Punking: The Praxis of Community Acupuncture

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POCA★
PEOPLE'S ORGANIZATION of
COMMUNITY ACUPUNCTURE

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Introduction

I wrote a memoir of my experience with community acupuncture, and that book, *Acupuncture Points Are Holes*,[1] left off right at the point that our cooperative, the People's Organization of Community Acupuncture (POCA), created its own acupuncture school (POCA Tech). As I worked for POCA Tech, particularly as a clinical supervisor in the student clinic, I kept a kind of running list of topics that I really wished we had something written about. Eventually the list was long enough that it looked like the outline of another book.

Being a student intern in clinic, or for that matter being a full-fledged acupuncturist in a community clinic, can be overwhelming at times. Acupuncture is a complex, ancient, ever-evolving modality and there are an unlimited number of ways to practice it. Which means, in clinic, there are a vast number of decisions to be made, often very quickly. It's possible to get lost in all the little decisions and details and to lose sight of the big picture. I thought we needed a book about the praxis of community acupuncture – otherwise known as punking — that focused on the interplay of the big picture with the little decisions, as a resource for the people who work in community clinics.

One of the commitments that defines punking is the decision to do what it takes to make acupuncture accessible to as many people as possible: to lower social, economic, and other kinds of barriers. That commitment shapes the punking job and it's what gets punks out of bed in the morning, day after day. It's also the source of innumerable challenges.

One of POCA Tech's students, Jess Long, came up with the metaphor of a camera focusing in and then panning out. That constant shifting between the wide-angle view — of seeing the big picture of the social determinants of health, worsening socioeconomic inequality and the effects of late capitalism on all of us — and then the extreme close up of seeing an individual patient, needing to respond to their (often tiny) verbal and nonverbal cues and then placing even tinier needles for pain and stress relief — describes a core aspect of punking. Managing that constant shift of perspective is very challenging, but it's also what makes punking as a job so satisfying and makes the praxis of community acupuncture a form of prefigurative intervention.[2] I hope that this book supports punks in holding their cameras steady when they're at work, focusing in and panning out, a hundred times a day.

One of the jokes of my life — I picture God laughing hard after setting this one up — is that my colleagues and I spent a decade or so being professionally reviled for oversimplifying acupuncture before finding out, once we set out to teach our "oversimplified" version to beginning students, that what we were doing was so complex that it was a major struggle to describe it at all. I've been accused of dumbing down acupuncture, degrading the traditions, and betraying the medicine; you would think that doing all that would at least make teaching really, really easy.

No such luck.

The praxis of community acupuncture is multi-faceted, subtle, and very demanding. It draws on all your personal resources: physical, mental, emotional and spiritual. This book represents an effort to lay out at least some of the facets of punking in the hopes that clarifying the demands makes them a little easier to meet.

A Brief Overview of Punking

Let's start by nailing down something basic. Acupuncturists are a famously fractious bunch of people and if you listen to some of them, you might get the impression that punking is a reductive version of "real" acupuncture.

There is no such thing as "real" acupuncture.

There's just acupuncture done different ways in different times and places, for different reasons, over the last 2,000 years. Acupuncture is inherently flexible and adaptable to its social context; it always has been and presumably it always will be — that's why it's still around. The more you know about its long history, the less sense it makes to choose any particular date and argue that that's when people were doing acupuncture the right way. It would be like trying to make a case that there's a right style of painting or music, or a right way of making breakfast.

One way to think about punking is that it's acupuncture adapting itself to a particular social context, specifically, Western culture in the 21st century accompanied by dramatic socioeconomic inequality which creates barriers to people getting healthcare. Of course acupuncture practiced by people with less socioeconomic privilege, for people of less socioeconomic privilege, with a goal of lowering barriers, is going to look different from its opposite — and also different from romantic, possibly Orientalized, ideas about how some long-ago scholar-physicians used to treat the emperor. (More about this in later chapters.)

Here's a short summary of adaptation as it applies to punking, for anybody who hasn't heard this story:

In the South Bronx in 1970, the Young Lords, a Puerto Rican nationalist group, and the Black Panthers took over Lincoln Hospital to protest poor medical care, discrimination, and lack of services, including addiction treatment. During their occupation of the hospital, they established the People's Drug Program, which later became Lincoln Detox and included an acupuncture collective. They learned that a Dr. Wen in Hong Kong was reporting miraculous success in treating opiate addiction by means of auricular acupuncture, and they set out to duplicate it.

Dr. Wen's protocol involved using electrical stimulation on a point in the ear. The acupuncture collective of Lincoln Detox found that this approach got good results, until the electro stim machine broke, and they found out ear acupuncture alone got even better results. It was also cheaper and easier to learn. Eventually, through trial and error, they developed a five-point auricular protocol used for all kinds of addiction. The ear is an acupuncture microsystem, often pictured as an upside-down baby, with points corresponding to internal organs on the inside of the ear, and the toes, fingers, and other extremities on the outer edge. The five-needle protocol includes the points corresponding to the Lung, Liver, Kidney, Sympathetic Nervous System, and a "spirit"

point called Shen Men.[3]

In 1979 the authorities dismantled Lincoln Detox by force. The use of acupuncture to treat addiction continued at Lincoln Hospital with the work of NADA, the National Acupuncture Detoxification Association, and the five-point protocol became known as NADA 5NP. NADA has trained over 10,000 health workers, including nurses, social workers and counselors, to use the protocol for what is now known as acu-detox.[4]

In 1994, I graduated from a conventional acupuncture school and started working at a drug treatment program that used the NADA protocol. With my partner Skip who is also an acupuncturist, I worked in various acu-detox settings for about 8 years, until cuts to public health funding (along with other frustrations) caused us to be laid off from our jobs. I realized that the style of acupuncture I had been taught in school resulted in me not being able to treat people who lived in my neighborhood: people who were, like my family of origin, working poor, working class, and/or lower middle class. Basically, I was struggling with a rigid binary that limited who could get acupuncture. In my world at that time, upper middle-class people with substantial disposable incomes and/or great insurance could get acupuncture, and under certain circumstances, underclass people could get acupuncture via public health programs. However, acupuncture wasn't accessible to the people in the middle: people with modest resources who didn't qualify for public health programs.

Through trial and error, we broke the binary and designed a model that was eventually described as "community acupuncture": acupuncture for people of ordinary incomes, delivered in a community room with patients fully clothed and seated in recliners, funded by fees that patients paid, using a low-cost sliding scale for everybody with no income verification and no questions asked. We used both auricular acupuncture, as we had in our public health work, as well as "distal" acupuncture points on the rest of the body, mostly from the elbows and knees down. Our clinic was successful enough that we started to feel evangelical about the model and went on the road doing workshops to try to persuade other acupuncturists to use it too. This resulted first in the nonprofit Community Acupuncture Network and eventually led to the formation of the People's Organization of Community Acupuncture (POCA), an international multi-stakeholder cooperative, which delivers about a million affordable acupuncture treatments a year. POCA created its own acupuncture school, POCA Tech, in order to train the next generation of community acupuncturists. Like an evolving organism, community acupuncture kept adapting to its environment.

One of the most important concepts in community acupuncture is the idea that the community space where patients get treatment is, in itself, an instrument of healing, just as much as the needles. You can treat more people, and treat them faster and more efficiently, in a community room as opposed to individual cubicles, and as a result you can charge less (a lot less) for each treatment. However, community acupuncture isn't just a faster, cheaper, simpler version of individual acupuncture. Punking is qualitatively as well as quantitatively different from conventional private-room acupuncture.

Skip came up with the shorthand term "acupunk" during our short-lived public health careers when he was doing scheduling for one of the clinics we worked in. That quickly got shortened to just "punk". In 2012 I wrote a snarky article about what we meant when we said "punk" (see Appendix A). In hindsight, I missed an opportunity to make the connection between what we meant when we said punk and the larger punk subculture, which is centered on (but not limited to) punk rock music. There's a lot of overlap. If conventional acupuncture were music, the praxis of community acupuncture — punking — would most definitely be punk rock.

Here's a not-necessarily-comprehensive list of the similarities:

- DIY ethic
- minimalist
- iconoclastic
- anti-authoritarian
- subversive
- experimental
- powered by zines and other self-published stuff
- concerned with social injustice and economic disparity
- focused on direct action
- rejecting perceived excesses of the status quo
- often described as "too angry".[5]

As Jon Savage, author of *England's Dreaming: The Sex Pistols and Punk Rock*, wrote: punk was for the marginal and the brave.[6] The punk's subversion of conventional acupuncture culture could be summed up by the conviction that acupuncture belongs to patients, not to acupuncturists.

Unlike punk rock music, however, community acupuncture takes its DIY ethic into the context of a highly regulated profession in order to serve marginalized, often sick people with limited resources. This means that there's a constant tension between accommodating and confronting society that's different and more complex than the kind of tension you might experience while making music in your garage. If you're going to practice acupuncture legally, you have to make peace with licensing boards, health and safety regulations, small business operations, and a certain amount of bureaucracy.

And if you're not going to practice acupuncture legally, you're going to be helping a lot fewer people. It's worth reiterating: One of the commitments that defines punking is the decision to do what it takes to make acupuncture accessible to as many people as possible, to lower social, economic, and other kinds of barriers. Among those "other" barriers is invisibility. A lot of people who could benefit from acupuncture in life-changing ways don't realize it's an option for them. If they're dealing with chronic pain, for example, just getting through the day is hard enough that they'll probably have very little energy left over to search high and low for acupuncture. If it's going to be useful, it needs to be out in plain sight. If acupuncture is underground and illegal, it's going to be even less accessible to people who need it.

There's a tricky continuum for would-be punks. On one end, there are people who love the punk ethos but are so anti-authoritarian and chaotic that they can't embody the consistency that patients really need from healthcare practitioners — which we are, regardless of how many piercings we have and how anti-hierarchical our aspirations are. We're still doing a job. That consistency includes all the things punks need to do to practice legally, as well as the kind of ordinary self-discipline required to keep regular business hours, to pay the bills so that the clinic lights stay on, to plan ahead so that the clinic runs smoothly, and to do all the boring self-care that punks have to do to maintain themselves in a challenging, physical job. Punks might be rebelling against The System, but they can't be rebelling against their own clinic systems. On the other end of the continuum, there are people who have excellent skills and self-discipline, and whose hearts are in the right place, but for whom punking is just too inherently snarky and disruptive. They're too polite and too non-confrontational to enjoy it. Punks have to be marginal enough, and brave enough, in all the right ways. That's what the rest of this book is about.

Another overlap between punking and other kinds of punk, especially punk art, is the concept of bricolage, which comes from a French word for puttering around or tinkering and means making do, constructing something out of what's available. It means improvisation, using found objects, finding meaning in a jumble of seemingly unrelated stuff. Punks often take a bricolage approach to acupuncture techniques, combining varied approaches into an individual style. The furniture and style of many community acupuncture clinics might charitably be described as bricolage. But more than anything, bricolage/making do/DIY describes the punk's entire attitude toward the project of making acupuncture accessible to people who otherwise couldn't afford it.

We use what we've got, and we'll do what it takes.

This book is a kind of bricolage. It's an amalgamation of topics that have come up in teaching community acupuncture, both in the classroom and the clinic, along with a list of educational competencies that POCA Tech as a school is required to address, mixed in with stories and anecdotes and appendices. It's written to be used at POCA Tech as well as for the POCA Cooperative's CEU program, but also with the hope of explaining punking to anybody who really doesn't get it. In education, bricolage can mean learning and solving problems by playing around with projects, models, representations, odds and ends of knowledge. I hope that my playing around in this book with various bits and pieces of the punk job, taking them apart and putting them together, helps people who are contemplating becoming punks as well as people who already are.

Reflection Questions

1. Have you encountered the argument that community acupuncture is a reductive version of conventional acupuncture? What were the circumstances (who, where, etc.)?
2. What are the reasons that some acupuncturists maintain that community acupuncture is a lesser/oversimplified/dumbed down version of conventional

acupuncture, and how valid do you think those reasons are? What do you think drives this argument?

3. What are some of the "other" barriers besides social and economic to people getting acupuncture, and how well do you think community acupuncture addresses them?

Punking and the Theories of Acupuncture

The punk's relationship to acupuncture theory is one of the places where it's the hardest to reconcile the big picture with the little decisions without getting lost, in part because the big picture is so big. Acupuncture theory stretches out over continents and millennia; it's daunting to contemplate. The zoom of the camera from the big picture of acupuncture through the ages, to the extreme close up of you, the punk, sitting with an individual patient in the present day, is enough to make your head spin.

Part of a punk's job is to know your way around the big picture of acupuncture theory, so that you can think critically about it and make good decisions when you're working in the clinic. If there's no one right way to practice acupuncture, that means you have a lot of choices. Complicating things further, there is no evidence that any particular style of acupuncture works better than any other. Existing research suggests, in fact, that point selection — and thus underlying acupuncture theory — has no impact on clinical effectiveness. What does have an impact on clinical effectiveness? Frequency. It doesn't matter what you do, but it does matter how often you do it.[7]

I've been saying for years, based on my own clinical experience, that I think acupuncture is a shotgun, not a laser. You can aim it if you want to, but its effects will go all over the place. When I say this to experienced punks, nobody argues with me, because any experienced punk can cite multiple examples of times when they got terrific results treating a condition that they didn't know their patient had, because their patient didn't bother to tell them. (Sample conversation: "I can't believe it, you totally cured my _____!" "Wait, you have _____? Why didn't you tell me?" "I didn't think acupuncture would work for that, so I didn't mention it.") They can also cite examples of great results from what they considered a mediocre, lazy treatment, as well as the converse, no results at all from a treatment that they researched painstakingly and crafted with great effort. Punking can be infuriating that way. I used my it's-a-shotgun-not-a-laser-you-can't-aim-it line during a student clinic shift, and an intern said plaintively, "Then why do we have so many classes in how to aim it?"

Sorry about that.

The answer is in part, that's just the state of acupuncture education these days, we have to teach you to aim it even though the research suggests that you can't. But there's more to the answer than that. If it really doesn't matter what points you do, why don't punks just put needles in at random? Because who cares?

I know a lot of punks and I don't know anybody who just puts needles in at random, because nobody who cares about their job could do it that way. And punks care a lot. Yes, there's the big picture research that suggests only frequency matters; but while many punks love data and research, they recognize that there's a difference between a research perspective and a clinical perspective.

When you zoom in the camera on punking in the clinic, you're looking at a close up of you, your patient, their needs, and your tools. Just like a punk has to have a good relationship to the patient and their needs, you also have to have a good relationship to your tools. Your tools include both your needles and the theoretical underpinnings of where you're putting the needles. You have to have a mental framework for your treatments that makes sense to you, that you enjoy thinking about, that feels good to use when you're in clinic. That enjoyment is a crucial part of the job.

John Pirog, the author of *The Practical Application of Meridian Style Acupuncture* and *The Dark Warrior Guide to Chinese Medicine*, describes acupuncture theory as a kind of study of applied metaphor:

> *"All ancient civilizations attempted to grasp an understanding of the universe by searching for symbols. It is through a study of symbols that we access a part of our consciousness that is able to see connectedness where ordinary logic can see only separation…the ancients believed that such self-evident relationships could be rationally systematized to serve the interests of science. Through the mind's ability to perceive metaphorically, the wholeness of the universe could become entirely perspicuous and infinite numbers of phenomena understandable through a finite body of universal symbols. And so we find symbolism at the very core of Chinese medical theory, playing a role so prominent that at times the subject looks more like mythology than medicine." (Introduction, Dark Warrior, volume 1)*
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> *"No term is more intrinsic to the vocabulary of Chinese healing yet more difficult to define than the term qì (pronounced "chee")… And yet qi is a practical term, a workman's term, a reliable and indispensable tool in the day-to-day communications of Chinese medical praxis. It is the indefinite quality of this word, in fact, that makes it so useful; for blunt instruments are preferable when excessive precision is to be avoided. Chinese physicians learned long ago that medicine must remain flexible and open-ended if it is to adapt to the tortuous patterns of real life, and so the defining principles of medical thought were painted with broad strokes and blurred lines. And no term casts a wider or looser ontological net than qi." (Chapter 1, Dark Warrior, volume 1)*

Punks work with qi the way welders work with metal. One of the challenges of our job as opposed to a welder's is that it's hard to work with something that you can't see and nobody else can either. In the clinic, punks take symbols and make patterns with those symbols, and figure out how to shape and tune the patterns to an individual patient's needs. In general, as John Pirog notes, humans like to see patterns; we don't like randomness. Punking is a hard job, and it would be a whole lot harder without patterns. And so another challenge of the job is to make, use, and enjoy patterns in the clinic, while keeping in the back of your mind that they're all just metaphors.

A good practical example of this is the concept of body imaging. Many punks like body imaging, because it works. It's based in the idea that the microcosm reflects the

macrocosm, and so you can take the image of the body and impose it on any body part. A fractal, if you like. The external ear is imaged as an upside-down baby, and so auricular acupuncture allows you to treat the Heart organ with a carefully placed needle to the center of the cavum concha. You can image a limb with its opposite, so you can treat knee pain by needling the opposite elbow. You can image the spine on the finger — any finger. Those are only a few ways to use body imaging, and body imaging is only one of an infinity of ways to make and use patterns in acupuncture theory.

Part of becoming (and staying) a punk is making peace with that infinity of ways, and then finding one or more that feel like they fit you personally. Another part of becoming and staying a punk is being able to take comfort in the research that shows that it doesn't matter what points you use. Sure, you could despair and decide that nothing means anything so why be a punk at all; but you could also cheerfully interpret the research as affirmation that whatever way you've decided to use acupuncture theory, whatever way seems to fit best with your personality and style and preferences, that way is as good as any other way, and as long as your patients are getting a lot of treatments, they're likely to get good results.

Punks are practical people.

The theories of acupuncture come into the clinic not only because punks need a mental framework for creating patterns, but because the process of acupuncture education requires that we teach diagnosis. Three of the competencies for acupuncture training programs required by the Accreditation Commission for Acupuncture and Oriental Medicine include the ability to:

> A. Collect and organize relevant information to facilitate the development of a diagnosis
> B. Access relevant resources such as classical and modern literature, research literature, and clinical experience in arriving at a diagnosis.
> C. Formulate an Oriental medicine diagnosis pursuant to AOM principles and theory.

These competencies fit exactly with the idea that humans have a built-in need to see patterns. Diagnosis is essentially a process of organizing information about your patient so that you can interact with the information — and with your patient. However, it's crucial not to lose sight of the big picture here that acupuncture theory is a kind of applied metaphor, and since we don't really know how acupuncture works or exactly what it does in the body in a literal as opposed to metaphorical way, we also don't know what diagnostic information is most important. Here, the difficulty of navigating between the big picture and what we actually do in the clinic is acute.

Some punks — ones who have graduated from acupuncture school and who don't have to worry about meeting educational competencies anymore — resolve this problem by rejecting the process of diagnosis altogether. They use basic empirical point protocols for everything. Some conventional acupuncturists do this too. It's not wrong, to do what

you know works clinically and basically shelve the process of pattern-making.

Another way of resolving the problem, one that I've come to like, is to employ another metaphor. Imagine that each of the many different theories about acupuncture diagnosis and treatment is a lens through which you, the punk, are seeing your individual patient. If you've ever been to the optometrist, it's helpful to think of the process of being fitted for glasses. There's a piece of equipment called a phoropter or refractor, that a patient sits behind and looks through at an eye chart. The optometrist changes lens in and out until the patient identifies the one that lets them see the eye chart clearly. Having a grasp of the variety of acupuncture theories is like having your own phoropter for use in a community clinic: you can access a whole range of lenses as needed until you find the one that you feel allows you to see your patient clearly. Meridian acupuncture theory is a lens. Traditional Chinese Medicine Zang-Fu theory is a lens. Japanese acupuncture theory is a lens. Body imaging is a lens. And on and on and on. I like the phoropter metaphor because it reminds me that there's no one right way to practice acupuncture.

So that's one way of navigating between the vastness of acupuncture theory through the ages and any given treatment in clinic: gather up the vastness and compress it into your own personal phoropter. Make yourself a piece of metaphorical equipment for managing the metaphors of acupuncture theory. And then make use of it in order to treat as many ordinary people as possible. As long as your patients can get enough of whatever kind of treatments you've chosen, you'll be helping a lot of people.

Phoroptor

Reflection Questions

1. Which treatment strategies do you gravitate towards, as an acupuncturist and/or a patient?
2. Why?
3. Have you had to "change lenses" as an acupuncturist? Describe that experience.

Punking and Liberation Acupuncture

Liberation Acupuncture is a conceptual framework for acupuncture that affirms that individual health and disease do not exist, and cannot be understood or addressed, apart from social conditions – particularly injustice, inequality, and the pervasive influence of traumatic stress.

Liberation Acupuncture is a praxis that begins with the needs and the perspectives of the oppressed, the exploited, and the excluded. Liberation acupuncture defines what is valuable in acupuncture theory and practice by determining what is useful and valuable to oppressed people.

Punking is one way to embody Liberation Acupuncture (not the only possible way, but that's beyond the scope of this book). Punks came up with the term Liberation Acupuncture because they needed a protected space with which to interact with the vastness of acupuncture theory without getting lost in the details or co-opted by the professionalizing structures in our society. If your metaphorical phoropter is how you as a punk manage the infinite possibilities of acupuncture theory in clinic, Liberation Acupuncture is like a building that contains the clinic where you keep your phoropter. Liberation Acupuncture is your shelter and your home.

Liberation Acupuncture is connected to other liberation studies: in particular Liberation Theology and Liberation Psychology. According to a recent article about social medicine (more on that topic shortly): "Liberation theology, a progressive Catholic movement that emerged in Latin America in the 1960s, argued that the poor get sick and die not because of individual choices but because social forces such as racism, classism, and sexism gave great privilege and power to some in society and deeply wounded others."[8]

There are three key concepts in Liberation Theology that, translated into Liberation Acupuncture, have proved especially useful to punks: structural violence, the preferential option for the poor, and accompaniment.

Liberation acupuncture is interested in how power, and the lack thereof, affects people's health – particularly social power. Dr. Paul Farmer wrote, "Structural violence is one way of describing social arrangements that put individuals and populations in harm's way… The arrangements are structural because they are embedded in the political and economic organization of our social world; they are violent because they cause injury to people … neither culture nor pure individual will be at fault; rather, historically given (and often economically driven) processes and forces conspire to constrain individual agency. Structural violence is visited upon all those whose social status denies them access to the fruits of scientific and social progress."[9]

Let's reiterate: one of the commitments that defines punking is the decision to do what it takes to make acupuncture accessible to as many people as possible: to lower social, economic, and other barriers. In the process of trying to lower barriers, a punk becomes

intimately acquainted with them. When you treat enough people who are paying for acupuncture out of fixed incomes or minimum wage compensation, you inevitably start to see the world from their perspective. You see that nothing is fair, including the fact that some of the people who could benefit most from acupuncture are the least able to pay for it.

A stark example of larger structural violence is that in 2017, in the United States as a whole, black infant mortality is more than twice that of white infant mortality. Zoe Carpenter, in an article in *The Nation* titled, "What's Killing America's Black Infants?" wrote:

> *"... a growing body of evidence points to racial discrimination, rather than race itself, as the dominant factor in explaining why so many black babies are dying. The research suggests that what happens outside a woman's body—not just during the nine months of pregnancy—can profoundly affect the biology within. One study found that black women living in poorer neighborhoods were more likely to have low-birth-weight infants regardless of their own socioeconomic status. More segregated cities have greater black/white infant-mortality disparities; women whose babies are born severely underweight are more likely to report experiences of discrimination."*[10]

Racism is embedded in the political and economic organization of our social world and it is lethal to its targets. For acupuncturists, it's increasingly evident that acupuncture benefits pregnant patients, they are often a reliable customer base, and so the treatment of pregnant patients with acupuncture is more and more a focus for the acupuncture profession as a whole. Punks in community clinics also tend to treat a lot of pregnant people. It's vital for us to realize that no matter how much self-care our black patients engage in, they are still dealing with structural violence that impacts their health and their children's health. (The primary usefulness of acupuncture may be to reduce the impact of the toxic stress that results from structural violence. More about that soon.)

The preferential option for the poor is a conceptual response to structural violence: if the poor are preferentially the target of social forces that cause illness, suffering and death, they should also be prioritized when it comes to care. The preferential option for the poor implies that if something doesn't work for poor and marginalized people, it doesn't work, period. Conversely, systems that are designed for the most vulnerable users actually work better for everyone. The preferential option for the poor is another way of describing the punk conviction that acupuncture belongs to patients — to the patients who need it the most.

Let's look at the third key concept of Liberation Acupuncture, accompaniment, in terms of the interplay of the big picture with the little decisions of the clinic.

Accompaniment, Dr. Paul Farmer wrote,

> *"is an elastic term: it means just what you'd imagine, and more. To accompany*

> *someone is to go somewhere with them, to break bread together, to be present on a journey with a beginning and an end...There's an element of mystery, of openness, in accompaniment: I'll go with you and support you on your journey wherever it leads. I'll keep you company and share your fate for a while. And by a while, I don't mean a little while. Accompaniment is much more often about sticking with a task until it's deemed completed by the person or people being accompanied, rather than by the accompagnateur...it is open-ended and egalitarian and elastic and nimble."* [11]

Accompaniment in the big picture means that punks are in a relationship of cooperation and solidarity with their patients. How does this translate into the myriad little decisions of the clinic itself?

A clinic intern I was supervising asked to consult about a case. She said that she had been treating a patient every week — he had become one of her "regulars" — and she felt very committed to him but also somewhat overwhelmed. She didn't know if she was doing him any good. He was a veteran and a patient at the VA, where he felt like he was being shuffled through a huge bureaucracy and nobody was really paying any attention to him. He was being treated for cancer, though he had declined some conventional forms of treatment, and was also seeing a naturopath. He would come in to the student clinic with the results of his lab tests and want to talk to his intern about them. Acupuncture was definitely helping him in terms of energy, sleep, and stress reduction, but his intern didn't understand his lab tests and didn't have time to talk to him about them at any length. She said she was taking all the time she could, every visit, just to listen to him and to validate his concerns and frustrations. He wasn't complaining that she didn't have more time, he looked forward to his treatments and told her so; she just wondered how she should be caring for a patient who was mostly preoccupied with healthcare issues far beyond her scope. She said, I feel like I'm one of the only people he has to talk to, but I really don't know what to say.

I said, that's accompaniment. You're keeping him company on his journey and it sounds like you're doing a great job.

Especially when it comes to chronic and/or life-threatening illnesses, accompaniment for punks usually means sharing, to some degree, your patients' frustration and powerlessness on their journey through an often-alienating healthcare system. There are lots of times when you don't know what's going on with them, and neither do they, and neither do their doctors. More than anything you would like to give them some sense of control, but you can't. You don't know what to say.

The big picture is that, without a Liberation Acupuncture framework, it would be tempting to pull back from that experience of powerlessness and either try to take over your patient's journey by giving them advice — or stop treating them and refer them out because you've decided you're not helping them. Accompaniment means staying in relationship with them as long as they want to be in relationship with you, staying with them on their journey without trying to direct it, keeping them company, encouraging

them to use the clinic and acupuncture in whatever way makes sense and works best for them. That's the big picture of accompaniment.

The little decisions of accompaniment might be things like, what are the best treatment strategy and acupuncture points so that you have the maximum amount of time left over to listen to your patient and to look at whatever test results they want to show you? How much listening time can you fit in while you're putting in needles and taking them out? If you know you're going to be talking more than usual to a particular patient while they're in the treatment room, how do you make sure they're not sitting next to another patient who might get annoyed? What nonverbal ways of connecting work best for this particular patient, and are there any ways to substitute those for conversation?

And since not everybody wants to talk, accompaniment doesn't always mean talking. Accompaniment can mean being a warm, accepting presence to a taciturn, seemingly unfriendly patient who keeps coming back to the clinic every week because they're getting something from the experience that they're just not going to share with you, for whatever reason. Accompaniment can mean conveying nonverbally how glad you are to see the patient who doesn't speak English and who showed up without their usual translator. There's a huge range of people who walk through the doors of a busy community clinic; you have to be creative in figuring out how to keep all of them company on their journeys.

For a lot of punks, this is their favorite part of the job.

To be a successful punk, you have to like people; and if you like people, a community acupuncture clinic is heaven. Successful punks find people fascinating. Even the hard-core regulars who show up the same time every week for years, with the same problems, are never exactly the same themselves; they're always changing. On any given day you never know what you're going to get, until you roll up on your stool next to them — and then you find out. It's a challenge to figure out how to accompany so many different personalities, in an ever-changing cast of characters, but it's also a lot of fun.

The systems in a community acupuncture clinic have some flexible aspects and many inflexible ones. The challenge for punks is, how can you maximize whatever flexibility you have in order to make room for the open-endedness, egalitarianism, elasticity and nimbleness of accompaniment? How can you do the things you need to do in the same way over and over (systems) while simultaneously figuring out how to be present in different ways for different people, according to what they need as individuals (accompaniment)?

That comes down to a series of choices about how many needles and where to put them, when to nod silently versus when to say something, when to make jokes and when to be serious, and which recliner to steer someone towards — all of which might seem unremarkable by themselves, but taken together, they add up to accompaniment, a radical practice that might significantly lighten someone's burden. Pain and stress and illness all have the potential to be very lonely. The privilege of being a punk is that

sometimes you have the power to change that.

Reflection Questions

1. Have you ever experienced being on the receiving end of accompaniment? What was that like?
2. What's your personal experience of structural violence? Give one example.
3. How do you see community acupuncture enacting a preferential option for the poor (or not)?

Punking and Trauma-Informed Acupuncture

Trauma informed acupuncture is a kind of subset of Liberation Acupuncture. To clarify how, let's go back to the concept of the preferential option for the poor. Anyone familiar with community acupuncture clinics knows that not everyone who uses them would normally be considered poor; one of the functions of community acupuncture clinics is to mix people from different social classes whenever possible. So who do we mean by the poor, and what exactly does a preferential option for them look like in the context of a community acupuncture clinic?

In Liberation Theology, the poor include everyone who is marginalized by society. Joanna Hedva in her essay "Sick Woman Theory"[12] describes it this way:

> *"The Sick Woman is an identity and body that can belong to anyone denied the privileged existence – or the cruelly optimistic promise of such an existence – of the white, straight, healthy, neurotypical, upper and middle-class, cis- and able-bodied man who makes his home in a wealthy country, has never not had health insurance, and whose importance to society is everywhere recognized and made explicit by that society; whose importance and care dominates that society, at the expense of everyone else…The Sick Woman is anyone who does not have this guarantee of care."*
>
> *The Sick Woman is told that, to this society, her care, even her survival, does not matter.*
>
> *The Sick Woman is all of the "dysfunctional," "dangerous" and "in danger," "badly behaved," "crazy," "incurable," "traumatized," "disordered," "diseased," "chronic," "uninsurable," "wretched," "undesirable" and altogether "dysfunctional" bodies belonging to women, people of color, poor, ill, neuro-atypical, differently abled, queer, trans, and genderfluid people, who have been historically pathologized, hospitalized, institutionalized, brutalized, rendered "unmanageable," and therefore made culturally illegitimate and politically invisible."*

That sounds like a substantial percentage of the patient base of any busy community clinic, so it makes sense to make a preferential option for them.

I was introduced to the concept of trauma informed care by the caseworkers of a hot spotting healthcare reform program[13] for "high utilizers" of the health care system. High utilizers are living in poverty, experiencing frequent hospitalizations and/or accessing hospital emergency rooms to deal with chronic conditions. Most of them have histories of trauma which have contributed to being marginalized. We made the happy discovery that many of the clients of this program were interested in receiving community acupuncture. Many of those were people who were considered "difficult patients" by the conventional healthcare system; they often had bad experiences and were unwelcome

there — but the opposite proved to be true at our clinic. By and large, the high utilizers were no trouble at all, they didn't stand out from the rest of our patients, and a lot of them had good experiences with community acupuncture. Some joined the ranks of our clinic's "regulars" and became the core supporters that we rely on.

