

AOM

Pioneers & Leaders

1982 - 2007

A Commemorative Book of Challenge and Courage, Vol. II



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Pioneers and Leaders, Volume II

The endeavor to produce this commemorative work was the desire to honor leaders and teachers in acupuncture and Oriental medicine and its evolution in the United States. Upon request, members of AAAOM kindly submitted nominations for inclusion in this assemblage.

Coordination of interviews, both live and online, required huge amounts of volunteer manpower, time, and qi. I would like to extend my deepest thanks to Douglas Newton and Angie Woodward of the AAAOM office. Their tireless efforts to locate and contact nominees and coordinate interview formatting made this work possible. Despite those efforts we were regrettably not able to locate or obtain responses from all nominees, but all the individuals nominated are listed, even if an interview was not possible.

As the primary interviewer, interviewees responded with a candor that amazed me. These leaders have endured challenging times, put in countless, grueling volunteer hours, and sacrificed time away from family and livelihood working for the profession. Not everyone can willingly discuss such experiences. I found utter grace, sobering wisdom, and many pearls of insight from each of the individuals with whom I have had the precious gift of speaking.

Studying acupuncture and Oriental medicine is easily accessible today with many books, teachers, styles, schools, and masters and doctoral level programs available to the public. Reading these interviews allow us to consider how our forefathers risked jail time merely for practicing; they had needles embargoed and had to search far and wide entirely on their own for teachers and information. Yet for us today, the right to practice lays at our feet, waiting patiently for our embrace and appreciation and our striving to master it as best we can—combined with our honor to keep our medicine alive in its holistic form.

Given the many human variables of this project, it is impossible to comprehensively cite all teachers who have molded our lives and practices, all masters whose brilliance and expertise forever changed the face of Oriental medicine in the U.S., and all leaders who shifted powers of influence to improve our lives and those of our patients. Ultimately this work seeks to give thanks—the most humble expression of appreciation—as well as to create a proper space for the enjoyment of the age-old art of storytelling.

A spiritual teacher once shared with me that acupuncture and Oriental medicine is much like birds flying in formation. The bird at the point of the chevron cuts through the air and meets the greatest resistance. In turn, it is the effort of that leader creature which imparts to each of the successive creatures an easier time and less resistance in moving forward on their paths.

Our medicine is like that. No work is ever for naught; no healing is ever wasted. To our many leaders and teachers, I offer heartfelt and profound thanks for pioneering our path forward, making our journey easier.

Namaste and be well.

Karen Reynolds, LAc, MS, RN,
Mill Valley, California, 2009

AOM *Pioneers & Leaders*

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Affiliation and Dates Served for Each

AAAOM, NCCAOM, Maui Acupuncture Alliance (MAA), Hawaii Acupuncture Association (HAA)

AAAOM: 1993 - 1995

HAA: 1992 - 1996

MAA: 1991 - 1992

NCCAOM: 1998 - 2003

Capacity of Service for Each

AAAOM: Board of Directors

HAA: Board of Directors, Chair Insurance and Regulatory Committee, Vice-President, President

MAA: President

NCCAOM: Commissioner, Chairman, Secretary, Chair Review and Disciplinary Committee, Chair of Oriental Medicine Task Force

What lead you to study acupuncture and Oriental medicine?

My spiritual seeking at twenty years old led me to India where I was introduced to and commenced my studies of AOM.

What was your biggest challenge as you developed as a practitioner or educator?

My biggest challenge as I developed as a practitioner was self-cultivation and awareness, that allows for objective and intuitive evaluation and treatment of others.

Who inspired you in your training during acupuncture and OM school?

I was fortunate to be exposed to many teachers from diverse backgrounds. I was inspired by each of them for their unique gifts, perspectives, lineage and guidance.

What keeps you inspired in your practice or tutorial/academic life now?

I remain inspired by many things, including the cultivation of long-term relationships with clients focused on wellness, working in a beautiful natural setting, as well as creative expression and exploration.

Do you have any advice for today's practitioners/educators?

I advise today's practitioners to develop their intuition through awareness and attention to both the obvious and the subtle, which then allows for creative expression in a healing practice.

What is your hope for our medicine going forward into the future?

I hope that we can preserve the traditional theory and practice of AOM in the United States while becoming a fully integrated part of a continuously evolving health care system.

In your previous position(s) of leadership, what do you identify as your most significant contribution?

Chairing NCCAOM as well as the Oriental Medicine Task Force as we developed and embraced OM certification for the first time. A highlight during my term as NCCAOM chair was being invited to speak in the Great Hall in Beijing to an international congress of AOM practitioners and health ministers.

In your previous position(s) of leadership, what was the greatest challenge you faced and how did you overcome this challenge? If applicable: is this challenge still faced within our community today?

I faced the task of bringing our professional community together, during times of conflict and territorial behavior, to discuss and agree on how we should define ourselves. I overcame this challenge by beginning the process by asking each individual to share their passion in life outside of AOM. This facilitated an sense of community and connection that allowed us to move forward as an unified voice.

If you had to select one area of focus that to you represents a key to the future of OM, what would that be and why?

A key to the future of AOM is education, preserving traditional training methods, theory and practice within an integrative medical environment.

We are now more sought after than ever as a profession compared to Western medicine. What are the significant factors that you have seen causing this shift and why?

We are sought after because of our efficacy, the attention we often give to patients that they do not receive elsewhere, the rapid positive response people receive after treatment, the education of patients about lifestyle and wellness, as well as the fundamental need of patients to receive energetic support.

Claudette T. Baker, LAc, DiplAc & Herbs (NCCAOM)

Graduated Midwest College of Oriental Medicine, 1985

Traditional OM apprenticeship with Dr. Zhengang Guo, OMD, MD, 1983-86

Private Practice since 1985

Charter member, Illinois State Acupuncture Association, 1983-present

Elected to ISAA Board 1986; 4 terms as president. I wrote and passed initial acupuncture legislation in 1997 and helped to pass the two subsequent bills: 2005 (removed physician referral clause) and 2007 (renewed our bill through 2018).

Member AAAOM since 1984

Elected AAAOM BOD 1993-2000

AAOM Vice President 1994-96

AAOM President 1996-98 (first AAOM female president)

Participated in the WHO's Consultation on Acupuncture, Milan, Italy November, 1996

(A)AAOM Herbal Medicine Committee, 2000-present, current Chair

AAOM Representative, Traditional Medicines Congress, 2004-present

(A)AAOM Conference Committee, 2001-present

(A)AAOM Elections Committee, 1994-present

AAAOM Herbal Data Base Task Force Chair

Awards:

AAOM Courage in Leadership (first female president), 1997

AAOM Outstanding Achievement, 1999

AAOM Acupuncturist of the Year, 2004

AAAOM Founders and Leaders, 2007

My most significant contributions are:

Building the Illinois Association of Acupuncture and Oriental Medicine from the ground up. It is one of the most successful state AOM associations in the country. The ILAAOM regularly offers high-quality CEU classes. I spearheaded the successful legislative programs that passed all 3 acupuncture bills in Illinois over the past 14 years.

I have worked on the AAOM/AAAOM Board of Directors and committees since 1993.

My intention has always been to help AOM take a leadership role in the U.S. health care arena. AOM provides safe and effective health care that is affordable and is the perfect solution to our nation's ailing medical system. I am honored to be working alongside a number of talented and dedicated professionals who have the same vision for our profession.

My biggest inspirations have been:

Dr. Zhen Gang Guo, MD, OMD, LAc, an oncologist/surgeon from Lanzhou, China who taught me TCM oncology. Dr. Guo is a seventh-generation master herbalist who generously shared the herbal information that had been passed on to him. I also had the extreme fortune of sitting in Chinatown observing his father, a famous herbalist in Gansu, as he treated patients with difficult conditions.

Over the past two years, the one person who has supported my ideas and helped me navigate through many challenges is the same man who has helped so many others in our profession. He is currently AAAOM's legal counsel and Ethics Chair of the NCCAOM; Michael Taromina. I will forever be grateful for the vision he has held for our incredible profession and for his unwavering support of AOM.

Ken Morris, LAc and Reese Smith, LAc who founded the Institute of Chinese Herbology in Berkeley, California. They each helped me to understand OM and refine my herbal skills.

Harvey Kaltsas (FL), James Moran (MA), David Molony (PA), Deborah Lincoln (MI) and David Wells (CA) for their organizational and legislative knowledge that they so freely shared with me. If it were not for their guidance and support so many years ago, I would not have been able to pass the first bill in Illinois and be such an effective leader in the OM arena.

The greatest challenge to our profession today continues to be the vulnerable status of herbal medicine in the eyes of the FDA and MDs. We need to thoughtfully create the infrastructure and self-regulation that will afford us their trust and respect. We must seize the opportunities that the Obama administration has created for health care reform and take the necessary steps to secure our place on the front lines of health care and prevention.

My greatest challenge as a leader was during the warring years as a newly-elected board member when the AAAOM split into the AAOM & the AOM Alliance. The profession was experiencing growing pains, and the leaders of our national organizations did not have a unified vision for the profession. We went off into our own corners, developed ourselves, and came out the other end stronger. I am so proud of how the NCCAOM and ACAOM have transformed themselves over the past 10 years into the strong organizations that they now are. The AAOM and the AOM Alliance have reunified and are working together to be stronger than ever, and the CCAOM continues to expand as more OM Colleges emerge and evolve. We've come such a long way and, in the grand scheme of things, it really hasn't taken very long.

Dort S. Bigg, JD

Affiliation and Dates Served for each

ACAOM: September 1996-present

Capacity of service for each

ACAOM: CEO/Executive Director

What lead you to study acupuncture and Oriental medicine?

N/A I was trained as an attorney and developed my interest in accreditation while working as director of legal affairs for the American Psychological Association (APA). In that capacity, I served as legal counsel for APA's Committee on Accreditation, which accredits doctoral and internship programs in psychology that provides training leading to practice as a psychologist.

What was your biggest challenge as you developed as a practitioner or educator?

My biggest challenge related to learning an entirely new medically-related field to enable me to function effectively as the executive director of the accrediting agency for the AOM profession. It was a steep learning curve to master not only the training standards for the field but also the political aspects of my position including working with national and state professional organizations, as well as state regulatory agencies.

What keeps you inspired in your practice or tutorial/academic life now?

The issue that keeps me inspired is that there is much ACAOM is doing and can do to further improve the accreditation process and the services we provide to the profession's various stakeholders, including educational institutions, students, professional AOM organizations, practitioners, and licensing boards, among others. The position of ACAOM executive director is challenging, but very rewarding when the Commission is able to develop and implement more effective ways of carrying out its accreditation functions and expanding the services beyond what we already provide.

What is your hope for our medicine going forward into the future?

Although it would be inappropriate for me as ACAOM's executive director to express personal opinions regarding the future of this field of medicine, it is my hope that the profession itself can reach consensus on some of the contentious issues germane to AOM education and accreditation. Achieving consensus can help ACAOM better serve our communities of interest.

Having said that, I need to be clear that it is not the role of any accrediting agency to lead the profession down a particular path, such as adopting standards for new degree level programs in the field. Rather, an accrediting agency needs to be

responsive to all its communities of interest. So, for example, if the profession, educators and regulators in the field support certain reforms germane to education within the profession such as developing standards for new degree level programs, the accrediting agency needs to be responsive to such input and proactively work to ensure that its policies and standards are in concert with the wishes of all its constituencies.

In your previous position(s) of leadership, what do you identify as your most significant contribution?

That's a difficult one. However, some of my contributions, which must be shared with the Commission and its staff as a whole, include:

- upgrading ACAOM standards and policies to streamline the accreditation process
- helping to develop draft standards for post-graduate and first-professional doctoral programs
- drafting reconceptualized standards for master's programs
- improving ACAOM's training activities, including those for institutions and site visitors
- building ACAOM's institutional capacity to improve and expand upon the accreditation services it provides.

In your previous position(s) of leadership, what was the greatest challenge you faced and how did you overcome this challenge? If applicable: is this challenge still faced within our community today?

The greatest challenges relate to the political differences among different factions within the profession, which can make it extremely difficult to establish the level of consensus needed for an accrediting agency to adopt changes and reforms to its policies and standards. An example is the current question of whether the profession should support the adoption and piloting of accreditation standards for the first professional doctoral programs in AOM. The Commission has worked to overcome challenges such as these by establishing task forces composed of representatives of the Commission's various communities of interest, which helps facilitate the process of consensus building. For example, ACAOM's Master's Standards and Doctoral Task Forces include representatives of AAAOM, CCAOM, FAOMRA, NFCTCMO and the WFCTCMS.

