

AOM

Pioneers & Leaders

1982 - 2007

A Commemorative Book of Challenge and Courage, Vol. 1



© AOM *Pioneers & Leaders, Volume I*, is a collaborative work of the AAAOM, NCCAOM, CCAOM, and ACAOM; all rights reserved.

October 20, 2007

Greetings Colleagues & Friends:

The endeavor to produce this commemorative book came about as a result of the desire to honor pioneers and leaders and teachers in acupuncture and Oriental medicine and its evolution in the United States.

Nominees responded with a candor that amazed me as the primary interviewer. These leaders have endured challenging times, put in countless, grueling volunteer hours, and sacrificed time away from family and livelihood. Not everyone willingly discusses such experiences. I found utter grace, sobering wisdom, and many pearls of insight with 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. These interviews allow us to consider how our forefathers risked jail-time merely for practicing, had needles embargoed, and had to search far and wide for teachers and information. Yet for us, the right to practice lays at our feet, waiting patiently for our embrace and appreciation; our striving to master it as best we can, combined with our honor to keep our medicine alive in its wholistic form.

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 V-shape 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, less resistance, in moving forward on their paths.

Our medicine is like that. No work is ever for naught; no healing 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 2007*

AOM *Pioneers & Leaders*

A Commemorative Book of Challenge and Courage, Volume 1 1982 - 2007

- 5 Anthony Abbate, DOM (NM)
- 7 Harriet Beinfield, LAc
- 9 Gene Bruno, LAc, OMD
- 11 Adam Burke, PhD, MPH, LAc
- 13 Effie Pow Chow, PhD, RN, LAc (CA)
- 15 Misha Ruth Cohen, OMD, LAc, DiplAc
- 21 Benjamin Dierauf, LAc, MS
- 23 Alex Feng, LAc, PhD, OMD, Dip NCCAOM, BA, Psychology
- 25 Bob Flaws, LAc (Colorado), FNAAOM (USA), FRCHM (UK)
- 27 Malvin Finkelstein, OMD, LAc, DiplOM
- 29 Steve Finando, LAc, PhD, Psychology
- 33 Jake Paul Fratkin, OMD, LAc, NCCAOM DiplAc, DiplCH
- 35 Liza Goldblatt, PhD, MPA/HA
- 37 Neil Gumenick, MAc (UK), CT(A), LAc, DiplAc
- 39 Leon Hammer, MD
- 41 Thomas Haines, PhD
- 43 Lixing Huang, MS Education, BA (China)
- 45 Daniel Jiao, DiplOM, LAc
- 47 Effram Korngold, LAc, OMD
- 49 Deborah Lincoln, RN, MSN, Dipl Acp, NCCAOM
- 51 Dan Lobash, PhD, LAc
- 53 Leslie McGhee, RN, LAc
- 55 Jim McCormack, MAc, (UK)
- 57 Will Morris, DAOM, MSeD, LAc
- 61 Marilee Murphy, LAc, RN
- 63 Barbara Mitchell, JD, LAc
- 65 Jeff Nagel, MA, LAc, DiplAc
- 67 Mikio Sankey, PhD, LAc
- 69 Mark Seem, PhD, LAc, DiplAc
- 71 Miki Shima, OMD, MA, LAc
- 73 Eric Stephen, DAOM, LAc
- 75 Cory Ward-Cook, PhD, MT(ASCP), CAE
- 77 Carla Wilson, MA, LAc

In Memory and Tribute:

- 81 Robert Hirsh
- 83 John H. F. Shen
- 85 Thomas Riihimaki
- 87 J. R. Worsley
- 89 **Volume II Closure**

Anthony Abbate, DOM (NM)

1622 Galisteo Street, Santa Fe, NM 87505
505-820-6868
abbate@acupuncturecollege.edu
CCAOM, Southwest Acupuncture College

Dates Served: CCAOM 1987 to 1996
Southwest Acupuncture College, 1986 to Present
Capacity of Service:
Board member-at-large, CCAOM, 1987 - 1989
President, 1989 - 1996
President, Southwest Acupuncture College, 1986 - present

What led you to study acupuncture and Oriental medicine?

In my 20s I became curious about balance and the effects of action and “wholistic” lifestyles. I worked for natural food co-ops for 12 years, and during this time I explored many different methods of staying healthy and balanced using natural foods, exercise, meditation and Western herbs. This exploration led to an interest in medicine. While researching the different types of medicine I became intrigued with the fact that Chinese medicine grew out of an observation of the natural laws of the universe. I was mostly drawn to it because it was not just a medicine apart from life but in itself a way of life.

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

I don't know that there were any big challenges for me. From the very first moment when I began reading about this medicine and philosophy, I felt that I somehow already knew it, it was already part of me, part of my understanding. It just all made sense.

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

Regarding my inspiration and teachers these include: Stuart Watts, J. Michael Moore, Michael S. Moore, Dr. Vasant Lad, Stuart Morrow, Winn Smith, Sarah West and anyone who wrote a book (in those days there weren't very many written in English), Porkert, Kaptchuk, Maciocia, Bensky, Matsumoto. To that I add those crazy but wonderful patients who pretty much let us do just about anything to them. My wife, Skya, has been and continues to be an inspiration.

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

I continue to be inspired by the dedication, devotion, and compassion of all of the students who have come to study at our school, the dedication of the faculty that have been with us over the last 21 years, the 20,000 patients we treat in our college clinics every year, and the works of all those in this brochure...many thanks.

“The key to Oriental medicine's future is to never stop caring and provide the best training possible to the future practitioners. Ultimately we do this to be of help to each other, nothing else really matters.”

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

Advice? I have no advice... you all know what you are doing. Best Wishes and Thanks.

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

It is my hope that Oriental medicine can be of help and available to all that need it, that it doesn't get bogged down or changed by the medical, pharmaceutical or insurance industries, and that it doesn't lose its heart or soul.

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

I believe my most significant contribution is helping to keep things going.

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 believe my greatest challenge is to just help keep things going. Just keep it going. It is a little less challenging today.

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?

The key to Oriental medicine's future is to never stop caring and to provide the best training possible to the future practitioners. Ultimately we do this in order to be of help to each other, nothing else really matters. But in the mean time, research to show cost-effectiveness couldn't hurt. It will help to get us into the mainstream of the current medical mind-set.

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?

Many patients are disillusioned with Western medicine and mostly dissatisfied by the way they are treated by Western medical practitioners. They are often not respected, kept waiting, not listened to, rushed and get little relief from their symptoms. Besides the fact that OM really works on some of the problems, Western medicine is not helping the practitioners in this field really care about the patient. We listen, we take them seriously, and we let them know we care; this alone will keep them coming.

Harriet Beinfeld, LAc

Chinese Medicine Works
1201 Noe Street
San Francisco, CA 94114
hbeinfeld@earthlink.net
www.chinese-medicine-works.com

As a co-author of the book *Between Heaven and Earth*, I represented Chinese medicine to readers in eight languages and nearly a quarter of a million Americans.
1973 - 2007

What led you to study acupuncture and Oriental medicine?

Having come from a family of surgeons, I was magnetized by the poetry and cosmology of Chinese medicine and curious about whether acupuncture really worked.

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

One challenge was bridging the cultural gap between the Western medical paradigm and that of Chinese medicine. Another was remaining true to the idea that Chinese medicine was and is in a constant state of reinventing itself, and that there is no solitary truth. Yet another is convincing other practitioners that being creative with the medicine is acceptable.

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

Efrem Korngold

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

What keeps me inspired is that Chinese medicine is helpful to people even when we don't know why. It simply is.

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

Trust yourselves, hone your intention, and pay attention to the people who come before you for help. Use your common sense and logic and apply all that you know about, even if it isn't directly from a textbook.

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

My hope is that the medicine that is useful will flourish and find its way to parts of the world that have not yet experienced it.

“Many of the early people in the profession came to Chinese medicine because it was subversive, and it undermined taken-for-granted assumptions about the nature of reality. It is crucial that in the interest of becoming integrated into Western society and culture that we not lose our potential to question authority and support social change. It is my hope that the medicine will help the medically underserved in the U.S. and the rest of the world.”

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

Our contribution has been to make Chinese medicine appealing and accessible to both patients and students.

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?

Many of the early people in the profession came to Chinese medicine because it was subversive, and it undermined taken-for-granted assumptions about the nature of reality. It is crucial that in the interest of becoming integrated into Western society and culture that we not lose our potential to question authority and support social change. It is my hope that the medicine will help the medically underserved in the US and the rest of the world.

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 take the time to listen to people, we apply critical thinking to problems, and we are able to be truly helpful.

Gene Bruno, LAc, OMD

Oregon Acupuncture Association
AAAOM
OAA 1980-1993
AAOM 2001-2007
President, OAA
Director/President, AAOM

What led you to study acupuncture and Oriental medicine?

Guiding help of my Tai Chi teacher and friends.

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

When I started in the late 60s early 70s, acupuncture was mostly illegal in the U.S. I was still finishing studies at UCLA so I was studying 7 days a week. But the biggest challenge was in 1976 when I moved to Portland where I was licensed. There were only 7 practitioners in the whole state, and it had very restrictive rules for practice. Acupuncture was not accepted the same way in Oregon as it was in California, either by other physicians or the public. I was a young struggling practitioner, trying to build a practice and support a family under hostile circumstances.

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

My teachers and fellow students and also the patients I saw who were being cured.

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

Seeing patients walk out with no pain or being cured of internal diseases is deeply inspiring.

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

That Oriental medicine integrates into our Western medical delivery systems, and at the same time that its traditions and classical treasures be preserved.

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

Helping the AAOM to grow and develop into a national organization that truly represented the best interests of its members as we moved forward to face the challenges of the 21st century.

In your previous position(s) of leadership, what was the greatest challenge you faced and how did you overcome this challenge?

As the president of the national association, it seems that there can be any number of challenges that can be overwhelming, but certainly the financial challenges that an

“Patients are also tired of the side effects and poor results from prescription medications. In their efforts to regain their health, the public is better educated and better prepared to take control of their health issues and the treatment modalities they have available.”

organization like this one faces are substantial. I set a goal to get sponsorship support for the AAOM that would be over \$100,000. I succeeded in getting sponsorship that approached 1 million dollars.

