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Re: Bill to Amend the Scope of Practice for Naturopathic in North Dakota (SB 2274)

SB 2274 Endangers Patients

March 23, 2021

To the House Human Services Committee of North Dakota:

My name is Britt Marie Hermes. In 2011, I graduated from Bastyr University (an accredited naturopathic medical school) with a doctorate in naturopathic medicine. I passed the Naturopathic Physicians Licensing Examination (NPLEX) and completed a competitive, one-year residency in family medicine and pediatrics at a naturopathic clinic in Seattle. I remained in naturopathic practice until 2014.

My mother was raised in Moorhead, MN on a beet farm. She attended Moorhead University and then moved west to California after marrying my father. While I technically grew up in California, I consider both Minnesota and North Dakota to be my second homes. I spent nearly every summer fishing on Cotton Lake in Detroit Lakes and having slumber parties with my cousins on the patio of my grandmother's Fargo apartment. I have many family members in North Dakota; the flower girl from my wedding lives in Watford City and my favorite aunt still resides in Bismarck. When I learned that naturopaths were attempting to expand their scope of practice in North Dakota to include prescription rights, I wanted to contact you immediately and share my story. I would never recommend that any of my family members or friends seek naturopathic medical care for any medical condition, and certainly not for primary care.

I watched my colleague, Elizabeth Allmendinger, spearhead the political movement to get naturopaths licensed in North Dakota in 2011 from Bastyr's classrooms. I remember the excitement I felt about North Dakota "gaining licensure." With so much of my family still residing in the Midwest, the hypothetical possibility of practicing near family was an enticing fantasy. North Dakota passed legislation right before we graduated and I watched Elizabeth travel back home to fulfill her dream of practicing naturopathic medicine in her home state, while I went on to fulfill my dream of practicing in a pediatric clinic.

Sadly, it did not take much time for my dreams to come crashing down around me. During my brief time in practice as a naturopath, I witnessed dangerous, illegal, and unethical naturopathic practices from licensed naturopathic doctors who graduated from accredited schools. I had previously believed that only the "fake-NDs" who earned online degrees engaged in menacing medical practices, such as intravenous hydrogen peroxide therapy for the treatment of cancer or chronic disease. In reality, an abundant number of licensed naturopaths from accredited universities use dubious diagnostic methods and unsound therapies. I personally witnessed the illegal importation of cancer therapies for use on terminally ill patients. I found this type of egregious behavior so common within the profession of "real" naturopathic doctors that I felt like I had no other choice than to change professions. I have since left the profession to study biomedical

research in Germany. I am currently in the final year of my PhD program at the university medical clinic in Schleswig-Holstein (UKSH), Kiel.

Based on my educational and professional experience as an accomplished member of the naturopathic community, I can say that naturopathic medicine is not primary health care. I am saddened to report that not only was I misled, but so were hundreds of legislators, thousands of students, and tens of thousands of patients. I do not want to see legislators in North Dakota fooled by false information regarding the education, training, and medical capabilities of naturopaths.

The issue of this deceit boils down to the education and clinical training of naturopaths and how the American Association of Naturopathic Physicians (AANP) and its members manipulate this information for political advancement. The naturopathic profession perpetuates a series of false assertions to justify its progress, which unfold in a closed-loop system that eschews external criticism. Two examples of this dynamic show that naturopaths are the sole regulators of naturopathic medicine: 1) The NPLEX, the naturopathic licensing exams administered by the North American Board of Naturopathic Examiners (NABNE), is written entirely by naturopaths and not made publicly available like the USMLE or COMPLEX-USA for MDs and DOs. 2) The NPLEX continues to be kept secret by NABNE, making it impossible for legislators and health organizations to assess the quality of the licensing examinations and to assess claims that the exams are as rigorous and comprehensive as the USMLE or COMPLEX-USA.

Naturopaths frequently present education comparison charts to show that they are qualified to practice medicine as a primary care provider, write prescriptions for pharmacologic medications, and perform procedures like minor surgery or intravenous procedures. I've found several charts comparing naturopathic education to the education of other health care providers. They are all a bit different in how hours are categorized for comparison, which tipped me off that there was some manipulation of the data. To clarify the training of naturopaths for you, I have attached my transcript and a chart of my education hours which shows you exactly what was required for me to earn my naturopathic degree.

You will be interested in the following points from my transcript and the accompanying spreadsheet detailing the hours I spent in each class and in clinical training.