If you had to select one area of focus that to you represents a key to the future of OM, what would that be and why?

In my mind, the key to the future of the AOM profession is "effective leadership" provided by organizations such as AAAOM. Only through such leadership can the profession and all its stakeholders reach consensus on the contentious issues that otherwise prevent the profession from moving forward.

Nicola H Bilton MAc (UK), MBAcC (UK), LAc (MD)

Affiliation and Dates Served for Each

College of Traditional Acupuncture (UK)

TendingShen Inc. (Canada)

TendingShen Corporation (US)

CTA from July 1988 to December 1999 (still some current affiliations)

TendingShen 1999 to present

Capacity of Service for Each

CTA: Clinical Supervisor, Director of Advanced Training, Dean of Human Resources, Dean of Post Graduate Studies

TendingShen: President

What lead you to study acupuncture and Oriental Medicine?

In the late sixties when I was in my teens, I saw too many of my friends lose their way with drugs and chaotic lifestyle choices, which eventually led to my moving away from youth and community work into natural healing. With a background in remedial medical massage and North American herbalism, when I was 24 I changed from my original plan of studying classical homeopathy to acupuncture. This was a result of receiving personal, lifechanging treatment for chronic headaches and migraines. My practitioner in San Francisco advised me to move to England and study with Professor Worsley.

What was your biggest challenge as you developed as a practitioner or educator?

A humiliating and welcome challenge in both fields is that of learning different languages of different groups:

- patients of all ages, cultures, and economic backgrounds who demand that I effectively communicate what this “bizarre” system of Asian medicine offers
- acupuncture students, struggling in their Western mind sets to grasp the complex and yet so simple concepts of Asian thought
- fellow practitioners who have trained in differing styles, who see five element acupuncture as “fringe,” and who are interested in exploring our communality
- allopathic professionals, moving together from alternative to complementary to integrative concepts of health care
- other complementary medical professionals, who claim acupuncture within their scope of practice with varying degrees of training
- the language of the Chinese characters, embodying the profundity of the philosophy we embrace

Who inspired you in your training during Acupuncture and OM school?

My eternal thanks will always go to Professor J.R. Worsley:

- for the opportunity, over many years, to observe his inspirational work with patients
- for his insistence that my duty as a practitioner is to rediscover my physical eyes and ears, the eyes and ears of my mind, and the eyes and ears of my spirit; to re-learn how to touch others (palpate) from my body, mind and spirit; to communicate (inquire) physically, mentally and spiritually; i.e. to “become again as a child,” inquisitive, non-judgmental, and all-embracing
- for his constant reminder that our best teacher is always nature

To this day, I believe that J.R. illuminated the “art of acupuncture.” My education was also greatly shaped by John Hicks who taught me that the principles of treatment planning, from an Asian perspective, are always both logical and scientific.

What keeps you inspired in your practice or tutorial/academic life now?

My greatest inspiration, from my first day in practice, has always come from my patients and has extended to include the patients of licensed practitioners that I tutor. Patients have always demanded that I expand my limits and my “knowing-how,” to truly meet them where they are and to walk with them a little way on their journey of growing, spreading out, reaching fruition, paring back to their essentials, and reflecting upon the curriculum of their life. Over the years I have come to realize that the daily practice of acupuncture has become for me a simple, spiritual practice, in keeping with pre-religious Daoist philosophy. This inspires, delights, and continuously humors me.

Do you have any advice for today's practitioners/educators?

I would respectfully suggest that everyone reads, on a daily basis, “The Patient-Practitioner relationship,” a talk given by Claude Larre and Elisabeth Rochat de la Vallée, reproduced in the *Journal of Traditional Acupuncture*, Winter, 1990-1991. This, to me, in language far more eloquent than I could speak, sums up the essence of classical Asian medicine, the manifestations of health and dis-ease, and the privileges and responsibilities of being a practitioner. On a day-by-day basis this will transform your practice, and your life.

What is your hope for our medicine going forward into the future?

Whilst I would absolutely argue in favor of the necessity of greater educational rigor of entry-level and CPD courses leading to continuous reflective practice, my greatest hope is that we remember to honor the magic and the mystery that underpin our system of medicine. I hope that we always remember that we are treating individuals, not labeled symptoms or diseases, irrespective of whether Asian or Western labels. I hope that we are allowed to continue practicing the width of our medicine: I find it desperately sad that practitioners feel obliged to sign leases confirming that they will not use moxibustion. I hope that we do not progressively demand entry requirements to the profession that are so academic as to exclude mature students who already bring valuable transferable skills from life experiences.

In your previous position(s) of leadership, what do you identify as your most significant contribution?

Quite honestly, I hope that my most significant contribution is yet to come, as I engage with future generations of practitioners. As I approach the thirtieth anniversary of my acupuncture journey, the delights of what I am beginning to discover stretch enticingly ahead of me: the passion of this way of being increases. As for my contributions to date, I would like to think that I inspire folks to put in the work, to be rigorous and accountable in their practice, and, most importantly, to become reflective practitioners.

In your previous position(s) of leadership, what was the greatest challenge you faced and how did you overcome this challenge? If applicable: is this challenge still faced within our community today?

I think a constant challenge to any community is seizing the opportunity to reach out and to build bridges, rather than perpetuate “I’m right, you’re wrong” ideologies. Classical Asian medicine abounds with controversy, contradiction, and the perception of independent lineages. The contributors to the Nei Jing and the Nan Jing did so with dignity and without undue disparagement: we, in the 21st century, would do well to follow their example. By all means let us have critical debate and the pursuit of academic freedom. I personally endeavor to speak in an inclusive language to all practitioners trained in all traditions, and yet I know it is so easy to inadvertently offend my colleagues. I see this as an ongoing challenge for me as an educator, the practice of non-discrimination and the embracing of diversity, and a challenge for the profession as a whole.

If you had to select one area of focus that to you represents a key to the future of OM, what would that be and why?

I sincerely hope that our main goal remains that of service to our local and global communities. I would be concerned for us to go so far down the road of specialization that we forget that acupuncture treats individuals rather than diseases. Most importantly, we must remember that our common theme, as Asian or Oriental medical practitioners, is health education or preventative medicine. As it asks in the classics, is it not rather too late to treat dis-ease once symptoms have appeared? I hope, in my lifetime, to see an increase in free or low-cost community clinics, that are still able to address the bodymind-spirit needs of individuals rather than focus on symptoms. Overall, I hope to encourage the greater participation of acupuncture and Oriental medical practitioners in community health education programs.

We are now more sought after than ever as a profession compared to western medicine. What are the significant factors that you have seen causing this shift and why?

I think there are both positive and distressing reasons. Constructively, the general public is moving away from ‘quick-fix’ demands to adopting greater responsibility for environmental, ecological and health concerns, including pursuing a preference for natural healing options. Acupuncture and Oriental medicine is progressively being seen as a viable addition to/optional alternative to allopathic medicine. The negative cause is the crisis currently experienced by Western medical health care providers, who, despite the best of intentions, have neither the time nor the resources to build healing or preventative medical relationships.

Jim Blair, LAc

President, Acupuncture Association of Washington, 1985
Acupuncture Advisory Board, State of Washington, 1991-94
AAOM NW Regional Representative 1990-91
Coalition of Concerned Acupuncturists, 1991-92
Clean needle technique instructor for NCCAOM, 1989-98
Represented Northwest Institute of Acupuncture and Oriental Medicine to CCAOM 1985-87
Board member, Acupuncture and Oriental Medicine Alliance
Served as President for the Alliance 1998-2001
Core faculty 1985-97, Faculty Chair 1991-93, Northwest Institute of Acupuncture and Oriental Medicine
Board of Regents, Oregon College of Oriental Medicine, 1998 - 2002

What led you to study Oriental medicine?

I was a respiratory therapist at University of Washington and Harborview Medical Center, NW Regional Trauma Center, Seattle, Washington. I happened upon an article regarding acupuncture and the treatment of asthma. This caught my attention. Prior to that I had studied Chinese language and literature at the University of Montana and had had some training in martial arts; so I leaned in that direction. When I saw that article, I started to look for acupuncture and see what was available in terms of training and education. I found a group of people who began a study group. Later, that same year this group became the core class of the Northwest Institute of Acupuncture and Oriental Medicine that opened its doors formally in 1981.

What was your biggest struggle as you developed as a practitioner?

My biggest struggle as a practitioner was the ability to find practice/training places in the '80s. There weren't many places and to practice or get training you needed to find a physician to sponsor you. There weren't any clinics to go and spend time in. It was difficult to learn about acupuncture. You had to go to Asia to get experience.

Who inspired you in your training during Acupuncture and OM school?

Hoy-ping Yee Chan and Ma Shou-chun. Both were excellent Chinese practitioners and teachers. John Dennis Govert opened my eyes wider and provided a larger framework on which to drape my clinical knowledge. Stas Kudla provided patience and what little clinic time was available. Professor Lu-sheng Chong helped to give us a stable academic structure in which to learn. Dan Bensky and John O'Connor for giving us the ability to have texts in a language we could study in. They were the cornerstones in my learning.

What keeps you inspired in your practice or tutorial life now?

It has never been an issue or problem for me to feel inspired. I've never thought of it as work but more of a kind of learning. Each patient is a lesson or a remembrance. Inspiration is a funny word. I've never felt a need to be inspired. It just kind of happens.

Do you have any advice for today's practitioners?

Yes, I do, and it is a little tilted. I hear a lot of comments that carry attitudes with them. Whether it is an attitude toward another practitioner, style or medical approach makes little difference. My advice is to lose it. Today there is a lot of more research, more triaging, and more integration compared to a long time ago.

From my perspective, there is no reason to try and distance or specialize ourselves to try and gain a seat at the table. The way we demonstrate our value is to apply our medicine, to triage patients well, and to contribute as practitioners to medicine and the changes in medicine as it moves forward. We need to be a part of that change. We should all acknowledge our strengths as well as our limitations.

I hope that there continues an ever-increasing clinical drive for acupuncture so we can become a trusted and used entity within the general medicine culture. Healthcare needs our kind of contribution. We really don't have to do anything but be available, responsive, and courteous. It will come our way because of the nature of what we do.

I've always pushed the idea of specialty consult as a means of inclusion within our health care system. This increases the volume of patients seen and illuminates our contributions to medicine in a more public way. Case management is a lot about how to act as a provider. If you try to be on par with physician, you spend a whole lot of time convincing people that you must be held at that same level. This may be valuable on occasion; but when the chips are on the table, we are not viewed the same as an allopathic physician. Earn respect by good evaluation and treatment. Refer when appropriate and admit when you can't treat someone or refer to someone who might do it a little different or better way. Maintain a two way street.

We need to encourage schools to push for more clinical training. Everyone should complete a one-year internship and go into hospitals and clinics and work in various departments. New grads should be able to work in a clinic, get paid, and that way get a sense for the flow and feel. Then they will understand the animal. We are turning out smart people with good educations. We need to give them a stronger chance to succeed within the medical culture.

What is your hope for how our medicine may go forward into the future?

My hope is that we do internships and have clinically savvy people coming into professional life. Here in our clinic we do fellowships for people who want to practice in multi-care facilities. They get paid but they also have classroom time, community involvement, and they manage cases all within a rehab setting. In this manner we help get to a place where our advice and clinical contributions are sought.

It is so important that we choose leadership that is promoting unity and inclusion. The independence piece is easy. In fact, unity and inclusion is what we should be seeking in our examples of leadership. There is *yin* and *yang* in this concept. We've watched what has happened with chiropractic medicine in this regard. There continues to be marginalization on their path. As we choose leaders we need them to think in a way that brings our medicine into clinical regard, not just locally or in one clinic but across the country. At the end of the day you are not different than a physician seeing 30 or 40 people or a nurse taking care of eight hospitalized patients. You should be able to sit down and have a cup tea or coffee or a beer with them and not feel a need to prove anything to that person, but you should be able to share the successes and failures of that day.

In your position of leadership, what do you identify as your most significant contribution?

We created an inclusive platform of discussion in North America. It had to do with the broader vision of discovering the aspects of who we were together as a community. It took persistence and discipline to get to that place. That is what I most happy about personally. I wanted to help create an atmosphere where people could explore how they felt and move through difficult times as a community. We had some terrible 2's and 12-year-old behavior-like activity, but we were a young profession.

In your position of leadership, what was the greatest challenge you faced and how did you overcome this challenge? Is this challenge still faced within our community today? (if applicable)

The biggest challenge I faced was in consistently attempting to bring the discussion back to the bigger playing field, the community at large, and not getting caught up in the struggle for identity and self-worth within the medical culture.