If applicable: is this challenge still faced within our community today?

This challenge is still there, but on our current course it could best be solved by more practitioners joining their national organization. This is beginning to happen as the younger practitioners are seeing the wisdom of working on local and national levels to be involved in the preservation and protection of their medicine.

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?

Oriental medicine in the United States exists only because there are some favorable laws that 1) allow for its legal practice in certain states, and 2) the public demands access to Oriental medicine because of its achievements. So, the ‘key’ to the future is not much different from the past. We must 1) protect our access to practice our medicine by supporting our state association and our national association - the two entities that are out there fighting this battle for us, and 2) continually offer more education to the public about our medicine.

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?

When individuals who are very ill seek help, they will often persist until they get relief. Over the last 35 years, acupuncture in this country is coming to be known, as it is in the rest of the world, as a sophisticated and highly skilled medicine that can treat many diseases and symptoms that Western medicine cannot affect. Patients are also tired of the side effects and poor results from prescription medications. In their efforts to regain their health, the public is better educated and better prepared to take control of their health issues and the treatment modalities they have available.

Adam Burke, PhD, MPH, LAc

Associate Professor, Department of Health Education
Director, Institute for Holistic Health Studies
San Francisco State University
1600 Holloway Ave
San Francisco, CA 94132
415-338-0570 fax
415-338-1774 phone
aburke@sfsu.edu

San Francisco State University

Associate professor of health education, director, Institute for Holistic Health Studies since August, 2006. Assistant professor and co-director; August, 2001.

Director of a national model program for integration of complementary and alternative health concepts, including introductory AOM courses, into an undergraduate curriculum.

Also research and publication in the area of traditional medicine and curricular innovation.

CSOMA

California State Oriental Medicine Association (CSOMA). Board member & Research chair 2002-2004, Executive Committee 2003-2004. UCLA/California State Oriental Medicine Association (CSOMA) California Licensed Acupuncture Professionals Survey, 1/2002 to Present.

APHA

American Public Health Association (APHA), Alternative and Complementary Health Practices Special Interest Group (ACHP SPIG). Abstract Review Committee 2001-2005; SPIG Co-chair 2004-2006; Committee on Memberships representative, 2005; APHA Governing Council representative, 2006-2007. Education committee chair; ACHP SPIG, 2006-2008.

AAAOM

President's Roundtable: Shaping our professional future (organizer/co-facilitator). American Association of Oriental Medicine Annual Meeting, Portland, Oregon, October, 2007.

American Association of Oriental Medicine (AAOM). Editorial Board – *The American Acupuncturist*, 10/2005-present.

Little Hoover Commission

Acupuncture Advisory Committee, Little Hoover Commission, state of California, July 2003-September 2004.

CAB

California Acupuncture Board — appointed by Governor Schwarzenegger, March 2006- December 2009. Chair - Education Committee, November 2006-present.

ACAOM

Doctoral Task Force Member: Accreditation Commission for Acupuncture and Oriental Medicine (ACAOM), (representing the American Association of Acupuncture and Oriental Medicine - AAAOM), Philadelphia, PA, July, 2007.

“The challenge is the complexity of human disease, healing, and health. Life is simple and not. There is so much to know, and so much we do not know. It is quite humbling, and inspiring at the same time. It can keep you going your whole life, the journey of discovery and learning. The best teachers and practitioners I know are always learning. That is one of the things that inspires them the most. It keeps them awake and alive.”

What led you to study acupuncture and Oriental medicine?

I was working on my PhD in social psychology at UC Santa Cruz. I had a long-standing interest in mind-body issues, but was not really finding what I wanted in the psychology program. I dropped out to finish a few pre-med classes to give the idea of medical school one more serious thought. After finishing the pre-reqs, I decided biomedicine was not my path. So I went back to finish my doctorate. I was still not content, but decided to just buckle down and finish my classes and thesis. This led to the causative factor of ‘excess work’ and my body-mind was, in a word, unhappy. At the counsel of a good friend I sought out an acupuncturist, reluctantly, due to my disdain for hypodermic needles and general lack of understanding of AOM. His name was Dr. Yao, ironically. He spoke very little English but had a nice demeanor and did a very painless treatment. His assistant came in and did some tuina, they gave me some pressed herb tablets, and off I went. I was in a pleasantly altered state for about three days, and my symptoms were markedly improved. It made me think, wow, here is an ancient treatment where they stick needles in you and your physical, mental and emotional bodies come back into balance. This is mind-body medicine. After a few more treatments I was convinced. I drove up to San Francisco, interviewed the dean at ACTCM, and enrolled in the next class. I spent the next year in two worlds. Half the week I was down in Santa Cruz working on my thesis doing analysis of adolescent drug use data; the other half I was up in the City studying medical Chinese and meridians. I was so glad graduate school gave me indigestion. I might not have found AOM otherwise.

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

The challenge is the complexity of human disease, healing, and health. Life is simple, and not. There is so much to know, and so much we do not know. It is quite humbling and inspiring at the same time. It can keep you going your whole life, the journey of discovery and learning. The best teachers and practitioners I know are always learning. That is one of the things that inspires them the most. It keeps them awake and alive.

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

After I finished acupuncture school, I was invited by Dr. Yat Ki Lai to come work with him in his clinic in San Francisco's Chinatown. His wife Shawna did the herbs up front and Dr. Lai would do his interviews in his small front office. I remember once bringing in a friend who had been diagnosed with terminal lung cancer. She was only 45. The Western oncologist we saw that morning offered no hope. Later I took her to see Dr. Lai. He welcomed her, joked, helped to allay her fears, talked to her about Nixon, China, cancer treatments, herbs. He did not promise her life, but he gave her some courage to fight. It was a deeply memorable experience for me, seeing a real healer at work. I learned a lot that year working in that little clinic.

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

My need to learn and my desire to help people do better in life.

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

Keep studying, pay attention to the patterns; never stop loving.

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

I have done a variety of AOM activities, but I feel the most important to date to be a study comparing AOM use in two clinics, one in Sichuan and one in San Francisco. It is a small study, but I find the results quite intriguing, and I think they will provide some food for thought about the "culture-free" nature of the medicine. I think we need more creative research about this medicine, not just randomized controlled trials, as powerful as they can be. The complexity of AOM clinical practice makes that methodology less useful for looking at what we actually do in practice. I co-authored another acupuncture article in 2006 which examines the 2002 National Health Interview Survey data on alternative medicine use. Such research is one way I can do my work in the university and support the advancement of AOM.

Serving on the California Acupuncture Board is another high point. We have an excellent group of board members contributing their time and insight, and I believe those efforts are making a difference for consumers and the profession.

Finally, AAAOM has offered me opportunities to contribute in ways I have found very meaningful. I introduced the Visioning the Future process at CSOMA, and we brought it over to the AAAOM annual meeting. The intention was to begin creating data for decision-making, versus opinion and hallucination, and to build a process for democratic input into AAAOM

policy and planning. I also suggested the idea of Clinical Pearls at the annual meeting and advocated for multilingual content in the American Acupuncturist to begin to mend the unproductive divisions between various AOM communities.

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 feelings about the doctorate have changed over time. I used to think it was not that important. Then I began to see the growing medical acupuncture wave. It seemed like an issue that would impact the profession in the years to come. Many MDs are great AOM providers. My cousin in Canada is one of them. That was not my concern. My concern was with consumer impression, and the shaping of this medicine via the control of research, funding, practice standards, and other issues. It became clear to me that for legitimacy in the consumer's eyes we needed a doctorate. Plus, doctoral education would potentially lead to higher educational standards in the profession, something we have been hearing people requesting for years. This is a process that is going to take time. I have contributed a bit to the effort, but the real work is being carried out by many good people in the schools and various organizations around the country. Raising educational standards will help this profession significantly in the long run. I wish them the best.

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?

The future lies in the creation of more pluralistic healthcare systems, integrative care. This may become a reality in order to manage the complex chronic health conditions of an aging population.

Dr. Effie Poy Yew Chow, PhD, RN, LAc (CA), DiplAc (NCCAOM), Qigong Grandmaster

I have not been a board member. My strength has come through policy making.

Advisor to the secretary of the Department of Health and Human Services (DHHS) MODVOPP (Medicine, Osteopathy, Dentistry, Veterinary, Optometry, Podiatry and Pharmacy), 1978-84

Advisor as part of the Minority Council to the National Heart, Lung, and Blood Institute (NHLBI),

Served in the director's office of behavioral medicine, National Institutes of Health (NIH) for over 35 years.

Appointed advisory member in the set-up of the congress-mandated Office of Alternative Medicine (OAM) 1992 (now NCCAM 1999) at NIH –Eisenberg et al study. 30%, \$17B yearly.

Appointed member of the President's White House Commission on Complementary and Alternative Medicine Policy, 2000.

I have participated on task forces for the NCCAOM and AAAOM.

It's been an interesting life. My claim to fame is springing jailbirds—getting acupuncturists, like Miriam Lee and George Long, out of jail, in the 1970s as we were helping to write the California acupuncture legislations. I went from that to being appointed in 2000 by President Clinton to the White House Commission on Complementary and Alternative Medicine Policy. I am part of policy making boards of the national health care system. I am a spokesperson for health promotion and wholistic health.

In the 1970s there were 10,000 needles embargoed.

James Reston brought acupuncture to the legislative floor after he himself had appendicitis while in China and got acupuncture to get rid of pain following the surgery. Acupuncture was then first seen for pain control or it could be used for research, but we couldn't practice acupuncture. We placed Miriam Lee at UCSF as a researcher with an MD. However the doctor was so attacked that he was forced to dismiss Miriam. She went to South America for a while to practice. She was one of my good teachers. Those were the challenging days.

I took the licensing exam in 1977. At that time practitioners with more than 10 years experience were grandfathered. I had only 7 years experience so I had to take the test. I was involved in national health policies and already had a voice in the inner sanctum of the traditional health care system. You must remember that policy in the U.S. influences policy in all major nations. What happens in the U.S. happens everywhere. I was active in the state of California.