Trauma informed acupuncture is about systems, specifically systems that are designed to be easier for people with trauma histories to use. What we discovered by working with the high utilizers was that in general the systems in our clinic were much easier for these people to use than the conventional medical system. Many aspects of community acupuncture fit neatly with trauma informed care.[14]

Trauma informed acupuncture is a way of manifesting the preferential option for the poor by prioritizing vulnerable, marginalized people, the same ones who are likely to have histories of trauma that affect their physical, mental, and emotional health. Systems in community acupuncture clinics are designed for someone who probably had bad experiences with conventional healthcare in the past, and so our systems look as little like conventional healthcare as we can manage.

It's worth reiterating: one of the basic decisions that defines punking is the decision to do what it takes to make acupuncture accessible to as many people as possible, to lower social and economic barriers. In the process of trying to lower barriers, a punk becomes intimately acquainted with them. Trauma informed acupuncture is about identifying barriers that affect marginalized people's sense of social safety and then doing whatever we can to lower them. Common "triggers" in healthcare settings for patients with trauma histories include authority figures, sensory cues of past events, lack of power/control, feeling threatened or attacked, being caught by surprise, feelings of vulnerability and rejection, sensory overload, and shaming.[15] Lowering barriers means creating systems based on acceptance, non-judgement, leveling hierarchies wherever we can, and giving patients as much control as possible over their experience in the clinic.

Since the late 1970s, the practice of acupuncture in the US has been largely shaped by acupuncturists who wanted to see their field professionalized. This professionalizing force has often resulted in acupuncturists trying to make their practice look as much like conventional healthcare as possible, particularly with respect to positioning acupuncturists in a hierarchy and aspiring to the social status of physicians. From the perspective of marginalized patients, this can look like raising barriers: making acupuncture more expensive and more like a "medical procedure", complete with white coats and insurance verification. Unfortunately, the symbols of bureaucracy and authority can be, all by themselves, a potent trauma trigger for marginalized people who are seeking care.

Let's talk about punking, paper trails, and the language of power.

Professionalization, including the regulation of acupuncture via state licensing, has imposed a variety of requirements, and thus systems, on the practice of acupuncture, particularly with respect to documentation and referral to other medical providers. It's

important for punks to think through these requirements carefully, considering both the big picture and the tiny decisions, in order to bring our own systems of documentation and referral in line –as much as possible — with the preferential option for the poor and trauma informed care. Doing so tends to result in our practices looking very different from the practices of acupuncturists whose goal is to insert themselves into the conventional healthcare system as seamlessly as possible.

For example, the hot spotting healthcare reform program that we collaborate with describes their guiding principles of trauma informed care to include these:

> *Reducing barriers: Avoid lengthy assessment processes or asking for personal information before a relationship is built.*
>
> *Remaining client-centered: Meet the client 'where they are;' collaborate on client and programmatic goals; advance client-identified health goals.* [16]

Following these principles in a community acupuncture clinic means that punks have to navigate between the requirements of acupuncture professionalization and the preferential option for the poor. Anything that is legal in our current society tends to involve a paper trail, and the delivery of acupuncture is no exception.

Professionalization reflects an embrace of the language of social power; many acupuncturists seem to want to not only speak the language of social power in the interests of obeying the law, but also to *think* in it. If Liberation Acupuncture defines what's valuable about acupuncture based on its usefulness to oppressed and marginalized people, the opposite also exists: ways of thinking about acupuncture that value it based on its resemblance to modalities that have social power and thus its potential usefulness to acupuncturists who want to move up the social hierarchy. Punks have to be very careful not to let the language of power too far into their minds and hearts — while still being able to hear and speak it as needed in the external world in order to obey laws. This is a uniquely difficult proposition. In a sense, punks have to be translators of the language of power on behalf of the powerless.

That's the big picture.

To break down the small details, let's start by considering three more of the competencies for acupuncture training programs required by the Accreditation Commission for Acupuncture and Oriental[17] Medicine. They are the ability to:

A. Provide a comfortable, safe environment for history taking and the patient examination.
B. Conduct a history and physical examination with appropriate documentation.
C. Recognize clinical signs and symptoms that warrant referral to, or collaborative care, with other health professionals.[18]

Competency A. requires us to ask, what is comfortable and safe? Any punk knows that

this varies widely among individuals, including individuals with trauma histories. In using trauma informed care, we are seeking to make our clinics safer and easier for people to use, which unfortunately doesn't mean that we can make them safe and easy for everyone to use. Not everyone will feel safe getting acupuncture in a room with other people, just like not everyone feels safe getting acupuncture in a room alone. Community acupuncture clinics can't aspire to meet everyone's needs; humans are just too diverse for that. The praxis of punking comes down to decisions about how to make acupuncture available to as many humans as possible, given a range of real-world limitations. So: safer, easier and more comfortable for *as many humans as possible,* given the punk's own limitations.

Community acupuncture clinics have a variety of approaches when it comes to intakes for new patients. Some clinics do them in their waiting room; some have a separate room; some do them "chairside", or in the community treatment room. Let's revisit the basics; for purposes of trauma informed care, the priority is to avoid the common "triggers" in healthcare settings for patients with trauma histories: authority figures, sensory cues of past events, lack of power/control, feeling threatened or attacked, being caught by surprise, feelings of vulnerability and rejection, sensory overload, and shaming. Being alone in a room with an authority figure is unfortunately such a common trigger that doing intakes in a separate room can be tricky.

In conventional healthcare, the default setting for patient intakes is a clinician asking extremely personal questions in a separate cubicle for purposes of maintaining privacy. However, if we're embracing the goal of reducing barriers by avoiding lengthy assessment processes or asking for personal information before a relationship is built, it's appropriate to think hard about what information we actually need to get from a new patient in order to allow them to use a community acupuncture safely, and on their own terms. There are a lot of good reasons to approach the intake first and foremost as an opportunity for the patient to make a decision about whether or not they want to give acupuncture a try, rather than as an opportunity for the practitioner to gather a lot of information that may or may not ever be pertinent — especially if the patient doesn't come back.

And so the small decisions for the punk include: *what questions do I really need to ask?* Can I avoid asking anything that would create discomfort for a patient with a trauma history to answer (remembering that trauma informed care means assuming everyone could have a trauma history)? How can I frame the intake as an orientation rather than as an interrogation? How can I assess someone's level of social safety in participating in the intake in the waiting room, in a separate room, or chairside, and how can I accommodate as needed? *Can I simply avoid asking anything that most people would prefer to answer only in private?* (The answer is usually yes, absolutely, if I am in fact trying to avoid asking for personal information before I have a relationship with the person.) How can I get the information I need for the treatment today, trusting that my patient will disclose more information as needed, possibly slowly and over time, once we have built a relationship?

This issue, as well as **Competency B.** (conduct a history and physical examination with appropriate documentation) makes it worthwhile to revisit the discussion of diagnosis from the first chapter in this book, A Brief Overview of Punking. Diagnosis is essentially a process of organizing information about your patient so that you can interact with the information, and with your patient. However, it's crucial not to lose sight of the big picture here that acupuncture theory is a kind of applied metaphor, and since we don't really know how acupuncture works or exactly what it does in the body in a literal sense, we also don't know what diagnostic information is most important.

Many conventional acupuncturists who have embraced professionalization believe that everything we don't know about acupuncture notwithstanding, acupuncture diagnosis should look exactly like a biomedical diagnosis — which means the acupuncturist needs to gather as much private medical information as possible. Punks tend to disagree, on the grounds that if we don't know how acupuncture works, and we don't know what diagnostic information is important, why would we leap to that conclusion? Why would we default to gathering personal information that is uncomfortable for the patient to give and that sets up a power differential right out of the gate? When it comes to acupuncture, we have no proof that gathering private medical information to make a diagnosis results in clinical outcomes that are better than the ones you get when you rely on nonverbal methods to make a diagnosis. There's a common assumption that of course you'd get better results with more information, but that's questionable even in biomedicine.[19]

The research about acupuncture efficacy that we have now shows that only frequency matters, and then there's also the shotgun-not-a-laser clinical experience. Punks know that treating someone with acupuncture is most likely going to result in a cascade of nonspecific positive effects no matter what points they choose, and punks also know, based on principles of trauma informed care, that trying to get a lot of personal information from patients before there's a relationship is a risky clinical proposition. It's reasonable for punks to prioritize their patients' social safety in the process of collecting and organizing information to make an acupuncture diagnosis.

And so history taking, physical examination, and documentation that are appropriate to a low-barrier community acupuncture clinic organized around a preferential option for the poor look quite different from history taking, physical examination, and documentation that are organized around more privileged people. The concept of accompaniment comes in handy here too. For punks practicing liberation acupuncture, the new patient intake is an opportunity to establish ourselves as supporters of our patients' journeys and as friendly guides to using the clinic on their own terms. The new patient intake is an opportunity to begin keeping our patients company in the most accepting, encouraging, nonjudgmental way that we can.

Punks ask themselves, what does an appropriate history and physical examination look like for a patient who is already overwhelmed with dealing with multiple chronic health conditions, all of which involve appointments with other providers who might not be very happy to see them? What does appropriate history and physical examination look

like for a patient who has had disempowering, traumatizing experiences in conventional healthcare and whose trust needs to be earned? (Many LGBTQ patients are in this category.) The preferential option for the poor means setting up our systems to prioritize those people and their needs, as opposed to people who have been fortunate or privileged enough to experience the conventional healthcare system as a welcoming place. And the practical reality is that if people want an experience of acupuncture that looks and feels like the conventional healthcare system, there are many practices where they can find just that.

Given the infinite number of ways it's possible to do acupuncture, as a punk you can base your history taking on what you need to know in order to do the most streamlined and efficient treatment. Where is the problem? How long has the problem been happening? On a scale of 1 to 10, how intense is this particular problem? That's a history. Physical examination, for punks, can include the reading of a patient's pulse. In a trauma informed setting, that might be all it includes. Because, as noted above, why would you risk triggering your patient by trying to collect information you don't really know that you need? If we accept a basic tenet of acupuncture theory that the microcosm reflects the macrocosm, why not choose a diagnostic microcosm that is as un-invasive as possible?

Consent, implicit and explicit, is vital to trauma informed acupuncture. Punks want to carefully limit what they do to what the patient has implicitly or explicitly consented to. In a community clinic setting, word of mouth from other patients always has to be factored in, as well as the knowledge that lack of power/control and being caught by surprise are common triggers. In other words, if a patient comes in to the clinic expecting to try acupuncture — a big personal risk in its own right — the punk needs to make sure *that's* the experience that the patient has, not an experience that they *weren't* expecting. Odds are high that a new patient has heard about the clinic from someone who is already using it and recommended it, in which case the new patient might already have fairly detailed expectations.

In most laypeople's minds, being asked a lot of invasive personal questions, having to take off your clothes, and having a physical exam that resembles what they might receive in a doctor's office have nothing to do with trying acupuncture. (Also remember that acupuncturists can't prove that these things have anything to do with acupuncture.) They're separate; they're barriers; and they're not what people implicitly consent to when they make an appointment for community acupuncture. Community acupuncture clinics have long established themselves as places that deliver acupuncture in its most basic form, where patients are largely in control of their experience, and where the most invasive thing is the needles. (That's one reason why word of mouth marketing works so well for community acupuncture: it doesn't sound terrible.)

What does a trauma informed paper trail look like? There are a lot of possibilities. Most punks define "appropriate documentation" as charting with SOAP notes, a legal requirement in many places where punks work. Trauma informed SOAP charting is fairly straightforward, especially given that community acupuncture clinics are set up

not to involve third party payers. S, or subjective, means what the patient tells you and answers to questions like, where is the problem? How long has the problem been happening? On a scale of 1 to 10, how intense is this particular problem? O, or objective, means what you observe. This is a good place to note pulse diagnosis and the patient's demeanor and anything else relevant like "needle sensitive"/ "does not want to remove socks"/ "excited to try acupuncture". A means assessment, and it's appropriate to write something like, "commence treatment with auricular acupuncture" or "continue treatment with Dr. Tan's 12 Magic treatment", depending on whether you're beginning or continuing a relationship with the patient and what you're doing. P, or plan, means the points that you do and the treatment plan that you give the patient. This is a good place to write things like, "encouraged patient to try to get 10 treatments within a month and then re-evaluate".

Competency C., recognize clinical signs and symptoms that warrant referral to, or collaborative care, with other health professionals, is an important part of the punk's job that requires particular tact and consideration in a trauma informed setting. This encompasses knowing what conditions respond readily to acupuncture and which don't; recognizing red flag situations in which you might need to suggest your patient go to urgent care, or the ER, or even when you might need to call an ambulance on their behalf; and communicating about these things in a way that doesn't disempower your patient.

Some acupuncturists think that a crucial aspect of recognizing signs and symptoms that warrant referral is to "catch" problems that rushed physicians might miss, or even second-guess a patient's other providers. Some acupuncturists think that recognizing signs and symptoms that warrant referral means refusing to treat a patient who has chosen not to use conventional healthcare to address a problem. Punks typically do not see themselves either as biomedical authorities or as gatekeepers, and so, for reasons related to trauma informed care, we approach dealing with referrals and red flag situations in a way that reflects the limitations of our role.

For example, Working Class Acupuncture's mission is:

> *To provide low-cost acupuncture to the community through a cooperative, grassroots, financially self-sustaining model. WCA's goal is to offer people as much acupuncture as they want, in support of whatever goals they have, so that they can use it in whatever way works best for them.*

From a trauma informed perspective, this means affirming that patients have the right to make choices about their own healthcare. If patients want to use acupuncture for goals that we, personally, don't think make sense, we recognize that we have a professional obligation to let them know that certain conditions are out of our scope to treat; or in our experience, certain problems just don't respond to acupuncture. However, once we've communicated that, it's not our professional obligation to try to force our patients to see other providers, or to withhold acupuncture from them if they refuse to act on referrals. We want to respect our patients' autonomy.

And so the small decisions related to trauma informed care largely involve navigating boundaries and communicating in ways that avoid confrontation. Here's an example from the student clinic.

When Valerie came into the clinic, the receptionist said, "How are you doing today?" Valerie responded, "Oh, fighting demons as usual." I was the clinical supervisor that day and when I overheard the exchange, what I thought was, "oh, yes, aren't we all." I assumed Valerie was speaking metaphorically. But then she asked the receptionist, "Why were so many cars honking out on the street? Sounds like demons," and the receptionist said, "no, I think that's just what 181st is like in the afternoon", Valerie shook her head grimly and then I thought, OK, I'd better keep an eye on this intake. The student who was going to treat Valerie silently handed me her paperwork when she'd finished filling it out. Her chief complaint was, "demons". Her secondary complaints were "demons" and "stress". Medications she was taking included antipsychotics and she noted she was seeing a provider at a local safety net clinic for mental health services. Her emergency contact was Jesus.

I flashed back to my own experience as a student intern in a school clinic and I thought, I would have been told by my supervisor to turn her away, that she wasn't "appropriate" to be treated at the student clinic because she was "too complex". I would have been told to refer her back to her mental health provider with instructions to discuss whether her meds were really working. As the supervisor now, my gut said she'd be fine to be treated and I didn't want to turn her away under the guise of "appropriate referrals". I checked in with the intern who was scheduled to treat her, confirmed that she was comfortable doing so, and then Valerie's intake went something like this:

> Student: Can you tell me a little bit about what you'd like to work on with acupuncture?
>
> Valerie: It's really stressful dealing with all these demons.
>
> Student: I can imagine. In terms of acupuncture, probably what we can help you most with would be the stress and its effects on your body; we probably can't do much about the source of the stress.
>
> Valerie: Oh yes, I didn't expect you could! That would be beyond most people. I'm here to work on my stress, I just want to get it under control.
>
> Student: OK, if that's what you want to focus on, we can definitely work on that today. It also looks like from your health history that you're having some muscle tension and some trouble sleeping? Would you like to address those things today?
>
> Valerie: Yes. Please.

And from that point on Valerie's intake sounded pretty much like any other intake, and her treatment went pretty much like any other treatment. At one point she asked if she could lay on the floor rather than sit in the chair because she thought she'd be more comfortable, which is the exact same request that a yoga instructor who came in for neck pain had made the previous week. The intern said no, just like we'd said no to the yoga instructor, because that's just not how our clinic works. Valerie felt better at the end of her treatment and said she'd be back.

Given that her health history indicated that she was already seeing another provider for appropriate care, and given that Valerie was able to use the clinic as a resource in pretty much the same way that other patients do, why on earth wouldn't we encourage her to use acupuncture to meet her own self-determined health goals? It wasn't necessary to make a big deal out of the fact that community acupuncturists aren't able to treat problems involving demons, and it wasn't useful to talk about those problems in the kind of detail that might lead to things getting awkward. Her intake was not more complex or more involved than anyone else's, because her intern focused on meeting Valerie where she was and working on the health goals that Valerie herself identified.

One aspect of lowering barriers, for punks, is recognizing that the larger environment of acupuncture professionalization creates innumerable opportunities to raise barriers as a kind of default assumption. Practicing critical thinking in the clinic about all our small decisions allows us to identify those opportunities to raise barriers — and then just not do it. What we don't do, as well as what we do, can be a way of making space in the clinic for people who are dealing with experiences of trauma and marginalization.

Conveniently, these types of decisions are examples of other ACAOM competencies, the ability to:

A. Engage in good judgment that relies on knowledge and experience, is sensitive to context, and is self-correcting.

B. Apply critical thinking skills, professional judgment, and cultural sensitivity to patient health care concerns.

Practicing trauma informed care as a punk represents a delicate, subtle, never-ending exercise of these competencies.

Reflection Questions

1. What has your experience of trauma informed care been, either as a practitioner or as a patient in a community acupuncture clinic?
2. How do you see the tension between professionalization and a preferential option for the poor playing out in the acupuncture profession?
3. Describe an example from your personal experience of using critical thinking to navigate an interaction with a patient in the clinic.

A Story About Trauma-Informed Care and Asking Questions

Working Class Acupuncture, which is the first clinic of the POCA Cooperative, is collectively managed by a group of six employees — six punks — in a structure we call Oversight. The punks of Oversight do core administrative work; Oversight includes clinic managers of WCA's 3 clinics, the HR manager, the business manager, the safety manager, etc. I'm on Oversight because I help with finance and also coordinate a range of external relationships for WCA. Oversight meets weekly and is responsible for short and long-range planning for WCA and its many projects.

WCA decided it could use some help with long range planning and so engaged some consultants, including a business coach who was seeking a non-profit client to work with pro-bono. This business coach, let's call him Steve, came highly recommended. Because those of us in Oversight are generally impatient with meetings and like to get straight to results, the arrangement was made to have Steve's first meeting with Oversight include a dive right into the process of visioning, so that we could decide if we wanted to work with him by having the experience of working with him.

Steve, who everybody agreed seemed like a nice, down-to-earth guy, showed up at his first meeting with Oversight and said he'd like to start by doing an exercise that would allow him to get to know the members of Oversight, and also maybe allow us to get to know each other better. OK, we said. After most of us working together closely over the last decade, we know each other pretty well, but we were game for whatever. Steve said he'd like to ask a series of three questions and have us each answer.

And that's where the meeting, and also the relationship of Oversight and Steve, went off the rails.

His questions, in order, were: describe what your family structure was like growing up; describe a challenge that you faced as a child or a teenager and how it shaped you into who you are today; and finally, describe a time when you consciously made a resolution about the future.

Later on, when debriefing what went so terribly, terribly wrong, Steve said, "My assumptions about people simply not sharing that which is too personal or painful to share is clearly incorrect".

Oversight's perspective was that he asked personal questions, and the answers were mostly painful. For example, describing what our family structures were like involved describing who had been abandoned by which parent, whose parents had no idea what they were doing, whose parents were struggling with their own traumas and how that played out, etc. But we answered the questions, painfully, because we had said yes to doing this exercise. We did learn some details about each other that we hadn't known

before, but for the most part we just confirmed what we already knew, which is that Oversight's collective quotient of Adverse Childhood Experiences (ACE)[20] was high and that WCA's success is probably due to a kind of fierce empathy for suffering people, along with a sense that none of us had much to lose. After all we'd been through already, why not start a wildly unconventional business and take big risks with it? In short, the exercise was a grim introduction to business coaching with Steve and we came out of it feeling sick (and a few of us were angry). We didn't understand why he needed to know these things about us in order to help us craft a long-range plan.

Afterwards, it occurred to me that I was grateful for the experience as a reminder of the risks of asking questions before a relationship is built, and for showing me how much people at WCA are influenced by practices of trauma informed care. As punks, we approach all relationships with the assumption that people are dealing with histories of trauma that we don't want to remind them of, if at all possible. We wouldn't ask about anybody's childhood for the same reasons that we wouldn't casually stroll through a minefield, so we were caught off guard by Steve's questions.

However, even though people had tears in their eyes and were clearly struggling, nobody called a halt to the exercise. It was only after Steve had left when people said, *we are never doing that again* — and also, why did we think business coaching was a good idea? Who invited that guy, anyway?

We're not timid, we punks of Oversight. As far as some of our colleagues in the acupuncture profession are concerned, we're rude, disruptive hooligans. So why didn't we speak up and say, wait, we don't want to do this after all? Why are you asking us these invasive questions? At one point I glared at Steve and said, "You might as well just ask us for our fucking ACE scores. Wait, do you know what those are?" He didn't.

I woke up the next morning with what I think of as a trauma hangover. I felt exhausted, wrung out, and also haunted by the ghosts of past depression, anxiety, and grief. They weren't really there in the way that they used to be, but their chilly shadows were all over me. I remembered how hard it could be to get out of bed.

And therein lies the value of the experience as far as I'm concerned. The punks of Oversight were in a much less vulnerable position than the average patient walking into an intake at an acupuncture clinic. There were six of us to one of Steve, we're a tightly bonded group, we had invited him into our space, and presumably it was him at a disadvantage; after all, in a sense he was auditioning to work with us. And yet when he asked us questions that were excruciating to answer, we just kept answering. Such is the perceived power of an expert, and the relative powerlessness of the non-expert who is seeking help.

If we had been patients in an intake with Steve as an acupuncturist, we would never have gone back. Also, we probably wouldn't have had the language of trauma informed care to explain why we felt so awful after the interaction, and we would just have taken it as evidence that we were probably too broken to access help.

I asked Steve, later, what the purpose of asking those questions was. He responded that in general he thinks people work better together if they're vulnerable with each other. I rolled my eyes. "Right," I said, "and the point of trauma informed care is that a lot of us are already more vulnerable than we want to be, all the time, and it's not a good idea to dig at that vulnerability. Especially without getting explicit consent."

> "So you're saying, that if I had said to you all, I would like to ask you some questions about your childhood and your past.."
>
> "We would have looked at each other, looked at you, and said *hell* no."
>
> "I am so sorry," Steve said.
>
> "Thanks," I said. "Nobody's perfect at trauma informed care, even when they know what it is. It's way harder if you've never heard of it."

So this story is for anybody who wonders why we make such a big deal about not asking probing questions in an intake, and a reminder for the rest of us what it's like to be on the receiving end. Only ask what you really truly, need to know, in order to allow the patient to safely use the clinic on their own terms. You have no idea what hornets' nests you might be stirring up, and it's your patient who has to live with the hornets, not you. Try to work with the information they're offering you; there's almost always more than enough. And if you don't have an excellent reason for asking a question, *just don't ask it*.

Two Stories About Intakes and Trauma-Informed Care

1.

A very taciturn truck driver came into a POCA clinic as a new patient. His chief complaint was pain in his shoulder after driving in the cold with the window of his truck rolled down and cold air blowing on his shoulder. The punk who saw him had gone to an acupuncture school that had forcibly impressed upon her the importance of asking "the 10 Questions" to every patient, every time. Because the 10 Questions involve some pretty personal information about a whole range of bodily functions, she had a strong feeling that asking them would make him really uncomfortable with her and with the clinic, so she took only the information he offered and got started on the treatment. She was pleased that he came back a week later and reported improvement. The voices of her acupuncture teachers were at the back of her mind nagging her that she was doing "an incomplete treatment" but she ignored them.

On the truck driver's sixth visit to the clinic, when his shoulder was feeling substantially better, she asked him if there was anything else he wanted to work on. He hesitated for a minute and then asked if acupuncture could help with depression. The punk said yes, it could, and was that what he wanted to work on? He nodded and she added a few extra points. After a few more treatments he told her gruffly that his wife said that he was much more pleasant to be around since he'd been getting acupuncture.

The moral of this story is that it's OK to let an intake, and a relationship, unfold at its own pace over a series of treatments. It's OK to let the patient set the pace. Trauma informed care recognizes that trust has to be earned. A series of treatments, even if "incomplete" by some acupuncturists' standards, is far more clinically effective than an intake that gets a lot of information out of a patient but scares them away after one visit.

2.

A punk who happened to be writing about trauma informed acupuncture was covering a shift at a POCA clinic that has a formal relationship with a big public health entity. A primary care provider at the public health entity referred a patient for chronic pain. The referral letter said that the patient: had a history of migraines and severe depression, was from Afghanistan and didn't speak English, and had PTSD. The patient, who was wearing a headscarf, came in with her daughter, who translated. The daughter said that the patient was terrified of acupuncture but that her doctor had made her promise to try it.

This punk also attended an acupuncture school that had impressed upon her the importance of not only asking the 10 Questions but also of having access to all parts of a patient's body for needling. She thought this particular patient perfectly demonstrated the need for a trauma informed approach to acupuncture, especially acupuncture intakes.

The punk decided that her priority was to offer the patient an experience of acupuncture that was as safe and respectful as possible. With the patient's daughter translating, she oriented the patient as briefly as possible to the clinic and then took her back into the treatment room (with her daughter). She wrestled with the decision to ask the patient to roll up her sleeves, but finally did it because she wanted the first insertion to be painless and the odds of doing that with an arm point are higher as opposed to a hand point. She put in a few points in the patient's hands and arms and nothing else. She didn't ask her to take off her shoes, or roll up her pants, or take off her headscarf. She did however ask the patient's daughter if she had ever had acupuncture, and if she'd be willing to try it so that her mom would have someone to talk to. The daughter readily agreed and so the punk gave her a very similar treatment — a few points in the hands and arms — and then let the two of them relax together for about half an hour.

The patient reported feeling much better after only one treatment and said she was willing to try a series of acupuncture treatments.

The moral of this story is, there are a lot of people out there who need acupuncture but who are very different from the picture of the "ideal" patient that some conventional acupuncturists had in mind when they designed the structures intended to professionalize acupuncture. No matter what you learned in acupuncture school, it's OK to prioritize the needs of the most vulnerable patients.

Punking and Biomedicine

While we're on the topic of default assumptions related to acupuncture professionalization, this seems like a good time to get into the relationship of punking and biomedicine.

The history of acupuncture professionalization in the US involves a troubled relationship with biomedicine and its power structures, reflecting at various times attitudes of hostility, defensiveness, appeasement, envy, superiority, the flattery implicit in imitation, and any number of other elements. That history is really, really complicated, and generally beyond the scope of this book. By contrast, the relationship of biomedicine and punking is by itself not so problematic, and can even be quite positive and useful.

The first and most important point to make is that punking is *the praxis of acupuncture as social medicine*. This is a major reason why punking is not a reductive version of conventional acupuncture, but something else, something uniquely complex and challenging in its own right. The praxis of acupuncture as social medicine profoundly impacts how punks think about health, disease, and diagnosis.

According to the Social Medicine Consortium, social medicine is the practice of medicine that integrates:

1. Understanding and applying the social determinants of health, social epidemiology, and social science approaches to patient care;
2. An advocacy and equity agenda that treats health as a human right;
3. An approach that is both interdisciplinary and multi-sectoral across the health system;
4. Deep understanding of local and global contexts ensuring that the local context informs and leads the global movement, and vice versa (learning and borrowing from distant neighbors);
5. Voice and vote of patient, families, and communities.[21]

The Consensus Statement of the Social Medicine Consortium goes on:

> *Social and economic inequities are a root cause of health disparities throughout the world. These inequities drive morbidity and mortality in tragically predictable ways that preferentially afflict the poor and marginalized. They are perpetuated by factors including racism, sexism, economic policy prioritizing productivity and profit, and disregard for historical injustices. We can and must act to address these root causes of ill health that we as a society have created and sustained…*
>
> *We acknowledge that the social sciences and the humanities, public health, community activists, and all health professions have a great deal to teach each*

> *other about understanding social context and achieving health equity. We aim to build interdisciplinary inter-professional and inter-community collaborations that deliberately welcome the voices of those often excluded from health equity conversations…*
>
> *Social medicine offers a prescription for the transformation of health professional training. Social medicine has been endorsed by The WHO Commission on the Social Determinants of Health, the Lancet Commission on Health Professionals for a New Century, and the Institute of Medicine report on a Framework for Educating Health Professionals to Address the Social Determinants of Health to address the shortcomings of current pedagogy. Despite broad support for social medicine from these well-respected entities and others, many faculty and students do not see the value in social medicine education. The traditional biomedical model is the foundation of much health professional education, and in particular medical education. Therefore, curricula are often based on curative disease treatment, under the assumption that that individual patient behavior and compliance are the dominant determinants of health status, ignoring social factors and systemic forces. Social epidemiology and other research suggest that this is not the case, and education of health professionals must shift significantly to reflect these truths.*[22]

Speaking of the education of health professionals, ACAOM competencies for training acupuncturists include:

A. Describe and apply the biomedical pathophysiological process responsible for the patient's clinical presentation.
B. Integrate relevant physical exam findings, laboratory, and diagnostic tests and procedures into an AOM diagnosis.
C. Summarize the applicability of AOM to bio medically-defined diseases and syndromes.
D. Discuss AOM in terms of relevant scientific theories.
E. Articulate expected clinical outcomes of AOM from a biomedical perspective.

These competencies reflect acupuncture professionalization's tortured relationship with biomedicine — but they can be reframed to address the valid role of biomedicine in the community acupuncture clinic. In order to do so, it's important to start by remembering the perspective of social medicine that health is not a function of individual patient behavior and compliance. Furthermore, there's a lot more to healthcare than curative disease treatment. Biomedicine is potentially a great ally to punks who want to understand how the larger forces of structural violence affect the physical, mental and emotional health of their individual patients.

So, from a social medicine perspective, what biomedical pathophysiological processes is a punk concerned with?

Let's start with the concept of toxic stress. When the community acupuncture model was

introduced to the acupuncture profession circa 2005, a lot of conventional acupuncturists derided it for "only being good for treating stress" and not being as "deep" or clinically effective as other kinds of acupuncture. This dismissive attitude reflects misunderstandings about stress and its impact on public health.

Researchers categorize three types of responses to stress: positive, tolerable, and toxic. Positive stress is normal and temporary; tolerable stress may be more serious and longer-lasting, but potentially buffered by strong social support; and toxic stress is frequent, intense, prolonged, and immensely destructive.[23] Stress disrupts multiple systems in the body and increases inflammation levels as well as the impact and pace of wear and tear on the body. Research into toxic stress overlaps with "ACEs science": the research into the prevalence and consequences of Adverse Childhood Experiences, which gave rise to the development of trauma informed care. Toxic stress is increasingly recognized as a public health crisis.

And of course toxic stress affects not only individuals but communities, particularly marginalized communities. Racism, sexism, classism, and other forms of structural violence create toxic stress. It's worth returning to the example of black infant mortality in the US: Researchers focused for years on what black women must be doing wrong as individuals to have such high infant mortality, until it became clear that racial discrimination and the toxic stress associated with it were the dominant factors. Social epidemiologists recognize that the more helpless a person feels in the face of a stressor, the more toxic stress they experience, and so the prevalence of toxic stress increases with lower socioeconomic status.[24]

Biomedicine can describe how toxic stress works at the pathophysiological level in ways that can be helpful for a punk to understand. Biomedical pathophysiological processes that pertain to the punking job include things like the functions of the autonomic nervous system and the hypothalamo-pituitary-adrenal (HPA) axis, allostasis and allostatic load, the interaction of anabolic and catabolic hormones, and the neurobiology of trauma. However, the crucial point to remember is that knowledge of these biomedical processes inform how a community acupuncture clinic is set up for patients to use, rather than representing issues that a punk would bring up individually with patients. That's an essential element of the practice of social medicine: recognizing that it's not about individual physical exam findings, laboratory and diagnostic tests, and individual patient behavior and compliance. All these things are swamped by the waves of larger social forces, and so we need to focus on interventions that address those social forces.