Everyone says that they want to do good work for the community of acupuncture and Oriental medicine. However, if you alienate persons by action or word, it is difficult to get a reasonable presence in the larger community. Unless you are thinking that popular demand will bring us to the pinnacle of success, we need allopathic medicine. We must remember that same popular demand, which asked allopathy for drugs and medical procedures is now turning to acupuncture and herbal medicine for a new approach - hopefully not an answer.

I would say yes, this is still valid today as a challenge. It is more of an undercurrent than previously; but I'm sure we can find times in which it is more than an undercurrent in general.

If you had to select one area of focus that you feel represents a "key" to the future of OM, what would that be? Why?

I think it is within the education of students. The key to the future of Oriental medicine is to determine how to educate in the schools, and the community at large, and the medical community. It should not be a different message for any of these.

You have to avoid alienating persons and find commonality which allows our uniqueness to show itself, but without it being fluffing of feathers and strutting. Our uniqueness is an unpolished gem, like a rock, and can only come forward when applied. It has nothing to do with from where it came or with you personally. Oriental medicine moved through India and throughout China. There is the French method, Toyohari, the 8 Principles, and Korean hand therapy. Everyone is trying to make it unique even within our own medicine. It is confusing to patients, for us, and for the medical community.

The key is education. What is unique about what we do is that we support the system in crisis and in the support of the system; you allow its unique power to come forward. You are a facilitator, not a director. There are people who argue with me about that. We need to facilitate discussion. Facilitation applies to how you educate yourself, how you carry yourself in public and in the treatment room.

Compared to Western medicine practitioners, we are now more sought after than ever. What significant factors do you think caused this shift? Why?

I think we are sought after because we support the patient's innate ability to heal and recognize their own empowerment. I think that is why.

There are a lot of things asked of our profession. There are requests from patients who have had everything done and for whom there still remains no answer—and yet they suffer. We have the ability to step into those areas and treat and get positive changes. People will say they should use our medicine sooner and they should. They should be triaged to us sooner.

The ability of our medicine to take a place at the table is not just because we declare that it works, but the thrust comes from the culture at large. It is useful. It is useful in clinical situations to see failures of our medicine as well as successes. In the bigger picture, there are those people we can't help and those instances are as important as are the successes in terms of trust. We have to have the courage to acknowledge when we aren't able to help a person and knowing when it doesn't work is valuable. We have limits. Our medicine has limits. Sometimes it is hard to acknowledge this *yin* component.

I still think that outreach into our community is not enough from our organizations. They tend to be insular.

Ian Cyrus MS, RAc, DiplAC

AAOM 1996-1999

Served on the AAOM board in various capacities as treasurer, vice president for 2 years under Robbie Fian, president, 1995-1996

What led you to study Oriental medicine?

My training started in martial arts. My teacher was trained the practice of acupuncture at the time. This goes back 40 years. I guess it was important to teach not just martial arts, but its healing aspects. For a number of years, I apprenticed in Korea, Japan, and China. By the time I returned to the United States, I decided to make it a profession and went to back school to get licensed to practice. I currently teach Choson Kwon bup, Hapkido, Tai Ji, Ba Gua, and Tae Kwon Do.

What was your biggest struggle as you developed as a practitioner?

Well, I think the biggest struggle was reconciling this unique medical theory paradigm that we call Oriental medicine and the Western attitude and approach to it. Those two things to me always presented a big struggle. To this day it is so, in fact, because I work in an integrated medicine setting in a hospital with hospital privileges. There is still that attitude that OM is less than conventional medicine. That attitude still persists in my opinion.

Who inspired you in your training during acupuncture and OM school?

Several people. First, my Japanese martial arts teacher. My first exposure came out of the Japanese tradition. I spent a lot of time in South Korea, and several people there were important in mentoring me such as Dr. Richard Tan., I was one of Dr. Yi Tian Ni's students. Dr. Mark Seem, director of the Tri-State College of Acupuncture where I graduated, is another.

What keeps you inspired in your practice or tutorial life now?

Well, there are few people like me who are part of a Western medicine establishment, practicing as a full time provider. Within that context it is challenging to break down preconceptions and misconceptions of OM and its scope. That is what keeps me motivated. I've been in this system for 12 years, so I've seen a lot of change. That is what keeps me going. In the Philadelphia area, where I am from, I work at Thomas Jefferson University Hospital. I'm frequently featured on radio and television stations in an effort to integrate OM philosophy to the greater healthcare community. A lot has changed in that 12 years. I believe that a major goal is for OM practitioners to sit side by side with our allopathic counterparts as part of a total healthcare team. That is what keeps me going, inspired, as you say.

Do you have any advice for today's practitioners?

Yes, I do. Actually it's quite simple. When I look at how few people support our national organization, it is horrible. We must come together and put stylistic differences aside. There is Chinese OM, Korean OM, Japanese OM and a lot of nationalistic behavior. We all need to come together and work toward OM becoming a viable medicine within the health care community or else we'll be stuck and subsumed by conventional medicine.

We need to get to the point where legislative titles are the same in each state. We now have LAc, RAc, DAc. We have all different types of titles. We need to get to a point where we have one title across the board. Acupuncture titles now depend upon what state you live in or how they appear on diplomas, depending upon what school we graduate.

We need national consistency in state laws so there is no disparity between academic and legislative titles. We need to have one title so that people can recognize us. We need to remember that we the practitioners drive the legislative force and without us schools have no business.

I want to impress that it is necessary to shed our differences and look at the long-term service to this medicine. If we don't, conventional medicine will subsume us.

Look at what has happened with homeopaths. That will happen to us if we are not careful. That is my two cents worth. If we want to be primary care providers then we must seek the highest professional degree, whether that is DOM or OMD. It is where we have to get, so we are taken seriously.

What is your hope for how our medicine may go forward into the future?

Like I said, it is my hope that we are not subsumed. My hope for the future is that we are truly integrated into mainstream medicine. I hope that a DOM is considered a primary care provider and is therefore able to sit side by side with medical doctors to be part of the healthcare team. There is all of this disparity, but it doesn't have to be that way. In South Korea MDs and OMDs are on equal footing not one over the other.

In your position of leadership, what do you identify as your most significant contribution?

Well, when I took over as president of the then AAOM, I took what was essentially a tabletop organization and moved toward a professional type of operation. For example, I hired a management company to run it professionally. I required parliamentary procedures, which took the board meetings from three days in length down to one day. It was time to do away with that habit. Time was saved, which means money was saved by the organization. I also required the board members to be trained in parliamentary procedures. Unless you under-

stand Robert's Rules of Order it is hard to control a meeting. At that time we were discussing the first professional doctorate, and I was involved in several committees related to that topic. I spent the entire term fighting with the FDA over herbs. That was the first time the AAAOM had a legal budget as a 501c3. I was only president for one year but even as vice president I was very busy. It was the first time our national convention was streamlined so we didn't waste money there. We had the national convention in D.C., and there was an improvement. If I were to look at the year I spend as president, I'd say that I moved the organization forward.

In your position of leadership, what was the greatest challenge you faced and how did you overcome this challenge? Is this challenge still faced within our community today? (if applicable)

People had had an idea about how things worked and my coming with tremendous experience wasn't always well received. I am a former FBI agent. I was well-traveled and disciplined. A lot of people didn't take too kindly to that, but it was necessary to save time and money. That was my biggest challenge: overcoming the old ideas of how things needed to be done.

If you had to select one area of focus that you feel represents a "key" to the future of OM, what would that be? Why?

There are a couple of things that need to happen. First we need to standardize the title across the board so we are not called differing titles depending upon where we go. With the support of practitioners joining the professional organization and becoming active in the political process other things will fall in place, like insurance. If that does not happen we will be in a state of arrested development.

Compared to Western medicine practitioners, we are now more sought after than ever. What significant factors do you think caused this shift? Why?

Here's what I think: it has to do with media coverage and people in power, like Oprah and others giving airtime to OM modalities. That sort of thing has helped push things forward. In Philadelphia, it is only because I have connections with local stations that pieces on OM appear on the news. Using media is a big shift, not to mention that practitioners out there doing a good job.

Harvey Kaltsas, AP, DiplAc

Vice President Florida State Acupuncture Association Oct 1985-January 1987 and editor of the Florida State Acupuncture Association newsletter prior to that.

Served on the Florida Board of Acupuncture January 1987-January 1991 and

July 1999-January 2001. (functioned as chairman and vice chairman)

Vice President of AAAOM April 1991-April 1992

President of AAAOM April 1992-1994

What led you to study Oriental medicine?

In 1970, I was into Tibetan Buddhism, and I went to a mountaintop to do a two day meditation on the nature of reality. I wanted to see the clear light that they talk about in the Tibetan *Book of the Dead*. I ended up in a hellacious lightning storm with lightning strikes within inches of my body. It was a blinding image that was really more than I had bargained for. I came off the mountain wanting to understand more about this strong primordial electrical energy which the Indians called *prana*, the Japanese called *ki*, the Chinese *qi*, and Native Americans the "Great Spirit." Soon thereafter I met Michio Kushi and started studying macrobiotics and the philosophy of Oriental medicine with him. He had these radical ideas that food has something to do with health and that with acupuncture, Do-In, herbs, and a properly balanced diet you could cure yourself of disease. This was heresy to mainstream American culture and medicine then. Imagine how far we've come.

Who inspired you in your training during acupuncture and OM school?

I also got quite interested in Wilhelm Reich who wrote about orgone energy, which basically is *qi* from the viewpoint of a physicist. His writings were banned and his books were burned by the FDA. He was put in a federal penitentiary and died there because he had the temerity to suggest that cancer was caused by a blockage of the flow of orgone or *qi*. At that time I had a friend who was able to get me into the Harvard Rare Book Library where the only two remaining copies of Reich's books were to be found in all of North America because the FDA had burned the rest of his works. I was able to photocopy them and they still inform my underlying perspectives about *qi*.

Dr. Nakamura from the Meiji Institute of Japan was also one of my influential teachers. He introduced us students of Michio to the wonders of acupuncture and moxibustion.

Then in the fall of 1972, I went to Canada to the North American College of Acupuncture to study acupuncture with Dr. Leung.

Next I returned to Boston in December of 1975 and apprenticed with Dr. John Ho Fen Shen and Dr. James Tin Yao.

In March of 1976, I started at the New England School of

Acupuncture (NESA) so I was enrolled in school at night 14 hours a week and working with Drs. Shen in his clinic during the day, 48 hours a week.

Ted Kaptchuk was also a fabulous teacher, and from 1982-86 I studied with Wallace S. Willman, DO, who, though once head of the American Osteopathic Association, had the humility to go to China for three months in 1970 to study acupuncture and then brought back an acupuncturist to the U.S. to tutor him for two years. Dr. Willman taught me more than anyone else to respect the power of acupuncture and Oriental medicine compared to Western medicine, which he had practiced for forty years. In time, I also got to study with Stephen Birch, who is truly a gift to our profession.

What was your biggest struggle as you developed as a practitioner?

Finding teachers was the biggest struggle. You had to search high and low to find teachers. As I said, I traveled back and forth from Canada and Boston. There were very few books published in English. That is why I look in awe at what is available today as far as the many English books in print and the number of teachers here from the Orient.

You have to realize that when I worked for Dr. Shen I had to clean the clinic, do moxa and pull out needles on upwards of 40 patients a day, sterilize needles in an autoclave each morning, then inspect them with a magnifying glass, then clean and sharpen them, and then re-sterilize them. I did this for hundreds of needles each and every day. And I had to wash Dr. Shen's car, chauffeur him back and forth to New York, shine his shoes, and pick-up his secretary each day who lived 10 miles away. I was really a servant, but I still cherish the experience and the opportunity. It taught me the right spirit with which to approach the practice of medicine: as a servant. I was working 48 hours a week in clinic without pay and was in school at night. That is why I don't have a lot of sympathy when I hear students in acupuncture school these days complaining about how hard it is. I appreciated that time of development.

Another big struggle was getting the training and then finding a place to practice legally or illegally. When I was starting in 1970 no one knew about acupuncture. Then when James Scotty Reston went to China and wrote about acupuncture in July, 1971, it was on the front page of the *New York Times*. Very soon after that, 50 boards of medicine in all the states got together at the behest of the AMA and declared acupuncture to be the practice of surgery. They made it a 3rd degree felony in all 50 states for anyone to do acupuncture unless it was an MD in a hospital research setting.

By 1977, after I'd graduated from NESA, the Arizona law stated that you could practice under a DO, so I did that for a little

more than a year. By the way, each visit was \$35. The doctor kept \$25 and I got \$10, so that wasn't so good.