George Moscone helped us on the state level. George Long and Miriam Lee were thrown in jail and arrested for practicing medicine without license. However, our lawyer was smart. He made the point that, in fact, Miriam Lee and George Long had never claimed to be practicing medicine. They were practicing acupuncture. The case was dropped.

I was an advocate for OM, TCM, alternative medicine, and complementary medicine. The terms have changed over the years. The capacity of being on these boards and councils gave me inside track to bring OM to the floor. I did not sit on committees with different agencies, but I was voice in the inner chambers.

“The lotus flower is one of the purest and strongest flowers even though it looks delicate. It comes from a polluted pond filled with worms and maggots. It is kind of like our world, plagued by terrorism. We need to be the lotus blossom. The root is good medicine but this flower and root arises from the muck. I keep that vision ahead of me, and I keep striving.”

What led you to study acupuncture and Oriental medicine?

I was brought up in a family using TCM. They would say this food is good for you, friends practiced acupuncture, cupping, moxa, Qi Gong, Tai Qi. There was an incident which remains pointed in my mind. One of my family friends, Mr. Wong, was going to die at any time. My father asked if we could work with him using TCM. With his friends he practiced Qi Gong. He got better and lived for 15 more years.

In the 1940s there was a lot of ethnic prejudice. I went into nursing in the 1950s and saw the revolving door concept: people coming in and out of the hospital, never getting better. They just kept coming back.

Then my dad died from a medication reaction from Bell's palsy treatment medication. Thereafter, I went on a 10 year search. I learned in Hong Kong, Taiwan, Canada and the U.S., apprenticing and learning. Practicing, I witnessed other miracles happening.

In the late 1950s and early 1960s I was looking at integrating. I was able to evolve taking the best of both system. I started the East West Academy of Healing Arts with emphasis on TCM and Qi Gong. The evolution is that I was the voice in this structure of the mainstream health care system.

I became a lifetime member of the AAOM back in 1990. My license number is AC 507. One of first to write for exams. I was running a national conference for Indian medicine and had to take off for a few hours to go take my test. They still practice in their natural form.

In 1974 I started integrating acupressure into my nursing practice. I found that acupressure and Qi Gong were particularly useful with violence or isolative psychiatric patients. They would begin to be more cooperative, start to eat again, and socialize in the general activity rooms. One of the psychiatrists accused me of using acupuncture needles, but I was only doing acupressure with the patients. Dealing with the whole body, mind, and spirit and brushing their energy, their pain would subside, and they could respond better for medical techs. That was my 'casual research'. After that, the Seton Medical Center docs would prescribe stress management from Dr. Chow.

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

Don't go overboard like a bull in china shop. You have to know when to speak up and when not to speak up. However

when asked a question, I spoke long enough, well enough, and succinctly enough to get my point across.

You must respect other people's positions. Use the concepts of the dao and move, infiltrate, and blend in. People will listen to you only if you are respected.

Always come across with respect for Western medicine. It is a marriage of Western and Eastern medicine. The marriage is better but without losing the classical concepts of OM. The biggest challenge right now is to keep the purity and essence of TCM and not let it get watered down. Western medicine is a failing system. We do not want TCM to become medicalized. The rest is lessened.

JAMA has admitted that iatrogenic disease is the third largest killer in the hospital setting today. It is above heart disease and cancer. The challenge is to keep respect for what Western medicine can do and do all you can to promote the health for patients. Now Western medicine is pharmaceutically controlled. Everything has to be proven by biomedical gold standards. I think we would be brave and courageous and develop our own research protocols. We must cultivate something which is alive, not dead. We speak of the live aspect of energy, harmonious energy and balance.

It is a big challenge not to want to be like the Western medical system. Patients need to be their own doctors, foster the doctor within. They need to know their diagnosis, their signs and symptoms, the side effect of their medications. They need to sense things and be persistent with reporting changes. They need to know what dietary considerations to make and check their own medication and food etc. Patients must monitor their own care.

Patients can learn *Qi Gong* and acupuncture and how to live in harmony with nature to take health into their own hands.

I am active in the Health and Freedom Commission and AntiCodex. I want to preserve our natural healing base and promote people to take charge of own care.

We need to be well ourselves. We need to exemplify being and looking living healthfully, living in harmony with nature. That is a big challenge for practitioners.

Ultimately we cannot help if we are not healthy ourselves. To get miraculous outcomes I need to be able to have strong *Qi* within myself. We need to have daily practices of *Tai Qi* and *Qi Gong*.

If we have a way of living in harmony with the *Dao* then in practice we can bring the energy more effectively though the needle. It is the power and strength of our own internal *Qi* which makes acupuncture, herbs and remote healing more effective.

We haven't learned to be in harmony as with life in the old days. We have medicalized it. We must enhance our own expertise to diagnose with the *Qi*, to sense, and to empower our clients more.

What inspires me in my practice now?

Getting results from bottom of the barrel cases. I can get results in a few sessions and am always able to give hope. Treat indi-

viduals as unique. It is not like if a drug works it should work for everyone. Everyone is special. We need to give power to individuals so we have a more powerful population and clients can be more effective in their own communities and around the world.

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

Keep yourself true to the classics of OM. Keep yourself true to yourself. Always the truth will prevail. Be well trained but listen to own intuition. Draw on your own experiences in life.

Respect others as if they are you. It's not "I'm your brother's keeper." I am you and you are me. In the energetic level whatever the other person is doing, you are doing. There are no boundaries. Respect *Qi* energy—it is very powerful as the saying goes, "we have met our energy and it is ourselves."

If you don't manage your *Qi* properly it is like a boomerang; it comes back and hurts you. Always connect the past, present, and future. Live and learn today as if you'll die tomorrow but plan as if you'll live forever.

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?

My aim is to get every household practicing the concepts of energy medicine, *Qi Gong*, *Tai Qi* using herbs, all of the systems. They can practice on and amongst themselves. It would reduce disease and illness by 50-75% and would speed healing.

We would not only have a healthy population, but we could prevent global warming, tsunamis, earthquakes, and storms, and remedy all of these catastrophes. This is what happens if we live with the *Dao* and are in harmony with nature. We could be like the phoenix rising from the ashes.

The lotus flower is one of the purest and strongest flowers though it looks delicate.

It comes from a polluted pond filled with worms and maggots. It is kind of like our world, plagued by terrorism. We need to be the lotus blossom. The root is good medicine but this flower and root arises from the muck. I keep that vision ahead of me, and I keep striving.

We must be careful of Western medicine adjudicating TCM. Even in China there is this idea of wanting to keep isolating the active property of herbs. On my recent trip to Guangzhou, of the 80 presenters, only 3 or 4 of us discussed holistic medicine. There was this focus on western medicine and Western diagnoses. There is a provocation in this situation.

The future of AOM will be the health care system for the world. It is the subject of a lot of research. We need to think about research but we need to respect the whole energy concept. Then the miracles take place. Of all native systems CM is the best organized, the best documented, and the best researched. It is proven effective. It will be one of the main systems of the world.

Misha Ruth Cohen, OMD, LAc, DiplAc

Licensed acupuncturist, California
Acupuncture physician, Florida
Doctor of Oriental Medicine
NCCAOM Diplomate Acupuncture
NCCAOM Diplomate Herbology
Chicken Soup Chinese Medicine
30 Albion Street
San Francisco, CA 94103
415-861-1101
415-864-9653 fax
TCMPaths@aol.com

Founder, Quan Yin Healing Arts Center, 1984, Executive director, 1988-90, Board member 1993 - present, Research and education director 1993 to present

Founder, Chicken Soup Chinese Medicine, Clinic director 1990 - present

Founder, executive director, Misha Ruth Cohen Education Foundation (MRCEF), 2006 - present

Board alternate, AAAOM, 1992

Board member, CAA (now CSOMA), 1991-94, VP, 1992

Appointee, NCCAOM, Blue Ribbon Panel on general re-certification requirements, 1999-2004

Appointee, NCCAOM, Job Analysis Advisory Panel, 2001-02

Society for Acupuncture Research (SAR), board member, 2002- present, secretary 2005 - present, symposium co-chair 2004

National Council of Schools of Acupuncture and Oriental Medicine, Doctoral Subcommittee, 1992-93

Member, Hepatitis C Caring Ambassadors Brainstorming Team, CAM Study Design Committee, 2001- present

Community Research Alliance (SF), Board of Directors, 1988-99

Board member, California Preventative Medicine Foundation, Marin County, CA, 1993

AIDS Care Project Boston, 1990-1998

Women's Early Intervention Advisory Board, Alameda/Contra Costa Counties, Oakland, CA. Medical Protocol Committee, 1995-96

Office of AIDS Research (NIH), Ad Hoc Committee for Alternative Therapies, 1996-97

Board of directors, National Conference on Women and HIV, Clinical Research Symposium chair, Reviewers Committee, Complementary and Alternative Therapies, 1996-99

Hepatitis C Support Project, Advisory Board, 1997-present

HealingPeople.com, Board of Advisors, 1999-2002

Integrative Medical Arts, Medical Advisory Board, 1999 - 2005

UCSF Institute for Health and Aging, Lesbian Health Research Center, San Francisco, Advisory Board, 2000-present

Chairperson of CAM, Hepatitis C Global Conference, San Francisco, 2001

“Every once in a while a new disease occurs which has far reaching effects. Sometimes an illness changes the way medicine is used, develops the scientific data base, and alters the way people think about themselves and their world. AIDS has done all these things. For complex reasons, including political, spiritual, and financial, AIDS has changed how we view ourselves and each other, and how our health care system works.”

What led you to study acupuncture and Oriental medicine?

In my book, *The Chinese Way to Healing: Many Paths to Wholeness*, I wrote the following introduction:

My own path to wholeness began when I was a child. My grandmother was thought, by my family, to be rather eccentric. In fact, she was primarily vegetarian and fruitarian, took daily walks for miles on Miami Beach, and practiced Yoga. Late in her life, she became a Yoga teacher. She was rarely sick, and it was only in the last two to three years of her life, around age 80, that she developed a form of dementia and died. I remember clearly, as a child, the Yoga postures that she could perform without any problem. She would feed me soaked black mission figs and dried millet for breakfast when I stayed with her on the weekend. It made a big impression on me.

