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Dear Dr. Langevin:

The International Chiropractors Association is pleased to submit comments to the National Center for Complementary and Integrative Health (NCCIH) Strategic Plan. We appreciate the openness and inclusive process the NCCIH has established for this project and look forward to the final product.

The ICA, founded in 1926 by Dr. B.J. Palmer, is the world's oldest international chiropractic professional organization. We represent chiropractors, students, chiropractic assistants, educators, and laypersons world-wide. The ICA is dedicated to the growth and development of the chiropractic profession as a unique, separate, distinct drug-less health care profession. For 95 years, the ICA has advocated and, when necessary, litigated to support the chiropractic profession and quality patient care. With the support of ICA's dedicated members and leaders globally, chiropractic is a formally recognized and respected health care choice. In 2021, we continue our focus on removing the barriers to access that deny patients access to the healthcare provider of their choice.

ICA is focused on improving and expanding the body of clinical and basic science research; in practice-based outcomes research; and in advancing the knowledge base of the whole person effect of regular chiropractic care. This is accomplished through direct funding, advocacy, and collaboration. ICA believes strongly that every individual who chooses to seek non-pharmacological based health care should be able to access their health approach of choice. The ICA also believes that every U.S. federal program should include all credentialled health professionals and provide fair and reasonable access and compensation. Chiropractic is a portal of entry, essential health care service and should be treated as such in all federal programs.

History of Alternative, Complementary, and Integrative Health/Medicine at the National Institutes of Health (NIH)

A strategic plan sets an historical maker for any organization. In the introductory pages of the provided draft, there are references to the 20-year history of the activity at the NIH.

While there is on page 12 a reference to the transition from the original Office of Alternative Medicine to a Center, we respectfully request that you supplement the history in honor of the original Acting Director, Dr. Stephen Groft of the Office of Alternative Medicine, who then managed the White House Commission on Complementary and Alternative Medicine Policy; as well as the late Congressman Berkley Bedell who as a former member of Congress whose life was saved through alternative therapies, raised awareness of the need for research at the premier health research facility in the world – the NIH. Were it not for the initial and consistent efforts of the Honorable Berkley Bedell, there would be no NCCIH.

The ICA also believes that it is important to honor the work of the White House Commission on Complementary and Alternative Health Policy whose final report was issued in 2002 in which whole person health was the first of its 10 recommendations:

1. A wholeness orientation in health care delivery. Health involves all aspects of life-mind, body, spirit, and environment-and high-quality health care must support care of the whole person.
2. Evidence of safety and efficacy. The Commission is committed to promoting the use of science and appropriate scientific methods to help identify safe and effective CAM services and products and to generate evidence that will protect and promote the public health.
3. The healing capacity of the person. People have a remarkable capacity for recovery and self-healing, and a major focus of health care is to support and promote this capacity.
4. Respect for individuality. Each person is unique and has the right to health care that is appropriately responsive to him or her, respecting preferences and preserving dignity.
5. The right to choose treatment. Each person has the right to choose freely among safe and effective care or approaches, as well as among qualified practitioners who are accountable for their claims and actions and responsive to the person's needs.
6. An emphasis on health promotion and self-care. Good health care emphasizes self-care and early intervention for maintaining and promoting health.
7. Partnerships as essential to integrated health care. Good health care requires teamwork among patients, health care practitioners (conventional and CAM), and researchers committed to creating optimal healing environments and to respecting the diversity of all health care traditions.
8. Education as a fundamental health care service. Education about prevention, healthy lifestyles, and the power of self-healing should be made an integral part of the curricula of all health care professionals and should be made available to the public of all ages.
9. Dissemination of comprehensive and timely information. The quality of health care can be enhanced by promoting efforts that thoroughly and thoughtfully examine the evidence on which CAM systems, practices, and products are based and make this evidence widely, rapidly, and easily available.
10. Integral public involvement. The input of informed consumers and other members of the public must be incorporated in setting priorities for health care and health care research and in reaching policy decisions, including those related to CAM, within the public and private sectors.