I also worked for a while in Mexico. The little town of Nogales let me practice there because the mayor, the mayor-elect, the treasurer, and the police chief were all patients of mine. But they expected me to treat all of their families for free, too. Eventually I didn't have any time left for paying patients so I stopped doing that. Then I moved to Pennsylvania because my father had a family business, and he needed me to join him. I worked part time under the radar there in a chiropractor's office, where I started to learn about the role of Western nutrition and functional medicine.

What keeps you inspired in your practice or tutorial life now?

Patients are the biggest inspiration. How they continue to open up my heart is endearing. You get immediate feedback from them. They respond well and express gratitude. Most people don't get that in their jobs. If you work at MacDonald's, which I did for a while in college, people are not grateful and thanking you. If you work as a lawyer, you don't get good strokes every day for doing your job. It's a joy to work with patients because they usually get better. They usually come to me because they have already been failed by Western medicine, and they want an approach that works.

Do you have any advice for today's practitioners?

Yes, I do. Get a good, well rounded education in acupuncture, herbs, functional medicine, and nutrition. That makes it a lot easier to practice and make patients well.

It is important to talk with patients about the context of their lives related to their health. There are things patients can easily do that impart a wealth of benefits. It is important to be able to teach patients fundamentals about their health so they don't make themselves sick and undo the work that you are doing.

As an example, in 1984 I visited a friend in New York City. He had a friend with a bad sinus problem. We sat in Japanese restaurant for about an hour talking about his symptoms. Across the street from the restaurant there was a Korean pharmacy, and we went in and bought some herbs. I talked to him about what foods to avoid and how to be well. After this he invited us up to his home for a little after dinner party. He proceeded to break out this enormous bag of cocaine, like a kilo of cocaine, and rolled up hundred dollar bills for snorting cocaine. It had never occurred to me to ask the guy if he was doing coke. So there are a lot of things patients can be doing in their lives which are adversely affecting their health.

Iatrogenic disease is important here, too. The AMA acknowledges that about one quarter of a million people are killed by medicine each year, but there are another half million people who die from the long term after-effects of too much exposure

to medical X-Ray radiation, which the AMA does not acknowledge. I wrote a book about it called *X-Ray to Death*.

We can and should help alert patients to medical and lifestyle causes for their health issues.

What is your hope for how our medicine may go forward into the future?

The present medical system isn't cost effective, and too often it harms people, whereas our medicine is very safe and effective. If we were able to go head to head without legal and financial barriers to practice on a level playing field, it would be easy to demonstrate this. We don't have a truly level playing field in what should be this capitalistic free market environment. It is not a true free market where professions get to compete on a level playing field.

Western medicine is subsidized, but acupuncture is not subsidized. It is usually an out of pocket expense for patients to see us, whereas insurance often covers medical treatments. There are huge amounts of money spent on advertising to promote use of pharmaceuticals, and almost none is spent to promote the use of herbs. We simply do not have the advertising budgets that pharmaceutical companies have. We rely almost exclusively on positive word of mouth.

As economic and health crises become more and more apparent, it will be obvious that Western medicine is less effective and more dangerous. There are of course some areas in which Western medicine is necessary and works well. Ideally patients should benefit from the perspectives and the treatments of both Eastern and Western medicine.

As a first step toward this end, it is necessary to pass licensing legislation in all states. There are still six states which need acupuncture practice acts. Another important step is to get acupuncture included in the national health insurance system. Also it is important that we do more research and publish and distribute that research widely.

In your position of leadership, what do you identify as your most significant contribution?

When I was 22 years old I was a primary advisor to the exiled prime minister of Greece, and I helped inspire him to regain power. I learned a lot about political savvy and intrigue during that time. Most important, I came to see politicians as just people. I also had college friends with family members high up in politics. So I had some experience in approaching those types as individuals.

In 1986 I saw problems with Florida's regulatory structure, and I found a way to get myself and two other acupuncturists appointed to the Florida Board of Acupuncture, giving us a working majority. We were all well aligned with one another, and we got many regulations passed, which we further refined and expanded in 1999 and 2000

Besides coining the phrase “Acupuncture Physician” and codifying it into Florida law, perhaps my most significant contribution was in writing and passing into law most of the language in the Florida Acupuncture Practice Act, which then became the template for AAAOM’s model bill for states seeking to pass licensing legislation.

If you had to select one area of focus that you feel represents a “key” to the future of OM, what would that be? Why?

Besides continuing to upgrade our professional training, the key to the future lies in comparing and contrasting our services with that of the existing Western medical model - demonstrating that what we do that is safe and cost effective and where it is that we fill in gaps in the current health care infrastructure. We are a very small fish in a big pond, but we are a very smart fish. The truth is we are safe and cost-effective, and we need to say that over and over again to the public and to the government. Also, we need to support and disseminate research that proves we are safe and cost-effective.

If you compare and contrast iatrogenic occurrences, if two patients in a decade die from acupuncture, that is quite rare yet highly publicized. However, although 250,000 patients die as a result of the iatrogenic impact of conventional medicine, no one talks about this, except perhaps the *Journal of the American Medical Association* on rare occasions.

We need to shift awareness and educate people. The work we do usually does not harm. It is possible to cause harm, but we are educated to use our medicine properly to avoid that. We are not infecting people. We use sterile needles. We use herbs whose effects have been observed for centuries. This is in contrast to drugs, which have not been tested for hundreds of years. Often 5 or 10 years can pass after a drug is released when we discover their serious side effects.

In 2003 there were 1500 pharmaceutical lobbyists in Washington to promote passage of legislation favorable to their interests. For the past decade we have not even had one professional lobbyist. I hope to see our organizations get stronger too. If all acupuncturists contributed just \$1/day, our profession would be in great shape.

Compared to Western medicine practitioners, we are now more sought after than ever. What significant factors do you think caused this shift? Why?

Although people may take drugs, they usually don’t want to take them. They would rather not need them. The Western system fosters dependence of patients on doctors and on drugs. The average acupuncturist has 500 patients a year, and there is a rapid turnover because those patients get better. The average medical doctor has 3,000 patients a year who keep returning for 3-5 years to be propped up with medications. We help people get better and don’t foster dependence upon

drugs. Intuitively patients appreciate that when they come to see us, we help their bodies to heal instead of creating dependencies. People really want a cure, not a crutch.

Do you have any advice for today’s practitioners?

My first piece of advice is get a good education and then to move. Move away from the town where you went to school. Often you end up with 100 acupuncturists trying to make a living in the town where the school is, and 30 miles away there is not an acupuncturist. When I graduated from NESa in 1977 there were only a few hundred acupuncturists in the entire country. There were 14 people in my class, and most settled in Cambridge so there were 30 practitioners in the Boston area. Instead I moved to Arizona, where there were only 2 in the whole state, and I had a thriving practice from day one. Many parts of the country are underserved with Asian medicine. Let go of your comfort zone and move to an area where you are needed.

Also, we want to be eligible for student loan forgiveness programs. That is where you can agree to move to an underserved area for several years after graduation, and in return your student loans are forgiven. But we need to be part of the Federal Student Loan programs to do that, which requires being included as Medicare providers. This would be an added benefit to passing HR646, the Federal Acupuncture Coverage Act, into law.

Richard Kitaeff, MA, ND, LAc, DipAc

Affiliation and Dates Served for each

I was the first Western graduate of Meiji Institute of Acupuncture and Oriental Medicine in Osaka, Japan in 1975 and also participated in organizing and teaching the first training program in acupuncture and Oriental Medicine in Japan specifically for non-Japanese students at Meiji. I was founding president of the Washington Acupuncture and Oriental Medicine Association (WAOMA). I was also founding director of the Northwest Institute of Acupuncture and Oriental Medicine. Prior to the founding of this college, I taught classes in the living room of my house for three years to several members of the first class of NIAOM. Some of these (Alex Holland, Cindy Micleu, Jim Blair) have subsequently become leaders of the national Oriental Medicine community. I have owned and directed New Health Medical Center, a comprehensive natural medicine center, since 1982. I have published several articles and book chapters in journals and textbooks of acupuncture and naturopathic medicine, including the chapter on pain in the *Textbook of Natural Medicine* and the chapter on acupuncture in *Optimal Wellness*. I have also written a chapter on integration of eastern and western natural medicine practice in a forthcoming textbook. I was also appointed as the first acupuncturist to be a hospital staff member in the Northwest region. I also participated in legislative lobbying leading to the passage of the law for acupuncture practice in Washington State. As a member of the first graduating class of naturopathic physicians of Bastyr University in 1980, I initiated the first program of academic and clinical training in acupuncture and Oriental medicine for Bastyr students.

Meiji College of Acupuncture and Oriental Medicine: 1972-1977

WAOMA: 1979-82

NIAOM: 1981-83

New Health Medical Center: 1982-present

Northwest Hospital: 1998-present

Legislative lobbying: 1979-84

Capacity of Service for each

WAOMA: Founder and President

NIAOM: Co-founder, Academic Dean, and Instructor

New Health Medical Center: Owner and Director

Northwest Hospital: Acupuncture Pain Specialist

Meiji College of Acupuncture and Oriental Medicine: Graduate, Instructor, and Curriculum Development

Washington State Legislature: Lobbying for independent acupuncture practice law

What lead you to study acupuncture and Oriental Medicine?

I had a longstanding interest in medicine, completed pre-medical undergraduate training at McGill University in Montreal and was accepted to the medical school there. I did not feel, however, that Western allopathic medicine was the type of medicine I was interested in practicing. I subsequently did some post-graduate training and travel to Asia. While living in Japan, I encountered the research work of Dr. Hiroshi Motoyama on paranormal phenomena, carried out at the Institute for Religious Psychology in Tokyo. Through assisting Dr. Motoyama in his publications, I became interested in his hypothesis that the traditional Chinese acupuncture system of points and meridians constituted a subtle anatomy mediating the connection between mind and body in healing and psychic phenomena. Because of this theoretical or spiritual interest in Oriental Medicine, I sought training at a college of Oriental Medicine in Japan. After being involved in the training program at Meiji College of Acupuncture and Oriental Medicine, I became aware that this medicine was very effective in treating conditions that were unresponsive to Western medicine and then became interested in becoming licensed as a practitioner.

What was your biggest challenge as you developed as a practitioner or educator?

In Japan, my first challenge was finding a college of Oriental Medicine willing to accept a foreign student. I was refused admission at four colleges in the Osaka area before being accepted by Meiji College, which took an unusually open and global perspective. Once involved in the 3-year program at Meiji, I was confronted with three unfamiliar languages - Japanese, and the terminology of both Western basic medical sciences and traditional Chinese medicine. With the help of classmates and accelerated Japanese language learning, I managed to graduate and pass the Japanese national licensing exam. At the very earliest stage of development of AOM in North America, there were formidable challenges from the medical establishment. Medical doctors would refer mockingly to “quackupuncture,” and practice prior to licensing was dangerous from a legal standpoint. Initially, the Washington State Medical Board established control over the practice through a law requiring registration to practice under the supervision of a medical or osteopathic physician. Because these physicians had no knowledge of—or sympathy for—AOM, it took me almost two years to find a sponsoring physician. Even after independent licensing was achieved in Washington, it was another 13 years before legislation mandated insurance coverage to a large extent.

Who inspired you in your training during Acupuncture and OM school?

Dr. Hiroshi Motoyama, a Shinto priest and physiological psychology researcher, first inspired me to see the system of acupuncture meridians and points as a subtle anatomy system mediating between mind and body in healing and spiritual experience. After my graduation from Meiji College of Acupuncture and Oriental Medicine, I interned at the Osaka Medical College Pain Clinic with Masayoshi Hyodo, M.D. and the Kyoto Pain Control Institute of Kunzo Nagayama, M.D. These doctors were extending the practice of acupuncture and Chinese herbal medicine into the realm of integrated medical practice. Dr. Hyodo's work was particularly in the ryodoraku system of electroacupuncture and Dr. Nagayama encouraged me to fully use the traditional Chinese methods of diagnosis, acupuncture techniques and herbal prescriptions.

What keeps you inspired in your practice or tutorial/academic life now?

What is most gratifying is to discover new approaches from the thousands of years of Oriental Medicine practice that work, often when everything else has failed. Seeing patients get well brings a great natural high.

Do you have any advice for today's practitioners/educators?

I would encourage practitioners and educators to always see and listen to the patient and seek the most immediate practical treatment solution. I am influenced by Felix Mann, Richard Tan and other practitioners who often bypass the lengthy process of traditional Chinese differential diagnosis in favor of acupuncture techniques that work immediately to relieve pain and other symptoms. Once this is accomplished, the long-term plan for follow-up acupuncture series, herbal prescriptions, nutrition and other lifestyle recommendations can be established.

