AUSTRALIAN HOMOEOPATHIC ASSOCIATION INC.

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ARBN 077 464 101

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CC: The Hon Sussan Ley M.P.
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Dear Professor Anderson,

I am writing to you in my capacity as the President of the *Australian Homoeopathic Association (AHA)*, regarding the *NHMRC's Homoeopathy Working Committee (HWC)* and its 2012-2014 Review of Homeopathy, for which the final report was released today.

The AHA and the broader homoeopathic profession share numerous grave concerns in relation to matters surrounding the prelude to and the instigation of the work of the *HWC* and in regard to the conduct of the review itself. This letter will outline these serious concerns, which we believe it is imperative that you, as the Chief Executive Officer of the NHMRC, need to be apprised of. We respectfully seek your response to each of the subject areas and their contents outlined in this document.

NHMRC's blatant bias evident in relation to homoeopathy:

In April 2011, twelve months prior to the announcement of the review of homoeopathy, a NHMRC *Draft Position Paper on Homeopathy* was leaked across national media platforms. This document asserted that it would be "unethical for medical practitioners to treat patients using homoeopathy" because homoeopathy "has been shown not to be efficacious". This prejudicial view adopted and promulgated in advance of any research being undertaken by the NHMRC generated considerable concern within the homoeopathic profession. The Australian Homoeopathic Association took the initiative in responding with a submission to the NHMRC in June 2011. As well as outlining both the historical and contemporary context of homoeopathic practice and presenting a range of current research data, the submission expressed the urgency of our concern regarding the NHMRC's absence of objectivity in relation to homoeopathy. We urged the Council to correct this ill-considered stance, which revealed a disregard for the principles of empirical scientific research and a subsequent abuse of the power and influence of Australia's leading medical science research organisation in relation to homoeopathy.

Such an approach appears to have derived from the NHMRC's tolerance of poor science from one international agency (a UK parliamentary committee which perceived homoeopathy very negatively,

while the Council simultaneously ignored the high quality, long-range research of another (the Swiss government), which found in favour of homoeopathy.

It was clear from the content of the bias displayed in the leaked NHMRC document that the Council had reprised *in toto* the negative findings of the 2010 UK *House of Commons Science and Technology Committee 'Evidence Check 2: Homeopathy'*. The NHMRC would have been aware that the recommendations of the Science and Technology Committee *(STC)*, to restrict the availability of homoeopathy through the National Health Service, *were not endorsed by the U.K. Parliament.* Parliament made forthright statements supporting the right to freedom of choice of the "informed patient" when it preserved funding for homoeopathy in the UK National Health Service.

Assuming it had approached this matter with due diligence, the NHMRC would also have been aware of the controversy surrounding the proceedings of the UK Parliament's STC: the committee was subject to many serious criticisms, severely limiting the reliability and credibility of the inquiry and its findings. These criticisms included concern about its selection of committee members, the protocols engaged in its meetings and hearings, the limited time and notification of its oral hearings, a persistent perceived bias in its appraisal of the evidence before it, and the very restricted number of committee members who ultimately passed its recommendations. Ten members of the committee refused to support the STC's recommendations due to the bias perceived to be inherent in the STC's process, protocols and findings; of the three who did support the STC findings, none had any knowledge of homoeopathy.

The influence of the anti-Complementary Medicine (CM) pressure group, *Sense About Science (SAS)*, and of the highly motivated anti-homoeopathy campaigners, Dr Ben Goldacre and Professor Edzard Ernst, prevailed at the expense of authentic scientific inquiry. It is to be noted that one third of the initial funding of the lobby group *Sense About Science* was provided by pharmaceutical company interests, as acknowledged on the *SAS* web-site at that time.

While favouring the STC's fatally flawed report, the NHMRC ignored the publication in English in early 2011 of a comprehensive review of homoeopathy commissioned by the Swiss Government. This five-year-long, in-depth review was part of the Swiss *Complementary Medicine Evaluation Programme*. This *Health Technology Assessment* (HTA) of homoeopathy engaged inter-disciplinary medical experts in conducting a formal analysis of the clinical evidence, cost-effectiveness and safety of homoeopathy and the quality of homoeopathic medicines. From its close study of the research, the HTA report found highly favourable outcomes for patients across a broad spectrum of conditions and significant financial and other benefits for that country's healthcare system from the practice of homoeopathy. ***One of the results of the Swiss report was the re-instatement of health-care rebates for homoeopathic treatment in Switzerland.***

<u>NHMRC review announced by declaring its outcomes:</u>

The cautions raised by the AHA in regard to the NHMRC's public stance were ignored by the Council:

In April 2012 the proposed commencement of the homoeopathy review was announced with high profile media coverage, re-stating the same negative claims in relation to homoeopathy asserted in 2011. This announcement was a second robustly promoted indication of the NHMRC's prejudicial stance regarding homoeopathy.