A community acupuncture clinic that is set up for marginalized patients to use on their own terms, to manage stress and its effects, is an example of a social medicine intervention. Please see the Appendix E for a POCA Tech Capstone paper that addresses in depth the biomedical perspective on toxic stress, structural violence, and how community acupuncture clinics address them.

Community acupuncture clinics that "only treat stress" are potentially in a position to

mitigate the impact of structural violence on whole communities. In order to do that, though, punks need to distinguish the forest of biomedicine from its individual trees. A big-picture biomedical perspective can actually help a punk to support and empower patients and their communities.

Reflection Questions

1. What do you think the opposite of social medicine is?
2. What do you think the opposite of social medicine would look like in the context of an acupuncture practice?
3. How do you see stress affecting the health of marginalized people?

Punking, Pain Management, and Communication

One area in which biomedicine is particularly positive and useful to the praxis of community acupuncture is pain management. According to POCA's 2017 Job Task Analysis, most POCA punks are treating pain most of the time they're in clinic. People come into community acupuncture clinics for all sorts of reasons, but pain is far and away the most common: back pain, neck pain, headaches, joint pain — in the form of injuries, spasms, arthritis, tendonitis, fibromyalgia — the list goes on and on. Many people who come in for some other primary complaint like anxiety or depression or digestive problems will list pain somewhere as a secondary complaint. It's unusual to treat someone for a long time and not find out that they're dealing with pain in some form. On a technical level, most punks know more about treating pain than almost anything else.

All pain, however, is not created equal. Just like there's stress and then there's toxic stress, there's pain and then there's persistent (or chronic) pain. Patients who experience persistent or chronic pain are some of the most marginalized, stigmatized, and isolated people in the healthcare system. Prioritizing their needs is a prime example of enacting a preferential option for the poor. And understanding the basic neurobiology of the different types of pain is singularly helpful to the punk in their day to day work.

Please forgive me while I take a quick detour into the past to explain why.

The treatment of pain has made enormous progress since I was an acupuncture student in the early 1990s. At that time, there was little or no understanding in general of the difference between acute and persistent pain, and most providers believed that pain was always a symptom of some underlying problem rather than a disorder in its own right. When providers couldn't find an underlying problem to cause the pain, patients who still complained of it were accused of malingering or drug-seeking. There was no real acceptance of the need for pain management, or the idea that maybe there was no cure or resolution for some types of pain. That was the status quo in the conventional healthcare system.

The acupuncture profession's status quo on pain was similar, but in some ways worse. Like conventional healthcare providers, as an acupuncture student I was taught that pain was always a symptom of some underlying issue that could and should be completely resolved if everyone tried hard enough. "Just treating pain" like "just treating stress" was derided as inconsequential — reflecting an ignorance of the biomedical mechanisms and consequences of both pain and stress.

Because of the nature of acupuncture theory, acupuncturists extended their idea of pain's possible "underlying issues" to include emotional and spiritual problems. Certain styles of acupuncture scolded practitioners for trying to treat pain by itself, since relieving patients' pain would in theory take away their motivation for emotional and spiritual growth. Patients who wanted pain relief were considered lazy and

unenlightened, while practitioners who wanted to treat pain as a problem in its own right were considered hacks and enablers. In the student clinic where I trained, it wasn't uncommon for interns to turn up their noses at treating "pain patients".

I'm relieved that the clinical interns I've supervised at POCA Tech have been universally shocked by this attitude; it's nice that we've come such a long way. However, it's worth discussing as part of describing what the punk job is and isn't, because this particular perspective on who does and doesn't deserve acupuncture is still very much alive and well in the acupuncture profession in general and it's important for punks to be aware of it.

For example, when POCA Tech was enrolling its first class, there was a lot of conversation about the school among local acupuncturists. On one social media page for local acupuncturists, someone posted that she wasn't "sure how she felt" about POCA Tech. Various pieces of misinformation began to emerge about how our school wasn't meeting the same educational requirements as other, more expensive acupuncture schools. Feeling obliged to clear up the misinformation, I got into the conversation and at one point I mentioned that the general public can't afford acupuncture that costs $75-$100 a treatment.

And then an acupuncturist posted the following comment: "So, I'm curious what Lisa's definition of "general public" who can't afford regularly rated acupuncture treatments. To me, those are the people (in majority of the cases) who refuse to prioritize their health over other things like booze, eating out, shopping, recreations etc. Who are your target patients and what is your goal of acupuncture treatments to people beyond making acupuncture accessible to MORE number of people? I'm already sick of people who think acupuncture is a cheaper, and more natural version of steroid shots and/or SSRI, while they have no intention of changing any part of their lifestyle, job selection, relationship, sleeping schedule, eating habits and lack of exercises etc. $15 a pop acupuncture treatment, I think, only supports most people's bad habitual patterns to continue because they tend to "feel better" after needling without changing anything else in their lives. And it's affordable to do that! But is that what you are going for? What is the meaningfulness of making acupuncture treatment more affordable financially?"

Wow.

It's important for punks to realize that the goal of relieving pain, in and of itself, is not meaningful to some conventional acupuncturists, and it's important to be alert and wary of this attitude as it floats around in the professional ether. I think it's an aspect of the ableism embedded in our society, and since most of us punks are people who are not the targets of ableism ourselves, we often have no idea what our "pain patients" are dealing with. If someone with chronic pain saw another acupuncturist or another "holistic" provider, they might well have been met with the attitude that their pain was proof of their bad habits, and they didn't deserve any relief until they improved themselves to meet their provider's expectations of a virtuous lifestyle.

This acupuncturist's comment on social media is a great example of why acupuncture needs a preferential option for the poor. It's also where biomedicine, and an ability to describe the biomedical pathophysiological process behind pain, comes in as a friend to the punk.

Because if you think of all pain as an indicator of an underlying problem that is *different from itself and can always be solved,* as long as both you and your patient work hard enough and are enlightened enough, you'll set everyone up for frustration. You'll miss valuable opportunities to relieve suffering, empower people, and improve their quality of life. Biomedical knowledge of the mechanisms of pain and pain management can serve as a genuine support of trauma informed care and Liberation Acupuncture. I'm going to try to describe how, in the simplest possible terms.

Most people believe that pain is a signal of some hurt or damage to the body, and sometimes it is; pain is what moves us to yank our hand away from a hot pan on the stove. That's acute pain, and it's mostly useful. To understand chronic or persistent pain, it's important to consider some more recent insights from research:[25]

Pain is not a one-way street of nerves communicating to the brain that something is wrong; it's more like an incredibly complex city grid of nerves communicating with each other in all directions, all the time.

The largest cluster of nerve cells in the body is the brain, and all pain, no matter where we perceive it, is actually happening in the brain. Many people know that we don't really see with our eyes or hear with our ears; our brain takes information from the sensory organs to produce what we experience as vision and hearing. However, most of us don't realize that pain is similar: we don't feel pain with our peripheral nerves, we feel it with our brains — which means the experience of pain arises out of the brain integrating enormous amounts of information about every aspect of our lives, including emotional and social.

One of the most important qualities of the nervous system is its plasticity. All of the nerves in the body, including those in the brain and the spinal cord, are constantly changing in response to what's happening and what they, themselves, are doing. This has huge implications for pain: it's a complex, dynamic, organic process as opposed to the equivalent of a light blinking on a dashboard indicating a mechanical problem that can be fixed by replacing a part.

Our brains evolved to survive and what we call neuroplasticity is a function of survival priorities. Our brains are wired to respond as quickly as possible to rewards, and to make our responses more efficient over time. The more we access pathways in the brain, the faster and more efficient those pathways become. Think of an early human who's foraging for food and trying to avoid saber-tooth tigers. Both reward circuits and fear conditioning operate towards the back of the brain, and they're much faster than the functions that happen in the front of the brain, like rational judgement and planning. When you need to get away from a saber tooth tiger, you need to move fast and

instinctually, not sit back and reflect.

Recent research shows that the neuroscience of persistent or chronic pain has overlaps with both the neuroscience of learning and the neuroscience of addiction, because of the nature of reward circuitry in the brain. Feeling pain is something we learn to do the way we learn to play a musical instrument: the more we do it, the more we practice, the better we get at it. And like addiction, feeling pain involves both anticipation and reward, in the form of relief from pain.

Just like alcoholism involves drinking more and more alcohol to get diminishing returns of pleasure and relaxation, persistent pain can involve diminishing returns in seeking relief by lying down on a couch or taking pain medication. Certain things swamp the reward circuits of the brain, like opiates, smoking, and junk food. The more the reward circuits are swamped, the faster those circuits get, which can look like a person in pain compulsively seeking relief, even when the methods of relief are helping less and less. Meanwhile, as the nervous system learns to feel pain more and more efficiently, it's as if an amplifier has been turned up and the pain becomes more and more intense. Anticipation of pain increases pain; fear of pain increases pain.

A vicious cycle is engaged, where the back-of-the-brain circuits of anticipation and reward get faster and faster. Feeling pain and seeking relief take over a person's experience in a similar way that addiction can take over a person's life. Even if the person rationally knows that what will help with persistent pain is gentle exercise, the part of the brain that can make rational decisions is less and less accessible. The small, ordinary pleasures of day to day life get crowded out, which means that the person gets less practice feeling pleasure and more practice feeling pain. And of course, the social aspect of persistent pain can be as profound as the social aspects of addiction: as anticipation of pain leads a person to withdraw from the activities of daily life, they become isolated. Isolation increases stress and negative emotions, which in turn increase pain.

At this point, research suggests that the only way to heal the brain from the vicious cycle of compulsive relief-seeking and amplified pain is to gently re-establish connections in the brain that provide small, reliable doses of positive feeling. Over time, low-key rewards that don't swamp and overwhelm the circuitry can begin to have an effect on the pain amplifier, and actually turn it down. Neuroplasticity can be engaged for the purpose of learning how to feel other things than pain.

Recovery from chronic pain is a gentle, supportive, non-judgmental, active process — which is where community acupuncture clinics can really shine. Many of the same principles involved in trauma informed acupuncture come into play, because using community acupuncture to address persistent pain is about people learning to use the clinic as a source of small, reliable doses of positive feeling. Relaxation is a skill. Accessing support is a skill. Being in a social setting even though you're in pain is a skill. Community acupuncture patients tend to develop a sense of competence around receiving acupuncture, which means developing neural connections of learning and

reward that are different from the grooves of the vicious cycle of persistent pain. It's all about people being empowered to use the clinic on their own terms.

This is where the most subtle and vital of punk skills enter the picture. It's not just the availability of acupuncture itself, at affordable rates, that makes a community acupuncture clinic a great resource for pain management; it's also about punks using skills that they might not even realize they have.

Facilitating

It would be easy to think of all the activities that make up how individual patients use the clinic — for example, chatting or not chatting with the receptionist, gravitating to a favorite chair or trying out all the chairs, bringing their own headphones or making sure they sit next to a white noise machine, bringing their own favorite blanket or turning the clinic blankets into elaborately rolled bolsters, drinking tea in the lobby before or after — as if they were each an inconsequential prelude or coda to the main event. Which of course is you, the punk, putting in needles. That's the important part, right? That's the part you had to go to school and get a license for, after all!

This would be a mistake, though, because the way the patient uses the clinic IS the main event. You putting in the needles is just one part of a complex intervention that has the potential to heal the brain from the sped-up loops of compulsive relief-seeking and amplified pain. When you put in the needles, regardless of what else the acupuncture is doing at a pathophysiological level that we don't understand, you the punk are participating in a ritual — a *social* ritual — that the patient is conducting for themselves. When you understand this, you can worry less about which points you're doing and focus more on the multi-faceted skill of being a good facilitator. You make sure they know what they're doing and then you get out of the way as much as possible.

A punk is a friendly guide for patients who are learning how to use the clinic to manage their own pain. Never underestimate the importance of that.

Treatment Planning and Modification

This is a subset of facilitating. It involves making suggestions about how often the patient should try to come in for treatment and for how long (see also: being encouraging but not pushy, being optimistic but also setting realistic expectations), observing the results and reflecting them back, integrating the patient's needs and feedback into your recommendations, and then modifying accordingly.

It's not about knowing magic formulas, like back pain on a pain scale of 5/10 always requires X number of treatments to resolve, or migraine headaches need to be treated at a frequency of X times per week; it's a lot more individual and fluid than that. I've always found it helpful to imagine a course of treatment as an ongoing conversation between a patient's body/mind and the acupuncture. Treatment planning means paying attention to how that exchange is going; what are we learning? What's changing? Are we getting anywhere? This requires paying attention to subtle verbal and nonverbal cues,

being able to read pain levels in someone's expression and movements.

It also involves the skill of knowing when the conversation isn't going anywhere, and how to suggest that someone might want to try a different approach to managing their pain without making them feel discouraged or rejected.

Witnessing

Witnessing in pain management is a lot like accompaniment, but with more documentation. It's important for punks not to underestimate the effects of chronic pain on someone's mood and perception; part of the brain getting better at feeling pain means forgetting what it's like not to feel pain, and sometimes to overlook moments when pain recedes or diminishes, even briefly. My own experience as a punk taught me that sometimes, in pain management, the most important thing I can do is to help someone keep a semi-objective perspective on their own pain; the "semi-objective" part is where charting comes in. I learned that expecting patients to always be able to track their own pain is sometimes unrealistic, especially given everything else that they have to deal with. Here's a sample conversation:

> Punk: Hi, good to see you! How are you doing?
>
> Patient: It's good to see you too but to be honest I'm getting really discouraged. I'm not sure acupuncture is helping at all. Sorry to be so negative, but I just don't know if I'm making any progress. Maybe I should stop coming in.
>
> Punk: No worries, you're not being negative, this is important for us to talk about. On a scale of 1 to 10, where's your pain at right now?
>
> Patient: Probably about a 7. I woke up feeling really lousy.
>
> Punk: You woke up in that much pain, wow.
>
> Patient: Yeah, that's why I wonder if I'm getting anywhere, that's actually worse than usual. And it's disappointing because yesterday I was feeling pretty good, so I went out with my daughter to do some errands, and we ended up having a nice day, we had lunch out and then we walked around and window-shopped.
>
> Punk: That sounds like fun. You were out for a while?
>
> Patient: A couple of hours. And then when she dropped me off I asked her if she had a minute to help me with some things I haven't had time to get to, and we ended up cleaning out that back bedroom. Got rid of two trash bags of stuff and then I dusted the baseboards, finally.
>
> Punk: Wow, the baseboards — that sounds like a lot of effort.

Patient: It was, I was down on my hands and knees…now that I think about it, it seems like I overdid it. I felt pretty good so I got excited, I guess I just did too much.

Punk: That happens to a lot of people, actually. It's frustrating when you can't do the things you want to do, so when you have some more energy…it can be hard to figure out what's too much. It sounds like you had a nice day with your daughter.

Patient (in tears): I really did, I haven't felt like going out for such a long time because the pain's been so bad, and I haven't been spending much time with her. I've missed her. I didn't realize how much I missed her. Sorry, I'm getting emotional!

Punk: Totally understandable. How about this, while you're sitting with the needles let me take a look at your chart and after your treatment let's go over it a little, try and get a sense of whether you're making enough progress to keep doing acupuncture, OK?

Patient: OK.

After treatment:

Punk: Hey, so I looked over your chart and it's really interesting. Do you remember what your pain levels were like when we started last month?

Patient: It's hard to think back — they were pretty high?

Punk: You said you felt like it was about 8 out of 10, with spikes up to 9 and even 10 out of 10 sometimes.

Patient: That's right, I remember.

Punk: And that's where it was for a little while, and then you came in for treatment 10 days in a row, and then it was mostly down around 6 out of 10. Two weeks ago, you said you thought it was down to a 4?

Patient: Yes, that's right. That's when I started sleeping better…

Punk: …and having some more energy, right?

Patient: Yes. That's when I started wanting to catch up on my cleaning. I guess I was feeling better enough to notice all the dirt. (laughs)

Punk: How's your pain right now? It was a 7 when you came in.

Patient: It's still there but I definitely feel better…6? Maybe even 5?

> Punk: Well, that's going in the right direction. To me it's a good sign that you felt like doing so much yesterday, and it's just a matter of riding out the ups and downs for a while. If you're up for it, I think it's worth seeing how much more improvement you can get out of this. I'm not quite ready to call it a day — how about you?
>
> Patient: I do feel better overall. All right, see you Friday then.

Doing pain management with any individual patient is a project, a complex biopsychosocial process that engages all of a punk's inner resources. Being present as a witness for someone who is suffering, as compassionately and objectively as you can manage, takes a lot of energy. It's easy to underestimate the value of what punks do — for the most part, our larger society doesn't value what we do at all — but it's crucial for us to keep track of how all the seemingly insignificant aspects of our job, like a 5-minute review of the 1-10 pain scales in somebody's chart, add up to life-changing intervention.

Reflection Questions

1. Do you have personal experience with chronic pain, or are you close to anyone who does? What has your experience been like?
2. Describe the social support needs of people with chronic pain and how a community acupuncture clinic could help meet them.
3. If you are an acupuncturist or an acupuncture student, describe one conversation you have had with a patient about a treatment plan for chronic pain.

A Story About Pain Management

One of WCA's patients wrote us this note:

> *I hope this will help you out. Thanks for the opportunity to tell my story.*
>
> *The pain starts slow and builds over time. Then the journey starts. Doctors' offices, questions, medications and on and on. Life becomes one big nightmare of work, family, life, all blurred by pain. And then it crashes. You can't work, you can't sleep. you can't care for your loved ones or yourself for that matter. I was homeless and lost everything. I just cried and wondered how it all happened. When did I stop taking medication to help me function and start taking medication to stop the withdrawals?*
>
> *Chronic pain and the search for relief can cripple your life, but you don't have to let it. Acupuncture saved me. Knowing what I was doing was destroying me and everything good in my life, I searched for an answer. I found it in acupuncture. It is pain free, calming, soothing, healing, spiritual, rejuvenating, and gives one hope of life renewed. The people at Working Class Acupuncture are nothing short of angels, here to deliver you to the care we all so deserve. My hope is that the word can be spread so people know there is a better solution to their health and wellbeing. Thank you, Working Class Acupuncture. You gave me back my life. I am so grateful to ALL of you.*
> *–S.T.*

Here is an almost unbearably sad story about what can happen in the absence of pain management. In the summer of 2016, a white supremacist stabbed three men on Portland's light rail train when they intervened to stop him from harassing a couple of young women, one of whom was wearing a hijab. Two of the men died. One of them had his wedding ring stolen as he lay dying on the floor of the train. The transient who stole his wedding ring was arrested. It came out that the transient, just a few years ago, had himself been honored by the police for stopping a bank robber who was carrying a knife. He himself had once been a hero — as well as employed, married, and a homeowner.

What had brought him so low?

It started out with knee pain left over from old injuries. The knee pain sent him to a clinic that gave him prescription pain killers. The pain killers led to heroin. And then heroin took everything from him.[26]

This is one reason why community acupuncture clinics, as an accessible resource for community pain management, matter. Here's a list of the places where community acupuncture can potentially intervene in the downward spiral of chronic pain:

- At the beginning, we can treat injuries with the goal of resolving them so

that acute pain doesn't become chronic pain;
- We can treat stress, anxiety and depression so that those things don't contribute to acute pain becoming chronic pain;
- We can help people manage chronic pain so that they have an alternative to opiates;
- We can help manage the pain of withdrawal from opiates;
- And we can support people's long-term recovery from addiction with ongoing treatment to manage stress, emotions, and pain.

Acupuncture, like many treatments, seems to have a continuum of effectiveness. For a few people, it doesn't help at all, even if they are able to get enough treatments; they just don't feel any better. That's one end of the continuum. For many more people, it helps quite a bit; it might relieve 30% or 50% of pain, improve sleep, balance mood, boost energy, and overall contribute to a substantially better quality of life. That's the middle, and it's most of the continuum. And on the other end there are miracles: sometimes acupuncture is literally the difference between life and death, or between a life that's worth living and one that isn't. There are never a lot of those miracles, but every so often, they really do happen, and the punks who see them happen never forget.

I can't help wondering if the former hero who became a thief might have had a story like S.T.'s if he had gone to a community acupuncture clinic for his knee pain first, before he ended up at a clinic that prescribed opiates to him. Maybe we wouldn't have gotten rid of his pain entirely, but maybe we could have helped him manage it enough that he went on living his life, pruning his roses and hiking with his dogs and making lunch for his wife. Maybe he would never have tried opiates at all, or maybe like S.T. he would have realized that they were bad news and, with the support of acupuncture, extricated himself before he lost himself.

Punks have to understand about the continuum. For everybody who tries acupuncture and decides it doesn't work or it isn't their cup of tea, at least they got to try it; having options is important. And for each one of those people, there are dozens and dozens who are getting substantial relief and a better quality of life. And out of all of the people who come and go through the doors of a community acupuncture clinic, hundreds or thousands every year, there will be a handful of lives that are saved. Literally, not figuratively. Keeping the clinic open in order to save those lives requires treating large numbers of people who aren't getting such dramatic results, or sometimes any results at all. Punks make peace with that.

Punking and Placebo

A punk needs to use all the tools at their disposal, which includes not only needles but the clinic space itself, the community of people that gathers around the clinic, the punk's own presence and attention — and also, the placebo effect.

For some acupuncturists, that would be a shocking suggestion, tantamount to heresy and betrayal. Historically, many acupuncturists have vehemently opposed the idea that acupuncture had any relationship with the placebo effect, because that would imply that acupuncture wasn't "real". More recent research indicates that all forms of medicine, particularly surgery for pain, have a lot to do with the placebo effect.[27] Placebo and its opposite, nocebo, are inextricable from any kind of treatment.

As I noted above, punks are practical people. If you can't get away from placebo, why not put it to use? Chronic pain can ruin people's lives, this is no time to get ideological about things that actually work.

"Placebo effect" is somewhat misleading, as placebo is not one thing, it's a collection of related phenomena. Ted Kaptchuk, who used to be an acupuncturist and who is now a leading expert on placebo, describes his work as "finding out what is it that's usually not paid attention to in medicine — the intangible that we often forget when we rely on good drugs and procedures. The placebo effect is a surrogate marker for everything that surrounds a pill. And that includes rituals, symbols, doctor-patient encounters."[28] I'm hoping it's clear by now that part of a punk's job is to skillfully engage with the rituals, symbols and relationships of community acupuncture. Placebo, for punks, represents another area in which having a grasp of the biomedical underpinnings of the core elements of the job is actually quite helpful — because placebo, like pain, represents a set of intricate neurobiological processes.

Doesn't it stand to reason that if anticipation of pain can increase pain, that anticipation of relief can increase relief? If we now understand that pain is not like a blinking light on a dashboard indicating that there's a broken part that needs to be fixed, but a complex conversation between the brain and the rest of the nervous system, shouldn't we be excited to identify places where the punk might be able to interrupt that conversation or subtly influence it? Ways that the punk could interject some suggestions that might change the tone?

Placebo can encompass conditions getting better on their own with time, the confirmation bias of engaging in any treatment, expectation of relief, human connection with providers, and social learning. Community acupuncture has a unique edge when it comes to the social learning element of placebo: people get more pain relief when they see other people getting pain relief. That's the big picture. Here's a quick overview of some ways that a punk can consciously engage the placebo effect for patients' benefit:

1. Make a human connection. Demonstrating warmth and empathy isn't something

"extra", it's a crucial part of the punk job. Even morphine works better when it's delivered by a nurse than by a machine; people who are being administered morphine intravenously with no signals that they're receiving it need **twice as much** as patients who are given it by a nurse.[29] If you knew that there was something that you could do that would make your treatment twice as effective, wouldn't you want to do it? Accompaniment, accompaniment, accompaniment — in many ways, that's the bottom line of the punk job.

2. Set positive expectations while still being realistic; this is a crucial part of orienting the patient to the clinic. If a patient comes in with a lot of pain, you can say things like, "So, as I'm sure you already know, this is going to be a project. For situations like yours, acupuncture works better in large quantities — which is why it's important to us that you not try to pay too much on the sliding scale. We'd rather that you come in more often, pay less per treatment, and get results sooner. That's why our clinic is set up this way." If someone doesn't feel relief immediately with treatment, you can let them know that for some people acupuncture seems to kick in several hours later or overnight; ask them to pay attention to how they feel the next day and to be sure and let you know when they see you again. (For some patients, you can go so far as to ask them to keep a log or make notes on their calendar; I've had some particularly data-oriented patients bring me graphs that illustrated how much relief they got the day after treatment.) That's human connection + positive expectation, and in my experience, it's powerful.

3. Check in frequently about how the treatment process is going; track pain scales; help your patient focus on relief that's happening that they might be overlooking. It's very common for people who have been in pain for a long time not to notice relief right away. Let them know that the first changes they might experience could be improved sleep, better energy, and better mood; those are all signs that pain is actually decreasing, even when it doesn't feel like it. Ask about sleep, energy, and mood, and then make a point to note if they're getting better. Use pain scales, because when someone reports a lower number on a pain scale, it's an opportunity to confirm that they're making progress. This is all part of directing your patient's attention, helping them rewire their brain into feeling relief instead of pain, and it's often a very incremental process. If someone tells you that they're not getting any better, but in the next breath they tell you that they just tiled their bathroom, gently clue them in that they probably are getting better, and also that it's normal to have trouble tracking it. See above: human connection + expectation + directing attention to the positive.

4. Always be aware of the positive effects of the group treatment room. We don't do acupuncture in a group space just because it's cheaper, we also do it because it's more powerful. Your own comfort in your role as a facilitator for patients who are learning how to use the group space will come across to them as confidence: in the power of the room, in the power of acupuncture, in your patients' own power to have a better quality of life. Practitioner confidence is an important cue for

pain relief. The group space is a powerful ally; act like you know that.

5. Know the good and bad reasons for letting a patient direct you in what points to use. The reality is that some patients get very attached to some acupuncture points or some styles of treatment, and some punks can get annoyed by being directed. A good reason to let a patient direct you is that you can be pretty confident that placebo is engaged and working for you; if your patient expects that Yin Tang will relieve their anxiety/sinus congestion/insomnia, it almost certainly will. A bad reason to let a patient direct you is that you're not fully in charge of the clinic as a whole and you're not alert to things that might disrupt your relationship to the rest of the room; more about that in the chapter on Punking and Boundaries.

In closing, the research on placebo seems to be advancing rapidly, just like the research on the neurobiology of pain. This is great news for punks; we can look forward to more and better tips, from biomedical sources, on how to be effective in our jobs.

Reflection Questions

1. Do you have any personal experience with the placebo effect? (Or its opposite, the nocebo effect?) Have you ever noticed your expectations about a medical treatment having an influence on the outcome?
2. How do you feel about consciously engaging the placebo effect? Do you have any reservations?
3. How have you seen the social learning aspect of placebo play out in a community acupuncture setting?

Punking and Patient Education
or *Adventures in the Pedagogy of the Oppressed*

Speaking of punks being effective, below is another ACAOM competency for acupuncture schools.

The learner must demonstrate the ability to:

A. Educate patients about behaviors and lifestyle choices that create a balanced life and promote health and wellness.

Remember the acupuncturist who wrote this?

> *"I'm already sick of people who think acupuncture is a cheaper, and more natural version of steroid shots and/or SSRI, while they have no intention of changing any part of their lifestyle, job selection, relationship, sleeping schedule, eating habits and lack of exercises etc. $15 a pop acupuncture treatment, I think, only supports most people's bad habitual patterns to continue because they tend to "feel better" after needling without changing anything else in their lives"*

Besides reflecting disdain for suffering people, this comment picks up on another not-uncommon attitude among acupuncturists, disdain for acupuncture itself — or the attitude that putting in needles is insignificant in comparison to an acupuncturist's ability to catalyze personal transformation through a process resembling health and lifestyle coaching. (See Appendix F).

I don't really understand that attitude, I never have, and POCA never has either. One of my friends wrote a blog post titled, Acupuncture: Love It or Give It Back (Or Why Don't Acupuncturists Actually Believe in Acupuncture?[30] Anyway, I'm going to take the optimistic stance that ACAOM's competency could mean something else entirely. Let's deconstruct it, bit by bit, and see if we can find out.

Starting with the question of, what kind of education are we giving our patients? Since we're on the topic, please forgive me for quoting a blog post that I wrote in 2015 about Paolo Freire and his famous book *Pedagogy of the Oppressed*.[31]

> *If you happened to have known me since, oh 2006 or before, you've probably noted that I did not have much use for acupuncture education. I chafed at the whole idea. I was a big fan of Dr. Michael Smith's summation, "Put the sharp end in the patient." I did not want to make a 3-year acupuncture school; I wanted graduates that the POCA Cooperative could hire and I wanted them yesterday. As recently as this time last year, I was impatient with the Oregon Department of Education because they were insisting I read up on the needs of adult learners. I did not want to read books about education, thank you very*

much; I was still cranky that nobody wanted to make a school for us and we were going to have to do it ourselves.

If you had asked me, "what is the definition of 'pedagogy'?" I would not have said, "Pedagogy is the discipline that deals with the theory and practice of education"; I would have snapped, "Who cares?"

As it turns out, I do. I care very much. Thank you, Paolo Freire.

Freire, a Brazilian educator, published Pedagogy of the Oppressed in Portuguese in 1968. It's a foundational text of what is known as critical pedagogy, which is my new favorite thing. How I managed to live this long without it, I don't know. Because it has everything, everything to do with community acupuncture. Not just POCA Tech, community acupuncture itself. Let me tell you about that.

In the first chapter of Pedagogy of the Oppressed — which is dense and philosophical but trust me, you should read it anyway — Freire writes that it is everyone's vocation to become more fully human.
Humanization is "thwarted by injustice, exploitation, oppression, and the violence of the oppressors; it is affirmed by the yearning of the oppressed for freedom and justice, and by their struggle to recover their lost humanity. Dehumanization, which marks not only those whose humanity has been stolen, but also (though in a different way) those who have stolen it, is a distortion of the vocation of becoming more fully human."

"Because it is a distortion of being more fully human, sooner or later being less human leads the oppressed to struggle against those who have made them so. In order for this struggle to have meaning, the oppressed must not, in seeking to regain their humanity (which is a way to create it) become in turn oppressors of the oppressors, but rather restorers of the humanity of both. This, then, is the great humanistic and historical task of the oppressed: to liberate themselves and their oppressors as well. The oppressors, who oppress, exploit, and rape by virtue of their power, cannot find in this power the strength to liberate either the oppressed or themselves. Only power that springs from the weakness of the oppressed will be sufficiently strong to free both."

The problem, Freire goes on to explain, is that the structure of our thought is conditioned by the situations that we have experienced. We adapt to the structure of domination and become resigned to it; the oppressed are submerged in the reality of oppression. We believe that to be human is to be able to oppress. We identify with our oppressors and we want to be like them. We internalize oppression in various ways and so we become afraid to be free.

In our own minds, oppressed people are not subjects; we are objects.

To be is to be like, and to be like is to be like the oppressor.

"The oppressed suffer from the duality which has established itself in their innermost being. They discover that without freedom they cannot exist authentically. Yet, although they desire authentic existence, they fear it...Liberation is thus a childbirth, and a painful one. The person who emerges is a new person...the solution of this contradiction is born in the labor that brings into the world this new being: no longer oppressor nor longer oppressed, but human in the process of achieving freedom."