Clinical Training:

- 1,100 hours of primary care medicine training in "direct patient contact" including
- 748 total clinical training hours on "patient care rotations"
 - 44 hours on a counseling rotation
 - 176 hours on physical medicine rotations (chiropractic therapy)
 - 132 hours spent shadowing any kind of health practitioner (ND, MD, DO, DC, LAc, Homeopath, PT, PA, NP, etc.)

748 Hours in Patient Care Rotations:

A patient care rotation is scheduled in 4-hour shifts, once per week, for an 11-week quarter. One of these four hours is spent discussing patient cases and information on every shift. Only three hours are spent in patient care, reducing the total numbers of hours spent in "direct patient contact" down to 561 hours. Clinical training on patient care

shifts encompassed debunked medical theories, pseudoscience, energy medicine like homeopathy, the laying of hands, hydrotherapy like colon irrigation, physical medicine like chiropractic adjustments, and yes, some primary care concepts. However, the primary care training is diluted with the sheer amount of experimental medical practices and quackery.

Pharmacology:

BC 6305 Pharmacology for ND Students: “pharmacology for the ND student population”

- 55 lecture hours in one course
- No additional pharmacology training provided in other courses
- Minimal, if any, additional pharmacology training provided in clinical training hours

My clinical training included such a small amount of pharmacological experience that it hardly seems worth mentioning. I spent far more time learning how to write a prescription for botanical medicines than how to prescribe appropriate pharmaceutical medications. I specifically befriended a pharmacist at a local pharmacy in Seattle so I could ask questions about drugs, dosages, interactions, and protocols.

Standards of Care and Public Health:

Of note, there are no naturopathic standards of care. Students and residents at Bastyr University have compiled documents explaining the diagnosis and treatments for a variety of diseases, which are available to students and faculty on the university’s online portal. A review of these documents reveals a large degree of untamed variability that is reflected in naturopathic medicine. For example, the entry on angina includes a variety of treatment options: nutrient therapy with selenium, CoQ10, magnesium, and niacin; limiting fat intake, removing sucrose, alcohol and caffeine from the diet; botanical medicine doses of ginger, ginkgo biloba, aconite, and bromelain; at home exercises; recommendations to address a type A personality; a detoxification diet; colon hydrotherapy; castor oil packs; food allergy elimination; juice fasts; hormone replacement therapy; lifestyle changes; and monitoring of uric acid levels. Of the documents I’ve reviewed, all fail to mention any standard of care, which for some conditions, at a minimum should include an immediate referral to the emergency room or medical specialist. I know it sounds cynical, but naturopathic medical care is like picking treatments out of a magical hat.

The theme of not making firm clinical or public health recommendations rooted in science is apparent in the profession’s position papers. Most notably, the AANP position paper on vaccinations does not mention any vaccine schedule specifically nor does the paper recommend an adherence to any standard of care regarding immunizations. The paper instead clearly leaves room open for exemptions and custom inoculation schedules between parents and practitioners “within the range of options provided by state law.” Since many states have major loopholes in public health law regarding vaccine exemptions, this statement basically means vaccinate as you like or even not at all. This type of weak public health care policy results in infectious disease outbreaks like the pertussis outbreak in California in 2010. Furthermore, according to Stephen Barret, MD, this position paper presents “unbalanced attack on immunization based on delusional philosophy rather than science.” He goes to conclude that, “the AANP

position statement exaggerates the risks and suggests that “some” of the current vaccinations are ineffective.” I can imagine that strong public health policies regarding immunization are very important in North Dakota right now given the COVID-19 crisis. I don’t view licensed naturopaths as reliable health practitioners capable of implementing public health policies, even in emergency situations, such as a global pandemic.

In April and June of 2020, the FTC sent out warnings to companies advertising dubious COVID claims (attached). Numerous naturopathic clinics were on these lists, as well as therapies commonly provided by licensed naturopaths including the use of high-dose, intravenous vitamin C to treat COVID-19 infections. In October of 2020, after these FTC complaints were issued, the American Association of Naturopathic Physicians announced that they were urging “physicians and hospitals to utilize IV [intravenous] vitamin C to combat the COVID-19 pandemic.” The press release issued by the AANP is attached. In their statement (attached), the association writes that recent data from China demonstrated that intravenous vitamin C was an effective adjunct therapy and that patients receiving intravenous vitamin C “experienced shorter hospital stays and lower mortality.”