Of great concern was that these statements of opinion were pronounced as manifest 'findings' - <u>again</u> in advance of the research which was simultaneously being announced. Emerging as it did from Australia's peak medical science research body, this was both confounding and deeply troubling to the homoeopathic community, as indeed it should have been to all in the science research arena. It is far from controversial to anticipate that such a position would compromise the processes of the anticipated review.

This repetition of the Council's pre-formed view on homoeopathy also appeared to be intended to manipulate public perceptions of homoeopathy in advance of the review's findings: community support for the ultimately predictable negative findings of the NHMRC appeared to have been rallied in this blatant manner. In this process the Council was ably aided and abetted through the strenuous media activities of the energetic anti-CM 'ginger group' - the so-called *Friends of Science in Medicine (FSM)* (the local *'doppelgänger'* for the UK *Sense About Science* lobbyists). Due to the high-profile positions of key FSM members, ready access to media coverage of their views was guaranteed to this lobby group.

As Sir Paul Nurse, president of the UK Royal Society, stated in his address to the Melbourne science community in January 2012:
"Good science must be free of pressure and influence by lobby groups; such groups ... are ideologically driven or commercially motivated, and their hallmarks emerge in the use of highly intemperate and sometimes abusive language".

ABC and other media recordings throughout the past three years in Australia reveal many examples of such behaviour by members of FSM, whose prestigious professional positions allow them to hold sway over the more gullible members of the public. FSM members typically espoused views about homoeopathy uncannily similar to the published views of the NHMRC. This and other evidence of the appearance of possible collusion between FSM and the NHMRC/HWC generates grave concerns regarding the independence of the NHMRC, which this document will discuss further. These concerns should rightly be shared by all Australians and by the science community, in particular.

The AHA submission to the NHMRC had objected to the Council's pre-formed views: these alerts as to manifest prejudice and its potential consequences were not addressed. No response was forthcoming from the NHMRC to the AHA's 2011 submission, despite the AHA's offer of consultative co-operation in the inquiry. Homoeopathy groups had no evidence of an intention by the NHMRC to establish the requisite protective measures in the review protocols so clearly necessary to protect against the potential contamination of both the processes and conduct of the review.

The absence of experts in the field to be studied:

Homoeopathy groups urged the NHMRC to follow accepted research protocols by including homoeopathy experts in its research panel; the AHA submission explicitly offered its resources to the Council. Consultation with experts is standard practice in science research, indeed in any research arena. ***This reasonable request to so do was ignored by the NHMRC: this neglect of best-practice alone calls the validity of the review into question.***

As one of the NHMRC (external) expert reviewers stated in relation to the HWC review into homoeopathy, ***"I am concerned that no homeopathic expert was appointed to the NHMRC Review Panel. I cannot imagine this being agreed in oncology, orthopedics, or other disciplines."*** [Obtained through a FOI request]

That this neglect prevailed at the same time that the HWC included a member of *Friends of Science in Medicine (*with its explicit anti-homoeopathy agenda) is a further indictment of the Council's partiality and its co-operation with the agenda set by FSM. The FSM member, Professor Peter Brooks, resigned from FSM only *after* his appointment to the HWC, to avoid an *on paper* conflict of interest. That such an *in vivo* conflict of interest continued to prevail appears very likely.

Good science protocols would have ensured homoeopathy experts a place on the HWC, just as a concern for the independence of the Council may have avoided the appointment of a member of an anti-homoeopathy lobby group.

Research contractor(s) engaged for the HWC Review:

It has been widely alleged that an initial contractor was engaged by the NHMRC/HWC to conduct the review (April 2012 - August 2012). This study employed a different methodology to that ultimately adopted and ***these initial researchers found positively for homoeopathy in certain areas***. It has been alleged that two members of the original review panel resigned in protest, perhaps when their findings were challenged by the HWC, or perhaps this initial contractor challenged the methodologies requested by the HWC. This review process was abandoned and the contractor dismissed. It is also alleged that the review criteria was narrowed and a new contractor, *OPTUM/INSIGHT,* was employed.