The White House Commission also noted in their report that the terms "mainstream, conventional, allopathic, and biomedical" were used synonymously.[1] The work and recommendations of the White House Commission was conducted to lay the groundwork for the future. Showing the continuum between the early days of OAM, to the White House Commission, to the NCCIH is an important history that shows not just that whole person health and healing is important, but that the integrative health community has been ahead of the curve on this, driving this conversation for decades based on the philosophy of alternative systems of healing such as chiropractic, Ayurveda, Naturopathy, etc.

The Perspective of Alternative Systems of Healing and Structural Bias

On page 3, of the draft there is discussion in the final paragraph of the evolution of the name of the Center. The most important reason for the name of the NCCIH was not the elimination of the term 'alternative' (and alternative systems of healing) but rather a shift from the term 'medicine' to 'health'. This distinction is the foundation for which whole person healing is built. There are those who suggest the term 'alternative' should not be used. We do not agree as this serves to suggest that the public have no other choices but the mainstream choice, or an integrative version of the mainstream.

The ICA is concerned with the appearance that the NCCIH takes the position that all therapies and by extrapolation the professions, "should be 'integrated' with and not used as an alternative to conventional medicine." ICA supports and is engaged in intra-professional and inter-professional collaboration, and supports the inclusion of chiropractic in hospital settings, especially for our military and veterans. However, we also support the independence of the chiropractic profession, noting that a majority of doctors of chiropractic across the country are in private practice, and are not hospital based. It is important to recognize in our health care system, and its related research organizations the systems that have existed for 125 years such as chiropractic, or 2000 years such as Chinese Medicine should be recognized as separate and distinct professions that are not just complements to the allopathic biomedical (drug-centric) model of health care. Chiropractors are trained and know when to refer a patient to a medical doctor. The doctor of chiropractic and many other non-conventional health professions have not enjoyed the same reciprocity. Chiropractors have endured the restraint of trade attempts by organized medicine, which was proven in the federal courts with the case of Wilk v AMA in 1987.[2, 3] The profession continues to feel the lingering effects of that bias even within the federal system.

The ICA applauds the NIH and the NCCIH on taking a stand against structural racism in biomedical research. Dr. Collins stated, "As a science agency, we know that bringing diverse perspectives, backgrounds, and skillsets to complex scientific problems enhances scientific productivity." We would agree. For NCCIH, this perspective about race, diversity, and inclusion categories, is expanded to include diverse professions and systems.

As the federal agency created to evaluate complementary, alternative, and integrative approaches and products, a focus of eliminating structural barriers for all professions and systems is integral to mission fulfillment. Rather than honoring the diverse perspectives of the alternative systems of healing, and treating every health professional as equals, in a circle of healing systems, the NCCIH strategic plan continues with the 20th century hierarchy that places conventional (allopathic) medicine at the top and all other approaches to healing subordinated to a position of 'complementary' to it. This is exactly the foundational challenge that so many in our diverse global community have been working to see changed for decades. Allopathic, drug-centric medicine has its place, but as we have learned through the opioid crisis, and the crisis of chronic diseases, symptom management has not reduced the burden of many chronic diseases and is not always the preferred system.

For practitioners and patients of Naturopathy, Ayurveda, Kampoo, Tibetan, Chinese, and other Asian Systems, for the systems of indigenous peoples on every continent, as well as for Chiropractic/chiropractors; allopathic medicine is often not their 'mainstream'. Allopathic approaches are often the complementary therapy rather than the "conventional" approach. As a part of the NCCIH plan, it is important to be inclusive, to name the systems and to include other systems of healing in the discussion not as an afterthought or 'complement' to, but as a truly included equal partner in the discussion, planning, and funding. We also note that there are nuances in the language we seek to have included. The NCCIH bundles all 'manual therapies' together; and uses the term 'spinal manipulation'. For chiropractic, the preferred term is chiropractic adjustment.