What is your hope for our medicine going forward into the future?

I certainly hope that patients will continue to educate their medical doctors on the benefits of Oriental Medicine and that the public consciousness of successful results will become so pervasive that our medicine will be totally accepted and commonplace in all medical settings.

In your previous position(s) of leadership, what do you identify as your most significant contribution?

I hope that I have played a part in introducing Oriental Medicine to North America, through my practice, teaching, writing, academic and legislative organizational work. My greatest success, in common with other practitioners, has been getting patients well.

In your previous position(s) of leadership, what was the greatest challenge you faced and how did you overcome this challenge? If applicable: is this challenge still faced within our community today?

The greatest challenge was to communicate the unfamiliar system of Oriental medicine to Western people and to the established medical community. As often as possible, I have attempted to write or speak about AOM to Western lay and medical audiences. The most successful way of responding to the challenge, of course, has been through successful treatment. This challenge will certainly continue, particularly in an increasingly competitive medical marketplace as the economy declines.

If you had to select one area of focus that to you represents a key to the future of OM, what would that be and why?

Acupuncture and Oriental Medicine have been particularly successful in treating pain and stress disorders, which have not responded well to conventional medicine. In Washington State, the Department of Health has stated, in a policy statement on pain management, that physicians "must consider other options before prescribing opiate medications." Since cumulative research on acupuncture pain treatment summarized by Dr. Bruce Pomerantz has shown that acupuncture is at least as effective as opiates in managing pain, it should be a "no-brainer" to demonstrate to the medical community that there is an absolute need for what we have to offer.

We are now more sought after than ever as a profession compared to western medicine. What are the significant factors that you have seen causing this shift and why?

There is increasing evidence of the limitations of Western medicine in controlling many symptoms and persistence of chronic or degenerative conditions.

Since acupuncture and Oriental Medicine have shown success in exactly these areas of greatest limitation, patients will continue to seek alternatives to resistant antibiotics, pain and psychiatric medications that have negative and addictive side-effects. The best argument for choosing our medicine will always be that it works.

Raven Lang, LAc, OMD

Affiliation and Dates Served for Each

I have taught for CSOMA, AAAOM, Bastyr University, Five Branches, Southwest Symposium (in Texas), California Association of Midwives, Midwives Association of Hawaii, Midwifery School in Amsterdam, The Netherlands.

There are too many affiliations, and I cannot remember them all. Independently, in 2007 I taught in five Workshops at Mayway Inc. (4 in obstetrics and one in pediatrics)

In 2008 I taught for the doctoral program for Five Branches in obstetrics and at CSOMA for several years, but I cannot remember which. I taught CAM in 2006 and in about five other years previously. 2005 at Bastyr University. I have taught for the past 30 years, so these are the current dates I can remember.

Capacity of Service for Each

Teacher for workshops

Teacher for classes in universities

Plenary speaker for conferences

What lead you to study acupuncture and Oriental medicine?

I had a personal experience in passing a kidney stone that led me to question Western medicine as an end all. From there I learned a little about “East meets West,” and from there, like a rocket force, I strove to learn more. Within several months of my first class in TCM, I was enrolled as a full time student at ACTCM in their second year of teaching (1982).

What was your biggest challenge as you developed as a practitioner or educator?

In my 20s I was a high school teacher, so teaching was always easy. In my mid to late 20s I turned my attention to medicine and became a midwife, starting the first birth center in North America and writing the first book on home birth in North America. For 20 years I practiced as a midwife. Seventeen years into that journey I became aware of TCM and began my study. There was never a challenge to any of it. It all went smoothly. Perhaps the biggest challenge was that midwifery was not legal when I began my studies, so there were many years of fighting for appropriate legislation.

Who inspired you in your training during acupuncture and OM school?

Dr. Miriam Lee was the most influential. Dr. Hal Balen was the first one who put me on the road. Martha Benedict LAc was the first practitioner I met personally, and was the first to inspire the idea that I might also do what she did.

What keeps you inspired in your practice or tutorial/academic life now?

Patients, success, the many “miracles” of TCM.

Do you have any advice for today's practitioners/educators?

I think the educators should teach from the heart and not from a power point. Whenever I attend a workshop for CEUs and learn in the class that what we get is from a power point, I am highly disappointed. I love case histories, especially when following someone's logic of either TCM or their own insights.

What is your hope for our medicine going forward into the future?

A true marriage between traditional Chinese medicine and Western medicine. I would like TCM to be woven into the fabric of American medicine so that people have choice. However, I would like TCM to maintain its own diagnosis and not lose its beauty, replacing it with Western diagnosis. I think the two should be equal and separate and offered as treatments of choice.

In your previous position(s) of leadership, what do you identify as your most significant contribution?

Curiosity, courage, ability to think out of the box. I am consistently told by students of my good teaching skills. I believe it is because I use narrative with TCM principles, and I am grateful to also use and understand other forms of medical knowledge such as Western medicine, the use of psychology in medicine, the use of art in medicine. Listening as an art.

In your previous position(s) of leadership, what was the greatest challenge you faced and how did you overcome this challenge? If applicable: is this challenge still faced within our community today?

The greatest challenge I face in my leadership is in the fact that many TCM practitioners want to work with pregnancy and pediatrics but are frightened. I find that they fear it due to malpractice requirements such as in obstetrics, or their minds have yet to open to it, because they don't understand it (a weakness in the teachings in schools).

If you had to select one area of focus that to you represents a key to the future of OM, what would that be and why?

Clinics where the two worlds of Western and Eastern medicine share space and clients. This would help those who are not familiar with TCM to accept it and as a result be healed by it without the many negative side effects of Western medicine. I feel the “key” is going to come to the country in a big way as a bridge that has both forms of medicines on either side of it.

We are now more sought after than ever as a profession compared to western medicine. What are the significant factors that you have seen causing this shift and why?

People become more knowledgeable as time passes. They meet people who were healed by TCM or have personal experiences that have hurt them with Western treatment. TCM has become far more mainstream in the past 26 years (since I began my studies) and I believe that is the shift to not only acceptance, but the fact that it is sought after. Also, it is no longer completely foreign to many people to consider needles or herbs for one condition or another.

Lixing Lao PhD, LAc

Whom did you represent in your leadership capacity?

- 1) I was co-president of the Society for Acupuncture Research (SAR) from 2003 to 2007.
- 2) I am the recently appointed editor-in-chief of the AAAOM's journal, *The American Acupuncturist*.
- 3) I have been the director of the TCM research program of the Center for Integrative Medicine at the University of Maryland School of Medicine since 2000.

What led you to study Oriental medicine?

The major reason is that in growing up in China and living in the culture, I was exposed to acupuncture and traditional Chinese medicine since my childhood. Oriental medicine is widely used in China for chronic and musculoskeletal issues, although acupuncture used to be used for emergency medicine to rescue patients in life threatening conditions in ancient literature. Nowadays, it is still common in China that patients with musculoskeletal disorders turn to Oriental medicine for before considering invasive or surgical procedures.

I started acupuncture as a hobby at the age of 16 when I was a high school student. On one occasion, I was treated for acute abdominal pain during field education in a countryside village. I remember the pain was excruciating, but when the doctor inserted a few needles in my legs, it immediately eased up. I never even had to go to the hospital following this treatment. I was fascinated by this ancient technique and started to learn from this physician.

My second field education assignment was to a hospital in which I had the opportunity and luck to be apprenticed to other physicians of Chinese medicine. Due to the Chinese "Cultural Revolution" (1966-1976), I was assigned to a factory and became an electrician for about seven years. During this time I treated many of my colleagues, friends, and relatives with my acupuncture "hobby." The only reward I received from this was the feeling of achievement and seeing the happiness of patients who were able to recover from severe pain or illness, particularly those who had failed to respond to conventional medicine.

What was your biggest struggle as you developed as a practitioner?

Twice in school I experienced such struggle.

As I said, at the age of 16 I started learning through apprenticeship and independent study, and I treated people successfully. By the time the Cultural Revolution ended, we were allowed to take entrance exams for medical school. I went to the Shanghai College of Traditional Chinese Medicine (now Shanghai University of TCM) in 1978. I suddenly realized I had a lot to learn, and the more I learned I realized the less I knew. The extensive simultaneous training in Western and traditional

Chinese medicine was especially challenging since the two disciplines are based on such different concepts. We students even doubted that there was any science at all in TCM before we understood better after many years of training and practice. The second time was when I completed my PhD program in the U.S. I came to the U.S. to pursue a PhD, obtained my Maryland acupuncture license, and started a private practice during my five years of graduate training in the University of Maryland, Baltimore. When I finished the Ph.D program in 1992, I faced a choice: either follow a postdoctoral fellow track in which I would be unlikely be able to use my knowledge of TCM or continue in my private practice in which I might not be able to use my Western training. I was fortunate because at that time the University of Maryland started an integrative and complementary medicine program under the leadership of Dr. Brian Berman. I was lucky to be able to join the program, in which I could use both my TCM knowledge and training in Western research methodology.

Who inspired you in your training during acupuncture and OM school?

My professors at Shanghai University of Chinese Medicine were my major inspirations in acupuncture and Chinese medicine. In particular, Professor Li Ling's extensive knowledge of ancient Chinese literature made me realize how much there was in the ancient literature that could improve our clinical practice; Dr. Liu Yan taught me the importance of needling technique; Dr. Wang Boxiong helped me to understand how to enhance treatment effectiveness by maximizing our clinical experience rather than simply copying the textbooks.

What keeps you inspired in your practice or tutorial life now?

My patients have been keeping me inspired. I really enjoy my AOM practice, in which the variety of conditions I see and patients' dramatic responses to TCM treatment are so fascinating and full of surprising successes. As with every acupuncturist, the patients' words, "I feel much better," make every day brighter.

The interesting findings of my research in acupuncture and TCM also keep me inspired. When I graduated from the PhD program in 1992, the office of Alternative Medicine was established in the National Institutes of Health (NIH). I have been successful in getting grants for TCM research from NIH and also the Department of Defense. I remember that in the earlier stages of TCM research in this country, particularly in allopathic medical schools, physicians were very skeptical about acupuncture. One major reason that my collaborating physicians and dentists at the University of Maryland supported me was that I was able to demonstrate surprisingly positive

results on their patients and even themselves. Then, too, the rigorous scientific methods used in our research to evaluate the efficacy and safety of acupuncture gained the respect of many physicians and researchers. Paper by paper and grant by grant, we successfully published and received continued NIH funding. Evidence-based medicine can help us improve clinical practice. In my opinion, the best medicine is the integration of complementary and conventional medicine. This allows us to maximize treatment effects by minimizing the side effects of conventional medicine while enhancing the effects of complementary modalities such as TCM. This is a very exciting path toward the future of medicine.

Do you have any advice for today's practitioners?

As we know, acupuncture practice is a highly skilled and demanding kind of practice. It is critical to practice our needling technique in order to enhance our treatment effectiveness. Nowadays, many students pay much attention to memorize point location and TCM theory but spend little time practicing acupuncture needling technique. I hope more emphasis on this aspect of training can be improved in acupuncture training programs.

Differentiation is the essence of TCM practice. Accurate differentiation leads to accurate herbal formula formation. When we use more and more symptom-oriented patented herbs for convenience, we may gradually lose our ability in TCM differentiation.

What is your hope for how our medicine may go forward into the future?

My hope is that AOM becomes more integrated into biomedicine practice. This will enhance the treatment effectiveness of AOM and reduce the side effects of biomedicine. The best medicine is the combination of the best of each to come up with the best treatment for the patient. Secondly, in Western biomedical schools, evidence-based research is part of the curriculum. I hope AOM practitioners can be trained to understand and interpret AOM research findings so that our practice can also become evidence-based. AOM research should not just “prove” that AOM works but more importantly should advance our knowledge of its mechanisms. We need to understand how our treatment modalities work in order to understand how to enhance treatment effectiveness.

In your position of leadership, what do you identify as your most significant contribution?

I think I contribute very little compared to many other AOM leaders. I guess my most significant contribution to AOM is that I have developed research methods in acupuncture and TCM that make it possible to evaluate AOM using rigorous scientific methods. This has made AOM more and more acceptable to mainstream medicine. As co-president of the

Society for Acupuncture Research, I co-chaired an international conference on acupuncture research at the University of Maryland, Baltimore. The conference was co-sponsored by the National Center for Complementary and Alternative Medicine and other offices and centers in the NIH. Over 300 participants from 20 countries attended the conference. I believe the conference significantly promoted and advanced the field of AOM research. I also was invited to give a presentation at the NIH-FDA workshop on acupuncture devices in 1994 which led to the re-classification of acupuncture needles as “medical devices.” In 1997, I was also invited to give a presentation at the NIH Consensus Development Conference that concluded that acupuncture is useful treatment modality for patients with various diseases/conditions.