The first time I went to acupuncture school, I was impatient with much of my education, but I also learned some important things, such as: my body is a subject and not an object. Up to that point I — and other people — had treated it as an object, but regardless, my body had its own awareness, memories, and unique ways of knowing things. In fact, it had its own consciousness. Learning this was the second-best thing that happened to me in acupuncture school (the best thing was meeting Skip). Mostly this learning happened outside of class, in the context of receiving treatments, but what I learned in class helped me frame it. Whereas before I had believed that my mind was separate from my body, located if anywhere only in my head, in acupuncture school I learned that my mind and my body were not separate: they were one thing, and aware. No information I had to memorize to pass the NCCAOM exam mattered as much as discovering that I was a subject — mind, body, bodymind — and not an object.

Basically, this is why a lot of people are attracted to acupuncture: the promise of connectedness. There are plenty of things in our society that can make us disconnected from our bodies, our feeling experiences, and our sense of ourselves as human beings. Mainstream, for-profit, biomedical healthcare is unfortunately one of those things. A lot of patients seek out acupuncture because conventional medicine left them feeling disempowered and dehumanized: an object rather than a subject.

However, too much of what we call natural or alternative medicine substitutes that kind of alienation for a different kind, and turns health into a type of consumerism. There's a big overlap between the idea of "health" and the idea of "beauty" and it's all about the individual. For example, lots of acupuncturists are just thrilled that Gwyneth Paltrow is talking about getting acupuncture on her curated website, Goop ("a modern lifestyle brand"). If this paragraph hasn't made any sense to you so far, go look at her blog. Lots of acupuncturists would like to locate what we do within that context. That kind of "health" doesn't look to me like becoming more human, more of a subject — it looks like being upgraded to a high-gloss object.

But let's get back to Paolo Freire and Pedagogy of the Oppressed.

Freire writes that the problem with most education is that it follows a "banking"

model, which mirrors oppressive society as a whole. Students memorize mechanically, which "turns them into "containers" or "receptacles" to be "filled" by the teacher. Education becomes an act of depositing, in which the students are the depositories and the teacher is the depositor…the scope of action allowed to the students extends only as far as receiving, filing, and storing deposits…but in the last analysis, it is the people themselves who are filed away through the lack of creativity, transformation, and knowledge in this (at best) misguided system. For apart from inquiry, apart from praxis, individuals cannot be truly human. Knowledge emerges only through invention and re-invention, through the restless, impatient, continuing, hopeful inquiry human beings pursue in the world, with the world, and with each other."

"In the banking concept of education, knowledge is a gift bestowed by those who consider themselves knowledgeable upon those whom they consider to know nothing. Projecting an absolute ignorance onto others, a characteristic of the ideology of oppression, negates education and knowledge as processes of inquiry. The teacher presents himself to his students as their necessary opposite; by considering their ignorance absolute, he justifies his own existence."

The teacher is the subject and the students are objects, just like oppressors are subjects and oppressed are objects. But what we want is to be neither oppressor nor oppressed, but human in the process of achieving freedom. Education for liberation must begin with the reconciliation of the student-teacher contradiction so that both are simultaneously teachers and students. Obviously, this is significant for POCA Tech. I'll get back to that in a minute. But first, what about the other kind of acupuncture "education" that acupuncturists are always struggling with — patient education?

I don't think it's a stretch to say that most people who get acupuncture want to be free of something: pain, stress, symptoms that interfere with their ability to feel like human beings living a human life. However, a lot of acupuncturists think that our job is to use the banking model and bestow the gift of knowledge on ignorant patients who clearly know nothing, because if they did know anything they wouldn't be sick. Don't eat gluten, don't drink soda, don't sit like that, go read Healing with Whole Foods,[32] *I can't help you if you won't help yourself.*

Prescribing herbs or supplements is quite literally an act of "depositing", and this rather than acupuncture itself makes up the bulk of many acupuncturists' practices. The reality is acupuncture just doesn't work as well with the banking model, which is what many "healers" are most comfortable with, and from here on out, I'm going to argue that this is because acupuncture is inherently liberatory. When acupuncture works, it works because people recover a sense of themselves as subjects. They say this to us all the time: "I feel like myself again." "Acupuncture gave me my life back."

> *Freire says that liberation is not a gift, not a self-achievement, but a mutual process. Nobody can do it for anybody else and nobody does it alone. We could say the same thing about healing: you can't deposit it in somebody, it's a participatory human process that connects you both to yourself and to other human beings. It's no accident that acupuncture is such a bad fit with capitalism.*
>
> *When I first started getting acupuncture, while I was in acupuncture school, nobody had to coach me into discovering myself as a subject rather than an object: I experienced it as a process, initiated by the needles. I have no idea how it works, but I've seen it happen over and over for other people in the 20+ years that I've been a practitioner.*
>
> *For POCA Tech, it's not like we can remove the banking model entirely from our structure: if our students are going to pass the NCCAOM exam, they have to do a lot of memorizing. However, I think Pedagogy of the Oppressed helps us to articulate a foundational understanding: that acupuncture is a mystery that we are all investigating, all discovering — teachers, students, practitioners, patients. All of us are students, all of us are teachers, and nobody has all the answers. Our knowledge will emerge only through invention and re-invention, through the restless, impatient, continuing, hopeful inquiry we pursue as human beings in the world, with the world, and with each other.*[33]

OK, next, what do we mean by behaviors and lifestyle choices that create a balanced life? For a punk, engaging in the praxis of acupuncture as social medicine, it's important to reflect on the social determinants of health and the way that they reflect the collective choices of our society. The World Health Organization lists 10 determinants of health:

A. gender (statistically, women live longer)
B. genetics
C. income and social status
D. education
E. employment and working conditions
F. physical environment (especially clean air and water)
G. social support networks
H. culture (for example, the US has a gun culture)
I. personal behavior (food, movement, smoking)
J. health services (and access to them)

Looking at this list, it's obvious that any individual's health is overwhelmingly influenced by the choices that society has made about the value of human beings relative to the value of, say, corporations. Or the state. Are human beings valuable enough that we collectively prioritize housing for everyone over militarization? How about the value of clean air and water over the ability of corporations to generate as much profit as possible? Personal behavior is only one factor.

Or, as Ignacio Martín-Baró, founder of Liberation Psychology [34], wrote about the error of focusing on personal behavior and choices:

> *" The problem with individualism is rooted in its insistence on seeing as an individual characteristic that which oftentimes is not found except within the collectivity, or in attributing to individuality the things produced only in the dialectic of interpersonal relations. Through this, individualism ends up reinforcing the existing structures, because it ignores the reality of social structures and reduces all structural problems to personal problems."*

Martín-Baró also had a critique of the idea of "a balanced life", or as he called it, "the homeostatic vision". "The homeostatic vision leads us to distrust everything that is change and disequilibrium, to think badly of all that represents rupture, conflict and crisis. From this perspective, it becomes hard, more or less implicitly, for the disequilibrium inherent in social struggle not to be interpreted as a form of personal disorder (do we not speak of people who have 'lost their balance'?) and for the conflicts generated by overthrowing the social order not to be considered as pathological."[35]

Punks treat a lot of people whose lives would be greatly improved if the priorities of our current social order were overthrown and replaced with more humane ones. Given that, are we doing them any favors by implicitly or explicitly communicating to them that it's their job to find balance, and that balance within an oppressive system will offer them health? Many, many people who come in to a community acupuncture clinic have already been force-fed information that they should eat differently, exercise more, and quit smoking, and if by some miracle they haven't, they can look it up on the internet. *They know what the recommendations for behavior and lifestyle are*. That knowledge may make a difference to them or it may not, but it's not the kind of knowledge that's part of a punk's job.

I think it's more helpful, for punks, to take the perspective that patient education, like healing, like liberation, could be a participatory human process that connects people to themselves and to other human beings. A process that hinges on discovering or re-discovering themselves as subjects rather than objects. And that process is part of people learning how to use a community acupuncture clinic on their own terms, as a resource to manage their own health. *The experience of the clinic IS patient education*. The punk's job is to facilitate patient learning by orienting, accompanying, and then getting out of the way, in the faith that in reconnecting with themselves, patients will learn what they need to know.

Anyone who makes an appointment at a community acupuncture clinic is putting effort into taking care of themselves. Which is profound all by itself, given that we live in a society that teaches that most of us don't deserve care. What's the problem with recognizing that? When is it ever a bad idea to validate and affirm someone for that kind of courage? When is it ever a mistake to cheer someone on for their competence and resilience in living their own difficult, unique, irreplaceable human life?

Reflection Questions

1. What impact do you think that patients feeling more like subjects and less like objects would have on their clinical outcomes?
2. How do you think conventional "patient education" overlaps with the kind of shaming that can trigger patients in healthcare settings?
3. In general, what do you think about the relationship between patient education and trauma informed care?

Punking and Social Joy

A key element of the punk job is the exercise of social joy. What's that, you ask?

Rebecca Solnit wrote a great book, *A Paradise Built in Hell*[36], about the improvised community building that happens in the wake of both natural and manmade disasters. She looked at five disasters that took place over 99 years, from the San Francisco earthquake of 1906 to Hurricane Katrina in 2005 and concluded about their aftermaths:

> *"In them, strangers become friends and collaborators, goods are shared freely, people improvise new roles for themselves. Imagine a society where money plays little or no role, where people rescue each other and then care for each other…where the old divides between people seem to have fallen away, and the fate that faces them, no matter how grim, is far less so for being shared, where much once considered impossible, both good and bad, is now possible or present, and where the moment is so pressing that old complaints and worries fall away, where people feel important, purposeful, at the center of the world…it is utopia itself for many people, though it is only a brief moment during terrible times. And at the time they manage to hold both irreconcilable experiences, both the joy and the grief."* [37]

She notes that there's a dominant narrative about how people respond to disasters which is mostly false. That narrative includes the assumption that in the breakdown of ordinary life, the majority of people become less social (looting, raping and pillaging) and that they need to be saved, both from the physical events of the disaster and from each other, by the heroic interventions of government professionals. In reality most people (with the exception of some people in positions of power) become more social, more altruistic, and more cooperative, and in general, ordinary people rescue and care for themselves and each other quite capably, in a joyful discovery (or rediscovery) of mutual aid. The government professionals tend to show up afterward and take the credit.

> *"Mutual aid means that every participant is both giver and recipient in acts of care that bind them together, as distinct from the one-way street of charity."*[38]

Her thesis is that humans are hard-wired for cooperation, altruism, and mutual aid, although our entrenched social order continually tries to persuade us of the opposite. Without recognizing it, most of us long to be our brothers'/sisters'/siblings' keepers — and when a disaster opens up the opportunity to do so, we leap at the chance. Reading *A Paradise Built in Hell* was a revelation for me; I kept saying to anyone who would listen, "This book totally explains POCA! And punking!"

More than once POCA and/or the community acupuncture movement has been accused of being a cult. I've always been pretty sure that it wasn't; I mean, if I had founded a cult, I would notice, right? Like, wouldn't I have at least one Mercedes? The perks of cult

leadership were most definitely missing from my life, so I figured we were probably OK. One element in the is-or-isn't-POCA-a-cult discussion that was a little confounding, though, was the fervor that often arose in POCA gatherings (workshops, the conferences we call POCAfests, and even sometimes ordinary meetings). When POCA people got together, it always had the potential to turn into a revival, even when the topic at hand was budget spreadsheets for clinics or the best way to deal with biohazard containers. There was something euphoric and rapturous, a whiff of love-soaked mysticism that didn't really square with the ordinary reality of being a cooperative where people had all the conflicts that people have when they try to work as a team. The fervor sometimes weirded out the newcomers; were we trying to love-bomb them? I wasn't *trying* to do anything, and I was pretty sure that nobody else was either. It was just something that happened when we got together in person. We got so happy, so inexplicably happy.

Rebecca Solnit suggests that in the United States, we have no language to describe social joy: the love and happiness of caring for our neighbors, of coming together in freely chosen cooperation. It was a relief to recognize the revival-like qualities of POCA gatherings as a kind of eruption of social joy. We get like this when we get together not because we're a cult, but because our human desire and need for social joy has been driven underground. So when there's an outlet, an opportunity, it's like a broken water main in a city street on a hot day: it bursts through like a fountain, and people take off their clothes and dance in it. We can't help it. It's not really about POCA per se, *it's about what human beings are like when they get the chance.*

All thriving community acupuncture clinics have that quality in a low-key way in their day to day operations. All of them feel like a breakthrough, like a celebration, like seizing a chance. My working theory, using Rebecca Solnit's framework, is that capitalism is a disaster (especially for healthcare); on some level we all feel it and know it; and community acupuncture, especially the ongoing job of punking, is our improvised, creative, cooperative response to disaster. We're doing what humans naturally do when things fall apart.

This is another reason why community acupuncture clinics are an appropriate intervention for toxic stress. According to Paolo Freire, oppression is dehumanizing. If community acupuncture clinics, like the communities that arise in the wake of disasters, are an opportunity for people to be human in ways that we want to be but often can't in capitalism, then they can function as a counterweight to the dehumanizing forces of structural violence — and not only because inserting acupuncture needles, on a biomedical level, seems to decrease cortisol levels.

Community acupuncture is something that people do together, not just something that acupuncturists do to patients. The community acupuncture model itself allows for many ways to express that: it's why the POCA cooperative exists; it's why patient members of POCA volunteer their time to support both individual clinics and the larger co-op; on the material level, it's why many POCA clinics fill up over time with donated recliners that patients brought in themselves.

In *A Paradise Built in Hell*, Rebecca Solnit also brings up the difference between private joy and public joy. She suggests that one of the long-term, unrecognized consequences of the San Francisco earthquake of 1906 was the establishment of the Catholic Worker, the Christian anarchist organization devoted to community living in solidarity with the poor and resisting social injustice. Dorothy Day, one of the founders of the Catholic Worker, was eight years old during the earthquake and never forgot it.
She wrote,

> *"What I remember most plainly about the earthquake was the warmth and kindliness of everyone afterward…While the crisis lasted, people loved each other."*[39]

In her autobiography *The Long Loneliness*, Dorothy Day had a lot to say about love; she recounted falling in love not only as a romantic/erotic experience but also in a variety of other contexts: enthusiasm, devotion, solidarity and religious awakening.[40] Rebecca Solnit contrasts Day's passionate life of "other loves" with our current "privatized sense of self". She argues that most of us want what Dorothy Day wanted — a life that is larger than private satisfactions and a series of individual relationships — but we have no language for describing that kind of abundance. We have no way to articulate our yearning for *a love for society*.

On a much smaller scale, this distinction between private joy and public joy explains a lot about punking. A lot of conventional acupuncturists can understand why punks care about patients having access to acupuncture, but what they can't understand is why we insist on providing treatments in big shabby rooms filled with second-hand recliners, or why we have to be so *militant* about it. You could say that a lot of acupuncturists look at acupuncture as a form of private joy. No matter how many patients they treat, each patient represents an individual relationship to the acupuncturist. For them, access to acupuncture means admitting some more individual people into that kind of private joy; it means keeping acupuncture itself basically the same, with the acupuncturist in control — but just allowing a few more people to have it.

For punks, lowering barriers to acupuncture in order to create more access is public joy in action, and it demands a radical deconstruction and reconstruction of how we think about acupuncture itself. Sometimes, as in Dorothy Day's life, public joy disrupts and displaces private joy; she broke up with a man she loved when she fell in love with God and religious practice, and ultimately, channeled her love into the Catholic Worker movement. Discovering community acupuncture has blown up a lot of acupuncturists' previous relationships with acupuncture (another reason POCA gets described as a cult). For those of us who have experienced it, though, it's all about falling in love with something larger.

Many of us found practicing certain styles of acupuncture to be interesting and fulfilling, at least for a while; but then we fell in love with the possibility of taking care of thousands of people, and that love made us willing to do whatever we had to do, including letting go of practice styles that we'd been attached to, in order to lower the

barriers for those thousands of people to come into our clinics. Even the letting go feels joyful and liberating. Even the grief that often arises in accompanying patients through painful experiences is part of the love. That feeling of the barriers coming down is worth everything.

Punking is a fierce affirmation that we are our brothers'/sisters'/siblings' keeper. Punking is holding on to our humanity with both hands in the face of for-profit healthcare and saying, not so fast, capitalism. Punking is a very large love, an exercise of our capacity for social joy, a demonstration of our freedom. It's a consummately human thing to do, which is probably the main reason we all keep doing it.

Reflection Questions

1. What's your personal experience of social joy?
2. Do you believe that capitalism is a disaster for health care? Why or why not?
3. How do you see social joy being enacted in the community acupuncture movement? Give details.

Punking and Cultural Appropriation

After all this talk about toxic stress, structural violence, and social joy, the elephant in the room is, of course, racism. At this point in time, most punks are white. I'm white. (What are the odds that I'd be writing this book, having gotten away with transgressions like having a 5-foot raised-fist logo on the side of my clinic, if I hadn't been?) Is it OK for white people to practice acupuncture?

Speaking for myself, I don't think there's a yes/no answer to that question. It's another situation where binaries don't really work, because reality is complicated. Racism as it pertains to the practice of acupuncture is complicated. What I'm going to do in this chapter is to explain how I think through this question; your mileage may vary.

First, I think it's important to recognize that there's a wide range of opinions and argument on what constitutes cultural appropriation (versus its benign cousin, cultural exchange). Experts don't agree. People of color don't agree (people of color are not a monolith any more than white people are). There is no one right way to look at this issue. Recognizing the complexity and ambiguity, it was important for me to find someone who I felt was more qualified than I am to offer an opinion and then to listen, so that's where I start with this question.

For me that person is my friend and POCA comrade Tyler Phan[41]. Tyler has a Ph.D. from University College London's (UCL) Department of Anthropology where his focus was on American Chinese Medicine, which includes the history of professionalization of acupuncture in the US. Tyler is also a fifth generation traditional Vietnamese medicine practitioner. He's worked in Vietnamese hospitals starting when he was 18; he went to an American acupuncture school in order to get a license; and he started Pittsburgh's first community acupuncture clinic. Most of what I know about cultural appropriation and acupuncture I learned from talking to Tyler, so most of the ideas in this chapter are his. If you are a POCA member, I strongly encourage you to watch the videos of his POCAfest presentations and to read the text of his talk, Breaking Chinoiserie Vases[42] .

Referencing Tyler's work, here's a quick summary of issues around punking and cultural appropriation.

1.
Acupuncture and its related techniques (gua sha, cupping, bleeding, moxibustion, etc.) are inherently heterogeneous. They're so heterogeneous that, looking at their history and evolution, it would be impossible to figure out who "owns" them as cultural artifacts or intellectual property. Who does acupuncture "belong" to? Some Indian Ayurvedic practitioners argue that acupuncture originated as an aspect of Ayurvedic medicine and that the modern systems that we recognize as acupuncture, the points and channels, are just a variation on Ayurvedic needling therapy.[43] Acupuncture appears in the traditional medicines not only of China but also Taiwan, Japan, Korea, Vietnam, and even Tibet. Cupping shows up in traditional practices in Mexico, Iran, Egypt, Greece, and Russia.

The practice of acupuncture is fluid, variable, constantly changing in response to internal and external forces.[44] It's so dynamic that it's questionable whether or not the term cultural appropriation can even be applied to its ongoing transformations; cultural exchange might be more accurate. Cultural exchange describes what happened when members of the Black Panther party were invited to China, encountered "barefoot doctors" and the de-professionalization of medicine, were trained in acupuncture and then brought it back for use in their community survival programs.[45] Cultural exchange shaped the creation of the acupuncture collective during the occupation of Lincoln Hospital, which led to the founding of NADA, which led to community acupuncture.

However, just because "white people practicing acupuncture" doesn't automatically equal cultural appropriation, that doesn't mean "white people practicing acupuncture" is automatically a benign phenomenon, either. Any given individual white acupuncturist might not be individually participating in cultural appropriation, but that doesn't mean that collectively, we haven't got a host of problems we need to address. And especially if you care about social medicine, it's not really about what individuals do or don't do anyway.

2.
People of color have routinely been persecuted for practicing acupuncture and its related techniques in the US while white people have not only gotten away with it, they've profited personally. This is one form of institutional racism that affects acupuncture.

3.
Orientalism is another, and a hugely problematic factor for acupuncture in the US. Orientalism represents a kind of "romantic racism" in which white people objectify and fetishize Asian cultures and peoples as an aspect of dominating them. Tyler uses the term Chinoiserie as a metaphor for American Chinese Medicine. Chinoiserie is defined as "the imitation or evocation of Chinese motifs and techniques in Western art, furniture, and architecture, especially in the 18th century" (OED, Chinoiserie): mass-produced tableware, vases, furniture, etc. Tyler argues that American Chinese Medicine is similarly "a mass-produced product built on the (white) imagination of a distant Other".

In terms of acupuncture in the US, white acupuncturists have the potential to treat it (and market it) as an aspect of personal decoration, a kind of lifestyle accoutrement for people with privilege, stripping it of its history and social context. It's like using a Buddha statue as a decoration in a spa.

4.
Approaching acupuncture and its techniques from a position of ignorance and privilege with a view towards domination (you could call that the Orientalizing gaze), white acupuncturists have misconstrued them as ahistorical, stagnant, and empty of social and cultural context. Objectifying acupuncture means treating it like a thing, a fixed and

unchanging thing, as opposed to a living entity. This phenomenon can result in white acupuncturists complaining that modern Chinese acupuncturists are not Chinese enough, that they've lost the "true spirit" of the medicine (whatever that is), and — conveniently for purposes of personal branding — it's these same white acupuncturists who are now protecting the core values of the medicine, its ancient soul. So, you should definitely go to their workshops.

This is where it's crucial for punks to apply critical thinking to the process of professionalization in the US. As Tyler describes, the professionalization of acupuncture was largely driven by white, upper middle class professional people. On the basis of very limited investigation and study, a small group of white people defined what acupuncture was (and naturally, they got a lot wrong) and then they went on, as a result of creating schools and other institutions, to define who could practice it and who could receive it. This is a lot worse than any single misguided, even racist, white person practicing acupuncture, because its effects are much more far-reaching.

White people shaped the structures of power in acupuncture professionalization. In a white supremacist society, institutional structures of power inevitably benefit white people and disadvantage people of color.

Let's revisit: one of the commitments that defines punking is the decision to do what it takes to make acupuncture accessible to as many people as possible, to lower social, economic, and other kinds of barriers. For white punks especially, it's important to think critically about both our intention and our impact. What is the impact of us as white people practicing acupuncture? Do people of color have more or less access to acupuncture as a result of our work? And most of all, what are we going to do about the structure of the profession itself?

The barriers that exist as a result of decades of Orientalism and professionalization can't be wished away. Nobody has time for white guilt, least of all people of color who are dealing with chronic pain (history shows that people of color experiencing chronic pain are even more stigmatized than their white counterparts.)[46] Better to do something constructive, especially in light of the knowledge that every so often, community acupuncture actually saves somebody's life.

For myself, I answer the question of, is it OK for white people to practice acupuncture with: maybe not, but here we are, and what are we going to do now? Who would it help (and who would it hurt) if I decided that as a white person, I really shouldn't be doing this, and so I closed my clinic? The intention might be well-meaning, but what about the impact?

I think if you're white you have the responsibility to critically think about your own position in relationship to power structures and to interrogate your own privilege. Specifically, what are you going to do with your privilege? As a white punk, it was easier for me to take big risks in starting a small business with no resources than it would've been as a punk of color; people in power (think landlords and banks) gave me the

benefit of the doubt, over and over, which helped a lot in being able to make a big, busy community acupuncture clinic. Given that, I feel it's my responsibility to figure out how to make my clinic as accessible as possible to people of color who want to use it, and it's also my responsibility to freely share what I learned as a community acupuncturist and an entrepreneur, particularly with acupuncturists of color who want to serve their own communities.

And beyond those responsibilities, I think it's also important for me to confront institutional power structures in the acupuncture profession in ways that will have concrete, meaningful results. It's not just about what I do as an individual, it's about whether or not I participate in taking collective responsibility for the social structure of acupuncture, and how I contribute to making changes.

As Tyler says, it's an acupuncturist's obligation to serve the people. I think white punks have to carefully consider what that means for us, given the social and historical contexts of acupuncture, professionalization, and the ongoing health impacts of racism.

Reflection Questions

1. What's your perspective on cultural exchange vs. cultural appropriation with respect to the practice of acupuncture?
2. What's the relationship of structural violence to Orientalism in the acupuncture profession?
3. What do you think white acupuncturists' responsibilities are?

Punking and Interpersonal Relationships

As a punk, your presence and your attention are tools that are as important to your work as needles. Just like you need to learn how to handle your needles skillfully, you need to learn to handle yourself in interpersonal relationships with patients, because that's what punking is: relating. With needles. To people. All day long (or for as long as your shift is), day after day. As I noted in the chapter Punking and Placebo, making a human connection with patients is not something extra that a punk does, it's the core of the job. It's all about embodying the big picture in a series of small interactions.

A community acupuncture clinic is a resource for patients to use on their own terms, a set of user-friendly systems, a matrix for social rituals of healing. Patients aren't passive recipients, they're active participants. None of this means, though, that a community acupuncture clinic is like a machine that the punk can switch on and then stand back, unengaged. A relationship with the punk is part of what the patients are using, so one of the most important factors in a punk's success is their depth of engagement with patients, their ability to cultivate relationships.

Large parts of those relationships are conducted nonverbally, which is another reason why punking is so complex and so challenging to teach. Another reason is that every individual punk approaches this differently. Being a punk means engaging yourself — your authentic irreplaceable unique self — in a lot of relationships with very diverse people, people you might not even cross paths with outside the clinic. Those relationships aren't like any other relationships; punking's unique. And since every individual punk is also unique, this particular aspect of punking is much more art than science. Nobody can tell you exactly how to do it, because to a large degree it's a matter of you doing you.

One of my favorite metaphors for punking relationships (apologies if you've heard this before) is that the punk is the atomic nucleus at the center of a little electron cloud of patients. The punk's relationships with patients are the ionic bonds with the electrons. If the punk isn't capable of creating and sustaining strong and consistent bonds, the punk won't be able to attract a large enough patient base and as a result, the punk won't be able to earn a living. This metaphor has some important implications:

1.
Being a punk requires that you not only have, but that you continue to cultivate, a strong core of personal stability. A chaotic personal life will undermine your ability to punk. (This doesn't mean you have to be perfect, not even close; for more details about how not perfect you can be and still successfully punk, refer to my memoir.)[47] Everybody has issues, and life happens; however, punks need to figure out how to hold a calm center, not only for themselves but for their patients. Most punks I know have the experience of coming to work in a bad mood, preoccupied with whatever's challenging in their own lives, only to find that their bad moods start to lift within a few minutes of walking into the treatment room, and when their shift is over they feel a thousand times better.

That's a side benefit to having to be a calm center for other people: you inevitably find the calm center for yourself too.

Unfortunately, though, certain kinds of personal chaos will prevent that from happening. You can't come to work hung over. You can't come to work late and frazzled on a regular basis. You can't come to work with no energy to give to your patients because it's all been consumed by personal drama. Punking requires a certain degree of personal maturity, personal responsibility, and intentionality; unfortunately, not everybody who's attracted to doing community acupuncture has enough of those things to be successful. Sometimes people who seem initially to be lacking in these areas, people who are ungrounded and prone to personal drama, can figure out how to get themselves together in order to be good punks. Punking for some of us provides a way to grow up and get better at handling the world. But the key is self-awareness; there's not a lot of hope for people who don't realize they need to change.

2.
A strong core of personal stability requires conscious, regular upkeep. Punks have to commit to self-care, for a long list of reasons. The job is physically demanding; you have to watch your ergonomics. The job is emotionally demanding; you're working with a vast range of people, and a lot of them are in pain. The job is mentally demanding; acupuncture requires a kind of laser focus of attention, and there are endless details to keep track of in a busy clinic. The job is spiritually demanding; you're guaranteed to hear terrible stories of personal suffering, the kind that make you wonder about the nature of the universe and the meaning of life. Even if you're generally good at self-care in the rest of your life, the amount and the quality that you need for punking represents a different order of magnitude. Most successful punks I know are very serious about self-care routines; the exact nature of their practices varies a lot from person to person, for instance some people meditate, some people exercise, and some people don't do either, but everyone has some kind of a system for dealing with food and sleep and managing time. Because they really, really need it.

Being a calm, stable center for other people to orbit means that you have to show up day after day after day and just be there. And you can't do that if you don't take care of yourself. Just like punking is a way that some of us grow up, though, punking is also a reason for some of us to take care of ourselves in ways that we might not if we didn't have this job, so it's a kind of positive side effect.

3.
Being the nucleus at the center of hundreds of individual patient relationships (yes hundreds, at any given time; if you're punking long term it will be thousands, because patients you haven't seen for years, patients you thought you'd never see again, will periodically show up out of the blue, ready to pick up right where they left off) means that the nature of those relationships has to be both consistent and disciplined. You're providing the same kind of connection to all these individuals, and it's a different kind of connection than the kind you have with people in your personal life. A good punk uses their own energy, presence, words and actions very much like they use needles:

efficiently, quickly, cleanly, tactically. Which might sound cold, but it isn't. Punking is driven by empathy, but it has to be a clean, impersonal empathy, or it can't be sustained, and it has to be efficiently deployed, in order to treat enough people to keep the clinic open.

OK, this is going to sound weird, but I can't help it: punks have to like needling people. That's fundamental. If you're a punk, there's a kind of circuit that links up your heart and your hands and your tools (which are needles) and someone else's body, and tapping into that circuit feels *amazing*. You want to tap into it over and over and over (which is good, because that's what you're going to be doing, over and over and over). Punks like needling people the way border collies like herding sheep, or Newfoundlands like hurling themselves into icy water to rescue swimmers, or mobility support dogs like opening doors for their handlers. If punks were dogs they'd be working dogs, the kind that need a job in order to be happy. Punks love to work, it's a defining characteristic.

The relationships you create and maintain ARE your work. Which acupuncture treatment strategies you choose, and which points you use in your treatments are completely subordinate to the work of relationships, and how you manage your energy needs to reflect that. It all comes back to accompaniment.

Here's a tangible example from a shift I worked recently — just an hour and a half or so of time in the clinic, which is plenty to demonstrate how the big picture of building relationships translates into tiny moment-to-moment decisions.

My first patient, let's call her Annie, was a new patient. She works as a server and she came in because she's in pain: upper back/neck pain as well as what is probably carpal tunnel in her wrists. (I don't know exactly what percentage of patients in community acupuncture clinics work in restaurants and/or catering, but I know it's high; these are grueling jobs.) When I ask her, she says her pain is currently mostly about 4-6 on a 1 to 10 scale, but it can spike as high as 8 out of 10. She came to WCA because she doesn't have insurance right now and her other server friends recommended us.

My intake with Annie is largely about orienting her to the clinic, making sure she's comfortable and knows what to expect, but no matter what else I'm doing or saying, a large part of my brain is occupied with treatment planning for her. Within minutes of meeting her, my job is to figure out how to talk to her about coming back, because pain that is above a 5 on a 1 to 10 scale is not going to go away without significant effort, especially when it's probably related to overuse syndromes from a job she's going to have to keep doing. I start the conversation in the intake, but I'm planning to finish it after she's done with her treatment. I say something like, "So the thing about acupuncture is that there's a kind of response continuum. On one end of that continuum are miracles — people who are completely cured with one treatment. We'd love it if that happened but it's not so common, so we're not going to count on it. On the other end are folks who just don't respond to acupuncture at all; that's also uncommon and we don't understand why, but it happens. In the middle is everybody else, and acupuncture helps them to a greater or lesser degree. I'm really hoping that acupuncture will help you a

LOT, but we won't know until we try. The thing about the kind of pain that you have — over-use from work — is that treating it is going to be kind of a project. What I'd like to do today is to see how you feel after one treatment, see how you like your experience here, and then talk about having you come back as soon as possible for a course of treatments. Like 10 treatments within a month? Is that something you'd be willing to try, if we can make it work financially?" Annie says yes, she's open to that possibility, and we go back into the treatment room.