When I went to college, at the age of seventeen (1969) I became both very political and vegetarian. I began to learn about Western herbs for healing and rarely used any Western medications. The vegetarianism was supposed to be for my health, yet I was addicted to sugar and milk products, eating a lot of processed government surplus peanut butter and commercial whole-wheat bread. I didn't know any better at the time. Yet, the cooperative I ate in during college much of the time had an organic farm and I learned about the maltreatment of the Earth at the same time as the dangers of chemical pollutants. *Silent Spring* by Rachel Carson was required reading.

The intensity of the times, the stress of the war in Vietnam, the free use of marijuana and hallucinogenic drugs, the great involvement in the political issues of the day, little sleep, and little attention paid to the balancing of diet, led me to becoming very ill at the age of nineteen. What I know now is that I would now be diagnosed with Chronic Fatigue Immune Dysfunction Syndrome (CFIDS), by progressive doctors. At the time however, the doctors were baffled by my malaise, my unfindable pains, and the chronic pain in my lower abdomen. The test for mononucleosis kept coming back negative, yet I remained very ill. Finally, three surgeons decided I had low-grade appendicitis and decided to “take it out”. Well, after they operated and removed my appendix and did an exploratory surgery as well, they found hugely swollen glands around the

appendix area. They pronounced that I did not have appendicitis after all but that I did have mononucleosis, yet were baffled by the negative mono test. It took me a year to regain some semblance of wellness after that gruesome experience. I swore at that moment that I would NEVER have surgery again (it was my second, tonsillectomy being the first), and I began a path toward understanding Western herbs and natural food therapy.

This process was interrupted temporarily when I decided to move to New York City at the end of 1973 to work at an alternative press as an offset printer and writer. During the move at the end of December, an event happened that I think changed my life forever. I was driving on Interstate 80 from Ohio to New York through the Poconos in Pennsylvania and the weather was quite bad—snowing and visibility very bad. We were stopped by the highway patrol and told to get off at this exit and get back on at the next one because a truck had spilled uranium on the highway! So, we got off the road and began driving very slowly on the access road. One of the women who I was with, after a while decided we must be going the wrong way and suggested that we turn around. Reluctantly, I agreed and looked for a place to turn. I then saw what I thought was a place on the other side of the road and went to turn. That was the last thing I remember.

It turns out that a Mack truck following me tried to pass me as I was turning across the road and hit me right behind the driver's seat. One more inch and I probably would have been killed. I was unconscious for approximately 24 hours from the concussion and was in the hospital for five days before I was released. After seeing the film "Resurrection" with Ellen Burstyn—a few years later—I realized that I probably had died in that accident and decided to come back because my life's work was not finished. My life changed from that moment on. I was on a new turn in my path and there was no turning back.

I went to work at the press, however I became seriously focused on the inadequacies of the health care system and wrote on medical topics. I left that work after a few months, but continued in journalism and offset printing. In 1975, I went to Cuba. While I was there, I began to have a problem with a funny tingling in my right leg. A friend of mine from the South Bronx began to do these strange things—feel my pulse, look at my tongue, feel my back, asking me a lot of questions—and told me that if I wasn't careful I would have back pain very shortly. A few weeks later, after I returned to the U.S. I was working as an offset printer and began to have searing hot pain in my leg which focused in my back, and I couldn't lift anything anymore, not even 500 sheets of paper. I thought back to Walter, who I now knew was an acupuncturist, and said how did he know that?

First, I went to a neurologist, then an orthopedist who told me to lie down for three weeks until I was better. Well, I got up three weeks later and was no better, yet the orthopedist could find nothing wrong. I decided to see a chiropractor, whom I had always been told were quacks, yet I then remembered back to my grandmother. She had used her chiropractor as her primary care physician twenty years earlier, never seeing another doctor.

I stabilized to some degree, but still had a lot of pain. Also, during this time, I relapsed into the chronic fatigue and weakness that I had in college. I often couldn't sit up more than five minutes at a time, having to lie down at meetings and events. I had a friend who kept telling me about something called "Shiatsu" which I had no idea about at all. Skeptically, I decided to go to this Jewish man with an Indian name who practiced Japanese massage. After the first visit, much of the pain I had since the beginning of my back problem went away. I said, "hmmmm, there must be something to this." As I had no money, he treated me twice a week for two or three dollars each time. I continued to work with him and slowly learned how to take care of myself, not only learning about massage but returning to much of what I had started to learn about diet, meditation, and the Earth that I had not thought about in a few years.

I was very curious and asked a million questions and began to absorb the information. I then wanted to learn Shiatsu. He told me that, his teacher was beginning a class soon and I should call him right away. I called immediately and started to study—not ever figuring out until much later that Nakamura was a master acupuncturist in the Chinese style—and I learned such things as Chinese and Japanese meridian theory, pulse taking, moxibustion therapy, as well as how to perform a wonderful massage in the Japanese Shiatsu (Finger Pressure in Japanese) style.

During this time I changed to a new practitioner, a woman who had studied with the best macrobiotic teachers, and I began to learn the dietary theories of *Yin* and *Yang*, having her help to guide me along. I began to feel much stronger, the chronic fatigue and back pain symptoms lifting. I became much healthier and felt my life was under control.

I started to practice *Shiatsu*, and after a lot of agonizing took the risk of giving up a very good job as an offset printer in downtown Manhattan, something for which I had struggled very intensely, being a woman. The two did not mix at all. I very quickly became a successful *Shiatsu* practitioner in Brooklyn.

Very shortly after this, my friend Walter, who was the one who had "diagnosed" me in Cuba, called me up and asked me if I was interested in coming to an acupuncture school he was helping to set up primarily for Black and Latino people in the

South Bronx. It was affiliated with Lincoln Detox, well known for its aggressive non-belief in methadone and strong belief in self-empowerment for the people it served. I knew nothing about acupuncture, so I went with just a little interest.

When I sat down in the room and Mutulu Shakur, the head teacher, began to speak, I knew I was in the right place and that this was my place to be. I was walking on the path and there was no turning back.

This was the beginning of the path towards Chinese medicine and its influence on my life. Little did I know that the AIDS epidemic was beginning right around me in New York at that moment in 1976.

I studied and practiced Asian medicine—*Shiatsu* and acupuncture—in New York until 1979, then moved, reluctantly, to California for unrelated personal and political reasons. At Lincoln De-tox Acupuncture School in the South Bronx, I learned about acupuncture as a people's medicine, a lesson I have never forgotten.

There were not yet schools of Chinese medicine in San Francisco in 1979, and the state of California would not recognize my New York experience. So, in 1980, when the San Francisco College of Acupuncture and Oriental Medicine opened its doors, I was the first student in the first class, the only one who finally completed school and sat for the state boards. I became licensed in Florida in 1982 and in California in 1983 after a long struggle through school, with no money and difficult conditions.

It was during 1980-1983 that I saw my first people who had Gay Related Immune Dysfunction (GRID), not even knowing oftentimes what I was seeing. Then, in 1983, when I first went into private practice, doctors began to send me people with AIDS two to three weeks before they were to die as there was nothing more they could do. This was very disturbing to me, and I needed to go within myself to cope with it.

I noticed at times that while I felt compassion for these persons, my heart was not as open as it could be. I understood that there was something within me that was afraid. I then remembered all the people who had died terrible deaths of cancer as I was growing up.

One situation when I was in college stands out greatly. I had a friend I grew up with in synagogue who was one month older than me. When we were nineteen, he became sick with bone cancer. As was often done at that time, no one would tell him that he was going to die. I was in his hospital room with him and I asked him, "Do you know what is happening?" He said, "Yes I know that I am going to die but no-one will tell me." So, we had our little secret. Soon after that he died.

During the same time in college that I was being operated on for "appendicitis," my grandfather was very ill with kidney

cancer in the same hospital at the same time. My grandfather was always my favorite person as I was growing up. I will never forget the day he called me on the phone from a lower floor of the hospital and yelled into the phone that he wanted to see me before he died. The nurses would not let me off the floor, despite my ranting and raving. I tried to reach my doctor for permission, but he didn't called back in time. Finally, I was allowed to go after my grandfather went into a coma.

After returning to college after my operation and his death, I began to have dreams of my grandfather. This went on for three weeks. He would sit up in his coffin among beautiful flowers and fruit and just talk to me. I don't know what he talked with me about, but after these experiences, I felt that dying was OK.

All of this deeply affected me. I realized that death itself was just a transformation, but I also realized that the Western medical system was far from perfect and that the dying process was barbaric, especially within hospitals. It left me with contradictory feelings.

Returning to the inability for me to open my heart to persons who were so sick, I decided that I could not continue to treat people until I had done some internal work. I decided to go to a 5 1/2 day retreat on death and dying given by Stephen Levine and Jack Kornfield, that had a silent meditation focus. During this time, I became more and more aware of my own great fear of dying a terrible death, not of dying in itself, and that this is a very universal feeling for people. I came to grips with these feelings, learning to be aware of my own self and my feelings as I worked with others, especially those who are very sick. This lesson has allowed me to remain detached, yet open to all persons and their illnesses without ever having any sense of being "burned out."

I co-founded Quan Yin Healing Arts Center in 1984 with the goal of it being a community clinic and to create a healing place in the community that anyone could come to, regardless of social status, ability to pay, or what disease they might have. I then began to work more passionately and openly to develop programs for persons with AIDS, who were shunned by most practitioners at the time.

In 1986, I received my doctorate in Oriental medicine (OMD) in Gynecology, since women's issues have always been a main focus for me.

While I feel that it is my own experience with chronic disease as well as growing up with many people around me who died of cancer which was my first influence, it is the people with HIV/AIDS who have propelled me into the middle of the work I am doing with the immune system and chronic viral illnesses.

Every once in a while a new disease occurs which has far reaching effects. Sometimes an illness changes the way medicine is used, develops the scientific data base, and alters

the way people think about themselves and their world. AIDS has done all these things. For complex reasons, including political, spiritual, and financial, AIDS has changed how we view ourselves and each other, and how our health care system works.