In your position of leadership, what was the greatest challenge you faced and how did you overcome this challenge? Is this challenge still faced within our community today? (if applicable)

The greatest challenge was and still is scientific research on OAM – how to appropriately evaluate the efficacy and effectiveness of OAM using scientific research methodology. Because the current so-called gold standard methodology was designed to evaluate new Western drugs, it may not always be appropriate for evaluating the true effect of Oriental medicine, which has for thousands of years developed within a distinct and unique theoretical system. Therefore we should broaden the scope of our research methodology to be able to evaluate the AOM “outside the box” of the conventional standard. As AOM in the Western world is relatively new and the effort to evaluate these modalities scientifically has just begun, research difficulties and challenges are inevitable. We need to be more innovative and be persistent in AOM research.

If you had to select one area of focus that you feel represents a “key” to the future of OM, what would that be? Why?

I believe scientific research will continue to be the key to the future. Over the past decades, acupuncture research has received more and more attention from the medical community as well as the public at large. Research on other OM modalities, such as herbal medicine, has just started. As more scientific evidence shows the safety, efficacy and cost-effectiveness of OM, we will be able to provide better treatment to our patients, and more insurance companies will be willing to cover AOM treatment. Furthermore, scientific research is the only way to bring about mainstream medicine's acceptance of OM. Although the research data sometimes can be controversial or contradictory, if we see that numerous patients benefit from AOM therapies in our daily practice, we should be confident of overcoming the methodological challenges and will develop ways to truly evaluate the real benefits of the AOM. This will move the field forward.

Compared to Western medicine practitioners, we are now more sought after than ever. What significant factors do you think caused this shift? Why?

There are two main factors, and they influence each other:

First, effective and safe AOM practice. When many patients are fed up with the side effects and the sometimes ineffective treatment available in Western medicine, they look for alternatives. When they find that these alternative treatments provide effective relief of their sufferings and are safe to use, they seek more AOM treatment. Patients often “vote” with their feet even if they have to pay for the service from their own pocket, as several patient surveys have found.

Second, scientific research. Because AOM therapies are widely available to patients and the public at large, scientific evaluations of these therapies have been emerging and proliferating in recent years. More research findings then encourage more patients to seek AOM treatment and also make AOM more acceptable to the mainstream medical community and third-party payers.

Pamela J. Lee, PhD, LAc

BS, Physical Therapy, USC, 1974; MPA in Health Services Administration, USC, 1979; BS in Acupuncture, SAMRA University, 1985; PhD in Oriental Medicine, SAMRA University, 1988

Affiliation and Dates Served for Each

1983-93 SAMRA University of Oriental Medicine

Board of directors; Past Treasurer

California State Oriental Medicine Association

(Formerly, California Association of Acupuncture and Oriental Medicine and California Acupuncture Association)

Board of Directors and Executive Committee

1989 Insurance Committee Chair

1990 State Chair

1991 President

1992 Immediate Past President

1991-93 Council of Acupuncture & Oriental Medicine Organizations

1991-94 Board of Directors

1991 Vice President for Legislative Affairs

1992-93 President

1997-02 Accreditation Commission for Acupuncture and Oriental Medicine

Commissioner; two 3 year terms

1998-00 Secretary Treasurer

2001-02 Vice Chairman

2007- Present

Trudy McAllister Scholarship Fund

Triskeles Foundation

Scholarship Fund Advisor

1987-Present California State Oriental Medicine Association

1990-Present American Association of Acupuncture and Oriental Medicine

APPOINTMENTS

1991-92 California State Acupuncture Board

(formerly California State Acupuncture Committee)

Planning and Development Subcommittee

What lead you to study acupuncture and Oriental medicine?

When I was working as a vice president/assistant administrator for a large 411 bed teaching hospital in downtown LA, my cousin, who was an RN, invited me to accompany her to a weekend acupressure workshop led by Pedro Chan. For the fun of it I readily accepted and during that weekend the introduction to acupuncture and Oriental medicine stole my heart. I was so intrigued and excited that I called the State of California on Monday and spoke with the then Acupuncture Committee, got a list of the schools, and called the one closest to the hospital, which happened to be SAMRA. I asked if I

could observe a class, and before I knew it I was enrolled. Unbeknownst to me, my father, who was a lawyer, had done some legal work for the school so there was a connection for me. I attended classes and clinic over a protracted period of time due to my full time work schedule, but eventually I completed the necessary hours to graduate and sit for the board exams. Nobody in my family or any of my ancestors, as far as I know, has been involved in Chinese medicine. In fact, my brother and sister are Western medical doctors, so when I started to study OM, as my third career, I was definitely going against the grain in my family. Also, I had no personal experience as a patient of OM, but had observed it in China as a traveler. The medicine simply resonated within me during that weekend, I and knew it was something I had to pursue.

What was your biggest challenge as you developed as a practitioner or educator?

Back in the late 1980s, acupuncture and OM was still considered “alternative medicine” as opposed to “complementary medicine,” and later “integrative medicine,” and not widely utilized or recognized as it is now. While some patients were drawn to the “mystique” of the medicine, others wanted to know more about it, clinically and scientifically. After my first three years of practice in the LA/San Fernando Valley area, I moved to the central coast of California to a small town of under 20,000 people, surrounded by other small towns. My challenge was to educate the public about our medicine, so I immediately joined the Chamber of Commerce and got on the lecture circuit of the various service clubs in the area. It helped that one of the largest employers in the area, the school system, provided insurance coverage for acupuncture services. With the endorsement of a few town players, I was off and running.

The greater challenge for me was becoming immediately involved in the profession and politics of OM to further promote the profession to the public. The absolutely GREATEST challenge for me was to work towards raising the awareness of practitioners to join the professional associations of their choice and to come together and fight for common goals, such as (expanded) scope of practice, insurance coverage, appropriate professional titles, education curriculum and experience. Having been trained as a physical therapist who had worked in hospitals and then worked in hospital administration, I was comfortable and knowledgeable in the Western biomedical environment. This background and experience provided a good foundation for the practice of OM as a solo practitioner in an outpatient, stand-alone environment. I believe that this allowed me to be a fairly successful OM practitioner who could relate to and be conversant with patients’ problems in Western biomedical terms as well as communicate with my patients’ other practitioners. Back in the late 1980s and early 1990s, many graduates were

not successful at sustaining a full time practice and had to continue working part time in other fields. It is my belief that inadequate training and experience were largely factors in this scenario; practitioners lacked the confidence and background to succeed in a Western based medical environment.

Who inspired you in your training during acupuncture and OM school?

When I first started acupuncture school, there was only one textbook, “The Essentials.” Mostly we worked with copied handouts. It was a huge challenge to understand the material. Also, most of the lectures were in Chinese, and we listened to poor translations. Current students have no idea how lucky they are to have multiple textbooks and source material at their fingertips. I can’t say that my early education in OM was inspiring, but the subject matter was so interesting that it kept me slogging through, digging for pearls and a greater depth of understanding. Certainly there were some educators and practitioners in the field starting to lecture and write, including, but not limited to, Miki Shima, Ted Kaptchuk, and Bob Flaws who were and continue to be inspiring.

What keeps you inspired in your practice or tutorial/academic life now?

I have bookshelves lined with OM textbooks—more than I will ever have time to read and understand. But they await me when I need to research a challenging case. Through CEUs I have also expanded my education into the field of nutrigenomics and “functional medicine” by attending lectures sponsored by Metagenics, a research-based, well respected nutritional supplement company based in WA, founded by Jeffrey Bland, PhD. This is an area that NDs are well versed in, and I believe can be an important adjunct in the practice of OM. Certainly, as practitioners of OM, we are attracting very complex and difficult cases, patients who require additional support or an entirely different approach to their care. Helping these patients, even in some small way, helps to keep me inspired.

Do you have any advice for today’s practitioners/educators?

1. Get the highest level of education that is available in the field. Current and future students should obtain doctorate degrees in OM. It is important that patients see that you have advanced degrees in your field. Get comfortable with, and study, Western biomedicine, especially functional medicine.
2. Hire front office staff as soon as you start a practice. You not only appear more professional, but your office staff will help you to grow your practice by booking appointments, billing insurance, and allowing you to focus on the patient rather than the collections aspect of practice, which most of us find awkward and uncomfortable.

3. Set your fees appropriately and do not undercharge.

4. Network with other types of practitioners in your area. Get monthly chiropractic and massage treatments yourself.

5. JOIN YOUR PROFESSIONAL ASSOCIATION AND PAY YOUR DUES. It’s unfair that practitioners don’t support their colleagues who give so much of their time AND money to further the profession for all to enjoy. It’s the least one can do. And if possible, volunteer for a committee or project. Patients like to know that you are proactive and participate in other related activities.

What is your hope for our medicine going forward into the future?

“Integrative care” where OM, TCM, CM, AM or whatever it is called, stands side by side with Western biomedicine in all practice settings, hospital, rehab, outpatient, sports, disaster relief, etc. OM is a distinct type of medicine that can “work” and be applied according to its own principles and theory. Although its mechanisms of action can be increasingly “explained” by scientific and Western terms, it should remain intact as its own entity and specialty. As such, to gain greater respect and have more resources available for the education of students, OM may need to be increasingly taught at the university level, where multiple medical fields are taught as opposed to smaller, free standing schools and colleges. With strong administrative leadership and well educated and experienced faculty, OM departments can thrive alongside other Western specialty fields. If physical therapists are being educated and graduated with doctoral degrees, there is no reason why practitioners of OM shouldn’t be there as well.

In your previous position(s) of leadership, what do you identify as your most significant contribution?

In the past there were problems with distrust and communication between the Asian and non-Asian practitioner communities. As a Chinese American, U.S. trained practitioner (who unfortunately doesn’t speak Chinese), I worked to try and bridge this divide by revitalizing the then Council of Acupuncture Organizations (CAO), a group comprised of about five California acupuncture associations, to find common ground and hire a common lobbyist so that we could all work together to sponsor favorable legislation and not embarrass ourselves in the public eye. We formed bylaws and held regular meetings and worked towards unifying the various associations. Our profession has also been fraught with division and disharmony with respect to scope of practice, education and title issues. As a practitioner member of the accreditation commission, ACAOM, for six years, I worked to initiate the doctoral degree task force and develop the doctoral degree essential program requirements. ACAOM is now accrediting Department of Education approved doctoral

level programs in our colleges. The ACAOM staff and its various commissioners are to be commended for this major accomplishment.

In your previous position(s) of leadership, what was the greatest challenge you faced and how did you overcome this challenge? If applicable: is this challenge still faced within our community today?

The concept of and definition of “primary care” was, and probably still is, a contentious issue within the profession. It is a “growing pain” issue which some people protest against, saying primary care involves delivery babies, doing pap smears, etc., which serves to alarm and distract from addressing the issue in a calm and thoughtful manner. It is a scope of practice issue that will eventually work out in time. As practitioners within our field, we certainly practice many forms of primary care at this time.

If you had to select one area of focus that to you represents a key to the future of OM, what would that be and why?

Because states have their own licensing laws and set their own rules and regulations, progress comes slowly. Some states are very “progressive” with respect to scope of practice, licensing, and titles. It is important to achieve relative uniformity in licensing laws so that all practitioners are similarly trained and have similar competencies. This, along with continual evolution with respect to improving education so that practitioners hold doctorate titles and degrees, will go a long way to achieving respect, parity, and a position “at the table” where the power of the medicine can be more fully realized and utilized by a greater proportion of the U.S. population. Patient outcomes can be improved when all practitioners, OM and Western, challenge ourselves and each other, side by side, to offer the patient the “best of all worlds” by integrating our medicines. Education at the doctorate level affords a deeper understanding of OM, which is not achieved in a shorter time period.

We are now sought after more than ever as a profession compared to Western medicine. What are the significant factors that you have seen causing this shift and why?

The power of the medicine! As a consumer-driven society, patients want safe, minimally invasive, and effective medicine, and we hold an important role in delivering exactly what they want and need. With better education and clinical experience, we should strive to improve our delivery and practice of OM, so that the power of the medicine can produce faster and better results. Even an ancient medicine needs to evolve to become more effective and efficient but still stay true to its foundational theories and principles.