The draft, on page 6 notes "And because we tend to think about a specific disease or specific organ system, even when co-occurring conditions are present, we typically treat them separately, sometimes with medications that interfere with one another." It is appropriate to include in this explanation a reference to the wisdom NCCIH has gained from the exploration of the various systems of healing, which like chiropractic focus on the foundational aspects of health promotion, a reverence for the body's innate ability to return to wellness when an interference or in chiropractic terms, a subluxation is corrected. Dr. B.J. Palmer is noted to have said, "Nature needs no help, just no interference." He also stated, "While other professionals are concerned with changing the environment to suit the weakened body, chiropractic is concerned with strengthening the body to suit the environment." NCCIH's strategic plan in numerous places continues to focus on the medical model of symptom management rather than the model inherent to many systems within the NCCIH purview whose focus is to address the root case that leads to the symptom. As an example, misaligned spine can lead to hip or knee pain, and no amount of pain medication will resolve the issue until the spine is realigned.

Since the creation of the OAM almost 30 years ago, there has been concern that the NIH and allopathic medicine would simply appropriate specific therapies that were deemed acceptable, such as acupuncture, meditation, or the chiropractic adjustment, into the services that allopathic health professionals already entrenched in the US health system could provide; and exclude the "alternative' health professionals from full inclusion.

While this may be viewed as an inconvenient reality, it is a very real concern that should be addressed not simply in a report, but in the implementation of research activities, publications, and programs.

On page 8 of the report, the authors provide, "Strategic plans in the early history of the Center expressed an interest in exploring many paths, including research on whole health systems such as traditional Chinese medicine, Ayurveda, and naturopathy." And goes on to state, "This type of research is challenging to conduct and there were many stumbling blocks along the way. Figuring out the right methods for studying complex interventions was perplexing. As a result, many of the studies funded in these earlier days did not bear fruit."

The ICA notes the absence of the inclusion of Chiropractic as a whole health system despite being the largest non-pharmacological based system licensed in all fifty states; we also note that there has been no effort by the NIH/NCCIH to study the whole person effect of chiropractic. The ICA respectfully requests that the NCCIH make it a priority to study the whole health effects of chiropractic. We have every confidence that Dr. Langevine and the team she has assembled, has the knowledge, skills, and abilities to conquer the stumbling blocks and challenges that apparently were previously considered insurmountable. Advances in electronic health records, practice-based research networks, and in research design approaches as well as the willingness of the International Chiropractors Association and others to work with NCCIH to advance research on whole person outcomes in those who regularly receive chiropractic care.

We note the recent study on diet led by Dr. Kevin Hall of the NIH's National Institute of Diabetes and Digestive and Kidney Diseases (NIDDK) in which 20 adults without diabetes stayed for four continuous weeks in the NIH Clinical Center's Metabolic Clinical Research Unit. Researchers compared the effects of the diets on calorie intake, hormone levels, body weight, and more. This is an implementation of the 'where there is the will there is a way' thinking. If the NCCIH has the will to study the whole person effect of chiropractic care, (and other systems), the way will be forged.

On page 8, there is reference to defining multimodal interventions that address a broad range of co-occurring conditions. While these aspects are important, having an understanding of the whole person effect of each of the interventions in the multi-modal approach is needed as a foundation to move forward. It is essential to study systems such chiropractic care in real world settings, such as practice-based research networks following stringent, well-designed models. This is how the TACT trial was conducted and proved successful. Following the successful pattern established by Dr. Lamas in the TACT trial would be a logical step to consider.

On page 9, it is noted that the NCCIH is reframing how it classifies its research portfolio from the two areas of mind-body practices (of which chiropractic is included) and natural products to dietary, psychological, and physical. We raise a caution flag with this categorization as possibly too reductionistic. Where in these categories do bioenergy (chi, prana, etc.) vitalism, and the role of community, faith, and consciousness reside?

While NCCIH has bundled chiropractic into the manual therapies/spinal manipulation subset of mind/body practices; this categorization ignores that the system of chiropractic includes nutrition, community, lifestyle, stress management, and the chiropractic adjustment.

Objective 1: Advance fundamental science and methods development

On page 12, it states, "Fundamental scientific inquiry is essential to the progress of biomedical research because it enhances the understanding of how living systems work." Given the previous acknowledgement that the use of the term 'biomedical' is synonymous to 'conventional' and 'allopathic' we would recommend its removal in this objective and consider, "Fundamental scientific inquiry is essential to the progress of NCCIH's research portfolio as it will enhance the understanding of how living."