The NHMRC has refused multiple FOI requests seeking details of this initial review process and its findings, indicating its reluctance to allow this material to be made public. Other accessed FOI material indicates that budgetary restraints may have been employed as a means of narrowing the review and thereby limiting the range and therefore the comprehensiveness of the review. Restraints on the scope of a review such as this flies in the face of objectivity, ethical conduct and good science, aspirations to which the NHMRC is otherwise committed.

These serious considerations are consistent with the view, reluctantly reached by the homoeopathic profession, that the NHMRC appears to have been driven by a particular agenda, perhaps initiated and fostered by FSM lobbyists outside the organisation, or by personnel with affiliations with both

organisations. Mutual goals seem manifest in a manipulation of public opinion regarding homoeopathy, based on inadequate research, which may ultimately result in directives restricting public access to homoeopathy via the removal of health rebates.

We seek your advice in relation to unsuccessful FOI applications to the NHMRC/HWC in regard to the initial research contractor. We wish to know the reasons for the repression of what should rightly be publicly accessible information; we wish to know both the findings of the initial review and the reasons that it was abandoned, and the cost to the community/taxpayer of this discarded work.

The Review methodology:

The NHMRC Review of Homeopathy (ultimately conducted by *OPTUM/INSIGHT* on behalf of the HWC) chose to limit its range of data analysis to Level 1 evidence in the hierarchy of evidence, and ***further limited the reach of adequate data collection by employing a systematic review of existing systematic reviews (effectively an over-view),*** rather than undertaking its own systematic review. (In this, the HWC has also departed from international standards in failing to search *all available* Level 1 evidence, and no justification for this departure has been provided.)

While systematic reviews are widely accepted as a potentially highly reliable research tool, certain caveats to their application are also commonly agreed upon. As you are aware, the validity of systematic reviews relies on a number of critical factors, key among these is that the included trials be both of reasonable quality and also similar enough to each other for a grouped analysis to be valid. The issue of sufficient numbers of similar-enough trials is particularly problematic in homoeopathy, for reasons in part to do with the variety of ways in which homoeopathy is practised: the same prescribing method would need to apply in every trial included in a systematic review. A review of randomized controlled trials in homoeopathy will show the highly heterogeneous nature of homoeopathic research. Further to this, many RCTs are single trials (without replication), and where more than one trial investigates a particular pathology, different modes of treatment have often been used, or different prescribing methods applied.

Where research genuinely investigates a research question, it is standard practice to take into account the particular characteristics of the field scrutinized, so that methodologies employed in that research are appropriate to the field to be studied. The research dilemmas posed by systematic reviews of homoeopathy research are only alluded to here: the NHMRC was provided with a detailed discussion of this issue in submissions by homoeopathy groups (in particular the *AHA* 2011 and the *Australian Register of Homoeopaths (AROH)* 2013). Careful research by a skilled research body should have discovered these matters in the course of its own investigations and taken care to avoid or minimize limitations in the research process, adopting a wider scope in data selection and analysis. This was not done, hence the outcomes are skewed and as such do not represent an open and fair analysis of the field of homoeopathy research, and indeed it appears that public money has been wasted on findings which are so flawed as to be useless to a reasonable assessment of the efficacy of homoeopathy.

Both the *AHA* and the *AROH* (in their 2013 submission to the concurrent NHMRC *Natural Therapies Review Advisory Committee*) alerted the NHMRC about the complexities involved in undertaking

homoeopathy research. The absence of homoeopathy experts no doubt contributed to these problems in the review: homoeopathy experts would have further elucidated the requirements essential to a field-sensitive approach in the development of research protocols and selected methodologies.

In the absence of direct participation in the review, the homoeopathic profession was forced to rely on a presumed commitment to excellence by the NHMRC to properly address the characteristics of the research field under their scrutiny: the profession has been dismayed at the abject absence of such values in the carriage of the homoeopathy review.

Data excluded from the Review:

RCT's: Factors pertaining to the above discussion revolve around the challenges to research in a *'whole person/whole-medicine'* modality such as homoeopathy. Conventional medical research tools, where one single active agent is tested on a single pathology, cannot adequately encompass the field requirements of a holistic intervention such as homoeopathy, where highly individualised, complex strategies are employed.