Since she's a new patient, and she's had some acupuncture in the past but not a lot, I'm relatively conservative in my point choice. I have a little internal debate about whether or not I can use my favorite strategy for upper back pain, which is a trio of needles on the palm of her hand, set along a line you draw from the base of the thumb to the center of the wrist crease. In my experience, those points work great, but they can be intense, maybe a little too much for her first time. I don't want to scare her away. In the end, after I've done about ten other points in less reactive places, I split the difference and do just one of the points on her palm, not all three; she definitely feels it but she's OK with it overall. I make sure she's warm and tell her to try to stay about 45 minutes, and give me a meaningful look when she feels like she wants to get up.

Then I move on to my other patients, but I keep a close eye on her. Next up is Doug, who has stage 4 cancer and severe neuropathy in his feet from chemotherapy. Except for the neuropathy, he is mostly managing OK at the moment. He's been coming to WCA twice a week for the last few months and he has a routine. He's always early, so he's waiting for me when I'm done with Annie. He clearly really likes acupuncture but also isn't much of a talker, so the treatment goes fast. I glance at Annie on my way back out to the lobby to check in with the receptionist; Annie looks like she's asleep. I'm surprised but pleased, I didn't expect her to go down that fast, it's a good sign for a first treatment.

Good thing I checked in at the desk, because my schedule has changed in the twelve minutes that I've been back in the treatment room. My next patient, Brian, showed up with his wife in tow, and she's never been here before. This is only Brian's second treatment; I guess he really liked the first one. He's here for addiction support; he's recently stopped drinking. His wife is visiting from out of town, which I guess means they're separated? I wouldn't go into it even if I had time, which I most definitely do not; it's 1:45 and Brian tells me that they both need to leave by 2:30. My intake with Brian's wife Chloe is going to be a lot shorter than my intake with Annie; that's fine, because 1) she's going back to New England tomorrow, and 2) her intake paperwork lists her three top priorities for treatment as stress, stress, and STRESS. I go back to the treatment room with Brian and treat him while Chloe is finishing up her paperwork; he says he's doing pretty well, really likes acupuncture, is looking forward to coming in regularly to manage his cravings. I cover him with a blanket and glance over at Annie. She's REALLY out now, snoring softly.

Back to the lobby to talk to Chloe, who has experienced community acupuncture before and is enthusiastically down with basically skipping the intake and using the time to relax. She sits down next to Annie, who doesn't so much as stir, and I've got Chloe

needled and blanketed by 1:55, which gives her 35 minutes to relax, which makes me happy. There's no point in talking to her about a treatment plan, that's a conversation she'll have to have with the punks she sees in New England. For WCA's purposes, she's a tourist, which is fine, we love tourists.

One of the patients who was needled by the punk before me is awake and looking around. I go over to unpin him, ask how his treatment was. He's very relaxed and happy, feeling good, but he's a little confused; should he schedule a time to come back? Some more questions reveal that he is a brand-new patient and the punk who treated him didn't talk about a treatment plan at all. I seethe, and remind myself that this is why we have our own acupuncture school, because people who come out of conventional acupuncture schools are unprepared to be punks. Also, I'm lucky this patient didn't just get up and leave without saying anything, at least I have an opportunity to talk to him about treatment plans now. I have essentially the same conversation I had with Annie, but more quickly and in a whisper. He also has neck and shoulder pain after doing some home improvement work; fortunately, he's a web developer by trade and not a full-time carpenter. He can take a break from his hobby while he recovers and he's willing to do a series of treatments pretty close together, in fact he already feels better than he did when he sat down. So we're OK, though I walk away wishing we had a flashing neon sign in the treatment room that said something like,

PUNKS: NOTHING IS MORE IMPORTANT THAN PATIENTS KNOWING WHEN THEY ARE SUPPOSED TO COME BACK

though I imagine that a flashing neon sign wouldn't be so good for the ambience.

Now I'm ranting to myself. How many times have we talked about this? A treatment is NOT about the punk putting needles in, it's about the patient knowing how to use the clinic. If the patient doesn't know how to use the clinic, punks, YOU DIDN'T DO YOUR JOB. With new patients especially, the most important thing is making sure that the connection between them and the clinic is solid. If you don't do that, you've wasted your time. Some people like acupuncture so much that they will come back anyway, but you can NEVER assume that, you have to put serious personal energy into making sure that the patient has a treatment plan that they can commit to. Human connection + positive expectation + knowing when to come back, that's the all-important formula. The needles you do aren't actually worth much without those other things, because you're not a goddamn wizard who can expect to cure everybody in one treatment, RIGHT?

Fortunately, I'm only shouting in my head, because everybody in the treatment room is asleep.

My next patient, Joe, is also an older guy with neuropathy, but his is idiopathic; the doctors don't know what's causing it, but acupuncture keeps it manageable. He has a variety of other health issues and he smells strongly of cigarettes (quitting smoking isn't on his list of treatment priorities). He's one of WCA's long term regulars, this has been his standing treatment time for something like five years. During the spring and

summer, he always shows up with huge armfuls of roses from his garden wrapped in newspaper, so our lobby has big vases full of roses. He rolls up his pant legs, leans back, says, “you know what to do” and I think he’s asleep before I’ve finished putting the needles in.

As I walk through the treatment room I realize that Annie is restless. I scoot over to her to see if she’s done and ready to have the rest of the conversation. Nope, she’s only awake because she inadvertently rolled her wrist over and now the needle there is bothering her. I take it out and she smiles at me and goes back to sleep. I check the clock; she’s been here for over an hour.

Two more patients, both regulars in for maintenance, one for anxiety and depression and one for low back pain. Now it’s time to wake up Joe and Chloe; they both look like they feel a lot better. Joe’s eyes are brighter and Chloe’s face is relaxed. They thank me for fitting Chloe’s treatment in to the schedule and they leave. Because Chloe was sitting next to Annie, Chloe’s departure finally rouses her, she nods at me that she’s ready and I go and take out her needles. “So, how was that?”

“Wow. It was…really good. How long have I been here? Wow.”

Once I’ve gotten the needles out, I ask Annie to move her shoulders and upper back around; when she first sat down, I could tell it was painful for her to take off her coat. She moves cautiously, and then her eyes light up. The pain is a lot less than when she sat down. I was pretty sure that was going to be true, because her face looks so much less tense than it did, and a crucial punk skill is gauging pain based on people’s expressions (it’s second nature, once you have enough practice). I asked her to move in part to confirm what I suspected, but more than that to give her a chance to notice and to set the stage for the conversation I’ve been waiting an hour and a half to have. FINALLY, I get to have it, I’ve been waiting like a border collie at a sheep gate for the chance to have it. Now that she’s experienced acupuncture at WCA, does she feel like she’d want to come back for 10 treatments, as close together as possible, and is that feasible for her financially, because if it’s not, we can make arrangements? She says yes, she thinks she can make it work, what are WCA’s hours again and can she come in every other day? I answer her questions and suggest to her that acupuncture seems to kick in overnight for some people, so could she please pay attention to how she feels when she wakes up tomorrow and let us know the next time she comes back? She agrees, gets her coat and leaves, looking like a different person.

I go over to my next patient who is just sitting down. I’m savoring a warm rush of social joy from Annie feeling better and also, I’m no longer preoccupied. For an hour and a half I was waiting for my chance to finish Annie’s treatment with that conversation, and I didn’t want to miss it. I’m keeping an eye on everybody else in the treatment room, but now there’s nobody I’m watching like a sheepdog, because everybody else is pretty well set with their relationships to the clinic. I’ve done my job and I feel good.

In my experience, that’s what punking is, over and over and over. Connecting with

people one after another, focusing in on each of them like they are the only person in the world, while simultaneously keeping an eye on everybody else in the treatment room, making sure they're connected to the clinic as much as they can be. The secret to good punking is being able to bring high quality attention to each patient's individual process and also to the treatment room that's quietly humming along like a big machine, but a machine that you the punk are part of, or maybe it's part of you.

Reflection Questions

1. Have you been in the role of being a calm center for other people, either as a punk or in another context? What was it like?
2. Why is choosing acupuncture treatment strategies subordinate to building relationships for punks?
3. How have you experienced relationship building in the clinic, either as a punk or a patient?

Punking and Boundaries

The clinic is like a machine that hums along, but it's also like a container: for healing, for relief, for relaxation, for positive, accepting, non-pressured social interactions. A large part of the punk's job, alongside tending to each patient, is tending to the container itself. All of those individual interactions not only fill up the container, they largely make it what it is. Think of the aspect of placebo that is social learning: each individual patient picking up cues from everybody else in the room about how to heal, how to relax, how to use the clinic. This is where boundaries, for a punk, become vitally important.

Here's a quote from my last book, *Acupuncture Points Are Holes*, that applies:

> *A core element of community acupuncture is acceptance of limitations. Until the community acupuncture model came along, nobody in the acupuncture profession questioned, at least not in public, the conventional wisdom that all patients could of course afford $50 to $300 for an acupuncture treatment, it's just that some patients didn't want to because (select one or more): they didn't truly value their health/they were ignorant/they had unworthy non-acupuncture priorities. I had plenty of people tell me that there was no point to the model because making acupuncture affordable wouldn't accomplish anything; some of them kept saying that even after POCA was providing a million treatments a year and it was quite clear that lowering prices did indeed bring more patients in, not to mention make it possible to get better clinical outcomes.*
>
> *POCA accepted that our potential patients had genuine limitations in terms of their financial resources. We accommodated them. As a result, we built relationships with all kinds of patients that we would not previously have had access to – and who would not have had access to us – and we found those relationships to be rich and sustaining.*

Another word for limitations is boundaries, and being a punk requires you to accept them, over and over and over. One of the hardest ones to accept is that you can't help everyone; its corollary is that you can't help everyone equally.

This gets back to the idea of the acupuncture response continuum I brought up in the story about pain management. On one end are (apparently) miracles, on the other end is nothing at all (maybe failure, if that's how you think about it) and in the middle is everything and everybody else, which is most of your job. My experience is that the two ends are similarly mysterious. I think about the patients I've treated who have responded spectacularly in ways I could never have predicted: getting kicked out of hospice care, having tumors suddenly shrink after the oncologists decided that chemo had failed, having visions of deceased relatives appear to them while they were in the treatment room, after which their health completely turned around. And then I think of the patient I treated for PTSD, who was referred to us by her psychiatrist because

nothing else was working and everybody knows how well acupuncture works for PTSD. She was in great distress; she had witnessed a murder, and she was struggling to function. After a couple of weeks of no improvement with acupuncture, I asked her to come in for treatment every day for 10 days in a row, and she did. She was highly motivated; she did everything her psychiatrist, and also the punks of WCA, asked her to do. She saw a few different punks, and they tried a variety of treatment strategies. And she got no results whatsoever. She didn't sleep any better, her nightmares didn't improve, her hyper-vigilance stayed at the same level, her racing heart didn't slow down. In the end she stopped coming, because acupuncture clearly didn't work for her. I have no idea why. I can't explain it, just like I can't explain what happened with the (apparent) miracles.

There are boundaries that punks have to set and maintain when they're working that have to do with how patients interact — with clinic staff and volunteers, with other patients, with the clinic space itself. Before you as a punk can manage those boundaries, though, you have to accept the meta-boundaries of acupuncture itself: no matter what you do, you can't help everyone, because that's just not how acupuncture works. In order to help a lot of people, you have to accept that there will be a certain number (you hope it's a small number) that you won't be able to help, people who will leave your clinic disappointed.

Sometimes you can't help people not because acupuncture doesn't work for them, but because they need things that you aren't able to give them, and/or they're unable or unwilling to use the clinic in the way that it's designed to be used. Often these go together; people try to torque the clinic systems to fit their needs, which are needs that the clinic wasn't designed to meet. When this happens, it's the punk's job to figure out whether there is anything the patient can actually get from the clinic, and whether it makes sense for them to keep coming. It's hard, because clinic systems have a degree of flexibility so there's generally a judgement call that the punk has to make about how far is too far for the clinic to stretch. Most punks I know hate making those judgement calls, because punks love the feeling of lowering barriers to treatment. In general, we wish we could treat everybody. But we can't. Some barriers are unfortunately connected to the integrity of the container.

For an example, let's go back to the issue of acupuncture and placebo. Imagine you have a new patient who is coming in for low back pain. This person has gotten great results from acupuncture in the past; they've been seeing a conventional acupuncturist for years. Unfortunately, they just lost their insurance and they can't afford $90 out of pocket once a week. So here they are in your POCA clinic, looking around skeptically at your thrift-store recliners. When you explain how the clinic works, including the part about distal treatments and how everybody keeps their clothes on, they look offended. They explain that their previous acupuncturist not only placed needles directly in their back, she also would do some cupping, some moxa, and some massage. Why can't you do that, too? Don't you want to help them?

This is where communication skills for a punk are key. Your job, while validating their

need for pain relief, is to assess whether they can be open to a different style of treatment, or whether they're going to 1) fight you every step of the way and/or 2) be chronically disappointed. It would be great if you had placebo on your side in this case, but you don't; what the patient expects to work clinically is not something you can do, not without the equivalent of throwing a wrench into your smoothly humming clinic machine. Some patients in this situation will, in fact, be open to trying a different style of acupuncture and will be able to fit themselves into the flow of a community acupuncture clinic; some won't. Your job is to recognize the difference.

Before I knew what I was doing as a punk — more accurately, before I understood what a punk was — I would try to accommodate those kinds of people and give them what they wanted, including extra time and extra techniques. The result was that I ended up being resentful, rushed, and less present for my other patients, the ones who came in looking for exactly what the clinic had to offer in its undiluted form. As my clinic got busier, giving a few individuals different kinds of treatments became impossible. When someone asks for something different, something extra, it's always a judgement call about whether or not accommodating them is a good idea. Sometimes it is, sometimes it isn't. The praxis of punking imposes certain limits.

Most punks get used to telling patients that there are different kinds of acupuncture, and if they're completely invested in getting a kind of acupuncture that a POCA clinic doesn't provide, well, they need to go somewhere else. That's much less painful than telling a patient that other kinds of needs, like certain mental health needs, can't be accommodated. In WCA's experience, this has run the gamut from patients who would unexpectedly shout in the treatment room, to patients who had to have long conversations during every treatment, including expecting their punk to describe the function of each acupuncture point, to patients with trauma histories that caused them to lose their tempers repeatedly and loudly with clinic staff. These turned out to be behaviors that patients couldn't change, and so it meant we had to tell them we couldn't treat them.

Punking is about making acupuncture accessible to as many people as possible, within the inevitable limits of a punk's individual circumstances. I don't know any punks who are able to treat everybody, no matter what. It's sometimes painful to live within those limits. At some point, every punk inevitably runs into the prospect of making acupuncture work for certain individuals at the cost of making acupuncture less available to the community as a whole. Because of the sliding scale, a punk has to treat a lot of people in order to keep the clinic open. If the punk repeatedly makes choices that constrict the number of patients they can treat — including by bending their clinic systems to the breaking point — eventually the clinic will fail and nobody at all will get treated. Because community acupuncture clinics run on fees paid by lots of people with limited resources, the margins are generally thin. Most punks can see that edge from where they're standing.

Here's a story about accommodations from one of my punk friends. She has a medium-sized clinic with 9 chairs and she schedules 6 people an hour. Volunteers help her run

reception. Her clinic has always had a rule that patients can't reserve chairs when they schedule appointments, because that would quickly become a nightmare. However, her space is small enough that when a patient who uses a wheelchair comes in for treatment, there's only one specific chair that can be moved to make room. So it became clear that when a patient who uses a wheelchair booked an appointment, that person in effect was reserving a particular space in the room. My friend's initial response to this issue was to feel overwhelmed by the logistical problem it represented and to think that this was too much to accommodate. Her office manager, who is a disability advocate, reached out to her, saying, look, I think reserving space for wheelchair users is something you could figure out how to do; I'll help you. Together they did figure out it out. My friend said that the lesson she learned was that punks need help when it comes to accommodation issues. Punks need community for many reasons, including that there needs to be more than one brain working on any given challenge of this kind. (Insert shameless plug for the POCA forums, where punks can also get this kind of help from their peers.)

Sometimes the container's boundaries, when pushed, need to stay exactly where they are, but other times, with some support, they can expand and the container itself can grow. This looks different with each individual punk and each individual clinic. It's another example of the challenging subtleties of punking.

Reflection Questions

1. What's your sense of the proportion of people that community acupuncture can help versus the proportion of people that community acupuncture can't help?
2. Have you ever needed accommodations? What was that experience like?
3. Have you ever gotten help with figuring out boundaries in a work setting? What was that like?

Punking and Integrative Medicine

A frequent early objection to the community acupuncture model from conventional acupuncturists was it wasn't respectable enough to be integrated with mainstream healthcare. Here's a quote from an email from a prominent acupuncturist in 2009:

> *"COMMUNITY ACUPUNCTURE IS NOT GOOD*
> *This is a very dangerous revolution that will undermine and change all the standards and medical social teaching that I have followed that were handed down from my teachers….*
> *Out of respect for my teachers and the Chinese Medical Community that I have been fortunate to grow up in…I must publicly oppose community acupuncture's attempts to lower educational and practice standards…this propaganda will undermine our branding and Marketability… I feel the community acupuncture revolution will put the public, our practices, the profession, and our ability for us to provide for our families at risk…*
> *Every homeless welfare public assisted drug addicted person can get treatment and be a part of this communist social network…for less than the price of a manicure….*
> *No one needs to be without Acupuncture…*
> *It is so low level low tech low cost that it will revolutionize the entire industry.*
> *National reimbursement rates will fall…*
> *This will drive everyone away from third party reimbursement because the rates are not enough for most to survive on…*
> *"Get in line and join the Revolution…*
> *Give up your clinic in the medical arts building with all other health care providers…*
> *Who needs referrals from mainstream medicine…?"*
> *Community acupuncture standards are so low…No one will refer anyway….*
> *This movement will lower Acupuncture and Chinese Medicine respectability in the minds of the media, health care community, patients, practitioners and future generations in America forever…"* [48]

There was a lot more in this same vein; also, he made fun of our t-shirts.

Fortunately, mainstream healthcare providers definitely don't feel the same way. (Some of them think our t-shirts are cool!) Seriously, most established community acupuncture clinics get a steady stream of referrals from physicians, nurse practitioners, physician assistants, physical therapists, mental health therapists, and a variety of other providers. Some community acupuncture clinics have formal relationships with mainstream healthcare entities. This chapter is about what those providers want and need from punks, and so it's a subset of previous discussions about punking, biomedicine, pain management, and boundaries. (Boundaries are crucial.)

Before we get to that, though, I think we have to consider what "integrative medicine"

typically means in conventional acupuncture settings. ACAOM competencies for acupuncture students include the following:

- Communicate with other health care providers to determine an appropriate plan of care.
- Communicate with other health care professionals in their own terms.
- Demonstrate knowledge of other health care disciplines.
- Articulate expected clinical outcomes of AOM from a biomedical perspective.
- Translate, explain and discuss AOM terminology in order to communicate effectively.

For many acupuncturists, "integrative medicine" connotes a vision of acupuncturists wearing white coats, working in hospitals, and most importantly, being paid like doctors. Status is an important part of the equation. There's some overlap with a romanticized, possibly Orientalized, image of the acupuncturist as a "scholar physician", a lofty, revered figure who educates patients about how to live.

For punks, it's different. We learned early on that MDs would refer patients to us, and sometimes become patients themselves, even though we wore t-shirts and jeans at work and didn't tell anybody how to live. As time went on, our perspective on integrative medicine became more defined. A turning point was WCA's and POCA Tech's relationship with a healthcare reform effort that's part of Medicaid in Oregon. That relationship was where we learned about trauma-informed care. We also learned that we had a lot in common with mainstream providers who work in safety net clinics. It turns out that some providers actually think that it's a *good* thing for "homeless welfare public assisted drug addicted person(s)" to get acupuncture. Wonders never cease.

This is a quote from the caseworker who set up the relationship with WCA and POCA Tech:

> *"People feel welcomed at WCA. This is not always the case in the larger medical system where they may be labeled as problem patients, malingerers, drug seekers, or someone with a personality disorder. At this community acupuncture clinic, there is a predictable structure, minimal talking, and a lot of reliability which allows for relaxed and non-pressured healing relationships.*
>
> *Unlimited resource sharing is rare for people living in poverty. Having a community acupuncture clinic say that you can come as much as you want is the antithesis of almost all current social resource allocation practices. Everything is limited: money, medical, counseling, food, housing, etc. By having an open door, judgments about self-care do not get in the way of treatment and, in fact, are not a part of the dialogue and culture of this clinic. This cuts down on feelings of guilt which trauma survivors so commonly battle.*
>
> *This clinic asks little of patients. They don't have to fill out forms or*

questionnaires every time they visit. They don't have to share an awkward amount of personal information. I think this cuts down on self-care guilt.

For clients with trauma histories, acupuncture provides: relaxation, relaxation while with other people, and access without expectation. It seems to heal the nervous system although I am not sure how. What I see with clients is not that all of their symptoms go away, but they are able to handle things in their lives better. They are able to pause; their viewpoint becomes larger. They are triggered less often and have less anxiety. Being in an environment where you are not alienated or seen as different allows peoples' hyper-vigilance to relax. There is a major component of isolation when it comes to trauma. Community Acupuncture has the potential to heal that part of trauma.

Access to community acupuncture is important from a trauma informed perspective because it offers restoration of dignity. By being welcomed and given unlimited access the message becomes "you know yourself…you know what you need…and the community is here to support you in that effort". This is an important message for someone who is feeling overwhelmed and alienated in society –especially feeling that way when trying to get medical treatment. People are also getting pain management needs met. For survivors of trauma there is often a long history of being labeled as having psychosomatic symptoms, being hysterical, being drug seeking, or having interpersonal deficits which re-traumatizes people, makes people hopeless, which then increases symptoms of pain. I think of my own situation in which I was told my 3 years of chronic pain was a "stress response" without any direction given, the main message being, "you need to manage your stress better". In general, the message in conventional biomedicine is you are doing something wrong which is causing your poor health/pain and if you would just do "x-y-z" then you would be better/get better/be a better person."

So given that perspective, what do the ACAOM competencies look like for punks?

How do we "communicate with other health care providers to determine an appropriate plan of care"?

In our experience, other health care providers refer patients to us because they know that we will make a concerted effort to provide as much acupuncture as their patients need. Given that those referrals are often for patients who haven't received good results from mainstream healthcare, and/or who are dealing with stubborn chronic conditions, our sliding scale and flexible payment arrangements are a major factor in the referrals we receive. Many of our referrals come from providers who recognize that pain management is an individual process of trial and error in order to create a kind of personal collage of treatment strategies that work best for an individual patient. If acupuncture happens to be a strategy that works and that fits into the collage, the patient may need frequent treatments, or treatments over a long period of time, or both. Many insurance plans won't cover the amount of acupuncture that patients need in

order to manage chronic conditions. Other healthcare providers know this. They like it that we know it too.

In general, though, other healthcare providers, especially primary care providers don't have the time or the inclination to talk to us. Ultimately, it's the patient who decides what an appropriate plan of acupuncture care is for their particular circumstances. It's not like acupuncture has to be coordinated with medications; acupuncture can be safely combined with most other therapies. Which is a big reason why we get so many referrals!

The determining factors of the treatment plan are the perceived cost-benefit ratio for the patient, the ability of the patient to fit a course of treatment into their schedule (punks should never underestimate the difficulty here, especially for patients with multiple chronic conditions that demand ongoing appointments with multiple providers) and everything else going on in the patient's life. Punks recognize that ordinary people have complicated lives, and when they get sick, their lives just get more complicated. Acupuncture doesn't always fit in, and not because it doesn't work. I think one reason that other healthcare providers don't have much interest in talking about their referrals is that they know this too: it's not really up to us, it's up to the patient.

How do we "communicate with other health care professionals in their own terms"?

In our experience, the way other health care professionals interact with us indicates that they see us as a kind of low-cost pharmacy. More than once, we've had a provider fax over a "prescription" for acupuncture treatments. When they do that, we don't argue with them about how nobody needs a prescription for acupuncture and send their fax back to them in a huff, we just think, OK, let's look out for this patient to maybe show up on the schedule. One of the metaphors we like to use is that community acupuncture is like a public utility or a public library; acupuncture is what we have to provide, we can provide it in virtually unlimited quantities, and anybody in the community can come in and access it. The more people who access it, the happier we are. We're a resource for patients to manage their own health, and that's how other health care professionals see us.

WCA's and POCA Tech's integrative medicine partners refer to our services as "low-barrier acupuncture." We're happy to adopt that term to describe what we do. We're happy to provide accessible community pain management. In general, there isn't that much more communication that needs to happen. The most common follow up communication we have with other providers is a request that we mail them a stack of our business cards to keep in their offices.

How do we "demonstrate knowledge of other health care disciplines"?

POCA Tech has classes on this topic in the curriculum, but we take it a step further and say that for punks, the most important thing is to understand what the health care system looks like from the perspective of its most vulnerable users, the people at the

bottom of the socioeconomic structure.[49] This is another area where the perspective of social medicine is important. Punks need to understand how the healthcare system marginalizes people, so that they can recognize it when it comes up for their patients.

It's important to clarify, though, that the purpose of having knowledge of other health care disciplines is in part so that we can make red-flag referrals for potential emergencies when we need to, which comes up every so often, but mostly so that we can do a better job with accompaniment, which is the core of our jobs. It helps to have some knowledge of the system that our patients, especially the ones with chronic illnesses and chronic pain, are trying to navigate; not so that we can tell them how to navigate it, but so that we can accompany them more closely.

How do we "articulate expected clinical outcomes of AOM from a biomedical perspective"?

I hope this book has been useful in that regard. Please see previous chapters on Punking and Biomedicine, Punking and Pain Management, and Appendix E.

How do we "translate, explain and discuss AOM terminology in order to communicate effectively"?

"AOM terminology" for punks is generally limited to the word "acupuncture". I have yet to meet a referring provider who had any interest in hearing about any other AOM terminology. A crucial communication skill is recognizing what your audience actually wants to know, and then not explaining things to them that they don't care about. A corollary is that using accessible language doesn't make you unprofessional; some acupuncturists have suggested this to me, but I've heard the exact opposite from other healthcare providers. "Translation" in the punk's world means using language that ordinary people can understand. Even other professionals appreciate this, I promise.

The punk's concern — as noted possibly ad nauseam in this book — should be on communicating effectively *with patients*. For an example of communicating with patients in an integrative medicine setting, please see Appendix I.

So if the mainstream healthcare providers who refer to punks don't want to hear about AOM terminology or in fact talk to us much at all, what do they want from us?

Our colleagues in safety net clinics have been very explicit with us about what they want: they want us to be *allies*, both to them and to the patients that we share. They want to know that we recognize that they're doing the best that they can in the context of limited resources. They want to know that we recognize that patients are doing the best that they can as well. Punks express their allyship to mainstream medical providers and the patients they serve by offering a welcoming, nonjudgmental, low-barrier opportunity to integrate acupuncture into patients' lives.

Boundaries are important in integrative medicine. I've met a lot of conventional

acupuncturists who think that it's their job to "catch" what patients' other providers might miss, to diagnose biomedical conditions and to refer to specialists and generally to function as a kind of second opinion for patients. From the other providers' perspective, this can come across as second-guessing them. This isn't the punk's job, any more than it's the punk's job to be a life coach or traditional Chinese medicine nutritionist or a guru. Part of trauma informed care is being careful about consent. Patients who come to a community clinic, and other healthcare providers who refer them, expect that they'll be getting acupuncture, not interference with the rest of their healthcare. I hope earlier chapters in this book demonstrated why acupuncture, all by itself, is plenty for patients to engage with, and plenty for punks to provide. I think community acupuncture clinics get as many referrals as we do because mainstream healthcare providers appreciate that we're paying attention to the basics: does the patient like acupuncture? Can they afford to get enough treatments to make a difference, clinically? We're not making things overly complicated.

In closing, I'd like to return to my rant from the chapter on Punking and Interpersonal Relationships. Remember that, about how nothing was more important than patients knowing when they were supposed to come back?

NOTHING IS MORE IMPORTANT THAN PATIENTS BEING ABLE TO TRY ACUPUNCTURE. THERE IS NO PART OF THE PROCESS THAT MATTERS MORE THAN THE PATIENT DECIDING WHETHER THEY WANT TO USE ACUPUNCTURE, AND HOW MUCH OF IT THEY WANT.

There is nothing that punks might say to other healthcare providers, nothing that other healthcare providers might say to patients, that's more important than the patients' own experiential process of deciding whether acupuncture is something they want to use to manage their health. This makes it easy to be allies to our colleagues in mainstream medicine, because we want the same thing as they do: for patients to get as much acupuncture as they need, so they can use it in support of whatever goals they have, in whatever way works best for them.

To sum up, integrative medicine for punks is kind of a paradox. Mainstream healthcare providers refer to community acupuncture as part of helping creating personalized care plans for individual patients, especially for pain management. However, the value of a community acupuncture clinic within the larger ecosystem of healthcare (if you can call it an ecosystem) is based on the social nature of the container we provide. In our experience, mainstream medical providers value community acupuncture not because we're interpreting biomedical lab results with individual patients — after all, why would they want us to duplicate what they do themselves? — but because we're providing a low-barrier resource for an entire community. We're doing what we do dependably, consistently, and transparently, which makes it easy for patients to use our services. Unlike some of our conventional acupuncture colleagues, mainstream healthcare providers don't judge punks for what we're not. They actually like us the way we are.

Reflection Questions

1. How do you feel about POCA's t-shirts? No, seriously, do you think they're ruining the acupuncture profession?
2. What's your experience of the relationship between community acupuncture and mainstream healthcare?
3. What do you think "low barrier acupuncture" means?

Punking and Tending the Sacred

There's been a lively argument in the acupuncture profession, over the last decade or so, whether punks are "acupuncture technicians", and whether this is a good thing or a bad thing for acupuncture as a whole (particularly in terms of the acupuncture profession's image and status). Just like punk rock musicians focus on playing simple, accessible music, punks in community clinics focus on doing simple, accessible treatments. I've gone back and forth on this question — I guess that's obvious since we named our school POCA Tech.

At the moment, I'm not sure there's a neat yes/no answer to this question. What exactly do we mean by "technical" when we're talking about acupuncture? That would be a huge, satisfyingly nerdy discussion in its own right. For the purposes of this book, though, I want to set that aside because whether we're technicians or not, we're also other things. And those other things are the hardest parts of punking.

Punks are makers, builders, social entrepreneurs and leaders. They have to be, if they want jobs. (This is true of both punk employees and employers.) A thriving community acupuncture clinic is a resource for marginalized communities to take care of themselves. It provides integrative medicine for people who are often stigmatized by the healthcare system. Its cooperative structure is a direct challenge to capitalism. And so in a sense it has to function both within and outside of capitalism, both within and outside of mainstream healthcare, and on top of that it has to fund itself on fees that patients with ordinary incomes can afford to pay. It's a complex, beautiful mystery, and *somebody has to build it*. From scratch. From blood and sweat and tears and a yearning for social joy. There are no pre-fab kits to assemble, and POCA isn't the community acupuncture version of IKEA (though wouldn't that be neat…imagine stacked pallets of ready-to-assemble community acupuncture clinics…). And somebody has to maintain it for the long haul, because once a clinic is successfully doing what it's designed to do, it will never run out of patients who need it.

Conventional acupuncturists make a distinction between "practice management", which means running their clinics as businesses, and clinical skill, which means what they do when they treat patients. Because *community acupuncture is something that people do together, not just something that acupuncturists do to patients,* and because punks are facilitators of healing rituals that patients are conducting for themselves within a community, there isn't a hard line for us between "practice management" and "clinical skill". A community acupuncture clinic is made up of systems. Any system that patients engage with is part of the clinical experience, part of what rewires their brains into being able to manage pain. That's the neurobiological truth about community acupuncture. Punks have to be able to build and maintain the clinic systems so that they run smoothly and fulfill those neurobiological functions.