AIDS and people with AIDS have developed the field of immunology, and have changed the way research is conducted, the means of drug access, the doctor-patient relationship, and even what is considered good medicine. Chinese traditional medicine has also been irrevocably changed. People with cancer, CFIDS, and other immune disorders are also part of the movement to change medicine, popularized by persons with AIDS.

It is people with HIV/AIDS, along with persons with CFIDS, cancer, and chronic viral hepatitis, who have inspired me to make leaps that I may have never made on my own, who opened the doors of understanding and compassion, and remind me of our mortality.

Yet, this book is not just about AIDS. This book is for all of us who have suffered from the immune-depleting effects of the conditions on our planet today. This includes any of us with chronic viral illness such as chronic fatigue immune dysfunction syndrome (CFIDS) or chronic viral hepatitis B or C. It includes the growing swell of persons affected by cancers of all types. This also includes those of us who are not ill, yet who would like the tools to remain whole and well for as long as possible.

Learning to walk on the path is not always an easy task. There are many turns and blocks in the road. Sometimes we cannot even see the path as it disintegrates before our eyes. Yet when we go inside ourselves and pay close attention, we can visualize the internal path which allows us to continue on the external one just a little bit farther, one step at a time.

Misha Ruth Cohen

July, 1994

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

In 1975 and 1975, when I first was studying Shiatsu with Master Nakamura and acupuncture at the Lincoln Detox Acupuncture School there were no books in English other than Felix Mann's *Acupuncture: The Ancient Chinese Art of Healing and How It Works Scientifically* and *An Outline of Chinese Acupuncture*. The first translated book (before the *Essentials* in 1980) was published in 1975, and we were able to get it in 1976 or 1977. Dianne Connelly's *Traditional Acupuncture: The Law of the Five Elements* did not come out until 1979.

We studied mimeographed sheets of acupuncture points from Worsley's early classes (we discovered later that is what these were), in-process translations from Dr. Van Nghi by

Mark Seem and lectures from the notes from our teachers who studied with Mario and Oscar Wexu of the Quebec Institute of Acupuncture (the mother school for Lincoln Detox Acupuncture School).

It was a challenge to understand the theory when there were so many different unknowns. Also, I have never had an acupuncture treatment before I began my studies (see the above introduction). However, it was the practice of working in the Lincoln Detox clinic that was so wonderful. I always feel that one of my main challenges when I founded Quan Yin Healing Arts Center in 1984 was that I had no time to continue my studying of medical Chinese and have not been able to read articles in the original text. I am grateful to those practitioners and scholars who have taken on this challenge and are doing the tremendous job of translation and bringing as much information to the West. I hope to still have time in my life to take on this study and continue to learn.

Also, a major challenge has been to be accepted by academics in universities in order to be able to conduct research of Chinese herbal medicine and acupuncture from the perspective of a practitioner. At one point a few years ago I seriously considered going back to medical school (some of us have) in order to gain entrance into that world, but I made the decision not to do so and to continue to work to develop and study Chinese medicine and create research studies from our perspective, working in tandem with Western researchers. It still remains a challenge—it has taken until just a couple of years ago to be able to be a principal investigator because of the lack of “Western” credentials.

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

Master Nakamura was my first inspiration—when I studied Shiatsu with him in NYC. I did not know until later that he was a master acupuncturist in Chinese style acupuncture in Japan. However he taught us pulses, point location, and moxibustion techniques—this was very different than the later Shiatsu schools that sprung up out of other traditions. In fact, my extensive use of moxibustion was born out of that training, as I learned the beauty of using moxa for treatment before I ever knew anything about acupuncture. This is a major influence as I often consider moxibustion the main therapy and acupuncture secondary—it is a pity that so few practitioners today use moxa fully in their practices. Mutulu Shakur (mentioned above) was the main teacher at Lincoln Detox. When I arrived there the first night, after traveling for almost two hours from Brooklyn to the South Bronx, I was inspired to then make the journey several days a week to study and practice in the Lincoln Detox clinic under his and the other practitioners' supervision. His dedication to people's medicine and to the community influenced me greatly and continues to this day in

working with those who would otherwise not be served as well as training practitioners in HIV and hepatitis treatment in the context of community and public health practices.

Andrew Tseng, one of my main teachers at SFCAOM was another major inspiration. Whether he was reading and translating from Chinese books or showing us technique or painting watercolors, he was a wonderful sage and practitioner. I really began my ability to use acupuncture needles more fully while studying techniques with this man who had practiced for more than 40 years—the opportunity was incredible just to sit with him as he read to us or showed us techniques. Stuart Kutchins was the main inspiration for me to become a teacher of Asian medicine. When he decided to take a break from teaching and asked me to teach, that was the beginning of a long journey of teaching and writing. I was honored that he thought that I could take it on—little did I now how little I knew...but he believed in me and that was the start.

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

Primarily my clients, especially those who have lived with HIV/AIDS, cancer, and hepatitis and who have struggled to become whole in spite of all their challenges. I am humbled every day in their presence. I have never been “burned out” in all my years of practice. Each day is a new day, and each client and their situation is new each time we get together.

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

Get a mentor. Don't “re-invent the wheel” as we might say. Become a mentor. Mentor those who know less than you. Be generous with your knowledge. Get involved in public health, hospitals, and practices that can truly meet the needs of the communities most at need. Pay attention to your internal self as well as the external needs of your practice and the medicine. Be mindful.

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

In 1992 I wrote an article for The American Journal of Acupuncture called “The Future Of Oriental Medicine In The West: Eastern and Western Medicine: Complementary in Practice, Equal in Status.” I still believe that it is possible for us to be practitioners using the diagnosis and methods of Asian medicine in conjunction with Western medicine and maintain our integrity in Asian medicine. I hope that this profession can overcome the challenges of medicine, as it is so poorly practiced in the U.S. today and actually help to make the changes so desperately needed in this age. Also, I hope that the challenge of unification can truly happen and that we can have strength in organization. I also truly believe that people in our profession need to take on the role of researchers,

especially in herbal medicine, or we will lose much of what we have gained—I think the doctoral programs can be places for this type of training as well as creative mentoring from other sectors.

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

I hope that my contribution to the profession is through standing up for the rights of those who would not receive our treatments and that I have helped to promote that vision by starting an organization that opened its arms to all who came, especially those with AIDS who were rejected and not treated by either Western practitioners or Chinese medicine practitioners. I believe that it changed the course of Chinese medicine and expanded its practice. I believe that it has only helped Asian medicine to gain acceptance in places where it might have been rejected otherwise. And I would like to believe that it helped change the course of medicine in this country.

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?

1. Being a woman—this profession continues to this day to be predominantly male dominated and without thought of changing within. It is still a very unconscious trend within our profession. I hope that AAAOM can now address these issues in the spirit of unity. 2. Rejection from many outside of the Chinese medicine fields. This continues to be a challenge, and we must develop tools to overcome this.

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?

Research Research Research. And more research. . .research within our own context that is scientifically rigorous, especially in the area of herbal medicine.

We will lose this profession without 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?

Many diverse reasons.

100th Monkey factor primarily.

Benjamin E. Dierauf, LAc, MS

Acupuncture & Integrative Medicine College, Berkeley
(AIMC Berkeley)
2550 Shattuck Ave., Berkeley CA 94704
510-666-8248, x113 (office), 510-666-0111 (fax)
bdierauf@aimc.edu

Acupuncture & Integrative Medicine College, Berkeley
(AIMC Berkeley)
California State Oriental Medical Association (CSOMA)
Council of Acupuncture and Oriental Medical Associations (CAOMA)

AIMC Berkeley 1996 - present
CSOMA 1995 - 2003
CAOMA 1996 - 2002

AIMC Berkeley

- Academic dean (2003 -present)
- Clinical faculty (1996 – present)
- Didactic faculty (2001 – present)
- Admissions committee chair (2003-present)
- Faculty committee chair (2001 – present)
- Curriculum committee chair (2003 – present)
- Clinic committee (2003 – present)

CSOMA

Past-president (2002 – 2003)
President (2000 – 2001)
Vice president (1996 – 1999)

Expo Conference Committee (1996 – 2002)

- CEU Educational program development (1996 – 2002)
- Conference coordinator (1998 – 2001)
- Moderator for plenary panels on the current state and future of Oriental medicine (1998 – 2003)

Education Committee (1997 – 2003)
Legislative Committee (1997 – 2003)
Editorial Committee (1997 – 2003)
Insurance Committee (1997 – 1999)

California Journal of Oriental Medicine

- Editor in chief (2002 - 2003)
- Editorial board (1997 - 2004)
- Contributor of articles on OM policy

CAOMA

- Board director of CAOMA, an umbrella organization representing different language acupuncture associations (1997 - 2003)

“Know thyself better and better, do your best, don’t worry too much, be happy/kind /tolerant/generous, and support your professional associations!”

What led you to study acupuncture and Oriental medicine?

Desire to create and facilitate health and balance in people, society, and myself.

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

Not getting too distracted with the myriad potential of medicine and life and staying appropriately focused.

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

Yitian Ni
Robert Dreyfuss
Robert Zeiger
Isaac Cohen
Pingqi Kang

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

Facilitating the development of students into inspiring practitioners.

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

Nothing they don’t already probably know—Know thyself better and better, do your best, don’t worry too much, be happy/kind /tolerant/generous, and support your professional associations!

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

First-degree entry-level professional doctorate, Medicare coverage, inclusion in national single-payor healthcare...

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

Helping to pass AB 1943 in California, which established a 3,000 hour educational minimum along with specific competencies that help to ensure graduate success and improved function as primary healthcare practitioners.

On the national level I think AB 1943 was the primary event that shattered what I and many others believed to be the collusive activities of the ACAOM, NCCAOM, and CCAOM which now function much more appropriately as independent entities. (This is a common pattern of growth for developing professions).

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?