However, in spite of the limitations of testing a holistic approach through the restrictive prism of Randomised Controlled Trials (RCT's), it is notable that positive outcomes for homoeopathy have been established in a number of quality human RCTs.

The NHMRC excluded an examination and evaluation of RCTs from the scope of its review and from its assessment of the efficacy of homoeopathy: in this way, the NHMRC was able to disregard positive outcomes in homoeopathy research which are evident in many RCTs.

Non-human studies:

The HWC review further excluded plant, animal and laboratory cell model research in homoeopathy, where successful outcomes in a range of quality studies challenge the presumption of *'placebo-only'* effects in homoeopathy when applied to human subjects. The strategy of excluding these studies avoids a challenge to the highly presumptive statement published on the NHMRC's website (that homoeopathy is "*scientifically implausible")* and further supports the NHMRC/HWC's pre-ordained outcome of negative *'findings'* for homoeopathy.

Prophylactic homoeopathy:

Similarly the scope of the Review specifically ***excluded research into the use of homoeopathy in preventative health care.*** There are numerous studies in this area reflecting successful global experience of the use of these medicines, which are publically administered by the health departments of several countries using homoeopathy in disease prevention at population levels. Indian regional governments for example control epidemics of malaria, Japanese encephalitis, dengue fever, and epidemic fever with

homoeopathy. The Cuban government now relies on homoeopathy to manage its regular leptospirosis epidemics, which had typically high mortality and morbidity rates prior to this innovation: both morbidity and mortality levels have been dramatically reduced by this intervention.

Given outbreaks of highly infectious diseases in our own region in recent years, and the likelihood that climate change effects will further escalate this hazard to community health, greater interest by the medical science research community into these effective and highly economical approaches to prevention would be timely. Several studies supplied to the NHMRC in the use of homoeopathy in epidemics show good results: the NHMRC excluded this area of population-level prophylactic use of homoeopathy.

Observational studies:

'Real world' outcomes of medical interventions are ultimately accessible solely from population usage of a drug or intervention: this is the evidence level at which dangerous side-effects with high attrition in morbidity costs and not-infrequent fatalities may emerge from the use of conventional pharmaceutical drugs. Such drugs have successfully passed through accepted trial protocols and declared safe only to express their full range of actual effects when age, lifestyle, co-morbidities, multiple drug interactions and other factors interact and can be observed.

Given these factors, the apparent low ranking of Level IV evidence might usefully be reviewed. ***The HWC excluded observational studies of outcomes in homoeopathy,*** irrespective of the size and quality of these studies. Many of these studies are large (between 2,000 and 6,000 patients). They most typically identify significant improvements in patients' presenting complaints along with improved overall well-being of those treated at homoeopathic hospital out-patient clinics in the UK and Europe. ***The majority of patients report a capacity to significantly reduce or cease conventional medicines as a result of homoeopathic care,*** and perhaps this and the extremely positive findings of these population surveys influenced the exclusion of this data from the scope of the HWC review.

Cost-effectiveness, safety and quality of medicines:

The NHMRC/HWC research neglects these three important aspects of homoeopathy, which more fully and properly describe the delivery of homoeopathic health care. Cost-effectiveness and safety are notable and arguably unique features of this form of health care when compared with conventional medical care, and indeed most other CM therapies. The safety of homoeopathic medicines is widely acknowledged by both its detractors and supporters alike; homoeopathy's cost effectiveness, particularly when delivered through public health services as it is in many European and some South American and Caribbean countries, is born out in numerous research studies. The quality of medicines is under the regulatory guidance of each jurisdiction in which homoeopathy is practised: in Australia the Therapeutic Goods Administration has carriage of this role. All of this data was submitted to the NHMRC in AHA and AROH documents in 2011 and 2012.

The neglect of these areas of research by the HWC has consequences beyond the review of homoeopathy.

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The HWC review is required to report to the concurrent inquiry into health rebates for Complementary Medicine modalities via the Natural Therapies Review Advisory Committee (NTRAC.) According to its brief, NTRAC anticipates reports not only on clinical effectiveness of homoeopathy, but also on cost-effectiveness, safety and quality of homoeopathy. The absence of these three critical aspects in the HWC review stymies its capacity to fulfil this brief of reporting to NTRAC: the anticipated full spectrum of research data will not be delivered by the HWC to the NTRAC processes.