Some of my POCA comrades have suggested that maybe the pinnacle of our punk efforts would be to put ourselves out of business and have patients needle themselves. Because

putting in needles is simple, right? And that would be more empowering, right? Comrades, I love you, and I agree that putting in needles is potentially very simple, but I have to disagree.

I'm sorry, at this point I probably sound like a broken record: *punking isn't just about putting in the needles*. The value of acupuncture isn't as an individual commodity, even a self-serve individual commodity. People need *accompaniment* when they're dealing with pain, stress and illness, especially persistent pain, toxic stress, and chronic illness, which are epidemic in our society. The value of community acupuncture, especially at this point in time in North America, is as a praxis of social medicine — emphasis on *social*, something people do together, a way to address the isolating effects of pain, stress and illness. The beauty of a community acupuncture clinic is in the way it serves as a container for healing, and somebody has to take care of the container.

Taking care of the container isn't simple, and it isn't separate from treating people. It's a big job with big responsibilities. It's not something to delegate to patients who are trying to manage, say, chronic pain; they already have enough to deal with.

A lot of us went to acupuncture school not really thinking about how we would practice acupuncture in the real world after we graduated. It might work out for conventional acupuncturists to delay that reckoning, but it doesn't work for punks, who have to ask themselves not only do they want to stick needles in people for a living, but do they want to do what it takes to maintain a community clinic and all of its systems? This might look like building the clinic from scratch in order to provide community acupuncture to an underserved area. It might look like working in an established clinic with other punks, helping to sustain a small business that runs on very narrow margins. It will certainly look like practicing cooperation with a wide range of people, patients and volunteers and coworkers, and cooperation is not only challenging in its own right, it's a countercultural undertaking that puts you at odds with mainstream of capitalist society.

Another way of putting it is: punks have to ask themselves if they're really in love with the possibility of taking care of thousands of people, and if so, just how in love are they? In love enough to learn how to do the bookkeeping? That might be the real test; it's easy to say you're in love until you're staring down QuickBooks™.

A problem that we punks have had is that we've been unable to recognize and name the skills associated with taking care of the container. A lot of punks who are really good at doing exactly that don't even realize that they're doing it; they take that part of their work for granted. (I'm looking at you, comrades who suggest that patients could just needle themselves.) It wasn't until we had a school and we had to worry about things like competencies and evaluations that we undertook the process of accurately describing what we were doing. That was when we realized some of what we had been dismissing as "practice management" was part of the architecture of the treatment. And it wasn't until we had a school that we dug into the neurobiology of pain management and found out it fit our systems and competencies like a glove. You could run a successful community acupuncture clinic day in and day out without really thinking

about those issues, because they're just built into the structure of the clinic and semi-invisible until you go looking for them. Once you can see them, though, they actually help you do the work of running the clinic by putting all the small tasks into a larger, more meaningful framework.

As I noted earlier, Working Class Acupuncture engaged a couple of consultants to help us with long range planning. One of our consultants, Rob, led us through a process of articulating our core values and guiding principles (see Appendix G). During that process, we had a conversation in Oversight, our employee management collective meeting, about the point at which we each realized that working for WCA meant engaging with something organic, bigger than ourselves and more than the sum of its parts. We talked about what it was like for each of us to "meet the Entity". (I realize this sounds a little creepy, which is unfortunate, but if you've ever been to WCA you probably understand.) In the course of the conversation I realized that all of us were expressing devotion in different ways. We all saw our work as tending to something sacred. Rob helped us write this conversation as a core value:

> *We are steadfast and full of devotion for the work we do. We are committed to taking care of the WCA Entity, the hive that we inhabit, the world we have built for ourselves and our patients. This requires a level of devotion and enthusiasm that is evident in our words, actions and commitment to accessible care.*

The job description for punks includes *devotion*.

This devotion isn't particularly selfless; it's regularly rewarded by how much better we all feel when we're at work. I had a conversation with a punk coworker recently in which she apologized for not answering an email right away; she said she was trying not to look at her email so much, and also social media, and also the news, because it was all so relentlessly depressing. She said she was feeling overwhelmed by the state of the world. "But at least I feel like I'm doing something. I'm helping. I'm doing THIS" and she gestured to the clinic, taking in the container. She told me that working in the clinic was keeping her sane.

When punks come to work we're reminded, the way people in the aftermath of disasters are reminded, that humans are good. In community acupuncture clinics, almost all the time, humans are good; the exceptions are so few that they confirm the rule. Despite all evidence to the contrary on our social media feeds, we experience firsthand the tangible goodness of people: exhausted people sleeping in our chairs, committed people volunteering at our front desks, ordinary people bringing us armfuls of roses because they appreciate us working on their neuropathy. We remind ourselves that we're good, too, as we show up day after day to try to accompany all these people.

A community acupuncture clinic is made up of people taking care of themselves and each other — and not much else besides some recycled furniture. It's easy to see the care because there's not a lot of clutter in the way. Together we make a container for mutual aid and social joy.

That's the sacredness that punks have the privilege to tend.

At this point in time in North America, people are legitimately scared that society is coming apart at the seams. Income inequality is bad and getting worse; frictions of all kinds are increasing, along with a sense of fragility and uncertainty.[50] So this is a good time for building containers to collect social joy. This is a good time for direct action to address toxic stress, persistent pain, and chronic illness. This is a good time to act on the faith that humans are wired for mutual aid.

This is a good time for punks to get to work.

Reflection Questions

1. What do you see as the hardest parts of the punk job?
2. What's your personal experience of devotion?
3. What do you think successfully tending the container of a community acupuncture clinic requires?

Acknowledgments

This book is the direct result of Lisa Baird of Guelph Community Acupuncture repeatedly insisting (in the nicest possible way) that I needed to do some writing about what POCA employers affectionately call “deprogramming”. That term refers to the process – which often takes a year or more – of retraining acupuncturists who graduated from conventional acupuncture schools so that they can competently function in POCA clinics. Unfortunately, “deprogramming” fails at least as often as it succeeds. Lisa kept pointing out that we needed more written materials to guide the process and improve our odds of success. This book wouldn’t have happened without her input, encouragement, and ongoing thoughtful conversation – not to mention the many content-level edits that she contributed that made the book much better than it otherwise would have been.

Thanks to Atty Zschau and Chris Rogers for fine-tooth-comb editing and encouraging feedback.

Thanks to Gail Roudebush for once again patiently shepherding this project through the master editing and formatting phase of its development, and to Wade Phillips for getting the eBook out into the world.

Thanks to James Shelton and Kate Kampmann for the fantastic, original, *punk* cover art and design, and to Cris Monteiro for being a model.

Thanks to the students of POCA Tech for all the thought-provoking comments and excellent conversation, and to Tyler Phan (again) for making sense of the acupuncture profession.

Thanks to Rob Sadowsky for leading Working Class Acupuncture through what turned out to be an incredibly useful values-clarification process.

Thanks to my WCA and POCA comrades for providing role models of the punk job and for making all the writing labor worth the effort, and thanks most of all to Skip, for making my life work.

Appendix A

Community Acupuncture: Making Buckets from Ming Vases

Appendix B

More About Punking

Prick, Prod and Provoke Blogpost
This story was posted on March 2, 2013 by Lisa Rohleder

Membership Drive Post #2: We're ALL Being Reported to ALL THE BOARDS

This is the email I received on Friday in my WCA inbox: "Hello You Acu Idiots! I am reporting you to the boards of CA, FL, NY, NCCAOM etc.... Quickly and quietly change the use of your name "acupunk". My official letter to the boards can be accessed at my blog. http://evanmahoney.blogspot.com/2013/02/acupuncturist-be-acpuncture-missionary.html

POCA received the same email, which I guess makes it official.

To summarize: we are being reported to various boards because we publicly and privately align ourselves with the word "acupunk", which demonstrates poor judgment in our professional activities as acupuncturists. We promote actions that undermine the value of acupuncture, with potentially damaging consequence in the public's mind – and we devalue the meaning and true joy, beauty and light of acupuncture. By destroying acupuncture we are bringing it down to our own level of marginal skill. We have lost the soul and spirit of acupuncture and are threatening to bring our own darkness to it.

But this isn't about what kind of treatments we do, or our business model; it's all because we call ourselves "acupunks".

To any board members of any organization we've been reported to, I'd like to offer our side of the story.

About a year ago, I wrote an article which was published in the UK Journal of Chinese Medicine, titled "Community Acupuncture: Making Buckets from Ming Vases". I explained our choice of the word "acupunk" or just "punk" as an aspect of a careful and conscious rejection of the professional acupuncture culture that has developed in the US in particular and in Western countries in general – and an embrace of a different kind of culture, which has taken the form of a cooperative, the People's Organization of Community Acupuncture. POCA includes both acupuncturists and patients as members; our mission is to work cooperatively to increase accessibility to and availability of affordable group acupuncture treatments. Our acupuncturist members call themselves acupunks.

Many of us acupunks, when we went to acupuncture school, were taught that any effort to make acupuncture affordable and accessible to patients of ordinary incomes was "devaluing" the profession. We were taught to practice in a way that would appeal to – and would mostly only be available to – patients with a lot of economic and social privilege. Our efforts to serve a different demographic have been described by other acupuncturists and acupuncture schools, more or less continuously over the years, as "degrading the medicine", "debasing the traditions", "lowering the bar", and of course, "devaluing the profession". We got the message loud and clear that the acupuncture profession did not value the patients that we wanted to serve. One of the definitions of the word punk is "something or someone worthless or unimportant". By defining ourselves as punks, we are saying that we understand that the acupuncture profession doesn't value our patients, and we accept that. We can't make other acupuncturists want to treat the patients that we want to treat – the people that we think need acupuncture the most –

and we can't make acupuncture schools teach their students that these people are worthy of care. We can, however, create a different professional culture, and a different infrastructure, for ourselves.

We create that culture and infrastructure interdependently with our patients. None of us have much money; by choosing to treat people of ordinary incomes, we limit our own incomes to some degree. The people we treat are our friends and our neighbors and our families. We are not wealthy, but we have each other. Our most precious resource is the power of relationships. We are able to make things happen by being creative together, and all of us gain dignity from that.

As an organization, POCA has created self-help tools that other organizations with much better funding have never achieved. We have a microloan program to start new community clinics in underserved areas. We have a well-used peer mentor program for new clinics. We have the most comprehensive online forums and wikis for practice management of any acupuncture organization. We are starting our own acupuncture school.

Many acupuncture organizations are hobbled and made ineffective by infighting and an inability to be clear about their professional goals. We have been fortunate in that POCA has experienced unusual unity and clarity, which has made it possible for us to accomplish a great deal with very limited finances. Our clarity, our single-mindedness, and our unity of purpose are our most important resources as an organization and we work hard to protect them.

From our perspective, calling ourselves acupunks helps us to be as effective as we are. POCA is still a young cooperative, and we want to attract only members who care passionately about serving as many patients of ordinary incomes as possible – and who care about that more than they care about status. As long as significant numbers of other acupuncturists despise us for prioritizing our patients over our professional image, as this latest complaint exemplifies, we need to attract a majority of members who can shrug off or even laugh at people who tell us that we are undermining the value of acupuncture. Requiring our members to sign up for an "acupunk" membership is a kind of screening: it tests prospective members for a sense of humor, moral fiber in the face of opposition, and a willingness to voluntarily tolerate the kind of marginalization that so many of our patients experience involuntarily.

The practitioner who is filing complaints against us calls himself a doctor, has trademarked his treatments, and charges $600 apiece for them. Acupuncturists have been telling each other for decades now that mainstream acceptance of acupuncture and prosperity for its practitioners was just around the corner – we just needed to embrace the professional trappings of Western medicine, wear white coats, call ourselves doctors, and charge "what we're worth". Many acupuncturists have done all these things, and yet the acupuncture profession continues to struggle. Most practitioners are underemployed. POCA has observed that neither reverence for professional status nor reverence for esoteric acupuncture knowledge has translated into reliable access to acupuncture for our patients or stable jobs for us.

And so we have opted for irreverence, self-help and a spirit of mutualism. Instead of waiting for anyone important to recognize our ability to provide a valuable service and make life easier for us, we've embraced DIY (do it yourself) and DIT (do it together) to build our own structures. We're approaching the practice of acupuncture the way that punk rock approaches music. We're stripped down, technically accessible, populist and committed to doing it ourselves, so we feel it's both responsible and transparent to identify ourselves as acupunks. And on a purely practical level, "acupunk" or just "punk" is a shorter and more efficient term than "acupuncturist" – and we need to be efficient because, unlike some of our more reverent colleagues, we're

really busy treating people.

We understand that many acupuncturists have placed their hope in professional status; that's what they believe in, and that's their choice. POCA has made a decisive break with that hope. We believe in cooperating with underserved, marginalized patients of ordinary incomes – who also happen to be the greatest advocates, champions, and faithful supporters of acupuncture. We believe in them. As a multi-stakeholder cooperative, POCA is open to everyone, and we would enthusiastically welcome all the acupuncture boards that we are being reported to join us as organizational members. (Organizational members don't have to call themselves punks if they don't want to.) If a spirit of mutualism, cooperation, self-help and hard work appeals to you, whether as an organization, a patient, or indeed an acupunk, please join POCA.

Appendix C

3 Key Concepts of Liberation Acupuncture

Submitted by A POCA Volunteer on Sat, 02/07/2015 - 13:58
Dr. Paul Farmer, one of the founders of the global health organization Partners in Health, wrote an essay, "How Liberation Theology Can Inform Public Health", about applying the key concepts of liberation theology to medicine. These key concepts – Preferential Option for the Poor, Structural Violence and Accompaniment – are illuminating for those of us trying to define how liberation acupuncture functions as a school of thought.

Preferential Option for the Poor

"The first notion is the preferential option for the poor. Any serious examination of epidemic disease has always shown that microbes also make a preferential option for the poor. But medicine and its practitioners, even in public health, do so all too rarely. Imagine how much unnecessary suffering we might collectively avert if our health care and educational systems, foundations, and nongovernmental organizations genuinely made a preferential option for the poor?"

One of acupuncture's most striking aspects is its sheer simplicity. Its basic requirements, as POCA acupuncturists like to say, are needles, cotton balls, and stillness. None of those elements costs much. Acupuncture could be a particularly beautiful therapy for marginalized people because it is possible not only for them to afford it, but even own the means of production. The preferential option for the poor requires us to ask ourselves what stands in the way of acupuncture in North America belonging to people who have little or nothing.

It seems that what acupuncturists tell themselves that they are doing and why (and the structures they create as a result) are what makes acupuncture expensive and out of reach for the marginalized.

According to Paul Unschuld's *Medicine in China: A History of Ideas*[51]

"the origin of acupuncture in China is not clear." (p.94) It is described for the first time in a document dated to 90 BC. Equally unclear is where the knowledge of acupuncture points originated. How those points were chosen and used undoubtedly changed over time; at some point "a system of cosmological correspondences" was apparently suddenly imposed over practices based on empirical use. (p.96). This system of correspondences was developed by unknown authors in the course of the last three centuries BC, and its theoretical principles closely tracked those of the socio-political order promoted by Confucian political ideology. (p.67)

The philosopher Confucius responded to the widespread social and political conflicts of the Spring and Autumn period of Chinese history by creating a system of ethics (sometimes referred to as a nontheistic religion) based on precisely defined social roles and mutual obligations. Some of his principles are universal and timeless: for instance, he formulated a version of the Golden Rule. Many, however, are very specific to the society of his time, such as loyalty to a morally upright ruler, filial piety, and observance of a set of rituals including ancestor worship. Confucius envisioned a perfectly harmonious society based on a firmly established hierarchy. Similarly, the cosmological correspondences imposed on the practice of acupuncture were based on principles of how human beings could live in harmonious relationships with natural phenomena. For example, the image of acupuncture meridians transporting nourishment throughout the human organism in the form of qi "…reflects a transfer of the vital importance of waterways to the state." (p.83) Irrigation engineering was a major responsibility of the government throughout Chinese history; similarly, the principles of clearing blockages and draining flooding, of balancing excess and deficiency and regulating the flow of qi in the meridians, became central to the theory of acupuncture practice.

Confucius was certainly progressive relative to the feudal society he was trying to improve. For example, he championed the previously unheard-of concept of meritocracy and he insisted on the obligations of the rulers to those that they ruled. For our purposes, however, it would be hard to claim that his philosophy reflects a preferential option for the poor. The transfer of Confucian political ideology to an understanding of how healing functions and how acupuncture works must be seen within the context of a particular society at a particular time, rather than universally helpful in all situations, particularly those involving illness and inequality.

If Unschuld is correct, acupuncture practice existed before acupuncture theory, and the theory we have now did not arise out of the practice. There is daylight between them. We should make use of that daylight for critical reflection on our current practice.

The text that Unschuld describes as "the classic scripture of acupuncture treatment" is the Yellow Emperor's Classic of Internal Medicine or the *Nei Jing*. Parts of it may date from the second century BC. It is composed of 81 "heterogeneous and partly antagonistic texts" (p.78) which, Unschuld says, "should not be approached as a classic from which one may distill a homogeneous set of ideas based on stringent concepts and terminology." (p.58) The *Nei Jing* is the source of most of the acupuncture theory that is taught in North America today and unfortunately, Unschuld's recommendation seems to be mostly unheeded. Many schools and acupuncturists approach the theories found in the *Nei Jing* as if they were scripture – sacred, irrefutable, ahistorical wisdom, free of political bias and social context.

A prominent feature of the acupuncture profession in North America, particularly the US, is turf warfare. Licensed acupuncturists spend a lot of time being indignant about physical therapists, chiropractors, and MDs doing acupuncture, or so-called "dry needling", without training in the theories laid out in the *Nei Jing* which constitute a large portion of acupuncture education. They claim that acupuncture is part of a complete system of (Confucian) medicine, not merely a modality or an intervention that

can be safely practiced without those theories. The history of acupuncture itself would seem to contradict this position.

The question is: to whom does acupuncture belong? Can anyone now living own it, or assert the right to control its parameters?

Given that no one can claim to have invented acupuncture, and its origins are altogether mysterious, it is reasonable to make the case that the practice of acupuncture is part of the commons – something that cannot be privately owned or controlled. As one advocate of the commons wrote, "The common can be built and expanded, and it can never be fully enclosed because there are parts of human experience that cannot be turned into property and have to be held in common. Compassion, ideas, social relationships, and the planet itself must be held in common." Acupuncture has proven its adaptability and mutability across centuries and continents; it would be a mistake to try to enclose it.

It would seem that modern-day practitioners of acupuncture have made a choice to define the practice of acupuncture as something complicated, something to fight over. We could also choose to define it as something simple, something to share. Approaching these issues from the perspective of a preferential option for the poor instead of from the perspective of turf warfare, we could – with equal justification – claim that if acupuncture belongs to anyone, it belongs to the people who need it the most, the people with the fewest resources, the people for whom its simplicity makes it uniquely accessible. In short, the preferential option for the poor represents a compelling moral argument that poor people have first claim on acupuncture and whatever method gets it to them, in a way that they can use it, should be embraced.

Structural Violence

"The second (key concept) is the notion of structural violence. Sure, bad things happen. But they don't often happen randomly. Violence is done to some people in this world by poverty, racism, gender inequality, homophobia, and xenophobia. Just as this violence, which Gutiérrez and others term structural violence or "structural sin," can be institutionalized through unjust social arrangements, so too can it be undone with the help of more just ones.

The secular world needs to understand that what would "free us from all anxiety" is opening up to the poor and otherwise marginalized the chance to flourish. This cannot happen if there is hunger, unfair political arrangements, ongoing assaults on the environment, and no safety net to protect the sick, the unemployed, and the frail. The current rules of modern capitalism cannot rid us of structural violence any more than wars or other forms of "event violence" can. But understanding how the social worlds in which we live are constructed might help us to do so, as can the mystery of hope."

As one acupuncturist observed about working in a community acupuncture clinic, "What you see is how the violence of our current economic system is written on our patients' bodies and minds." Structural violence is made visible in repetitive strain injuries from grueling minimum wage jobs; in back and neck pain from standing all day

long in service industries; in migraines and irritable bowel syndrome caused by financial anxiety; in chronic pain from years of overwork; in depression and addiction triggered by hopelessness. While much of "alternative medicine" strives to locate the cause of disease and distress within the individual, making it a matter of individual choice and control, liberation acupuncture's perspective arises out of years of work in low-cost, high-volume clinics where the overwhelming impact of social factors on suffering is inescapable.

The concept of structural violence also requires us to interrogate how unjust social arrangements are institutionalized in acupuncture practice in North America and how these arrangements might be undone. It also requires us to reflect on the role and the state of our professional institutions, particularly their relationship to the vulnerable and excluded in society.

Obviously, acupuncture predates capitalism. The practice of acupuncture in a capitalist society is not a topic on which the *Nei Jing* is going to be able to advise us, and will require not only critical reflection but resilience and creativity. We have to take an honest look at the way acupuncture — and the acupuncture profession in North America — functions in capitalism, because capitalism is continually shaping our social arrangements and our institutions.

Acupuncture in the US is profoundly influenced by two major forces represented by third parties outside of the acupuncture profession itself: the insurance industry as a pillar of the for-profit healthcare system, and the federal government which provides the student loan funding that most acupuncture schools depend on. These third parties are deeply involved as a consequence of the cost of both acupuncture treatment and acupuncture education being much too high for most people to pay out of pocket. Acupuncturists accept their involvement since it is framed as making both acupuncture treatment and acupuncture education "more accessible"; the reality, however, is not so simple.

Insurance coverage for acupuncture is very limited, highly variable, and for the most part, closely tracks the socio-economic status of the insurance consumer. People with more resources have better insurance, which is both more likely to cover acupuncture and to cover more treatments for a wider range of conditions. In Oregon, Medicaid "covers" acupuncture, but for an extremely limited range of conditions that periodically change according to state policy. People on Medicaid are required first to get their primary care provider to approve their acupuncture treatment; this gets them three treatments. By jumping through more bureaucratic hoops, they may be able to access a maximum of ten treatments. In contrast, people in Oregon with more expensive insurance may access an unlimited amount of acupuncture treatments for a wide range of conditions for a $30 co-pay, with no prior approval needed. Given that people on Medicaid probably need acupuncture treatment more than people who have enough disposable income to buy good insurance, "insurance coverage" does not change the reality that access to acupuncture is mostly based on socioeconomic status.

Most of the treatment protocols that US acupuncturists learned from Asia rely on courses of treatment, and a course of treatment can be anywhere from 10 to 100,

delivered not less than a week apart, depending on the condition. Using one treatment when ten are called for is like taking one pill out of a course of antibiotics and expecting it to work. Many insurance companies, even if they "cover acupuncture", will not pay for a full course of treatment.[52] Acupuncture is uniquely useful in the treatment of chronic conditions such as diabetes, which can require multiple treatments per week for as long as the condition exists. If the cost of treatment is so high that most people can only be expected to access it through third party payers, and if those third parties will not pay for enough treatment to be clinically effective, the structure of the profession is arguably harmful as well as self-defeating.

Liberation acupuncture demands that its practitioners both confront and create institutions. We desperately need new social and economic structures that are based on inclusion. Individual efforts by individual practitioners are not enough to address structural violence in our sphere. Creating new social and economic structures is a collective project and it is not separate from healing.

Accompaniment

"The third notion is accompaniment. The power of this simple idea, a staple in liberation theology, came to me in contemplating patients facing both poverty and chronic disease. They missed appointments, didn't fill prescriptions, didn't "comply" with our counsel. And this was true in every country in which I've worked. But when we began working with community-health workers to take care to patients, the outcomes we all sought were much more likely to happen. Instead of asking "why don't patients comply with our treatments?" we began to ask, "How can we accompany our patients on the road to cure or wellness or a life with less suffering due to disease?" Again, the notion would be welcome in the world beyond the church: How many institutions, including those responsible for foreign aid, desperately need to replace time-limited, contractual, and almost invariably inegalitarian arrangements—the aid worker and the aid recipient—with genuine accompaniment and solidarity? My guess: almost all of them."

Liberation acupuncture is interested in how power, and the lack thereof, affects people's health – particularly social power. Alongside the question of social power is the question of power over illness and disease. The most common question that people ask about acupuncture is, "Does it work for _____?" Does it work for arthritis, for migraines, for fertility? The reality of clinical practice is that it depends on the person. Often acupuncture works for arthritis, for migraines, for fertility – for any of the conditions on the long list that the World Health Organization created for the purpose of answering that question. [See page 29 of the PDF.] But sometimes it doesn't, and we don't know why. This is true of all medical interventions, not just acupuncture: nothing works for everybody and nothing works all the time. Sometimes the question people ask about acupuncture is simply, *does it work*? Either way, it's a question about power: does acupuncture have power over illness and disease?

Much of the success of modern biomedicine has to do with its ability to answer the power question in an absolute (or mostly absolute) way. There is a reason that China embraced biomedicine so enthusiastically despite its long cultural tradition of

acupuncture: biomedicine is spectacularly effective. Vaccines have all but eradicated polio; antiretrovirals transform HIV from a terminal disease into a manageable chronic illness. Power has its downside, of course. Antibiotics work – they work so well we're dangerously overusing them. Opiates work – they work so well we're facing an epidemic of overdoses.

Sometimes acupuncture acts like a powerful biomedical intervention. For some individuals it inarguably works better than drugs or surgery. There are people who will tell you that they tried both acupuncture and conventional biomedicine for a certain problem, and acupuncture worked for them while biomedicine didn't. More often, though, acupuncture is *not* more powerful than opiates or antibiotics or surgery. It just isn't. (This is why acupuncture doesn't have side effects – that's the tradeoff.) Liberation acupuncture holds that conventional power over illness and disease is not why acupuncture is valuable to modern society.

Physical, mental and emotional suffering in modern society is not identical with conditions that biomedicine can reliably overpower and dismiss. Nor are they identical with conditions that acupuncture can resolve; however, there is a large overlap with conditions that acupuncture can relieve either in a direct or an indirect way. Furthermore, acupuncture can often change someone's relationship to their illness or disease. The issue of placebo and liberation acupuncture is a topic for another essay, but the point is that in real people's lives, as opposed to in a lab, everything can't be reduced to "it works" or "it doesn't work". The question is more often, does the person feel better, and does acupuncture help them bear what can't be fixed? Does it help them enough that they consider it significant? This is where the concept of accompaniment becomes useful.

As much as many acupuncturists want to claim the social power that doctors hold, we can't claim an equivalent power over the functions of the human body. Drugs and surgery can force change. Acupuncture can only gently encourage it. It's an elegant, ancient form of palliative care that every suffering person deserves access to – but it's not an equivalent to biomedicine. And that's not a bad thing.

Many people come to acupuncture after frustrating experiences with biomedicine. These experiences include: being told there is nothing that can be done for a particular problem, so you'll just have to live with it; being told a problem is psychosomatic or "a stress response" so it's all in your head; being labeled as a difficult patient for balking at a suggested treatment with questionable outcomes and serious side effects. If your problems are not a good fit with the categories of biomedicine – and many, many people's problems aren't, no matter where they fall on the spectrum of "psychosomatic" to "terminal" – biomedicine has little to offer you. Meanwhile, you still have your problem; just because biomedicine dismisses it doesn't mean that it goes away *for you*.

Liberation acupuncture holds that people should not be left alone with their suffering, because isolation will compound it. It is likely that the epidemic of overtreatment in biomedicine has a lot to do with people's need to *do something* – something that resembles help even if it actually makes the condition in question worse than it would have been without treatment. Doing something seems better than being left alone to

suffer.

The role of a liberation acupuncturist is to accompany people in their experience of stress, pain, disease, and illness. Even when there is no power-over to be claimed – and especially when there isn't – acupuncture can offer relief, support, comfort, and clarity. Our capitalist society tends to reject and isolate people who are suffering. A liberation acupuncturist chooses to be in relationship, in solidarity, with them. The capitalist healthcare system seeks not only to marginalize those people but to profit from their pain. Liberation acupuncture rejects the profit and claims the relationship. This kind of accompaniment re-humanizes not only the patient but the practitioner as well.

Perhaps the most crucial aspect of accompaniment in liberation acupuncture, though, is the way that delivering acupuncture in a social context creates the opportunity for people who are suffering *to offer accompaniment to each other*. People who receive acupuncture in a community context are not passive recipients; they are helping to create an environment of healing for other people to tap into. Everyone's presence is a contribution, and the patients' contribution is as essential as the practitioner's. Liberation acupuncture holds that acupuncture's value to modern society lies not in having some special power over illness or disease, but in the power to re-humanize each other through relationship.

Appendix D

Trauma Informed Acupuncture

Submitted by A POCA Volunteer on Mon, 02/02/2015 - 11:06
Over the past 20 years, research has emerged that concludes that trauma can have physical, mental and emotional effects that are not only deep and lasting for individuals, but also create significant challenges for public health. It is vital that workers in healthcare and related services are able to respond appropriately to counteract and mitigate the effects of trauma in the populations they serve. The state of Oregon has established a collaborative initiative to support Trauma Informed Care practices, policies, guidelines and procedures for all service providers.

Trauma Informed Oregon provides the following definitions:

"Trauma is a wound. Typically, trauma refers to either a physical injury, such as a broken bone, or an emotional state of profound and prolonged distress in response to an overwhelmingly terrifying or unstable experience. Some trauma, like wounds, heal relatively quickly, some heal slowly, and many influence life going forward, like scars. Scars and trauma do not result in defects or deficiencies; rather they are markers of life experience one has survived.

Trauma Informed Care (TIC) recognizes that traumatic experiences terrify, overwhelm, and violate the individual. Trauma Informed Care is a commitment not to repeat these experiences and, in whatever way possible, to restore a sense of safety, power, and self-worth."

The federal Substance Abuse and Mental Health Services Administration (SAMHSA) also has developed a Trauma Informed Approach for use in organizations. According to SAMHSA, "A program, organization, or system that is trauma informed:

- Realizes the widespread impact of trauma and understands potential paths for recovery;
- Recognizes the signs and symptoms of trauma in clients, families, staff, and others involved with the system;
- Responds by fully integrating knowledge about trauma into policies, procedures, and practices; and

- Seeks to actively resist re-traumatization.

Photo courtesy of
Vanessa Tignanelli

A trauma-informed approach can be implemented in any type of service setting or organization and is distinct from trauma-specific interventions or treatments that are designed to address the consequences of trauma and to facilitate healing."

SAMSHA also counts 6 Key Principles of a Trauma Informed Approach:

1. Safety – feeling psychologically and physically safe.

2. Trustworthiness and Transparency- organizational operations and decisions are conducted with transparency and the goal of building and maintaining trust among staff, clients, and family members of people being served by the organization.

3. Peer Support – can take any number of forms.

4. Collaboration and mutuality – true partnering and leveling of power differences between staff and patients; recognizing that healing happens in relationships and in the meaningful sharing of power and decision-making.

5. Empowerment, voice and choice – recognize that every person's experience is unique and requires an individualized approach.

6. Cultural, Historical, and Gender Issues – the organization addresses cultural, historical, and gender issues; the organization actively moves past cultural stereotypes and biases (e.g. based on race, ethnicity, sexual orientation, age, geography, etc.), offers gender responsive services, leverages the healing value of traditional cultural connections, and recognizes and addresses historical trauma.

Similarly, the Trauma Informed Oregon website states: "Agencies demonstrate Trauma Informed Care with policies, procedures and practices that: a) create safe context through physical safety, emotional safety, trustworthiness, clear and consistent boundaries, transparency, and predictability; b) recognize and honor the individual through relationship, respect, compassion, acceptance and non-judgment, mutuality, and collaboration; and c) restore power through choice, empowerment, strengths focus, and skill building."