One of the more satisfying challenges was working as a CSOMA rep with the Council of Acupuncture & Oriental Medicine Associations, an umbrella group that represented a diverse group of language based associations - English, Chinese, Korean, and sometimes Japanese and occasionally Vietnamese. The group had recently split before we started working with them, but with combination of a consensual power sharing, consistent informative meetings, and a solid dose of integrity, we brought it back together and became a potent political force that kicked butt in CA. While much of the work was educational in terms of explaining various policy procedures and nuances of the American political system, we shared diverse perspectives, medical knowledge, and great food.

Unfortunately, after I left, CSOMA withdrew from CAOMA, and there is no longer clear "English native language" AOM cultural input into CAOMA. They sponsor poorly thought out bills such as banning MDs from using acupuncture (no chance in hell, alienates those who know us best in the MD community), and they've isolated themselves from all the recent positive developments on the national level, which is too bad, because they are a significant stakeholder of the profession. It takes a lot of work to build relationships and trust; this is what we did, and it needs to be done again.

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?

First-degree entry-level professional doctorate, the lynchpin to full acceptance and advancement of the medicine in the U.S.

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?

Public demand.

Dr. Alex Feng, LAc, PhD, OMD, Dip NCCAOM, BA, Psychology

United Acupuncturists of California (UAC)

Vice chair, Political Action Committee

CSOMA member

Board of Directors, National Alliance for Acupuncture and Oriental Medicine

Past chair, vice-chair, NCCAOM

Board member, Academic Congress of Acupuncture and Chinese Medicine

Board member, American Qi Gong Association

Subject matter/expert examiner for state of CA

Faculty member, Oakland Academy of Chinese Culture and Health Sciences

Dissertation supervisor, SAMRA University PhD program

What led you to study acupuncture and Oriental medicine?

In 1968 and 1969 during my study of martial arts, I first used principles of Oriental medicine and herbology related to traumatology. I was studying at University of California at Berkeley in psychology and was unhappy. My father, Dr. Wei Ren Feng, was a Chinese Daoist philosopher. He introduced me to the theories and philosophies of traditional Chinese medicine. He also introduced me to Dr. Yeung Re Chow, one of the senior herbalists and practitioners of Chinese medicine in San Francisco. Acupuncture was illegal at that time, though there were many apprenticeship programs occurring.

Some of my noted teachers included:

Dr. Robert Small, MD, an African American physician and a physician for the Black Panthers. He was one of the first Westerners who went to China to study and then returned to bring TCM to the Oakland area. He authored some very early TCM papers in this country in the early 1970s and started a TCM treatment clinic at West Oakland Health Center. In 1972, I apprenticed with him in both a didactic and practical internship. I also studied acupuncture with Dr. (Slava) Ellis, MD, a psychiatrist in Berkeley in 1972. In 1976, I traveled to Hong Kong to study for several months. In 1982, I studied in Japan as well. It was common for me to apprentice under a lot of guest lecturers from China. They would lecture and I would translate, because of my bilingual capability. In that way, I had exposure to very well known physicians from China.

I received California license #297 in 1977. In those days there was a lot of fear and mistrust about applying to get a license. For example, if you said you had 7 years experience, it meant you had practiced illegally for 7 years and people were scared of getting arrested. I was encouraged by people like Miriam Lee and George Long to legitimize myself, to put my name and life on the line. Through the work of Senator Moscone and

“My father always said the most difficult thing to treat is ignorance. Our job is to teach with words, actions, examples, facts research data and stories: with whatever tools the person can hear. We must use whatever it takes for one to cross the boundary of ignorance.”

Governor Jerry Brown, licensing became possible. In 1981, I was also licensed in the state of New York.

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

I have always been told the key is TCM assessment and diagnosis. Know what you see and sense, and then the treatments will follow. The challenge, struggle and inspiration have been seeing, knowing, and sensing. It is called Sou Er Jing or “Few and Essential”. Go to the root, go to the few and essential, and go quickly. Identify and treat quickly. Don't get confused by symptom complaints.

My biggest challenge as an educator? There are no challenges if you love your art and material, present it, and come from a place of love and enthusiasm. Present it in a way that the students digest, absorb and accept. Learn the language that people in your audience can understand. Keep it simple. Relate to the person in a way that they can accept, understand and use. My father always said the most difficult thing to treat is ignorance. Our job is to teach with words, actions, examples, facts research data and stories with whatever tools the person can hear. We must use whatever it takes for one to cross the boundary of ignorance. All people have preconceived ideas about all kinds of things: Chinese medicine, allopathic medicine, and life in general. Introduce concepts so people can make a shift in their life.

Unwillingness to change is the biggest obstacle. How do you shift that? Learn how to create models and pathways to enhance and facilitate learning. I call myself a sign reader. I say to my patients, “Here's a sign: your tongue is red what do you think? Why are you smoking? Why are you eating too much? Chinese medicine offers ways to change it, what do you think you can do?” I have patients with similar diagnoses talk to each other (with permission from them, of course) so they can learn from one another too.

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

Love of life. Chinese medicine and practice is so rich, so full, so magnificent. Each person is different. There is no routine treatment or diagnosis. Each patient brings a legacy of thousands of years of culture, diet, many things we must decipher. We have much emotion that can get in the way. How do you make the body, mind and spirit wholesome? TCM is so inclu-

sive and holistic. It looks at the physical, emotional, spiritual, financial—all aspects of the person as a whole being. How do you relate and facilitate the path of healing and health in every aspect? It is a wonderful soup to be in. It's not my job, it's my life. Everything in my life is about health and attitude. We must try to create communities of people engaging in healthy practices. We must create platforms to gather information for the community. I suggest ways to do this and then people can choose.

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

I think that you yourself should be a well-rounded person. If you bring your garbage into the treatment room, it gets in the way. Make sure you take care of yourself. You must know about many things. You must know politics, be financially sound, physically healthy, be mentally alert and spiritually enlightened to be with other people fully. You must learn law, finance, exercise, diet, politics—it's all part of life. You must have a lot sympathy, empathy and tolerance. You must be tolerant of yourself and others. Take yourself out of the equation. If you start thinking you are doing the healing, you forget you are there for service. It is hard because you must advertise and market; you can't be immune to that.

Find ways to support and do good work; it comes back. 99% of my business comes from word of mouth, so do a good job. Generally, it takes 5-7 years to start a business. Persevere, be available, and be accessible. I believe in patients talking to one another and networking among themselves too. You must know what your gifts are; hone into that with which you resonate. Find what your skills and your gifts are, what you are good at. Go after that and study that. Clinical observation is important. The classics are important. The classics say so little and so much at the same time. They give you an idea. They are alive. You cannot use them categorically. They are guidelines to be used and plugged in. Don't let the classics be dead. Then you are stuck with academia.

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

My presence. I am an organizer, a visionary, a mover and shaker. I get things done. Whatever the cause is, I believe in it and I can make it happen. We must move acupuncture and TCM forward as a national presence. We must legitimize and promote TCM work. I spearheaded the creation and existence of the NCCAOM Asian body work certification and assisted also with the acupuncture and herbal certifications. We must continue to legally legitimize TCM and keep it going with the national organizations, weaving it into modern life. Currently I work in a Western Chinese hospital in San Francisco, mainstreaming TCM in the hospital setting.

I bring skills, knowledge and ability to the table. That kind of work helps legitimize TCM. I also teach allopathic medical interns at Highland Hospital and accept offers to speak about and promote TCM and its value to overall health – alone or in partnership with mainstream medicine.

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?

Ego typically is difficult. People come in with rigid positions and opinions and tend to trivialize and negate other positions, so it makes it hard to work together. I watched the lawyers tear us apart during the Little Hoover Commission as a direct result of how we presented ourselves. There was a lot of ego and self-promoting. The attitude that my way is better than your way proves unproductive. It trivialized a whole movement due to the need for ego magnification. We need to have one larger goal and purpose and not allow trivial, individual egos and pride to get in the way. People want themselves, their school, their organization, etc. to be famous. There are various methods to achieve that goal, without the detriment of our field.

Dogma needs to be out of the equation. We need a larger vision and bigger picture. It is easier when we have that intention in mind. We need to remember: do no harm. Do no harm to our patients, but also do harm neither to our movement nor our practice.

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?

Only one thing: do good work. If you do good work then things like the California acupuncture licensing act will come through grass roots actions. Grandma Moscone got acupuncture and it worked for her. Later as a result of that good work, we got the legal ability to be licensed. Karmically, cause and effect is in place.

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?

Good work from practitioners get good results And the patients will demand, push and ask for us. They will promote us and elevate us. Just do good work!

Bob Flaws, LAc (Colorado), FNAAOM (USA), FRCHM (UK)

5441 Western Ave. #2
Boulder, CO 80301
303-447-8372
bob@bluepoppy.com

As president of the Acupuncture Association of Colorado (AAC), I was an AAAOM convention delegate at the infamous Chicago AGM. I was also a fellow and governor of the National Academy of Acupuncture & Oriental Medicine (NAAOM) and editor and publisher of the NAAOM journal. I have also been an item-writer for the NCCAOM.

I was a two-time BOD member and two-time president of the AAC and am now a lifetime fellow of the AAC. During that time I was also the editor and publisher of The Colorado Acupuncturist, the newsletter/journal of the AAC.

What led you to study acupuncture and Oriental medicine?

I believed it appropriate livelihood for a Mahayana Buddhist. As a Tibetan Buddhist, I wanted to study Tibetan medicine, but Chinese medicine was as close as I could practically get at the time (1977-78).

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

Inability to read Chinese and lack of well-translated, authentic English language sources compounded by Asian teachers whose English was certainly not up to a Master's level of technical explication.

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

Michael Broffman, LAc (CA) with his Confucian medical ethics.

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

The desire to help suffering people all over the world.

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

Learn to read Chinese so that you can directly access a truly doctoral level of Chinese medical information.

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

That we become accepted by and integrated with the dominant health care delivery system in the U.S.

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

The addition of Chinese herbal medicine to the scope of practice of Colorado acupuncturists.

"I'm not sure this movement is due to what we are doing right so much as it is to what Western medicine is doing wrong, and due to our Oriental mystique and cache. In other words, I believe that this good will is ours to lose if we do not measure up to expectations."