Michael McGuffin

What led you to study Oriental medicine?

As you know, I am not a practitioner, or even a student of OM, but there were a couple of things, or maybe 30, which lead me to my respect for this medicine. Some of my interest is personal. I like acupuncture. I think it's good medicine. I guess you could say I'm a fallen acupuncture patient in that I used to be a regular, acupuncture treatment until the last few years when my schedule got so busy. I think it is good medicine, and it is preventive medicine. My experience was not, "Oh, I'm sick. I'd better go get well." It was clear to me that to maintain my health, getting scheduled acupuncture was good for me. To use the mechanical analogy: it was just a tune up. I went in once a month. My personal experience was that I received direct benefits from the medicine, and so came to have respect for the medicine.

Speaking professionally, I run the trade association that represents the companies that make the herbs you use in your practice. So essentially what is good for your community is good for my community on a business level. That is also what aroused my interest in having a public seat on the AAAOM board.

I was invited to make a presentation at the reunification meeting. I wrote in the AHPA newsletter later that it was a whole lot more like a celebration than a meeting. There was the distinct feeling that this community had gotten significant elements of their interdisciplinary disagreements behind them. We are now organized in a cooperative manner, ready to identify and address issues that confront us, and those are things that we must address. We must do this to be more accepted in our culture and our time.

I was moved by that meeting, and shortly after I learned about the public member seat on the board and set about inquiring if I was qualified to hold it.

So those are the personal and professional things that sparked my interest in serving on the AAAOM board.

What was your biggest struggle?

Because I'm not a practitioner, I'm one step removed. What I do see as one of AAAOM's struggles is to clearly focus upon the issues which best serve acupuncture and remain clearly focused on those most important things. Is it figuring out how to make a living as an acupuncturist? Is it figuring out how many acupuncturists are in practice a decade after getting out of school, which in a way is the same as figuring out how to make a living in practice? Is it expanding the scopes of practice in all states? Is it Medicare reimbursement?

I guess what I'm saying is that I don't pretend to know what the biggest struggles of practitioners are, but I would like to know. My own struggle is trying to identify those and assist AAAOM to find the resources and means to address those things.

Do you have any advice for today's practitioners?

One thing is to recognize that learning takes a lifetime. It is my experience that newly practicing acupuncturists are motivated by their enthusiasm, but that the ones that have been practicing for 10 or 15 years or more become better doctors. You learn your craft over your life of practice.

Also, it is important to pay attention to the broader issues that affect your community. Are you aware of the broader arenas outside of your immediate control that can impact your trade? By that I mean regulatory bodies, legislative activities, governance issues? It is important that people are actively involved and informed, and if you can't personally be actively involved to attend to these things, then support those who are. Every practitioner needs to be aware and support these issues either directly or through the organizations, like AAAOM, that make it their business to attend to these things.

Another thing that comes to mind is that I always encourage acupuncturists to recognize the importance of accepting and acknowledging that the community of acupuncture is very broad and includes many valuable but differing approaches to this medicine.

What is your hope for how our medicine may go forward into the future?

My vision is the time when we are no longer considered alternative and that we are simply part of medicine.

In your position of leadership, what do you identify as your most significant contribution?

From my professional background, I'm good at organizing and bringing diverse parties together to talk. I can help people recognize common interests, move toward these interests, and work together to address them. I know how to organize meetings, keep conversations on focus, and identify actions that need to be taken in order to accomplish things. That may be my main contribution.

Another is that I am very familiar with governmental processes, including both regulatory and legislative functions. That is an area in which AAAOM and its members are very interested, but there is still a sense of newness, in spite of the accomplishments of the past. We are not sure how our medicine should best fit into regulatory structures, or how it should be included in reinvented healthcare. I hope to be able to use my experience to assist in developing some certainty in these areas.

In your position of leadership, what was the greatest challenge you faced and how did you overcome this challenge? Is this challenge still faced within our community today? (if applicable)

The greatest challenge that I face in my professional role is the continued popular thought that herbal medicine and herbal products are unregulated or inappropriately regulated. My best guess is that, for however much longer I work at this job, this mindset will remain. The critics assume that the only possible solution is to treat herbs like drugs, which effectively removes them from consumer access, and I'm not tolerant of blocking consumer access.

I've always approached things in a one step at a time manner. AHPA's board determined that one way to address the "unregulated" perception was to go to the U.S. Congress and propose a new law to require submission to FDA of serious adverse event reports associated with dietary supplements. Although it took three years, that law was passed in 2007, and that is a significant step in overcoming this challenge.

In approaching the Congress, we knew we had friends such as Senator Tom Harkin [Democrat from Iowa] and Orrin Hatch [Republican from Utah], but that we also had to deal with critics such as Senator Dick Durbin [Democrat from Illinois].

We decided to reach out to Senator Durbin to propose a cooperative approach to the idea of a serious adverse event reporting law. Although our first meeting was contentious, we were able to agree that we had interests in common. Essentially we got our critic involved in this legislation and were able to work with him rather than have him remain in opposition.

As I said, it took three years to get this law passed. Prior to that, a common criticism over had been that marketers of herbs don't have to inform the health authorities when there are reports of harm associated with their products. That is no longer true, and we now have the exact same reporting burden as drug companies. It is interesting that a recent USA Today article reported that in the first half of 2008 there were 600 adverse events reported to FDA related to dietary supplements. The article closed by also reporting that there were over 420,000 drug adverse events reported in 2007.

Compared to Western medicine practitioners, we are now more sought after than ever. What significant factors do you think caused this shift? Why?

Whatever the factors are, they are no longer short term. What I mean by that is that this movement has been going on for decades in our society. We live in a highly individualistic society so there is interest in making a personal choice about health care and taking care of one's own health. And acupuncture has been incredibly successful in obtaining state licensure all over the country. So at the same time that people were looking for an alternative, the alternative showed up in the respectable form of licensed practitioners of acupuncture.

James D. Moran, LAc, DAc, CAS, CAAP

Affiliation and Dates Served for Each

AAAOM

Capacity of Service for Each

Board of directors

President

President Emeritus

What lead you to study acupuncture and Oriental medicine?

Someone close to me had acupuncture while she was dying of cancer, and it gave her relief when nothing else even came close. After she died it gave me relief both for my knee pain and for my grief.

What was your biggest challenge as you developed as a practitioner or educator?

Working within a large teaching hospital has presented many challenges. The development of a clinical and business model that grows the medicine has at times seemed almost impossible.

Who inspired you in your training during acupuncture and OM school?

Many people, but Steven Birch certainly stands out for his knowledge and compassion.

What keeps you inspired in your practice or tutorial/academic life now?

Life and medicine continue to unfold in ways that are always interesting. The fact that Oriental medicine has the capacity to bring transformation at the level of the individual and the society at large inspires me to work at both of these levels.

Do you have any advice for today's practitioners/educators?

Work hard and stay clear in your goals and actions.

What is your hope for our medicine going forward into the future?

I hope to see that we become a fundamental aspect of medical care in America at virtually every level of health care delivery.

In your previous position(s) of leadership, what do you identify as your most significant contribution?

Working via the contacts we had with the Clinton White House to break the FDA road block to changing acupuncture needle status from class three to class two. A significant step in the Medicine's development.

In your previous position(s) of leadership, what was the greatest challenge you faced and how did you overcome this challenge? If applicable: is this challenge still faced within our community today?

I became president just after the fracture of the profession. It was a time of great uncertainty and deep mistrust among organizations. The fundamental challenge was simply to keep the AAAOM afloat. Listening deeply and working to strengthen communication between the various parties was the way forward. Slowly, slowly bridges were rebuilt.

If you had to select one area of focus that to you represents a key to the future of OM, what would that be and why?

Insurance reimbursement.

We are now more sought after than ever as a profession compared to western medicine. What are the significant factors that you have seen causing this shift and why?

The implosion of Western medicine. Patient doctor visits of 7.5 minutes face time. Medications are the forth leading cause of death in America. Oriental medicine's capacity to see and treat the person as a whole.

William Mueller, LAc, DiplAc NCCAOM

Affiliation and Dates Served for Each

NCCAOM:

Acupuncture Society of MA

Traditional Acupuncture Institute

New England School of Acupuncture

Wu Hsing Tao School, Seattle, WA

NCCAOM: 1986-1989

ASM: 1990-1995

TAI: 1985-1992

NESA: 1988-present

Wu Hsing: 2006-present

Capacity of Service for Each

NCCAOM Commissioner 1986-1989, Chairperson 1988-1989

ASM: Board of Directors

TAI: Senior Faculty Member

NESA: Faculty Member

Wu Hsing: Faculty Member

What lead you to study acupuncture and Oriental medicine?

I received acupuncture treatment in 1975 for hepatitis A which I contracted in Morocco. I had a quick recovery, validated by a remarkably quick change in my liver function tests. My MD asked me to get my blood tested again because the change was so dramatic. She was convinced I had received someone else's results. After another month of weekly treatments, I had more bloodwork, and the results were better yet. The results mirrored my inner experience of a return to good health.

What was your biggest challenge as you developed as a practitioner or educator?

My biggest challenge was trusting my perceptions of the patient and tolerating not knowing the correct diagnosis.

Who inspired you in your training during acupuncture and OM school?

My principal teacher was J.R. Worsley, and he was very inspiring. Two other teachers, Julia Measures and Bob Duggan, were also very helpful.

What keeps you inspired in your practice or tutorial/academic life now?

Patients getting better and patients not improving! Both help. The patient who gets better puts wind into my sails. The patient who doesn't inspires me to keep studying, learning, integrating, and teaching.

Do you have any advice for today's practitioners/educators?

Learn one thing really well and then start to integrate other styles and approaches.

What is your hope for our medicine going forward into the future?

The work of the pioneers will continue to offer new opportunities for acupuncture and East Asian medicine to expand.

In your previous position(s) of leadership, what do you identify as your most significant contribution?

I helped in the development of the NCCAOM point location exam and the development of the NCCAOM recertification process.

In your previous position(s) of leadership, what was the greatest challenge you faced and how did you overcome this challenge? If applicable: is this challenge still faced within our community today?

I had to learn to be patient with the inevitably slow wheels of a certification commission helping to develop a new profession. But I was blessed to have great people to work with: Barbara Mitchell, Stuart Kutchins, Edith Davis, Mark Seem, Jim Tucker, Bill Skelton, and many others.

If you had to select one area of focus that to you represents a key to the future of OM, what would that be and why?

Continuing excellence in teaching and mentoring.

We are now more sought after than ever as a profession compared to Western medicine. What are the significant factors that you have seen causing this shift and why?

Health care has changed so much. Holistic care and the shift away from medication dependence has had a big impact. Most MDs I know are not happy working within the healthcare system. The typical graduate of an AOM school can help many people who are not helped by western medicine. There is nothing like success to breed a new profession!

Marilyn Nielsen

Affiliation and Dates Served for Each

Executive Officer; California Acupuncture Board
1995-2005

Capacity of Service for Each

Executive Officer

Do you have any advice for today's practitioners/educators?

To ensure patient safety and access to AOM in California, practitioners must practice competently and within the scope of practice as defined in the laws and regulations that regulate the profession. It is the responsibility of AOM educators to provide an adequate educational base of knowledge, skills and abilities so graduates can competently and safely practice within their legal scope of practice.

What is your hope for our medicine going forward into the future?

The AOM profession is still relatively new in its evaluation within the United States, and the profession has evolved somewhat differently in California compared to other states across the nation. States have taken different approaches to regulate (or not) acupuncture, herbs and other modalities of traditional Oriental medicine. Nationally, the leaders in the field of AOM should strive to establish national standards, scope of practices, and standards of care that are adopted by all states. This will be critical if the medicine is to be recognized across this country as primary health care and on equal ground with Western medicine.

In your previous position(s) of leadership, what do you identify as your most significant contribution?

AOM is a 30-year young profession in California and with that comes the challenges of its evolution, defining its authority, practitioners role in the states health care system and interaction with other health care professionals. I inherited many Acupuncture Board financial problems, program inadequacies, and major dysfunctions with the licensing examination. During my decade of leadership, budgets were balanced, programs/ processes and licensing standards strengthened, and the licensing exam was redesigned to be statistically sound and reliable. The image, demand and standards for the medicine expanded tremendously during my tenure as executive officer.

In your previous position(s) of leadership, what was the greatest challenge you faced and how did you overcome this challenge? If applicable: is this challenge still faced within our community today?