Trauma Informed Acupuncture

More recently, research has begun to suggest that acupuncture is an effective intervention for post-traumatic stress disorder. One study stated that "acupuncture is a safe, potentially non-stigmatizing treatment that reduces symptoms of anxiety, depression, and chronic pain…." and "acupuncture is a novel and therapeutic option that may help to improve population reach of PTSD treatment."

According to the Adverse Childhood Experiences (ACEs) study, long term traumatic stress in childhood appears to greatly increase the risk in later life not only of mental health problems and substance abuse, but also physical health problems. The study created a scoring system for ACEs to assess long-term risk of chronic disease: a kind of "cholesterol score for childhood toxic stress". ACEs seem to be associated with chronic pain in adulthood due to arthritis, headache or chronic back or neck pain, as well as cardiovascular disease, liver disease, chronic lung disease, and cancer. People often seek acupuncture for the treatment of pain, especially back and neck pain. The ACEs study suggests that trauma is far more widespread in the general population than previously believed. Taking all these factors into account, it is highly likely that many people who are receiving acupuncture treatment have trauma histories, whether or not they identify them to their acupuncturist or even to themselves.

Between the demonstrated effectiveness of acupuncture for the treatment of trauma, and the probability that the population that receives acupuncture includes a high proportion of people with trauma histories, there are compelling reasons to investigate what Trauma Informed Care would look like in the context of acupuncture treatment. How can the delivery model for acupuncture become more Trauma Informed?

The Community Acupuncture Model

There are a number of possible delivery models for acupuncture. In Asia, it was common practice both historically and in the present day for people to receive acupuncture in a

group setting. In the US, auricular acupuncture for substance abuse treatment is typically delivered in a group setting. Over the past forty years, as many non-Asian practitioners have entered the profession, the conventional setting became similar to the setting for massage or a physical exam: one patient in a cubicle on a table, often delivered by a practitioner wearing a white coat.

The model that is known as "community acupuncture" dates back to the 1970s, when the Young Lords and the Black Panthers pioneered the use of auricular acupuncture in a group setting for community-based detoxification in New York. The Black Panthers went on to establish the Black Acupuncture Advisory Association of North America and the Harlem Institute of Acupuncture. The National Acupuncture Detoxification Association (NADA), founded in 1985, promoted the use of auricular acupuncture and established many public health programs. One challenge that all community-based or public health acupuncture programs face is funding: because acupuncture is considered an alternative modality, it is often difficult to support with federal or state funding.

The community acupuncture model began to develop in a different direction in 2002 in Portland, Oregon, when two public health acupuncturists lost their jobs due to budget cuts and set out to replace them. They founded Working Class Acupuncture, which currently includes 3 clinics and provides over 50,000 treatments per year. One of the founders came from a working class/working poor family, and also happened to have a high ACE score. As a result, the community acupuncture model took shape with an emphasis on sustainable self-funding, accessibility to working class people, and – fortuitously – trauma.

The People's Organization of Community Acupuncture (POCA) is currently one of the largest and fastest-growing acupuncture organizations in North America. It is a multi-stakeholder cooperative with about 200 clinics that provide over 1,000,000 treatments per year. As POCA's website explains:

"Community Acupuncture offers acupuncture:

- in a setting where multiple patients receive treatments at the same time;
- by financially sustainable and accountable means; and
- within a context of accessibility created by consistent hours, frequent treatments, affordable services, and lowering all the barriers to treatment that we possibly can, for as many people as possible, while continuing to be financially self-sustaining.

Community Acupuncture is not just a description of acupuncture in a group setting, but also describes who is served by acupuncture: our communities. Community Acupuncture is not a one-way relationship of acupuncturists to their communities but the relationship of communities to acupuncture, the clinic, practitioners, and other staff. Community Acupuncture represents the connection and the contract between Acupuncture and Communities."

The first clinic of the POCA Cooperative, Working Class Acupuncture, use recliners in a living-room type arrangement. Patients make individual appointments, but receive

treatment in the same communal space. The clinic is self-funded with fees on a sliding scale of $15 -$35, with patients choosing what to pay based only on what they feel comfortable with. Patients rest with their needles in for as long as they want, so what you see when you enter the clinic space is a softly-lit room full of peacefully dozing people.

Because acupuncture as a modality is at least 2,000 years old, and because it has been practiced in different cultures all over the world, there are many different ways of doing it. The World Health Organization formally recognizes 361 "classical" acupuncture points and 48 "extra" points. In addition to these, there are a number of "microsystems" or acupuncture points located on only one part of the body which are used to mirror and treat the whole: the ear, the hand, the scalp, the wrists and ankles, the face, and even the nose. Furthermore, there are many separate "lineage" systems, using points that were carefully protected family secrets and never included on the classical lists. While there is an emerging body of research on the efficacy of acupuncture in general, there is no research or data that compares the efficacy of different styles or systems of acupuncture. Anecdotal reports suggest that all systems and styles seem to work equally well.

The community acupuncture model did not invent any clinical strategies for acupuncture. Community acupuncture clinics, however, have opted to use styles of acupuncture that emphasize so-called "distal points" as opposed to "local points". For example, there are a number of popular distal point strategies for the treatment of back pain which focus on acupuncture points on the hands, feet, and head rather than on the back itself. Distal points and microsystems lend themselves easily to a setting in which patients are being treated in recliners and are not removing their clothes.

Community Acupuncture As Trauma-Informed Acupuncture

Because of the history of community acupuncture, core elements of the model align themselves neatly with core elements of Trauma Informed Care. In economic terms, community acupuncture is all about low cost and high volume, and it would not have been as successful as it has if a large number of people were not willing to try it. The low cost is certainly a major factor in attracting hundreds of thousands of patients to POCA clinics, but it seems likely that another reason is that the model works for people with trauma histories. This means:

1) Safety: physical and emotional

Acupuncture is an extremely safe modality compared to other forms of medical care. Serious adverse events are rare. The acupuncture profession in the US has almost universally adopted single-use disposable needles, which further decreases the risk of infection and bloodborne pathogen transmission. And community acupuncture is even safer.

The most serious adverse events in acupuncture involve organ puncture, most often of the lungs due to needling too deeply on the upper back and trapezius areas. In community acupuncture clinics, the points that are most often chosen are located below the elbows, below the knees, and on the head. Points on the neck, upper chest, and on

the abdomen may be added as a supplement but are not usually essential to treatment.

Another characteristic of community acupuncture is that a key clinical strategy is "needle retention": allowing the patients to rest with the needles, often for as long as they want. This is in contrast to clinical strategies that rely on the practitioner stimulating the needles by twisting, thrusting, and/or twirling them. Strong and deep needle stimulation over organs is more likely to lead to organ puncture. Needle retention, by contrast, often involves shallow insertion: the practitioner simply inserts and positions the needle just deeply enough so that it will stay in place and the patient can relax.

Emotional safety can be more difficult to achieve in the delivery of acupuncture, especially if the patient is alone with the practitioner and partially clothed and lying on a table while the practitioner is standing up, wearing a white coat, administering an unfamiliar, potentially painful modality. This scenario is potentially overwhelmingly vulnerable, even re-traumatizing, for a person with a trauma history whether that history is conscious or not. Community acupuncture intentionally circumvents it.

One of the beauties of the diversity of acupuncture clinical strategies is that treatment can be adjusted for a patient's comfort level. In community acupuncture clinics, it is typically suggested to patients that they take off their shoes and socks, roll up their pant legs above the knee and their sleeves above the elbow. If a patient who has heard this suggestion sits down in a recliner without doing any of those things, the community acupuncturist can assume that the person is uncomfortable with having their feet, legs, or arms needled. The next step would be for the practitioner to ask, "Is it OK if I try a point in your hand?" Or ear, or head, or any other easily reachable microsystem – until the patient gives their consent. There is no need to push the patient to expose any part of their body. There are enough options that most people will be able to be needled in a way that makes them comfortable.

Similarly, in a community acupuncture setting, it is rare that a patient will be alone with a practitioner. There are always other people present and close by, even if they are asleep. Certainly the group setting is not going to work for every person with a trauma history, since every person is unique. However, the prevalence of sexual abuse in particular makes it worth taking into account that the experience of being alone and unclothed in a room with someone who has more power is likely to be problematic for a significant percentage of the population.

Community acupuncturists have discovered that a happy consequence of the group setting is that new patients very often come for treatment with a friend or relative who has already tried acupuncture and liked it. If new patients are nervous, they can watch their friend or relative be treated first, and then they can relax with their needles side by side. This kind of social support creates emotional safety.

Another important element of emotional safety has to do with disclosing information. One of the other beauties of the diversity of acupuncture clinical strategies is that many methods of diagnosis do not involve the patient having to verbally tell the acupuncturist much in order for the acupuncturist to successfully choose useful points. In certain

kinds of acupuncture, great emphasis is placed on intakes that are similar in detail to a physical exam or to psychotherapy. However, there is no evidence that this kind of extensive questioning produces better clinical outcomes than strategies that are mostly non-verbal. Community acupuncture intakes rely on a relatively brief health history plus a short conversation with the patient about their goals. The assumption is that trust will grow in the process of treatment and patients may feel more comfortable disclosing more information over time, if needed. However, it would be a mistake to assume that level of trust at the beginning of the relationship. The reality of how acupuncture seems to work, though, is that there is rarely any need for the acupuncturist to ask invasive questions, and patients never need to disclose anything that would make them uncomfortable.

"Working in a Trauma Informed way does not require disclosure of trauma; rather there is a recognition of the need for: physical and emotional safety; choice and control in decisions affecting treatment; and practices that avoid confrontational approaches." Cheryl S. Sharp, MSW, "Becoming Trauma-Informed"

2) Trustworthiness, transparency and predictability

The practices that keep a community acupuncture clinic's costs low enough to offer treatments at an affordable rate also enforce a certain kind of transparency. The communal treatment room itself as well as whatever marketing the clinic does are examples of areas where simplicity, straightforwardness, consistency and trustworthiness are required if the clinic is going to function at all, let alone be financially self-sustaining. These qualities are not a question of virtue but of survival.

Everything that happens clinically in a community acupuncture clinic happens in the open. Patients can see their practitioner talking (briefly) with and treating other patients in the community room. This requires the acupuncturist to have integrity in their interactions; if they don't, everyone will notice. Similarly, patients can know what to expect by observing what is happening. If a community acupuncture clinic is functioning smoothly, there are rarely any surprises.

The purpose of a first visit and intake in a community acupuncture clinic is to orient the patient to the clinic and to give them enough information to decide if acupuncture is something they want to use. The message to the patient is, "Let's see if you like this." The acupuncturist's role is to facilitate, and to let patients draw their own conclusions about acupuncture. Clinic processes have to be transparent and comprehensible.

The low cost of individual treatments has several consequences: one is that a lot of patients have to try, and like, acupuncture for the clinic to survive; another is that there is little or no budget for marketing. Community acupuncture clinics must rely on word of mouth to bring in new patients. Because acupuncture is unfamiliar to many people, if a community clinic is to attract enough patients to be financially self-sustaining, consistency is of paramount importance. People need to be able to explain to their friends and family what will happen if they get acupuncture, and what they said will happen had better be what actually happens when their friends and family show up at

the clinic. Otherwise word of mouth marketing doesn't work and the clinic will fail.

Finally, treatments in a community acupuncture clinic are simple. The process is almost always the same: the patient arrives, checks in, settles into a recliner, the acupuncturist finds them and asks, "what can I do for you today?", there is a conversation that lasts less than five minutes, the acupuncturist puts in the needles, the patient relaxes for anywhere from 15 minutes to several hours, the acupuncturist takes the needles out, the patient leaves. Acupuncture in a community clinic is not like massage, or therapy, or a doctor's appointment. It's just acupuncture, and generally very predictable. For many patients, a weekly treatment is a kind of ritual of self-care, a comforting habit. The transparency and predictability give everyone, but especially people with trauma histories, a sense that they are in control of their treatment.

3) Peer support

Many community acupuncture patients have volunteered that being in the presence of other people receiving acupuncture feels supportive and encouraging. "All these other people, just trying to take care of themselves" was how one person put it. The shared intention to heal is something people can lean on without ever having to talk about it.

For people with trauma histories, being able to relax is never a given. Sitting quietly in a room with other people who already are relaxed can be a step in the right direction. It's a good thing to try, and virtually no interaction is required. A patient can answer the acupuncturist's question, "What can I do for you today?" with just one word, "Stress" – and that can be the extent of it. The treatment allows people to turn inward and pay attention to themselves, while being surrounded by half a dozen other people doing the same thing.

4) Respect, compassion, acceptance and non-judgment

Because there is a long tradition of food therapy and lifestyle practices associated with Chinese medicine, some kinds of acupuncture treatment can cross the line into life coaching or health coaching. While many patients find such conversations valuable, many others do not. An unfortunate consequence of the combination of lifestyle advice with acupuncture in a one-on-one treatment setting is that acupuncturists can feel such pressure to deliver results that they begin to push their patients hard to make changes, even "firing" them from acupuncture if they refuse to change their diets, take up exercise or learn to meditate. "I just can't help you if you don't help yourself," is a common refrain.

What community acupuncturists have found is that acupuncture itself often can help, whether or not patients change anything else. Acupuncture reduces inflammation, promotes better sleep, eases pain, reduces stress, and gives people more energy. Getting regular acupuncture can also lead to other lifestyle changes without the acupuncturist saying a word about it, as a result of patients sitting quietly with themselves and becoming more aware of their own bodies and minds. As a result, the community acupuncture model explicitly discourages giving lifestyle advice.

One of the primary goals of community acupuncture is to be inclusive. Many clinics have

succeeded to the point that their patient populations include a striking array of cultures, languages, and lifestyles. It is dangerous to dispense advice about how to live when you have no knowledge of how that advice might be received in light of a patient's religious practices, cultural norms, or personal circumstances. Community acupuncturists avoid the topics of weight loss and smoking cessation: if patients bring them up as goals, community acupuncturists may respond supportively and choose points appropriately, but they should never initiate such a discussion.

As a result, community acupuncture can be uniquely helpful for people with trauma histories, because the model is designed to avoid interpersonal pressure of any kind. Community acupuncture recognizes that patients are taking a personal risk by trying something unfamiliar. Everyone who shows up in the clinic deserves respect, compassion, acceptance and non-judgment, particularly since they are already extending themselves. The goal is simply to welcome them and to encourage them to use the clinic to take care of themselves.

5) Collaboration and mutuality

The one-on-one acupuncture setting can unfortunately emphasize the power differential between practitioner and patient. This differential can feel highly charged to people with trauma histories. Lying down on a table is a physical demonstration of passivity and vulnerability. A practitioner wearing a white coat is a demonstration of social power and authority. The cubicle space is dominated by the practitioner's presence. This setting can highlight the premise that the practitioner has potent, secret knowledge about how the patient's body works, and so the practitioner's instructions have to be obeyed. Giving lifestyle advice can seem like the practitioner is trying to take control over how the patient eats, exercises, and even practices spirituality. The indicators of a medical environment themselves can communicate to a patient with a trauma history that they are "broken" while the practitioner who is supposed to "fix" them is presumably whole.

Community acupuncture seeks to construct a different narrative. A large, open room with more patients than practitioners communicates that the space belongs to the patients, and the practitioner(s) are moving around in it to serve patients. When a patient enters the room, they choose their own recliner and make themselves comfortable as they would as if they were at home. Sitting in a chair – even one that reclines – is a significantly more active position than lying flat on a table. Most community acupuncturists do not wear white coats, so in a clinical setting there may not be immediate visual cues about who is a practitioner and who is a patient, other than that the practitioners are working and the patients are relaxing. Community acupuncture clinics are intended to convey a soothing ambience rather than a biomedical one.

Since the clinical interaction is brief and focused on the patient's goals – "what can I do for you today?" – there is less room for the feeling that the practitioner has potent, secret knowledge as well as social power over the patient. The setting emphasizes that what matters is for the patient to be able to connect with themselves through the experience of acupuncture. Refraining from giving lifestyle advice allows space for the patient to listen to their own experience and draw their own conclusions. The role of the

practitioner is to partner with and facilitate for the patient, rather than exercise authority over them.

All these efforts to defuse the power differential between the patient and the practitioner, as well as the presence of other relaxing people who are setting the tone for the space are typically reassuring to people with trauma histories. Furthermore, efforts to level relationships are not confined to the treatment space: they extend throughout the structure of the clinic to include financial relationships.

In our society, money and power are inextricable and the healthcare setting is no exception. For people of limited means, seeking care can be a humiliating experience. One-on-one acupuncture is too expensive for most people to pay for out of pocket, but insurance that covers it is also usually too expensive for the average person to afford. If people are fortunate enough to have that kind of insurance, they still have to deal with elaborate gate-keeping procedures to access acupuncture, and the odds are high that their coverage will be limited – possibly too limited to ensure any clinical results.

In community acupuncture clinics, all patients either pay a low flat rate or they choose what to pay on a sliding scale. Many POCA clinics explain up front to patients that there are no third-party payers involved and the clinic itself runs on a shoestring. The only way the clinic can function financially is if a lot of people are getting acupuncture, they genuinely feel good about what they are paying, and they spread the word. POCA clinics depend on their patients for financial survival; nobody else is underwriting them.

The POCA Cooperative itself as an overarching structure is an expression of the mutualism of the community acupuncture model. Patients can become members of the cooperative, serve on the Board of Directors, and vote in elections. Many patients opt to join the Cooperative in order to volunteer for jobs like writing the monthly newsletter, participating in membership drives, or helping with conferences. Many POCA clinics also allow POCA patient members to volunteer directly in clinics by working at the front desk, putting up flyers, or helping with laundry. This gives patients a direct sense of ownership in the cooperative and creates another opportunity to build relationships where healing can happen.

6) Empowerment and Choice

Just as collaboration and mutuality are built into the systems of a community acupuncture clinic, so are empowerment and choice. For example, as part of the process of receiving treatment patients choose how much they want to pay, where they want to sit, and how long they want to retain their needles. Where the needles are placed may be a topic of discussion between the acupuncturist and the patient, but the patient always has the final say.

Beyond the process of an individual treatment, though, the overarching question for any patient of a community acupuncture clinics is: how do you want to use acupuncture to give yourself a better quality of life? This question comes from a very practical perspective: for acupuncture to be effective, people have to show up and get it. For many chronic conditions, they have to show up regularly for months or years and get a lot of it.

The part of the treatment where the patient shows up and sits down in the recliner is equally as important as the part of the treatment where the acupuncturist inserts the needles. It's vital for everybody involved to be clear about this.

Community acupuncturists always suggest a treatment plan. The frequency of treatment is based on the intensity of the problem: for example, if a patient reports 8/10 pain on a scale of 1-10, the acupuncturists will recommend treatments at least 3 times a week. However, the treatment plan is a recommendation; the patient is the authority. People can only answer the question, how do you want to use acupuncture? by finding out how acupuncture feels in their own bodies and how it impacts their particular issues. There are any number of parameters at work, and most of them are only going to be sorted out by the patients themselves.

Particularly in the case of chronic illness and/or chronic pain, successful management usually requires a highly individualized approach. Most patients need to tackle their problem as if it were a unique jigsaw puzzle of interventions and personal practices. For any given patient with a chronic illness and/or chronic pain, acupuncture may be a piece of the puzzle or it may not. The only way to find out is to try and see if it fits. It may be a larger or a smaller piece, a frequently occurring or an occasional piece. Trial and error is almost always involved.

Patients may choose to use acupuncture for prevention, for maintenance, for acute problems, or only in dire situations when nothing else has worked. They may choose acupuncture to manage stress or to treat the side effects of chemotherapy. From the perspective of a community acupuncture clinic, all of these choices are equally valid.

The financial structure of a community acupuncture clinic also supports this kind of empowerment and choice. Patients may adjust what they pay on the sliding scale if they feel they need to come in more frequently for a given issue, and community acupuncturists encourage this. At Working Class Acupuncture, it is common practice to suggest that patients pay less than the low end of the sliding scale if necessary. The high volume of the clinic means that it's possible to make individual adjustments to make sure people can get as much acupuncture as they need or want, while still keeping the lights on.

Many one-on-one acupuncture practices focus on insurance billing in order to be financially viable. It is difficult or impossible for a clinic with a sliding scale to bill insurance, since insurance companies are not receptive to the idea of different patients paying different amounts for the same service and may even consider it fraud. In any case, the infrastructure required to bill insurance would require a community acupuncture clinic to raise its fees, which would defeat the purpose. Moreover, it is arguable that freedom from third-party payers makes the community acupuncture more Trauma-Informed with regard to empowerment and choice.

Among the numerous downsides of insurance are the need for the patient to have a "billable diagnosis" initially, and for the acupuncturist to prove the "medical necessity" of treatment in order to continue it. From a patient perspective, this means that someone in authority gets to judge whether your distress is valid and deserving of

treatment. Dealing with gatekeepers can be demoralizing for anyone, but particularly for people with trauma histories. Being able to decide how much acupuncture you think you need, for whatever problem you define, without consulting anyone but yourself, is potentially healing in its own right.

7) Strengths Focus and Skill Building

Relaxation is a skill. Accessing support is a skill. Using a community acupuncture clinic to manage acute and chronic physical, mental and emotional issues is also a skill. Because the setting of a community acupuncture clinic emphasizes that patients are active participants rather than passive recipients, many people develop a sense of competence around getting acupuncture without even needing to talk about it. All community acupuncture clinics depend on a core group of "regulars" that grows over the years, and all of those regulars, one way or another, approach the clinic as a tool that they use to manage their particular circumstances.

8) Cultural, historical, and gender issues; recognizes historical trauma

Community acupuncture only exists as a model because the Young Lords and the Black Panthers organized to address the needs of their communities and chose acupuncture as one way to meet those needs. The goal of the model is to treat all patients as humans deserving of dignity and care. The model's functions include mixing people from different cultures and socioeconomic backgrounds in the same space and also breaking down the isolation that people with chronic illnesses and chronic pain often suffer. Making community acupuncture clinics more welcoming and inclusive to everyone is a never-ending effort, but it is an effort that the model itself is designed to make.

One aspect of historical trauma that many communities have in common is the experience of being cut off from access to resources. The structure and processes of community acupuncture clinics are meant to communicate that you can have as much acupuncture as you want; the supply is unlimited.

The POCA Cooperative recognizes that addressing cultural issues and historical trauma will require having more acupuncturists who represent underserved communities, particularly acupuncturists of color. Training these representatives is a long term of goal of POCA's new acupuncture school, the POCA Technical Institute.

The People's Organization of Acupuncture and Trauma-Informed Care

"(Social safety): The sense of feeling safe with other people…There are so many traumatized people that there will never be enough individual therapists to treat them. We must begin to create naturally occurring, healing environments that provide some of the corrective experiences that are vital for recovery."[53]

Community acupuncture will not necessarily be useful to every person with a trauma history, since everyone is unique and has different needs. However, the model is designed to offer a sense of social safety to large numbers of people. The POCA Cooperative is in the process of learning more about Trauma-Informed practices and is

exploring their implications at different levels.

1. In 2014, several acupuncturists who identify as trauma survivors began a public conversation about working with trauma in POCA clinics through presentations at POCA's biannual conference (POCAfest) and on the POCA forums. In the process of researching their presentations, they learned more about the overlap between Trauma-Informed Care and what an acupuncturist calls *Universal Precautions for Trauma in Community Acupuncture Clinics*. The premise of Universal Precautions for Trauma is that trauma-sensitive care should be offered to all patients without exception, since it is impossible to know who has a trauma history and who doesn't. This public conversation about trauma began the process of establishing peer support for POCA acupuncturists with trauma histories.

2. Beginning in late 2013, Working Class Acupuncture began a collaboration with a Trauma-Informed program that provides better care to "high utilizers" of health care services, especially emergency rooms. Clients of the program are likely to have multiple chronic illnesses and to face intersecting oppressions (racism, classism, disablism, etc.). Many also have trauma histories. The premise of the collaboration was that any program client who wanted could receive unlimited acupuncture. (Initially WCA donated the treatments.) It became clear that: the community acupuncture model was a good fit for the clients who chose to use it; the partnership was easy and productive; "high utilizers" of health care with complex, chronic problems are not at all difficult or burdensome for the clinic; and what works best for clients with trauma histories is also what works best for the general clinic population.

3. In 2014, POCA opened its own acupuncture school, the POCA Technical Institute. Its Director, one of the aforementioned acupuncturists with trauma histories, had had a difficult time with her own acupuncture education due to some of the potentially re-traumatizing aspects of the one-on-one delivery model and how that delivery model is taught in acupuncture schools. It is clear that people with trauma histories potentially make very good acupuncturists, but not all of them can make it through acupuncture school. POCA Tech began incorporating discussions of trauma into the curriculum and also began exploring how to modify teaching policies and procedures to better accommodate students with trauma histories. POCA Tech is exploring what it would mean to become the first Trauma-Informed acupuncture school.

Appendix E

Chronic/Toxic Stress and POCA: What it means to one graduating POCA Tech student.

written by Joseph Ibrahim, 2017

Why talk about stress?

The topic of stress covers a broad range of fields—I have no qualifications in any of these fields, but as a future acupunk and somewhat disheveled graduate student, I felt it was in my best interest to come to terms with something I'd being treating a lot in clinic and probably experiencing frequently as I prepared to finish school. As there's so much interdisciplinary cross-over with the topic of chronic stress, and as this is part of my capstone at POCA Tech, I try to focus here on the areas I personally think are most relevant to POCA, the cooperative that is combating the effects of chronic stress with a palpable calm vigilance, and also try to introduce some new ideas.

In the past, stress management is something I've struggled with, turning to things like running and music, but in times of severe stress, music became less enjoyable and running became harder and harder to start again after life happened and the habit faded. As someone prone to worrying and getting "stressed out", how was I going to survive? The answer was community acupuncture and it's a major reason I applied to POCA Tech. So, why not make it the topic of my capstone project? As I stared at my blank Word document, the irony of this decision was revealed. Ideally, the experience of finishing a capstone assignment is not a chronic or toxic experience. By definition, it shouldn't be.

What is stress?

In my research, I came across a good distinction between good and bad stress. A paper on the physiology and neurobiology of stress states that:

> *"Stress is a word used to describe experiences that are challenging emotionally and physiologically. Good stress . . . generally refers to those experiences that are of limited duration and that a person can master and which leave a sense of exhilaration and accomplishment, whereas 'bad stress' or 'being stressed out' . . . refers to experiences where a sense of control and mastery is lacking and which are often prolonged or recurrent, irritating, emotionally draining, and physically exhausting or dangerous"* (McEwen, 874).

The stress response and its effects can be measured in the body. Imagine a hungry wolf is chasing you. A series of reactions begins in the body. The autonomic nervous system and hypothalamo-pituitary-adrenal (HPA) axis begin what's commonly known as the fight-or-flight response. Here is a quick video explaining the HPA axis. This sequence of

events is beneficial when a hungry wolf is chasing you. For example, raised cortisol levels in your blood direct more energy to your skeletal muscles and away from the digestive system so that you can run away or fight. The problem is anything that the brain perceives as a threat can alert this system and it can get stuck on high alert. This is chronic stress. You're not chased by a wolf every day, but the brain interprets everyday stressful occurrences, such as excessive traffic, arguing with someone, or losing your car keys in a similar way.

According to Stanford biologist Robert Sapolsky's book *Why Zebras Don't Get Ulcers* (which admittedly I haven't finished yet) humans are especially susceptible to

> *"prolonged periods of elevated activity of the same systems which help us survive more acute challenges. This prolonged elevation may be due to anxiety; to constant exposure to adverse environments involving such irritants as noise, pollution, and interpersonal conflict; and to changes in life-style and health-related behaviors that result from being under chronic stress" (*McEwen, 874).

The stress response evolved to keep us alive in danger and it is still helpful for that, but in many people, it stays turned on semi-permanently, which is not useful for everyday life, and results in a host of problems such as cardiovascular disease, type II diabetes, IBS, chronic fatigue syndrome, insomnia, anxiety, depression, fibromyalgia, burnout and many more—things treated daily in POCA clinics.

The body's number one goal is to stay alive, but sometimes the ways it goes about keeping itself alive harms the body or makes life more difficult. The body is seeking protection from damage, but at the same time potentially harming itself. Recognition of this fact in the scientific world resulted in the introduction of two terms, allostasis, and allostatic load. McEwen defines these well, stating that allostasis is "**the process of maintaining stability (homeostasis) by active means, namely, by putting out stress hormones and other mediators" The other term is** allostatic load **or overload. This is the "wear and tear on the body and brain caused by use of allostasis, particularly when the mediators are dysregulated, i.e., not turned off when stress is over or not turned on adequately when they are needed." (874).** Allostatic overload is implicated in all the chronic diseases listed above and additionally is associated with poorer academic achievement and social functioning, compromised occupational achievement and quality of life, and diminished SES (Shern, from Mental Health America). All of these things reinforce one another. Here is an entertaining educational video on how stress affects your brain, and also one on how stress affects your body.

In allostatic overload, the body is in a state of hyper-arousal. There is less time for the body to regulate its hormones or to build up its reserves, a process called anabolism, or constructive metabolism—building more complex molecules from simpler ones. The opposite of anabolism is catabolism, or breaking down molecules for energy, e.g. using up glycogen stores during a run. Anabolism is yin, catabolism is yang. In their 1988 article that first introduces the term allostasis, Sterling and Eyer comment on anabolism

here:

> *"When the environmental demands are identified, predicted, and demonstrably met, that is, when coping has been successful, arousal must be followed by a period of relaxation. This allows anabolic hormones to flow, restoring blood pressure, energy stores, the immune system, gut lining, and so on. It also allows restoration of a relaxed subjective state so that intimate social relations and spiritual ties can be restored that tend to be disrupted by the agonistic moods and behavior accompanying arousal"* (Sterling, 8).

They continue to state that all the catabolic hormones, such as adrenaline and cortisol tend to promote combative behavior. Sterling and Eyer also comment on society's role here, noting the importance of rest by recalling the traditional day of rest, or Sabbath day, in some religions:

> *"From this point of view, one might consider the Sabbath as a cultural adaptation to ensure regular periods of physiological, interpersonal, and spiritual anabolism. Its progressive corruption in modern society reflects the continued unrestricted expansion of arousing activities and the loss of a potentially important source of anabolic time"* (Sterling, 8).

When the demands of the environment result in a state of chronic hyper-arousal, the brain and body adapt to meet those demands with certain physiological changes such as thickened muscle in blood vessel walls to make raising the blood pressure easier and often those adaptations are harmful over time (Sterling, 8).

POCA seems to have an anabolic function, working as a counter to allostatic overload. Acupuncture has been shown to regulate blood pressure, the immune system and digestion and many other things. POCA has the capacity to harness in these run-away catabolic states and their effects on the world. This has a kind of mass effect, and has the potential to be even greater with POCA's growth.

However, just as POCA has the capability to counter allostatic overload by promoting anabolism it also has a kind of allostatic function if you focus on the definition of *maintaining stability through change by active means*.

Although there is a strong genetic component to how much stress a person can handle, such as in how much cortisol any given individual's body releases during a stressful situation, clearly the environment we live in affects our stress. For most in first-world countries, this is the social environment, i.e., relationships, money, politics, religion, socioeconomic status, etc. In general, the global social environment is currently not very conducive to restorative or anabolic states and those with a lower SES are less equipped to address the health consequences of a social environment addicted to what Sterling calls the "unrestricted expansion of arousing activities and the loss of [] potentially important . . .anabolic time" (Sterling, 8).

POCA clinics offer respite from the demands of a harsh social environment in a predictable and safe environment, a space that encourages a time of rest and deep relaxation, or an antidote to allostatic overload. Ideally, and over time, this easing of allostatic overload that POCA clinics continue to foster will have a ripple effect in the greater social environment. In class at POCA Tech, we've often talked about the importance of getting a patient to relax. If all else fails, we learned doing your best to get a stressed-out patient with numerous complaints into a deep state of relaxation is one of the best things to do—and the research clearly backs that up.