As a consequence, the Department of Health's (DoH) '**Review of the Australian Government Rebate on Private Health Insurance for Natural Therapies'** ***cannot fairly fulfill its agenda, which explicitly stipulates that cost-effectiveness, safety and quality of each therapy under review be assessed along with clinical efficacy. The private health insurance review is likely to represent another inadequately researched and therefore failed process as well as a potentially unconscionable waste of government and community resources.***

The only agenda likely to be well served by each of these flawed inquiries is a finding against both homoeopathy and Complementary Medicine in general: the CM communities can only assume that this was and is the implicit agenda of the NHMRC. Homoeopathy has been publically declared "unethical" and without evidence of efficacy - initially ahead of any inquiry and then again following the severely limited NHMRC/HWC review. Private health rebates are likely to be withdrawn across the field of CM therapies. The rebatable status for these therapies represents strong community demand for choice in health care: these slowly evolving changes over the past thirty years have been community-led. Through pre-set agendas and flawed processes, the NHMRC and the DoH inquiries both appear to fly in the face of public demand for person-centred, safe and effective health care. The AHA believes that both the principles and ethics of our major science institution have been tarnished through the conduct of the NHMRC/HWC homoeopathy review.

NOTE: ***The HWC also excluded studies in languages other than English.*** The majority of studies in homoeopathy are generated from European or South American research and many studies emerge in languages other than English. The NHMRC must frequently meet and clear this common research hurdle in its routine operations: it chose to further limit the scope of its homoeopathy research by excluding these studies.

Inappropriate NHMRC reportage:

On October 21 2014 you delivered a public lecture in Brisbane (the *QIMR Berghofer Medical Research Institute 2014 Derrick-Mackerras Lecture*), reported in *Australian Doctor* on December 4, 2014. In that lecture you stated that there is no evidence that homoeopathy works, again a public pronouncement made in advance of the completion and release of the final report by the HWC. A reasonable person may consider that in the light of the material provided in this document, and the fact that the final report had not been released, the pre-emptory nature of your comments, Professor Anderson, were highly inappropriate given the position you hold.

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NHMRC-appointed expert reviewers ignored?

As part of the review process, three independent expert reviewers were employed to critique the HWC review process. FOI documents reveal that ***two out of three of these experts expressed considerable reservations*** about the review, some of which reflect the same concerns raised by the AHA in its submission to the NHMRC. These expert reviewers described numerous concerns regarding the methodology employed by the researchers and their selective use of data. ***The AHA wishes to know if the HWC has taken these views into account in the preparation of its final report, or whether this expert advice sought and duly provided to the HWC has been ignored.***

Early release of HWC Draft Review of Homeopathy to FSM:

The Draft Homeopathy Overview Report findings of the NHMRC/HWC Review appeared on the *FSM* website one day prior to their public release. The FSM website carries a letter dated 8 April 2014 "congratulating" the NHMRC on its preliminary negative findings in relation to homoeopathy. The official release of the draft NHMRC document was on 9 April 2014, the date at which both media and the key stakeholders, professional homoeopathy groups, were informed of the NHMRC Draft Homeopathy Overview Report being released. ***We seek information describing the channels of FSM access to this early release of information and the reasons for its perceived necessity.***

A founding member of the FSM, Professor John Dwyer was vigorously active in media coverage of the NHMRC/HWC review findings on the day of their release and for a period of weeks following the release, as were other members of FSM. The listening and viewing public may well have confused Professor Dwyer and his FSM colleagues as representing the NHMRC/HWC itself, as they were clearly representatives of its 'policy' position.

The FSM public campaign energetically conducted before, during and after the release of the Draft Homeopathy Overview Report seamlessly paralleled the NHMRC inquiry.

At no point did the NHMRC distance itself from what were often emotive and vituperative attacks on homoeopathy and homoeopaths: regrettably again there appears to be evidence of a high degree of co-operation and indeed very likely collusion between these two groups.

We trust that you as the CEO of the NHMRC may have reservations about these serious matters and hope for your considered comment upon them in reply to the AHA.