My greatest challenge had been the difficulties I inherited with the California licensing examination, which included documented fraud and criminal charges during the late 1980s. The reliability and validity of the licensing exam and competency of licensed providers was challenged by the governor and the Legislature. After evaluation of the methodology behind the components of the exam and with extensive advise from exam specialists and statisticians, modifications were made to testing components and outcomes, in addition to improvements in security and the administration of the exam. Evaluations and modifications were made regularly to ensure the validity of the exam was not compromised, which will always be required.

If you had to select one area of focus that to you represents a key to the future of OM, what would that be and why?

As stated above, the AOM profession is still relatively new in its evaluation within the United States and the profession has evolved somewhat differently in California compared to other states across the nation - states have taken different approaches to regulate (or not) acupuncture, herbs and other modalities of traditional Oriental medicine. The leaders in the field of AOM should strive to establish national standards, scope of practices, and standards of care that are adopted by all states.

We are now more sought after than ever as a profession compared to western medicine. What are the significant factors that you have seen causing this shift and why?

AOM has flourished in California not only because of its large Asian population, but also because of the cultural diversity and perspectives that have sought holistic approaches to their health care, thus turning to traditional healers to complement, or as an alternative, to Western medicine. AOM's reputation of being a trusted medicine with positive results has been widespread and expansive.

Cynthia O'Donnell, MA,AP

I have served on American Association of Oriental Medicine Board (AAOM) as my main work. I was first on the board in 2003 and then vice president in 2005. I have chaired the AAOM conference committee and been a member of that committee for several years. I was committee chair for student relations for several years and am currently National Governmental Affairs committee chair for AAAOM.

What led you to study Oriental medicine?

In 1981, I took a shiatsu class in Santa Cruz, CA, with Michael Tierra just after he had gotten back from China. He taught the 8 principles as a diagnostic tool with regards to herbology. I had been interested in Western herbology but after being exposed to Chinese medicine, I realized its herbal knowledge was much more advanced and the system was brilliant. I had been also into natural medicine and was not interested in being dependent myself on western medicine. .

What was your biggest struggle as you developed as a practitioner?

When I attended acupuncture college the curriculum did not have enough biomedical education. It was difficult to interface with Western medicine upon graduation, and we had to quickly get up to speed by taking seminars. I remember writing a report for an insurance company in 1990. I had helped a woman resolve benign fibroid cysts. Because I used Chinese medical language in the report, I didn't get paid. I had charged the insurance company \$800 for my treatments where surgery would have cost them \$17,000. I thought "this health care system doesn't make sense." I am a proponent of Integrative medicine and most graduates were not prepared to enter that arena as acupuncturists in the early 90s.

Who inspired you in your training during acupuncture and OM school?

As far as teachers, there are so many great teachers in our world of medicine. But Dr. Shen from New York, the doctor who trained Leon Hammer, now deceased, made the biggest impression on me.

What keeps you inspired in your practice or tutorial life now?

How we integrate with Western medical protocols, especially as acupuncture gains more PR and greater notoriety. We have made great head way. I am still active as National Governmental Affairs Committee chair for AAAOM in 2009. I am working in support of access to acupuncture and Oriental medicine for all Americans. The NGA has placed attaining 3rd party reimbursement for AOM practitioners as a primary goal this year.

Do you have any advice for today's practitioners?

My advice always is for people to get involved. The people that support their profession tend to be the people who are successful. Get involved. There is so much networking that occurs from participating and assisting the profession grow. Do more networking and positive things to support our profession and the universe will supply you in kind.

What is your hope for how our medicine may go forward into the future?

I want to see full 3rd party reimbursement parity for AOM practitioners, including Medicare. I want us to go into mainstream health care settings and get paid in hospitals and nursing homes. Patients need to be able to access us. Acupuncturists need to be able to get hired for full time positions in mainstream settings. Our country needs this medicine for its benefits as a medicine and to save money in the health care system.

In your position of leadership, what do you identify as your most significant contribution

Founding the AAOM national student organization is my biggest contribution to the field, and why is that? Because it teaches people early on about what being a professional entails. Being a member of the AAAOM-SO trains people to be involved and support their profession and to be aware of national health care issues. For our professional organization, the student organization increases current and future membership. It prepares graduates to be members after graduation. Any national professional organization needs to have a student organization and that source of training.

Both AAOM and the Alliance held student caucuses at their conferences for several years, and finally in 2006 AAOM formed an initiative with students to organize the development of the student organization by formulating a student membership drive and writing the by-laws. The organization was born in 2007, administered by two co-presidents who had assisted me in organizing the year before. It was off and running. The student organization has been boon to our organization ever since, and it has substantially increased AAAOM membership.

In 1995, I founded the East West College of Natural Medicine in Sarasota, Florida, to provide a master's degree in Oriental medicine. I've been CEO ever since and since then have been participating in the field on many levels. I have also served on the Council of Colleges of Acupuncture Oriental Medicine and was involved in the council moving to support doctoral degree status.

In your position of leadership, what was the greatest challenge you faced and how did you overcome this challenge? Is this challenge still faced within our community today?

When I started trying to put together the student organization, the schools did not support it initially because they didn't want to support one or the other of the professional organizations. It was difficult trying to do something good for the profession having to do with students and not get much support from the colleges, but because the profession was split into two different professional organizations the schools wouldn't commit to one or the other and nothing got done. We had to go directly to the students by having student caucuses and maintaining that connection through interactive web solutions.

The biggest roadblock for establishing a national student organization for AOM was that our profession was split ideologically, and with such small numbers of practitioners being split like that it weakened us as a profession and slowed our growth.

If you had to select one area of focus that you feel represents a "key" to the future of OM, what would that be? Why?

The future of our profession depends upon more opportunities for employment. If our administration creates universal health care policy, we need to be a part of that. If we don't stand up to be covered, we won't be included. It is really important for us to have that option and to become an American household solution for health care.

Compared to Western medicine practitioners, we are now more sought after than ever. What significant factors do you think caused this shift? Why?

Acupuncture works. Herbs work. Research that has recently come over major news networks like the British study that showed acupuncture helps infertility splashed international news. Things like the Beijing Olympics addressing acupuncture and all of the recognition we are receiving on national news acu-face lifts and beauty care are also good for us. The beauty industry is booming. Why don't the rest of the states license injections? We are licensed to perform injections in Florida, and the injection treatments for both beauty and injuries are phenomenally successful and fantastic PR. We are becoming less fringe and more integrated in mainstream society, for example, by being spotlighted on CNN. Lets get out there and be successful!

Lisa Rohleder, LAc

Affiliation and Dates Served for Each

Community Acupuncture Network

2006 -- present

Capacity of Service for Each

Founder

What lead you to study acupuncture and Oriental medicine?

I spent a year doing full-time volunteer work with an organization serving people with AIDS. This was in 1990, before there were any really useful AIDS drugs, so people were trying all kinds of alternatives, acupuncture being one of them. I was on my way to medical school at that point, but spending lots of time in hospitals made me realize that western medicine was not a good fit for me. Everything has its limitations, obviously, and after getting a good look at the limitations of western medicine, I decided I would prefer the limitations of acupuncture. I saw people suffering so much from the side effects of drugs and procedures that I knew I wouldn't be happy in the role of a doctor. I was first attracted to acupuncture because of its lack of side effects. I also saw that it gave people hope, it empowered them, it helped them connect to themselves more deeply – even when they were gravely ill. I loved that it relied on the body's own healing abilities rather than on anything external – acupuncture, compared with Western medicine, seemed so sane and so humane.

What was your biggest challenge as you developed as a practitioner or educator?

My biggest challenge was that I couldn't see the structural problems with the acupuncture profession for about 8 years, and so I spent a long time flailing around before I developed the community acupuncture business model. I didn't question the idea that an acupuncture treatment should cost \$65 to \$100 for much too long. I did what lots of people do and just thought that I had no aptitude for the business side of practice, and on some level I just accepted that people like me, people who lived in my neighborhood and had ordinary incomes, just were not going to get acupuncture. I didn't think about why. I had to start questioning everything about the structure and the culture of the acupuncture profession before I could make any progress, and in hindsight I wish it hadn't taken so long. The real challenge for me was how to be myself and be an acupuncturist, as opposed to giving up myself to be an acupuncturist. Once I realized that I had to embrace my identity as a working class person, I started questioning the structure of the acupuncture profession from that perspective, and as a result I was able to develop a model for acupuncture practice that allowed me to connect to my community as opposed to cutting myself off from it. And that model brought me true happiness.

Who inspired you in your training during Acupuncture and OM school?

My Japanese teacher, Yoshi Ikeda, who said that acupuncture requires you to develop your heart, your hands, and your head -- in that order of importance.

What keeps you inspired in your practice or tutorial/academic life now?

My patients keep me inspired. I am fortunate to treat some really wonderful people. They are astonishingly varied in terms of their age, race, ethnicity, background, and pretty much everything else, but they are all a joy to work with.

Do you have any advice for today's practitioners/educators?

Be yourself. If you don't know who that is, figure it out. Then define what it is that you have to give and give it.

What is your hope for our medicine going forward into the future?

My hope is that we would take to heart this passage from the writings of Sun Si Miao, the 6th century "King of Medicine" or "Medicine Buddha."

"Whenever a great physician treats diseases, he has to be mentally calm and his disposition firm. He should not give way to wishes and desires, but has to develop first a marked attitude of compassion. He should commit himself firmly to the willingness to take the effort to save every living creature.

If someone seeks help because of illness, or on the ground of another difficulty, a great physician should not pay attention to status, wealth, or age; neither should he question whether the particular person is attractive or unattractive, whether he is an enemy or a friend, whether he is Chinese or a foreigner, or finally, whether he is uneducated or educated. He should meet everyone on equal ground; he should always act as if he were thinking of himself. He should not desire anything and should ignore all consequences; he is not to ponder over his own fortune or misfortune and thus preserve life and have compassion for it. He should look upon those who have come to grief as if he himself had been struck, and he should sympathize with them deep in his heart. Neither dangerous mountain passes nor the time of day, neither weather conditions nor hunger, thirst nor fatigue should keep him from helping whole-heartedly. Whoever acts in this manner is a great physician for the living. Whoever acts contrary to these demands is a great thief for those who still have their spirits!" (translated by Paul Unschuld)

If we were to stop paying attention to wealth and status, we would have to reject the guild mentality and stop putting energy into turf warfare, in order to focus on creating genuine access to acupuncture for the majority of Americans.

(“Creating access” to me does not mean lobbying insurance companies, it means drastically lowering the going rate for acupuncture treatments.) My hope is that we as a profession would rediscover a spirit of selfless service.

In your previous position(s) of leadership, what do you identify as your most significant contribution?

My most significant contribution is the development – and then the promotion – of the community acupuncture business model, which is based on treating patients in a community space and charging fees on a sliding scale. To my great surprise and delight, a lot of other acupuncturists have been very motivated to make acupuncture genuinely accessible to people of ordinary incomes.

In your previous position(s) of leadership, what was the greatest challenge you faced and how did you overcome this challenge? If applicable: is this challenge still faced within our community today?

The greatest challenge is to understand and to communicate in clear, simple terms what it means to be an acupuncturist in America now, in the midst of an economic crisis and a health-care crisis. What are the moral responsibilities that accompany the ability to relieve suffering? What is an acupuncturist’s job supposed to look like? What can acupuncture accomplish, and what can it not accomplish? What does it mean to do a good job as an acupuncturist? Who is acupuncture for? There is so much about our profession that is murky and undefined, it makes it hard for people to practice with confidence. The challenge is to define the role of an acupuncturist in a way that is functional, sane, and accountable to society. We have to define what we do in a way that is understandable to society as a whole.

If you had to select one area of focus that to you represents a key to the future of OM, what would that be and why?

Patients are the key. Acupuncture, to me, has no value in the abstract. It only has meaning when it is relieving real suffering for real people – and its potential to do that is staggering. We have to reach out to patients, we have to be useful to them. We have no place in society unless we earn it – and as a profession, we have yet to earn it.

We are now more sought after than ever as a profession compared to Western medicine. What are the significant factors that you have seen causing this shift and why?

Actually, I don’t think this is true at all. The majority of acupuncturists struggle mightily to stay in business and most fail; they would consider this statement to be delusional. According to some recent studies, only about 1% of Americans use acupuncture. The significant factors causing us to be not sought after as a profession are: 1) as a profession, we are so concerned with our own status and our own bureaucracy that we are not useful to most people. We are not altruistic enough; and 2) as a profession, we have put a lot of energy into trying to become part of the healthcare system, and now that system is falling apart. It won’t matter if some insurance covers acupuncture if most people (including employers) can’t afford insurance. If we as acupuncturists want to become really relevant, we need to step back and look at the big picture, which means looking beyond selfish concerns about status and turf.