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 political apathy of the rank and file which I believe is still a big problem. To overcome this, I tried to create as much value as possible in being a member of the AAC, including a very good newsletter/journal, regular meetings in various parts of the state, and low-cost, high quality CEUs.

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?

School endowments to help eliminate the necessity of schools funding their budgets entirely from tuitions. As long as schools' only or major source of funding is from tuitions, the schools cannot truly become serious, responsible, high quality academic institutions. We will continue to matriculate and retain students we shouldn't and we will not develop a truly educated professional cadre of teachers. Nor will we develop and implement a truly rigorous enough curriculum.

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?

Dissatisfaction with Western medicine and the belief that acupuncture/Chinese medicine offers an effective alternative. I'm not sure this movement is due to what we are doing right so much as it is to what Western medicine is doing wrong and our Oriental mystique and cache. In other words, I believe that this good will is ours to lose if we do not measure up to expectations.

Malvin Finkelstein, OMD, LAc, DiplOM (NCCAOM), Fellow of the National Academy of Acupuncture

2767 Friendly Street
Eugene, OR 97405
541 683-9230
541 683-0623 fax
malvin@finkelstein.net
www.malvin.finkelstein.net

NQA (National Qigong Association)
Oregon Board of Medical Examiners Acupuncture Advisory
Committee
National Acupuncture Foundation
Oregon Acupuncture Association (OAA)
Pain Society of Oregon
NCCAOM - 1989-98, 2004-present
NQA - 2000-2004
Oregon BME AAC - 1988-2002, 2003-present
National Acupuncture Foundation-1991-97
Oregon Acupuncture Association (OAA)-1982-89
Pain Society of Oregon - 2001-2003
NCCAOM
Commissioner, 1989-1998
Chairman, 1995-1997
Vice Chairman, 1997-1998
Chief Examiner for all written and practical exams, 1989-1996
Chairman, Foreign Equivalency Task Force, 1998-2004
Chairman, Examination Committee, 1989-1995
Chairman, Computer Based Testing Development Task Force, 1995-
1998 Chairman, Eligibility Committee-2006-present
Member-2004 to Present
Secretary, Executive Committee, 1989-1995
National Qi Gong Association (NQA)
Board of Directors, 2000-2003
President, 2002-2004
Vice President, 2002,
Chairman Standards Committee, 2002-2003
Executive Committee, 2000-2004
Co-Chairman Medical Qi Gong Committee, 2000-2004
Oregon Board of Medical Examiners, Portland, OR
Acupuncture Advisory Committee
Chairman 2006-2008 (first non-MD chairman), member, 1988-2002,
2003-present
Acupuncture Examiner and Exam Developer for practical and oral
exams, 1987-1990
Examiner for NCCAOM Clean Needle Techniques Course, 1986
National Acupuncture Foundation, Board of Directors, 1991-1997

“There are always differences of opinion as to how best to help acupuncture and Oriental medicine. It can be helpful if we continue to remember that we are similar in our ultimate goal and to try to remember that those who disagree with us are also human beings and friends. A prayer that I use is: ‘Raise us above the distinctions and differences that divide.’ ”

Oregon Acupuncture Association (OAA)
President, 1984-1985
Vice-President, 1987-1989
Continuing Education Officer, 1986-1987
Secretary/Treasurer, 1982-1984
Pain Society of Oregon, Eugene, OR
President, 2002-2003 (first non-allopathic medicine president)
Education Co-Chairman, 2000-2001
Board of Directors, 2001-200

What led you to study acupuncture and Oriental medicine?

A low back injury that was successfully treated by acupuncture in one treatment.

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

Starting an acupuncture practice in the late 1970's, the biggest challenge was educating a public that had no concept of what acupuncture was.

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

Dr. James Tin Yao So, Ted Kaptchuk.

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

Constantly learning. Constantly working on my inner development with qigong, meditation, etc. Giving back to the profession.

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

Continue to learn. Continue to work on inner development with qigong, meditation, etc. . . Give back to the profession.

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

NCCAOM:

Being part of a group that helped acupuncture grow and prosper in the U.S.

Helping to develop the certification programs in Chinese Herbology and Asian Bodywork. Spearheading the development of standards for graduates of foreign acupuncture schools to take the NCCAOM exams and become certified. Allowing the NCCAOM practical exam to grow, while maintaining its quality and assisting in the movement towards its integration into other exams. Helping to maintain the high quality of the examination process for 7 years.

In your previous position(s) of leadership, what was the greatest challenge you faced and how did you overcome this challenge?

The divisiveness of the acupuncture profession when the national professional association split into two. My methods for dealing with it included: keeping an open heart, attempting not to judge others, maintaining friendships and open communication with many of the players.

If applicable: is this challenge still faced within our community today?

Yes, there are always differences of opinion as to how best to help acupuncture and Oriental medicine. It can be helpful if we continue to remember that we are similar in our ultimate goal and to try to remember that those who disagree with us are also human beings and friends. A prayer that I use is: "Raise us above the distinctions and differences that divide."

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?

Making the best use of the diversity of traditions and philosophies that we come from by working together.

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 a current trend in the public view of medicine—our medicine values listening to the patient.

Steve Finando, PhD, Psychology

Licenses for acupuncture in 5 states, including New York.
NCCAOM certified
Sf13@optonline.net

An overview on the inception of organizations and testing:

Back when I started there were no organizations. First there were loose meetings of about 20 California acupuncturists. Those meetings became the seeds for the beginning of the AAAOM. There was a small group of people actively involved in most everything.

Once AAAOM was established, there were some meetings in Chicago and New York, and the ideas of organizing committees to form the NCCAOM and elect commissioners began. Next there was discussion about a national exam.

Some people were brought on the board for publicity, political, or skill set reasons. After the first or second convention, around 1982, an NCCAOM commission was formed and elected. The commission was then given the mandate of creating a national exam.

Some states were already trying to create licensing exams but didn't have the skill sets to hold an exam. Other states like Florida created disastrous exams where we saw multiple lawsuits. The first exam in Florida failed almost everyone. The examiners came in from California, and there was not clarity about test content. You had people like Ted Kaptchuck failing. It was not good. The live model point location system had three examiners for tests. Typically the three examiners did not agree on point locations between themselves, and it only took one examiner to fail a student.

We knew we needed to create a reasonable exam process, but no one really knew one another. There were about 5 schools in the whole country at that time. Curriculum varied and one school did not know what another school was teaching. There was no internet then and information was not readily available.

We had to give thought to what kind of standards to establish for the profession. Some schools didn't teach 5 Elements or 8 Principles. To what level should a graduate from an acupuncture school be educated? Basically everybody was uncomfortable with calling themselves doctor coming out of a 600-hour program. The decision was made that it would be a master's degree. Acupuncture was illegal then. I remember looking around the room and thinking we were basically a bunch of outlaws in the room trying to evolve.

A Blue Ribbon Panel was developed and needed to represent everyone. Kiko Matsumoto represented the Japanese community. We had to do a lot of campaigning. We had to agree on basic practice. To everyone's credit we were able to agree on good basic standards, which became the blueprint for the national exam. There was an evolution of item writing and standards.

“I've been treating since 1973, and if someone asked me do you really understand and know what OM is, I'd say no, not yet anyway. Maybe that will happen before I die. I'll be a master when I die, not until then. You're dead; you're done when you think you've mastered anything. When you can't do anymore, then you've died, then you are a master.”

The Clean Needle Technique became a course. For the first exam, it was done in a bizarre way. There was an instructional video. We had to teach people how to sterilize needles as opposed to putting them in alcohol or just into a boiling pot of water. I worked with Jim McCormick on creating a video. We made it out on Long Island and worked many days in a row from 9AM to 11PM to get it done, translated, and dubbed over before the first test.

For the exam students had to watch the video and then needle themselves. The first exam was held simultaneously in San Francisco and Newark. Hundreds of acupuncturists came out of the woodwork to take that first exam around 1985. There were some bizarre needling techniques we saw, too. I was issued the very first NCCAOM certificate, #10.0001

I stayed with NCCAOM for 8 years. There was no money for a budget at that time. Travel and time was not reimbursed until after the first exam cycle. Contributions from individuals and schools or loans are what kept NCCAOM going.

Soon after, there was talk of standards for schools because educations were diverse. That was the beginning of discussion. I was on the accreditation commission as well, somewhere around the second cycle of accreditation around 1990s. It was amazing. Over the years, it had started out as people not knowing what other parts of the country were doing. There were no standards. Yet people agreed and cooperated enough and put their own time and energy on the line. There was no infrastructure or basis. I remember AAAOM meetings with 30-40 people total at meetings.

We were involved in lobbying states to license acupuncture. I was at public hearings in many different states. The American Medical Association (AMA) headquarters was in Illinois. The AMA would always show up at Illinois hearings and say that acupuncture is all placebo effect. A friend of mine, Al Schoen, was one of the first premiere veterinary acupuncturists. He had created a great film showing a horse before and after acupuncture. After the AMA got up and did their usual stuff, I showed the film and then said, “I guess we've really showed that horse that this stuff works.” Very shortly after, states started licensing acupuncturists.

New York was one of the more bizarre states. It was racist and anti-white. You could be licensed to practice acupuncture in New York only if you could prove you had practiced at least 10 years in another jurisdiction. I was one of the first Anglos to get licensed before they changed it. Eventually they changed it.

Some of the key individuals at that time were:

Bob Duggan started TAI which is now Sophia in Columbia.

Jim McCormick worked with Bob Duggan at TAI.

Bryan Manuele was at Midwest center.

Glen Earl, an acupuncturist from Utah, had a miracle cases. He was arrested for practicing acupuncture in Salt Lake City and led out of his office in handcuffs. In a matter of a few months, with lots of lobbying, the situation radically changed and Glen was first chair of the board in Utah.

The late Bob Sohn was the first president of NCCAOM.

Mark Seem was Tristate and is now at New York College.

Ralph Cohen was an MD from Washington DC who just truly believed in acupuncture. He campaigned and lobbied anywhere and everywhere to lobby for acupuncture. Grace Wong was an acupuncturist who worked in Ralph Cohen's office.