ICA applauds the investment the NCCIH has made in expanding the knowledge base on natural products including the work that aligns with the NIH Microbiome Project. The importance of understanding the role of gut microbiota, microbiome and its interplay with inflammation and the immune response as well as its role in brain health are vital to advancing whole person health. The ICA notes a 2020 study animal study that found that "chiropractic therapy remarkably decreased the counts of total inflammatory cells, eosinophils, lymphocytes and neutrophils along with less infiltration of inflammatory cells and without obviously thicker walls of bronchioles" and went on to note that chiropractic increased the richness and diversity of gut microbiota. [4] We call upon the NCCIH to fund or conduct more extensive research into the effect of regular chiropractic care on the microbiome.

The ICA is aware of numerous diagnostic devices that utilize non-mainstream approaches to evaluate. They include devices developed by Dr. Konstantin Korotkov, to assess biophysical energy transfer mechanisms in living systems.[5-8] There are numerous devices that have been developed and are increasingly available in the United States. There is a need to advance the research and to compare and contrast to other diagnostic options.

The goals of Objective 1 are all laudable goals.

Objective 2: Advance research on whole person health and integration of complementary and conventional care

The ICA is supportive of each of the goals of Objective 2, and specifically requests that a priority on advancing the basic, translational, and whole person research in the credentialled health professions including chiropractic be given. As the systematic reviews conducted as part the Department of Health and Human Services prior work on the non-drug pain approaches highlighted, there are gaps in the evidence-base of the studies evaluated. While the ICA may take issue with the inherent bias, quality, or inclusion criteria of some literature reviews, that gaps in the evidence base were identified, those gaps should be filled as quickly as possible.

Furthermore, the observation of 107,000 or more health professionals around the world of the whole person effect of regular chiropractic care, lays the groundwork, and the need to validate the influence of the chiropractic care on the immune system, brain health, and chronic health conditions such as asthma, diabetes, high blood pressure, COPD, and cardiovascular and gastric system health as well as the neuromusculoskeletal system.

While we are supportive of the goals, we draw attention again to the apparent focus on integrating alternative therapies into the conventional medical model. Advancing the knowledge and evidence of each of these alternative health care systems as they are actually practiced has always been a core directive of the intention behind the creation of the OAM and the advancement to NCCAM and to NCCIH.

There is a role for integration, but the greatest advances in improving health status of people worldwide will be on focusing on advancing the science on each of the systems in a whole person, real world environment.

Objective 3: Foster research on health promotion and restoration, resilience, disease prevention, and symptom management

The ICA appreciates the goals set forth in Objective 3. We however note that given limited budgets, that focusing on understanding mechanisms through which complementary and integrative health approaches affect health restoration, resilience, and well-being may not be the best use of these resources. We also appreciate the focus on safety, efficacy, and rigorous clinical studies.

Objective 4: Enhance the complementary and integrative health research workforce.

The ICA strongly supports enhancing our community's workforce and the importance of supporting research training and career development. ICA hopes that the NCCIH will provide greater opportunities for each of the chiropractic colleges in the United States to benefit from development resources to advance and expand their research capacity. We also hope NCCIH will work with ICA, the ABCA, and others in the profession to identify mechanisms and pathways to promote greater diversity in our profession.

Objective 5: Disseminate objective evidence-based information on complementary and integrative health interventions.

ICA agrees that objective evidence-based information is vital. One of the great challenges for chiropractic and other complementary and alternative systems is accessing published research. Many of the journals in our community are not PubMed indexed. An exploration of how to advance the availability to the NCCIH and others in the research community of these peer reviewed journals may be fruitful. Further opportunities to improve access is the advancement of open access to complementary, alternative, and integrative health research that is taxpayer funded. We believe that publicly funded research should be immediately available to the public

when published and hope that the NCCIH will work to ensure that the full article of all NCCIH funded research is available at no cost to the public via PubMed.

On behalf of the more than 107,000 chiropractors world-wide we respectfully request the opportunity to participate going forward in the development activities of the NCCIH, and to see a greater emphasis on chiropractic research.

Thank you for your consideration of our comments. We look forward to a continued communication on these matters and future research.

Sincerely yours,

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