I looked up the original publication in the Chinese Journal of Infectious Diseases. The study referenced is, in fact, not a study. Rather, it is recommended clinical guidelines for treating the novel coronavirus. I could not find any original data to support with the vitamin C recommendations or the claims that intravenous vitamin C therapy could shorten hospitalizations or reduce death. This is just one of many examples demonstrating that licensed naturopaths are not capable of providing credible health care information to the public.

Additional Relevant Course Training:

NM 7416 Minor Office Procedures: Lecture course that covers suturing techniques, use of anesthesia, performing biopsies, managing wounds, infections, and complications with natural therapies, homeopathic remedies for wound healing and infections, and insurance billing for these procedures. Technique and skills are practiced on pig feet.

- 96 lecture hours
- No required clinical training
- No clinical competency exam required for graduation or licensing

NM 7417 Medical Procedures: Lecture course that covers common “primary care procedures” such as epi-pen injection, intravenous therapies, heavy metal testing, injections, IV cannulation, safety issues with IV therapy, sinus irrigation, naso-sympatico, eustachian tube massage, ear lavage, nebulizer use, how to use an oxygen tank and CPR/ first aid

- 33 hours lecture hours
- No required clinical training
- No clinical competency exam required for graduation or licensing
- This meager class met the “16 hours of IV training required” to be licensed as a naturopathic doctor in the state of Washington.

It is my opinion, that naturopathic “doctors” or “physicians” are not qualified to practice primary care. Yet, I hope that my description of the clinical training provided by Bastyr propels this claim closer to the realm of fact. I find it extremely troubling to have been the victim of so many layers of deceit: from naturopathic medical school promotional

material, the education and clinical training, the AANP's political efforts, and information promulgated by my former naturopathic peers, colleagues, and elders. I sincerely hope that I can help shed light on the truth, which is why I decided to start my own blog (www.naturopathicdiaries.com).

In short, naturopathic clinical training is not on-par with medical or osteopathic doctors and is in fact far less, in terms of quantity and quality--also less than nurse practitioners and physician's assistants. Of the hours that Bastyr provided to me and my classmates in purported primary care training (748 hours), one quarter of this time was spent in case preview and review. The remaining 75% (561 hours) contained dubious diagnostics and experimental treatments that were so embedded within a pseudo-medical practice that the student clinician loses the ability to assess what is truth and what is make-believe. When homeopathic remedies are presented on the same level as antibiotic treatment, the naturopathic student is lost, and I don't blame them.

I think it is quite apparent that the 561 hours of what I calculated to be "direct patient contact" in clinical training are nothing of the sort that would instill confidence in anyone that naturopathic education can produce competent primary care providers. There is no way that such training produces better health care that is affordable or efficacious than what is currently available. Yet, this is exactly the rhetoric fed to federal and state lawmakers about naturopathic medicine, and it is wrong.

I recognize that it is a common position of governing bodies to promote freedom of choice. And by that logic, it is easy to license naturopaths, expand their scope of practice, and state that you are allowing citizens to make their own decisions regarding who is providing primary health care to them and their families. However, granting naturopaths an expanded scope of practice that includes prescription rights provides the false illusion to North Dakotans that they are choosing between equally qualified health care physicians. I graduated from naturopathic medical school with a meager amount of pharmacology training taught in a lecture format and not in a clinical setting. Any naturopath claiming to be adequately qualified in prescribing drugs, without having sought extensive training outside of naturopathic medical school, is simply regurgitating lies from their governing organization.

If naturopaths are going to continue to argue that their scope of practice should reflect their training, then they need to accept that their scope of practice should be severely dialed back or they need to conduct a massive overhaul of their training, as the DOs did in the 1970s. Furthermore, naturopaths are not required to complete residencies (except for those practicing in Utah who need one year of residency), which is where any physician will argue the real practice of medicine is learned over the course of a multiple-year residency in a teaching hospital.

Realistically, if I were to practice naturopathic medicine according to my training at Bastyr, I honestly do not even know what I would be qualified to do.

Please do not support SB 2274 to expand the scope of practice for naturopathic "physicians" in North Dakota. Please continue to limit the scope of naturopaths that is commensurate with their minimal training in primary care medicine. To act otherwise, is to risk the wellbeing and safety of every North Dakotan.

Sincerely,

Britt Marie Hermes (née Deegan)