Patient safety and community benefits of homoeopathy:

The NHMRC and FSM have raised the issue of patient safety of those seeking homoeopathic care, arguing that patients may do so in the absence of medical advice. The Australian community of homoeopaths work in a complementary role alongside conventional medicine: it is exceptionally rare to meet a patient who refuses mainstream medical care, and this is born out of European research. The vast

majority of homoeopathy patients have already sought conventional medical care, most seeking homoeopathy after conventional care has either failed or been unable to help, or where the attrition costs of side-effects of pharmaceutical drugs have been too great. Many undertake homoeopathic care alongside their conventional treatments, and many are able to reduce or cease conventional pharmaceutical drugs *after* both the presenting problem *and* the patient's overall health has improved as a result of homoeopathic interventions. Discussion of these matters and the extant research in support of the assertions made here can be found in both the AHA 2011 submission to the NHMRC and the AROH 2012 submission.

A very common experience in homoeopathic practice is the presentation of a pre-school-aged child who has been prescribed multiple sequential and unsuccessful courses of antibiotics for otitis media. The equally common outcome is the resolution of this pernicious situation with a straight forward homoeopathic intervention. Again research in replicated studies supports this clinical experience, well documented in the submissions cited above. Given the crisis now faced by the over-use of antibiotics and the menacing issue of multi-drug resistance, a sense of frustration is felt by many homoeopaths who believe that the wider community would benefit from greater use of homoeopathic medicine, but have been stymied by the actions of the lobbyists, FSM and the apparently related and highly unsatisfactory review by the NHMRC/HWC. The same dismay applies in the face of the heavy financial burden born by the community through the very high and ever-burgeoning costs of health care delivery. There is considerable research supporting the cost-savings made possible if homoeopathy was more widely used: this research material was made available to the NHMRC.

The antibiotic crisis and high health-care costs are *'big picture'* issues: day-to-day work in homoeopathy is rich in person-centred care across the myriad of ordinary and extra-ordinary problems faced by people. Patients' problems often present with sub-clinical symptom pictures which may be decipherable using homoeopathic tools; other conditions are seemingly intractable and burdensome physical or psychological states, yet these may be accessible and yield to homoeopathic analysis and treatment. It is apparent through the well-documented high level of use of CM products and services in Australia that community health-care needs are not exclusively met through conventional health care interventions.

That access to a viable, safe and effective modality is currently being threatened through seemingly reckless attempts at 'brand damage' and through the very likely withdrawal of health care rebates for these services goes against the current of community trends in health-care. These trends are towards holistic, person-centred, collaborative and minimal impact health care interventions: the NHMRC and the FSM lobbyists would seem to actively oppose these trends and with that, attempt to obstruct freedom of choice in health care in the Australian community. Such an approach does not seek to optimize individual or community opportunities for improved health and well-being - it does the opposite.

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Conclusion:

Homoeopathy has a two hundred-year worldwide history of clinical practice: homoeopathy is currently practised in 41 out of 42 European countries, in the Americas, the Caribbean and the Indian sub-continent. In many instances homoeopathy forms an integral part of national health programs. ***The World Health Organisation (WHO) promotes the "endorsement, integration and evaluation" of traditional medicine (TM) and recognises homoeopathy as the second most widely practised health care modality worldwide after Traditional Chinese Medicine*** (www.who.int/medicines/technical_briefing/tbs/Technical_briefing_11_10pdf).

Australia is a WHO Member State and key signatory. The World Health Organisation has recently published its Traditional Medicines Strategy 2014-2023: this strategy seeks to

"Support Member States in developing proactive policies and implementing action plans that will strengthen the role TM plays in keeping populations healthy.." **and aims to :**

"support ***Member States in harnessing the potential contribution of TM to health, wellness and people-centred health care,*** **and**

promote(s) the safe and effective use of TM by regulating, researching and integrating TM products, practitioners and practice into health systems, where appropriate."

The NHMRC, rather than *"harnessing the potential contribution of Traditional Medicine to health, wellness and people-centred health-care"*, appears to have had a directly contradictory agenda in relation to homoeopathy.

We seek your reflections on the stance that Australia's peak medical science authority takes towards the aspirations and commitment of the WHO 2014-2023 Traditional Medicines Strategy, seeking as it does to support and utilize the resources of CM/TM for the benefit of the community at large.

Thank you for your attention to this document, Professor Anderson. We look forward to receiving your responses to the many important and pressing questions posed within it and respectfully seek your reply as a matter of urgency.

Sincerely,

Martin Costigan

President AHA

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