronic conditions that are not "cured" by standard western medical therapies I have learned to appreciate the innate wisdom that each human has access to. Having spent most of my adult waking hours in medical care environments I can honor and acknowledge the strengths of the health care system in the US. I can also see a system that is not effectively meeting the needs of consumers or providers. The ability of a system to offer choices that honor wholeness and remember health regardless of physical diagnosis or symptoms - empowering each individual to remember they are their own best healer.