Social Stress and Coping

According to Wikipedia, "social stress is stress that stems from one's relationships with others and from the social environment in general." It is based on the appraisal theory of emotion, which states that stress "arises when a person evaluates a situation as personally relevant and perceives that they do not have the resources to cope with or handle the specific situation." In appraisal theory, an individual selectively perceives stimuli from the environment. At the **primary level of appraisal**, the stressors are interpreted as positive, dangerous, or irrelevant. At **the secondary level**, an analysis of one's resources available to deal with those stressors is made: If resources are adequate, then the problem can be dealt with; if they are deemed insufficient, then there is stress (Wikipedia).

Next is coping, or the "*thoughts and/or behaviors used to manage the demands of a stressful event*" (Atal, 1). Coping can be either primary, or problem-focused (changing the situation causing the stress) or secondary, or more emotionally focused (changing one's relationship to the stressful situation). The final type of coping is simply stress avoidance.

One theory of coping states that "different stressors have distinct demands, and thus coping flexibility is adaptive." In an article titled *Socioeconomic health disparities revisited: coping flexibility enhances health-related quality of life for individuals low in socioeconomic status*, Atal and Cheng cite the transactional theory of coping which states that "different stressors have distinct demands, and thus coping flexibility is adaptive" (Atal,1), that is adopting a primary or secondary coping method.

What this means is that individuals with high coping flexibility are able to adapt their coping strategy to the type of stressor they are presented with. I would also say that organizations can display adaptive coping strategies, my school being one such organization. The school survived the intense stress of the student clinic (WCA Lents) burning down in 2015. Instead of shutting down, POCA Tech, a school with limited resources, was able to adapt its thoughts and behaviors to "manage the demands of a stressful event" by using utilizing adaptive coping strategies.

Atal and Cheng's argument is that active coping is most beneficial to those with a higher SES since they have more "psychosocial resources", but someone with a lower SES

should be adaptive and use either primary or secondary coping methods depending on what the stressor is. They continue to assert that resilience studies "have indicated that trauma survivors with initially higher levels of psychosocial resources report better health outcomes over time. Given its association with wellbeing in highly stressful situations, coping flexibility may foster resilience in low SES individuals who experience heightened stress levels" (Atal, 2).

I would say that POCA is helping boost psychosocial resources in a real way, and that receiving acupuncture for stress can be both a primary and secondary coping method. If the source of stress is an illness, then the treatment is a direct solution to help alleviate the illness causing the stress and would be considered the primary coping approach. It's also simply a way to relax and so would be a secondary coping approach in this case.

Toxic Stress

A research article titled *Toxic Stress, Behavioral Health, and the Next Major Era in Public Health* reads as a call to action for a public health response to toxic stress similar to the "public health crusaders of the 19th and 20th centuries, [who were] armed with a theory that identified the underlying causes of the contagious epidemics of the day [and] initiated a set of changes that ultimately resulted in significant improvement to the public's health" (Shern, 109). The basic thesis of the article is that toxic stress is a serious threat to public health and that it needs to be addressed. The Center on the Developing Child at Harvard defines toxic stress as "strong, frequent, and/or prolonged adversity—such as physical or emotional abuse, chronic neglect, caregiver substance abuse or mental illness, exposure to violence, and/or the accumulated burdens of family economic hardship—without adequate . . . support." See their brief video here.

The article states that "the toxicity of stress therefore is a function both of the severity of the stressors as well as their chronicity" (109). Additionally, toxic stress doesn't necessarily have to be extremely severe, but can be "persistent exposure to less severe stressors . . . such as exposure to high levels of family instability, living in disorganized neighborhoods, experiencing persistent income insecurity, and so forth" (109).

Toxic stress is especially dangerous prenatally or in early childhood because the brain and body are rapidly developing and negatively impacts memory and learning. Toxic stress in later childhood and adolescence "can result in difficulty in attention as well as impulse and emotional control" (111). An article from the Journal of Child and Adolescent Psyhiatric Nursing titled A Call to Action: Reducing Toxic Stress during Pregnancy and Early Childhood states that "maternal exposures to toxic stress during pregnancy impact the developing brain of the fetus, altering the architecture of brain circuits and regions responsible for executive functions and emotional/behavioral regulation" (DeSocio, 70).

Recent research (2013) is "increasingly elucidating the impact of toxic stress on the functioning of genes (i.e., the epigenetic influence) and on metabolic processes at the

cellular level. Individuals with a particular genotype who are exposed to adversity are more likely to develop antisocial behavior or depression (Shern, 111). The Adverse Childhood Experiences Study in 2010 shows a strong statistical relationship between toxic stress in childhood and "poor health and social outcomes in a group of 17,000 middle class adults." The changes that happen in the brain as a result of this trauma in childhood may result in "increased use of substances and/or affect the ability to identify danger, thereby increasing risk of victimization; or increase the likelihood of severe psychological reactions to traumatic exposure" (Shern, 112).

In the article's notes there is research to suggest there may be evidence that stress can be passed on to the next generation through epigenetic changes to the DNA, which also suggests that left unchecked, the effects of toxic stress will accelerate exponentially. Also, similar to their capacity to cope with stress, people in "lower SES groups are more frequently exposed to adversity and may have fewer resources with which to accommodate to adverse circumstances" (Shern, 112). Given the effects of chronic stress on the body, this is alarming news.

Part of the article's call to action is for more equality and social changes, stating that "just as occupational health standards improved the public's health, complementing public hygiene measures, a drastic improvement in policies that support families and reduce inequality is required for a complete public health response to our contemporary health crises" (Shern, 112). POCA is addressing this inequality in a way that makes sense in the present moment and seems to be the best possible compromise between affordability and accessibility.

POCA's vision to "build healthy relationships and foster collaboration among our practitioners, staff, patients, and communities" is the definition of building resilience in communities susceptible to toxic stress. Given POCA's eventual growth and the continued detrimental effects of toxic stress, it will be interesting to see how the public's health and experience of toxic stress responds to more widely available affordable group acupuncture.

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Appendix F

Herbs & TCM

The purpose of this appendix is to answer the question: why doesn't POCA Tech teach herbs? Especially since some states require it for licensure? And the answer is here in the appendices for two reasons: first, it's much easier to understand if you've read the rest of the book, and second, the purpose of the book was to describe what punking is. When you're talking about herbs and TCM (Traditional Chinese Medicine), you're largely talking about what punking isn't.

For everybody who's getting mad already, let me say first that I was trained to use herbs in a TCM school, so I've seen lots of situations in which they were very beneficial. I've used them for myself and my family, including my dog (a rescue who was in terrible shape; Chinese herbs helped her tremendously in ways that acupuncture didn't). I know some POCA punks use both herbs and TCM in their clinics and I know they're good practitioners. *I think TCM and herbs are fine.*

They're just really different from punking, especially punking as we're teaching it in a school that's dedicated to social medicine.

A prospective student asked me recently, will I be missing out on learning important parts of acupuncture if I go to POCA Tech instead of to a TCM school? I mean, I love the idea of social medicine, but I don't want an incomplete education. Isn't acupuncture just one part of the larger practice of Chinese Medicine?

I gave her a short answer; here's the long answer.

First, if you become a punk, will you be able to practice the full spectrum of acupuncture in your clinic, or will you be limited? The answer is no, you won't be able to practice the full spectrum of acupuncture and yes, you will be limited – because acupuncture is so vast that nobody could practice its full spectrum in an actual functioning clinic. That's not a desirable goal for serious practitioners. All acupuncturists are limited, not just punks. If you're practicing TCM, you're not practicing 5 Element acupuncture; if you practice 5 Element acupuncture, you're not practicing Japanese acupuncture. If you practice Japanese acupuncture, you're not practicing Vietnamese acupuncture. Etc. It might sound good in theory to have all your options open forever, but I've never met a good clinician who practiced that way. I've met dilettantes who tried, but those people were mostly interested in entertaining themselves intellectually rather than taking care of actual humans who needed help with pain, stress and illness.

There's a difference between doing acupuncture in the real world and doing acupuncture in your head. Acupuncture practices aren't buffets. Whether you practice community acupuncture or conventional acupuncture, at some point you need to make some commitments and some decisions that shape your practice and limit your options – if you want to get clinical results and make a living. Trying to practice "the full

spectrum of acupuncture" (presuming you could even figure out what that looked like) prevents you from developing a real relationship with any part of it, not to mention not leaving enough energy for the even more important work of building relationships with patients.

We ask prospective punks to make peace with the idea of limits early on in their careers – like, really early, in the process of applying to acupuncture school. If you can't make peace with limits, you're not going to be any good at treating marginalized people who are themselves dealing with all kinds of limits all the time.

OK, let's get into some big picture topics.

TCM, Orientalism, and the Professionalization of Acupuncture

Once again, I'm going to be quoting Tyler Phan, Ph.D.

TCM is a system of thinking about acupuncture, herbs, and other aspects of Chinese medicine that was carefully assembled in the 1950s for specific social and political reasons, including a reaction to Western biomedicine. It was intended to create a standardized version of practices that were historically amazingly diverse, and so it required cramming centuries of variation into a small box. (Talk about limits.) It was designed by relatively elite practitioners of Chinese medicine rather than ordinary acupuncturists, after acupuncture in China had already been banned at least once. TCM served certain practical and philosophical purposes for its creators, but it should never be confused with the right way of doing acupuncture – first because there is no such thing, and second because the people who designed it weren't particularly excited about acupuncture.

Unfortunately, that's exactly what happened in the US. As Tyler writes in American Chinese Medicine:

> *"From the 1970s onward, Chinese medicine professionalized under the agency of acupuncture. Through the regulation of acupuncture, groups of predominately white Americans began to create standards of practice based on the enactment of what I have referred to as "orientalized biopower." Orientalized biopower is the process where America's predominately white counterculture began to encompass an orientalism which romanticized a form of Chinese medicine constructed in the 1950s by the People's Republic of China called Traditional Chinese medicine(TCM). With the adoption of TCM in the United States, they also formulated measures which marginalized Asian American practitioners. The profession then labelled itself as "Oriental Medicine" embodying Edward Said's concept of Orientalism. Along with this form of orientalism, the counterculture used the State to push for a standardized epistemology of TCM. In return, the State encompassed standardized Chinese medicine as element of biopower....the power structures of Chinese medicine, contained within the regulatory bodies and schools, are mostly dominated by white Americans.*

> *Combined, they construct a profession and determine the "legitimate" and "illegitimate" forms of Chinese medicine, which constitutes the criteria for who can and cannot practice legally in the country."*[54]

TCM, already standardized, served as the basis for an even more limited and standardized version of acupuncture in the US. This marginalized other traditions of acupuncture, including the Taiwanese traditions that many punks use in community clinics. White practitioners used their social privilege to lock this limited, standardized version into laws – laws that were designed to keep otherwise qualified people from practicing acupuncture in their own communities according to their own traditions.

TCM and the Herbalization of Acupuncture

As the question about what a prospective student might be missing out on indicates, TCM includes not only acupuncture but herbs, nutrition, and other practices such as tui na massage, gua sha, and qi gong, all based on the same foundational theories related to qi and other vital substances in the body. As part of its standardization process, TCM described the practice of acupuncture in very specific ways that equated the functions of acupuncture points with the functions of herbs.

The importance of this can't be overstated for anybody who's trying to think critically about acupuncture.

In Chinese herbology, individual herbs have certain properties: they tonify qi or disperse stagnation, they're warming or cooling, they dispel pathogens or build blood. Individual herbs are carefully combined into formulas that balance their various functions and minimize possible side effects. A formula that has too many warming herbs without cooling herbs to balance them out can result in an overheated patient, with the excess heat manifesting not only as subjective feelings of warmth but also symptoms like rashes or headaches. The wrong herbal formula, meaning a formula with herbs with inappropriate or imbalanced functions, can result in a patient's original complaint getting worse. TCM describes individual acupuncture points as if they were equivalent to individual herbs: some tonify yin, some clear heat, some disperse wind. And TCM also combines points into prescriptions similar to herbal formulas.

The implication is that if an acupuncturist needles the "wrong" points, they can "imbalance" the patient in exactly the same way a wrong herbal formula can. There's no research that indicates that this is true for acupuncture, and there is research that suggests the opposite – that an acupuncturist's choice of individual points doesn't affect the clinical outcome nearly as much as treatment frequency. There's also the collective experience of punks in POCA clinics over the last decade that suggests that if acupuncture doesn't help, it generally doesn't hurt either (with the exception of adverse events such as fainting). Acupuncture's a shotgun, not a laser, and it's a shotgun with nonspecific positive effects like improved mood, sleep and energy.

This equalizing of the functions of herbs and acupuncture doesn't only make

acupuncture sound less safe than it actually is (and if it's less safe, it's conveniently more in need of regulation by the state). It also makes acupuncture seem like a less potent version of herbs. Many practitioners of American Chinese Medicine, like the original designers of TCM, believe that acupuncture, by itself, isn't particularly effective or useful. It only has meaning when it's part of the knowledge base of a scholar physician, who can use their own example of personal enlightenment and qi cultivation, along with the foundational principles of Chinese philosophy, to teach patients how to eat, how to move, how to live, and how to be more developed spiritual beings.

From there it's just a short hop to fetishizing these practices as a magical, mystical, *Oriental* solution to all physical, emotional, and spiritual problems. For all patients. The ones who don't get better are stubbornly noncompliant and unenlightened. Or maybe just unable to pay the highly evolved scholar physician what they feel they deserve.

Harking back to Punking and the Theories of Acupuncture, TCM is a lens, in itself no better and no worse than any other theoretical lens. However, the problem with TCM as a lens for punks is that it includes the concept that you have to diagnose very specific imbalances in order to get successful clinical outcomes with acupuncture. There's also the implication that these specific imbalances can be corrected through the combined personal virtue of the practitioner and the patient. If everybody tries hard enough, eats the right food in the right season and practices enough qi gong, clinical outcomes will surely improve. The praxis of community acupuncture teaches punks that it just doesn't work that way – acupuncture doesn't work that way and healing doesn't work that way, at least not for marginalized people. And as Ignacio Martín-Baró pointed out, the idea of balance isn't politically neutral; combined with individualism, it reduces structural problems to personal problems, which puts it on the side of the system rather than the people oppressed by the system.

Integrative and Social Medicine

Besides the issues with Orientalism, the "acupuncture-is-only-a-small-and-unworthy-part-of-the-scholar-physician's-enlightened-healing-art" attitude poses serious practical problems for punking, which is one reason why punks have been metaphorically trying to light it on fire and throw it out the window for over a decade now.

It undermines a punk's ability to accompany patients, because there's so much judgement involved.

It's a nightmare for practicing trauma informed care and cultural competence. See above, judgement. Imagine lecturing a patient from another culture (say East Africa or Eastern Europe), somebody who doesn't speak English, somebody who practices a minority religion, that they need to change their diet and start practicing qi gong if they want to get relief from pain.

And if you want to practice integrative medicine with marginalized patients, that attitude is just *the worst*. Not only because of judgement, which gets in the way of

building relationships with all patients, but because mainstream healthcare providers are understandably leery about Chinese herbs. Unlike acupuncture, Chinese herbs can interact with drugs. Some of the people who get the most out of acupuncture, the ones that mainstream healthcare providers are the most eager to refer, are already on a long list of prescription medications. They've already been lectured on their lifestyle and nutrition, to no avail. They're generally not the same people who are signing up for qi gong classes. They're not good candidates for all those TCM practices that are so much more important than acupuncture.

Punks are often the most useful to patients who fall through the cracks of the mainstream healthcare system, and a lot of mainstream healthcare providers know this. They don't need our help with the patients who are eager to change their diets and do everything their practitioners tell them to do. The patients they want to send us are the "difficult" ones. And particularly when it comes to persistent pain, the "difficult" patients are often people who are struggling to figure out how to accept and manage their condition. Mainstream healthcare providers are not interested in referring these patients to practitioners who will encourage them to believe in a magical fix; they're interested in referring them to a tangible, practical resource that will improve their quality of life.

A preferential option for the poor means, in a sense, that a community acupuncture clinic is set up for what other acupuncturists might dismiss as the lowest common denominator. A community acupuncture clinic is set up to work just fine for people who aren't able, for whatever reason, to change their diets or take herbs or exercise more or stop smoking. You don't have to do any of those things to successfully use a community acupuncture clinic. And this is why some mainstream healthcare providers warmly refer to us as "low barrier". This is why they love us.

A prospective student will inevitably protest, But I know that herbs and TCM nutritional counseling can help people! And I want to help people!

Nobody's saying that herbs and TCM nutritional counseling don't help some people. But they don't help everyone; no healing intervention helps everybody or even does what it's supposed to do every single time. Not herbs, not drugs, not acupuncture, not surgery. Nothing works all the time in the real world. If you offer herbs and other kinds of TCM in your clinic, will you help some individuals? Absolutely. But imagining that you will help everybody is an Orientalized fantasy.

And if you set up your clinic so that those other practices are central to what you provide, you will end up marginalizing the patients who can't use them, for whatever reason. Whether they can't take herbs because they're already taking a laundry list of medications or they can't change their diet because they're about to be evicted, it doesn't really matter; your patients' limits will conflict with how you want to practice. If herbs and nutrition are intrinsic to your definition of good care or complete holistic healing or whatever you want to call it, patients who won't or can't do them aren't going to be your priority.

This is where the idea of tending the container is crucial for punks. Being a punk means you're not just treating a series of individual patients, so you can't just think about what might help individuals. You're thinking about the entire container and its relationship to the entire community. Who is your container built for?

Appendix G

WORKING CLASS ACUPUNCTURE

Core Values and Guiding Principles

The following are the proposed core values for Working Class Acupuncture, to guide the work of the organization and its people (employees, directors and volunteers). These are what gives the organization life.

1. We have **empathy** for our clients, our employees and our partners. We are **sincere** in our actions and our words. We meet people where they are, with compassion. Our words and our actions are **consistent.**
2. We are **steadfast** and full of **devotion** for the work we do. We are committed to taking care of the WCA Entity, the hive that we inhabit, the world we have built for ourselves and our patients. This requires a level of devotion and enthusiasm that is evident in our words, actions and commitment to accessible care.
3. As an organization and individuals within the WCA community, we thrive when we are **resourceful**, **self-directed**, take collective and individual **ownership** and **responsibility** for our words and actions, and focus on words and actions that are **useful and practical**.
4. We are committed to **transparency** and **sincerity**. We are, simply, who we are. Our words and actions should be clear, transparent and sincere. Our ideas and model of work is meant to be a resource for others.
5. We are committed to core principles of **cooperation**, both formally and informally. We operate our business with cooperative principles embodied in Sociocracy. We share ideas and resources with others. We love to teach and we love to learn. We help out when help is needed or requested but also know that cooperation requires a willingness to let others lead.
6. We believe in **sustainability** in a holistic sense. We foster leadership so that WCA will continue beyond the current leadership's work span. We strive for a sustainable environment so that the punks who work at WCA can work for decades without burnout. Our cooperative model strives to make enough money to support the community of workers and patients AND so that the prices for patients are low enough that they can come frequently enough to address their needs and sustain healthy lives.

Core Values Cards

This is what it looks like.	This is what the opposite looks like.

EMPATHY/CONSISTENCY	**EMPATHY/CONSISTENCY**
Letting the needles do the work.	Practitioner centered: it's all about the acupuncturist
Acceptance of the patient: who they are, where they are, and how they got to this place.	We try to change the patient to fit our model of a great patient.
Meet people where they are: get down to their level physically and energetically.	We tell the patient what they need, even if they came to us with a different set of problems.
Show up! We manifest a tangible presence, by using verbal and nonverbal skills we show our patients that we are there to help.	We act inattentive, present in body only, and focus on other activities than the activity at hand.
Use emotional language like we use needles: efficient, quick, and tactical. And clean: no weirdness, no pity.	Our words display a clear sense that we haven't been paying attention or listening to the other person.
Let people be where they are at. We witness that, we receive it. We don't try to change them.	We try to bend the practices of the clinic to fit a different vision.
We try to listen first, to the patient, to the employee, to the manager, to the volunteers, to our partners and to one another.	We don't take care of ourselves, so we don't have the energy to be present with our patients and our coworkers.
We do our best to take the other person's interests as well intended and from the heart.	We are not always at our best with patients, employees, volunteers and partners.
Our patients direct their own care. We serve their needs.	We talk over the other person, frequently interrupt and mansplain whenever we can.
We do our best to be consistent with our words and actions.	We're erratic and inconsistent with our words and actions; we don't pay attention to ways that coworkers are trying to establish consistency and we do whatever we feel like doing in the moment.
Our words and actions are free from pretense, deceit, or hypocrisy.	We pretend to be what we're not.

STEADFAST/DEVOTION

We see WCA as something bigger than we are, that we are all part of (kind of like worker bees and their hive) and we are moved to protect and take care of the larger entity (protect the queen!)

Our words and actions showcase that we care deeply about our work.

We show up with a serious commitment to our work and our patients.

We show up ready for busy shifts and for the long haul. We love how hard we work.

We keep on trying and working hard to help and care. We see the big picture and we can identify and focus on priorities rather than getting lost in details that don't matter.

We always put our actions where our mouth is.

We work hard to get to "YES".

We see ourselves as resisting capitalism and soulless healthcare business-as-usual and we are determined to build a different world.

We are on the side of our patients and we accompany them (in the Liberation Acupuncture sense).

This work is a calling and we know we are called. We show up despite difficult odds and pressures around class, culture, systems.

We feel resolute and unified in our mission of providing trauma informed acupuncture to as many people as possible. We have different roles but the same commitment.

Without getting pretentious or losing our sense of humor, we feel our work/the clinic is sacred and worthy of our whole-hearted devotion.

The clinic is like a home and we treat it as the place where we want to live our work lives. Our patients feel cared for and attended to

Resourceful, self-directed, ownership, responsibility, useful and practical	**Resourceful**, **self-directed**, **ownership**, **responsibility**, **useful and practical**.
We take responsibility for our actions, even when we make mistakes.	We blame others and are not supportive of others when they make mistakes.
We need little to no supervision, but ask questions when we get stuck.	We need to be told what to do, when we need to do it and be asked (nicely) how things went after we did it.
We love resourceful team members who are self-directed.	If we run into a problem, we get stuck. We don't ask many questions.
We own our (WCA's) problems, our strengths, our weaknesses and love to dive in and solve problems in a way that is useful and practical.	We deny problems when they exist and see problems as obstacles that cannot be overcome.
We put energy and action behind our ideas and words.	We need to be asked to solve problems.
We think in terms of WE. We have more emotional investment in WCA the longer we're in it.	We have a list of demands and/or unstated expectations of what other people should be doing.
	We think in terms of me. Our relationships with the clinic and its people are entitled and transactional.

Appendix H

ACAOM Competencies Matched to Chapters

PATIENT CARE DOMAIN #1: Foundational Knowledge
Note: competencies in this domain are identified as core (master's level) competencies.

A. The learner must demonstrate the ability to acquire and utilize the knowledge of AOM basic principles, modes of diagnosis, and treatment strategies in the care of patients.

Punking and the Theories of Acupuncture

PATIENT CARE DOMAIN #2: Critical Thinking/Professional Judgment
Note: competencies in this domain are identified as core (master's level) competencies.

A. The learner must demonstrate the ability to:
B. Engage in good judgment that relies on knowledge and experience, is sensitive to context, and is self-correcting.
C. Apply critical thinking skills, professional judgment, and cultural sensitivity to patient health care concerns.
D. Document and support AOM treatment choices.
E. Identify, locate, and assess appropriate sources of information to support professional judgment and the analysis of clinical courses of action.

Punking and Trauma Informed Acupuncture
Punking, Pain Management and Communication

PATIENT CARE DOMAIN #3: History Taking and Physical Examination
Note: competencies in this domain are identified as core (master's level) competencies.

A. The learner must demonstrate the ability to:
B. Provide a comfortable, safe environment for history taking and the patient examination.
C. Conduct a history and physical examination with appropriate documentation.
D. Recognize clinical signs and symptoms that warrant referral to, or collaborative care, with other health professionals.

Punking and Trauma Informed Acupuncture
Punking, Pain Management and Communication
Punking and Integrative Medicine

PATIENT CARE DOMAIN #4: Diagnosis
Note: competencies in this domain are identified as core (master's level) competencies.

The learner must demonstrate the ability to:

A. Collect and organize relevant information to facilitate the development of a diagnosis
B. Access relevant resources such as classical and modern literature, research literature, and clinical experience in arriving at a diagnosis.
C. Formulate an Oriental medicine diagnosis pursuant to AOM principles and theory.
D. Describe and apply the biomedical pathophysiological process responsible for the patient's clinical presentation.
E. Integrate relevant physical exam findings, laboratory, and diagnostic tests and procedures into an AOM diagnosis.
F. Explain the subjective and objective findings that warrant consultation with or referral to other health care providers.

Punking and the Theories of Acupuncture
Punking and Trauma Informed Acupuncture
Punking and Biomedicine
Punking, Pain Management and Communication
Punking and Integrative Medicine

PATIENT CARE DOMAIN #5: Case Management
Note: competencies in this domain are identified as core (master's level) competencies.

The learner must demonstrate the ability to:

A. Describe the role of the patient in successful treatment outcomes.
B. Demonstrate cultural competence in case management.
C. Employ a comprehensive process for the care of patients.
D. Collaborate with the patient to develop short, medium, and long-term treatment plans.
E. Modify plans consistent with changes in the patient's condition.
F. Assess patient outcomes.
G. Communicate with other health care providers to determine an appropriate plan of care.
H. Manage inappropriate patient behavior.
I. Educate patients about behaviors and lifestyle choices that create a balanced life and promote health and wellness.
J. Provide a report of findings and health care plan to the patient.
K. Create reports and professional correspondence relevant to the care of patients.
L. Identify a range of referral resources and the modalities they employ.
M. Use information systems in case management.

Punking and Trauma Informed Acupuncture
Punking, Pain Management and Communication
Punking and Placebo

Punking and Patient Education
Punking and Interpersonal Relationships
Punking and Boundaries
Punking and Integrative Medicine

PATIENT CARE DOMAIN #6: AOM Treatment
Note: competencies in this domain are identified as core (master's level) competencies. The learner must demonstrate the ability to:

A. Describe the principles and methods of AOM treatment modalities including contraindications.
B. Accurately locate acupuncture points and articulate their functions.
C. Safely use acupuncture equipment and administer the acupuncture treatment consistent with CNT and OSHA protocols.
D. which may include moxibustion, electrical stimulation, cupping, gua sha, bleeding and manual therapy and administer additional modalities such as magnetic and laser stimulation, taiqi, and qigong.
E. (herbal competencies for herbal programs)

Punking and the Theories of Acupuncture
Punking and Trauma Informed Acupuncture

PATIENT CARE DOMAIN #7: Emergency Care
Note: competencies in this domain are identified as core (master's level) competencies. The learner must demonstrate the ability to:

A. Identify subjective and objective findings that indicate urgent referral.
B. Identify risk factors and findings that suggest medical conditions requiring referral.
C. Implement key emergency first-aid procedures, including CPR.
D. Describe the legal implications of providing emergency care.
E. Describe correct emergency care documentation, and follow-up procedures.
F. Develop an emergency care plan for private office and multi-disciplinary settings

Not covered in this book

SYSTEMS-BASED MEDICINE DOMAIN #1: Education and Communication
Note: competencies in this domain are identified as core (master's level) competencies. The learner must demonstrate the ability to:

A. Summarize the applicability of AOM to bio medically-defined diseases and syndromes.
B. Communicate with other health care professionals in their own terms.

C. Demonstrate knowledge of other health care disciplines.
D. Discuss AOM in terms of relevant scientific theories.
E. Articulate expected clinical outcomes of AOM from a biomedical perspective.
F. Translate, explain and discuss AOM terminology in order to communicate effectively.
G. Demonstrate AOM techniques and discuss their relevance in multi-disciplinary settings.
H. Access relevant and appropriate information from a wide variety of sources to support the education of colleagues.
I. Describe and discuss the clinical scope of AOM in an informed, authoritative, and appropriate manner.

Punking and Biomedicine
Punking, Pain Management and Communication
Punking and Placebo
Punking and Integrative Medicine

PROFESSIONAL DEVELOPMENT DOMAIN #1: Ethics and Practice Management
Note: competencies in this domain are identified as core (master's level) competencies. The learner must demonstrate the ability to:

A. Apply data and information concerning confidentiality and HIPAA, informed consent, scope of practice, professional conduct, malpractice and liability insurance, requirements of third-party payors, OSHA, professional development, other applicable legal standards to improve practice management, and records management systems.
B. Develop risk management and quality assurance programs.
C. Practice ethically and behave with integrity in professional settings.
D. Articulate the strengths and weaknesses of multiple practice and business models, and be able to create and implement:
E. Practice/office policies and procedures.
F. Business/professional plans designed to support success in professional
G. practice.
H. Marketing/outreach plans designed to support success in professional practice.
I. Describe and apply a variety of billing and collection systems.
J. Demonstrate use of electronic health records and electronic medical records systems.

Punking and Trauma Informed Acupuncture
Punking and Tending the Sacred

Appendix I

Understanding acupuncture and educating patients on how to use it to aid in their recovery.

Why should I get acupuncture?
Acupuncture provides a space for you to rest, relax and let go of life's stressors in a safe environment. Acupuncture can treat a variety of ailments. Here are a few common conditions people seek treatment for.

-support recovery -improve mood
-reduce anxiety -improve sleep
-relieve pain -increase energy
-relieve nausea -boost immunity
-improve digestion -regulate menses

How does it work?
The exact biomedical mechanism is unknown, but what we do know is that acupuncture helps regulate the nervous system, reduce inflammation throughout the body, and speeds up the healing process.

According to Chinese medical theory acupuncture works on a series of energetic pathways called meridians. Acupuncture affects the flow of the energy also known as qi within the meridians to help bring the body into a better state of balance.

Does it hurt?
The needles, better classified as pins, are very thin. About the diameter of a few strands of hair. Occasionally a needle will sting upon insertion but usually dissipates within a few seconds. Some pins you won't feel at all. If anything does hurt just notify your acupuncturist and they will be happy to take it out or reposition it.

How long does a treatment take?
In general treatments last between 30-60 minutes. At CODA we let patients in the methadone program rest for 30 minutes. Patients can leave before that if they choose to.

When will I see results?
This varies from person to person. Some patients feel better right away, some patients feel better that night or the next day and some patients need a series of treatments to feel the results. If you don't feel any results after 10 treatments acupuncture might not be for you. Acupuncture can work by treating a specific presenting problem like back pain as well as treating other pieces of the puzzle that may seem nonspecific like stress. You'll know it's working for you if you find improvements in one or more of the following

areas: mood, sleep, energy, pain, cravings, digestion, menstrual cycles and immune system function.

What if I'm really scared or triggered by needles?
The needles are really more like pins. They are very fine and inserted superficially. They are solid and not hollow tipped. So thinking of them as something different than a traditional hypodermic needle may be helpful. As an alternative to acupuncture you can try acupressure with ear seeds. Tiny seeds are placed on adhesive tape and stuck on points in the ear. This stimulates the points without the insertion of a needle. These can be left on for up to 3 days and continue to stimulate the points throughout the day.

How can acupuncture support recovery?
Beyond stress and pain management acupuncture can actually treat addictive behavior and cravings. The National Acupuncture Detoxification Association aka NADA designed a specific protocol in the ear to treat addiction. It was developed at the Lincoln detox center in the 70s and has been being implemented in drug treatment programs all over the world ever since. NADA 5 needle protocol or 5np is a series of 5 points in each ear that target the major organs involved in addiction as well as trauma. The points used are lung/heart, liver, kidney, sympathetic and shen men which is an emotionally calming point. Research studies show the NADA protocol aids in the treatment of heroin, alcohol, cocaine and nicotine addiction. A recent research study on the NADA protocol has shown that NADA in addition to standard drug treatment care is significantly better than standard care alone. Please refer to the NADA website acudetox.com for an overview of these studies.

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