Steve Rosenblat, now residing in LA, started one of first schools in county: California Acupuncture College. He also started a New England school.

Steven Watts started Southwest college in Sante Fe, New Mexico.

What led you to study acupuncture and Oriental medicine?

I was finishing a doctorate in Florida and was a black belt in karate. I had an interest in oriental philosophy and *Tai Qi*. Around that time I met a *Tai Qi* teacher who was also an acupuncturist. We talked about Daoist philosophy. I would watch what he did. I would remove needles. After a while he started teaching me the principles. Sometime later he said, "Why don't you learn to needle and put some in for me?" I studied with him for about 3 years. I had had no interest to become an acupuncturist. It never occurred to me that it was a viable profession.

After this I got a professorship at City University in New York when New York City was about to go bankrupt. A lot of people were being laid off. They ended up keeping me on over senior people due to my skill set, so there was a lot of hostility. In 1975 we decided to set up a holistic health center. I examined every new patient with an MD, and we discussed what would be the best treatment for them. Within two years we had OM, massage, nutrition, chiropractics, biofeedback, and a psychologist—about 22 health professionals operating at this center in total. I was treating huge numbers of patients, and it was out of hand after a while. Ultimately I went to back school to get my acupuncture diploma.

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

I had the support of large center. There were a lot of terrible, terrible acupuncturists out there, and patients would say acupuncture didn't work on very simple diagnoses. People had a lot of misconceptions about acupuncture. My first patients were the patients who couldn't get help anywhere else and were scraping the bottom of the barrel for help. I was treating very difficult cases, and it required an evolution of practice. I got a clear sense of the strengths and weaknesses of acupuncture. There were hardly any books at that time. There was an outline and then Essentials and then the Comprehensive Text. That was the bible; at least it was a text.

We had to deal with the Chinese community a lot with licensing issues. The Chinese community didn't want licensing in New York because it was turf protection to them.

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

I've become very interested in myofascial treatment of pain, and I'm fascinated with acupuncture. Acupuncture to me is a daily miracle. I've done cadaver study and anatomy. I am beginning to believe the mechanism of acupuncture lies in the fascia. It is just fascinating stuff! I do other techniques and work with herbs, but I ultimately feel this stuff is fascinating to me. It explains the mechanism of action of what acupuncture is. The fact that this system has evolved is just miraculous. I have no interest in ever retiring. I don't feel I've ever had a job. We got out of the whole health center practice. My wife is also an acupuncturist. We've settled into a home practice. It's been just terrific for the last 20 years.

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

People seem to think they know what OM is. You're much better off feeling that you don't know and explore and be willing a look at things as interesting. Explore, play, use. There can be different conceptual models. The spirit of OM is one of that kind of openness and exploration. You can practice lots and lots of different ways and be effective. As long as that spirit grows, OM will grow.

The *Comprehensive Text* was considered to be the bible; that was the only bible. It was almost like the communist manifesto of the Cultural Revolution. It's reasonable, but it's not the only way. We need openness and willingness to accept and understand different ways or approaches that are powerful, interesting, and open doors of new ways of treating. Lack of dogma is important to keep going in the interest of curriculum. Graduates need not think it must be this one-way.

I've been treating since 1973, and if someone asked me do you really understand and know what OM is, I'd say no, not yet

anyway. Maybe that will happen before I die. I'll be a master when I die, not until then. You're dead—you're done when you think you've mastered anything. When you can't do anymore then you've died; then you are a master.

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

I was chair of both commissions. I helped develop and create the exam process to open up acupuncture in the United States and created direction for schools when it was so early on.

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?

Getting practitioners to agree in NCCAOM, particularly people who had financial stake in schools. Initial fundamental agreement upon core knowledge and skills. Getting that to happen, the work of talking to people and discussing it with them was one of the great difficulties—the sheer amount of work. You were putting in 18-hour days between practice and commission work. Commission meetings were all day affairs from early morning to night.

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?

If I knew what OM was, I'd have an answer for you. I think the mechanism of action is going to be seen in the nature of the fascia. That is kind of an exciting thing Western medicine physicians have a very hard time comprehending. They know it works but not why.

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 it's really simple: it works. There is this whole business of placebo acupuncture. Even false needling worked. Even incorrectly placed needles can work. My physician patients used to request after hours appointments, because they didn't want to risk running into their own patients at my office. I'm seeing less of that these days.

Jake Paul Fratkin, OMD, LAc, NCCAOM DiplAc, DiplCH

Doctor of Oriental Medicine, Licensed Acupuncturist
7764 Jade Ct.
Boulder, Co 80303
(303) 554-0722
Fax: (303) 554-0299
jake@drjakefratkin.com
www.drjakefratkin.com

Author of *Chinese Herbal Patent Medicines, The Clinical Desk Reference*, Shya Publications, 2001

Acupuncturist of the Year, 1999, American Association of Acupuncture and Oriental Medicine.

Teacher of the Year, 2006, American Association of Teachers of Acupuncture and Oriental Medicine.

I was in the founding group of the AAOM, back in 1982 or 1983. I was the first editor/writer for *The American Acupuncturist*. Also, with Stuart Kutichins at a Worsley conference (1982 or 83), we were the first to recommend national boards, which eventually became the NCCAOM. Advisor and site visitor, Accreditation Commission Commissioner, National Accreditation Commission for Schools and Colleges of Acupuncture and Oriental Medicine, 1983–1985

Chairman, Subcommittee on Herbal Medicine, 1983-1985.

Preparation Committee, National Chinese Herbal Examinations, National Council for Certification of Acupuncturists (NCCA), 1994.

Blue Ribbon Task Force, NCCAOM, Defining Oriental Medicine, Alexandria, VA, Oct, 2000.

Chairman, Continuing Education Task Force, NCCAOM, 2002.

What led you to study acupuncture and Oriental medicine?

I intended to go to medical school, but was repulsed by the reliance on pharmaceutical medicine, which even then had deep profit-making goals. I studied Chinese language, qi gong and tai ji quan, and switched to Oriental medicine in 1976. I apprenticed with Ineon Moon, Korean acupuncturist, from 1976-1982, and with several Chinese herbalists in Chicago. Later, I was able to study in China.

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

Failure or delay to gain licensure. Got permission to practice in state of Wisconsin, 1978. (First non-medical acupuncturist in state). Failed exams in Washington state in 1984, very disappointing. Eventually got license in New Mexico, 1986, Colorado, 1990.

“Patients come to us because we act like doctors—not drug pushers—and because our medicine works.”

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

Dr, Ineon Moon, Korean acupuncturist, and Zhengan Guo, herbalist in Chicago. Later, the 33 master herbalists I studied with at Xi Yuan Hospital in Beijing (1987-1988). All were extraordinarily inspirational teachers who deeply believed in their healing arts.

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

The feeling that I am part of a long and honorable tradition, which involves both study and practice. I am constantly motivated by teachers from mainland China and Japan, and by the TCM literature generated in China and available in English. Equally important is my continued contact or exposure to the master American practitioners who, due to their experience, have been able to achieve high levels. These include: Will Morris, Efreim Korngold, Stuart Zoll, Glenn Wilcox, Subhuti Dharmananda, Miki Shima, Andy Ellis, Chip Chase, Mark Seem, Elaine Stern, Whit Reaves, Stephen Brown, Jeffrey Dann, Jeffrey Yuen, Alex Tiberi, Richard Dreyfus, Dan Bensky, Claudette Baker, and many others.

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

In herbal medicine, constantly keep up with the English language material coming out of mainland China. It still represents the highest levels of clinical application. For acupuncture, pay close attention to alternatives to TCM: Japanese meridian therapy, French systems, Mark Seem, etc. For everyone, study more Western physiology and diagnostics, such as functional medicine.

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

Not optimistic. We are marginalized because we are undereducated in Western medical sciences and have no respect because we are unable to produce scientific evidence for the validity of our work. Acupuncture may enter the general medical system as an adjunct, like physical therapy, but herbal medicine will always be excluded until it achieves respectable and accepted research evidence. There is also low ambition on the part of American practitioners - the unwillingness to study more.

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

My involvement with NCCAOM has been the most satisfying. I participated in exam preparation and guidelines for CEUs. Also, my experiences as a site visitor for Accreditation Commission proved very informative about the education

system in the U.S. As for my contribution, I have spent 25 years teaching herbal medicine, hopefully in a lively and clinically relevant manner. Numerous practitioners make the effort to express their appreciation.

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?

Whenever I am teaching, it seems that 15% of my students are truly motivated and capable of learning real TCM herbal medicine and about 15% should never have been allowed to enter the profession. The other 70% have varying degrees of mediocrity. This is due to various factors including both the student and their schools. The greatest challenge is that we do not attract the best and the brightest—who tend to go to medical school. TCM requires that same level of raw intelligence and drive, and we aren't getting it. I speak for herbal medicine, which is truly a medical system requiring lots of knowledge of Western medicine (physiology, microbiology, diagnostics - but not the therapeutics of Western medicine. Ours is better!) This is not necessarily true for acupuncture, which should stand alone as a profession, without herbs. The skills necessary to be a magnificent acupuncturist lie more in the hands than in the brain.

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?

Study Western medical sciences to a level equal to a medical doctor, physician's assistant or nurse practitioner. This is done in the Chinese TCM schools, and should be here. Why? To gain knowledge, and credibility.

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?

First, we act like doctors used to act. We listen to our patients' complaints and spend time to try to figure it out. Western doctors are economically forced into a 5-10 minute visit. They throw medicines at illness without understanding the deeper aspects of the condition. We, on the other hand, listen to the whole history, and try to fix all of the problems simultaneously, which we can do. Patients come to us because we act like doctors—not drug pushers—and because our medicine works.

Elizabeth A. Goldblatt, PhD, MPA/HA

American College of Traditional Chinese Medicine
455 Arkansas Street
San Francisco, California 94107
phone - 415-282-7600
FAX 415-282-0856
egoldblatt@actcm.edu

Vice President, CCAOM, 1990-1996

President, CCAOM President, 1996-2002

I was also one of the Alliance founders in 1992 and on the board for many years.

My background is in higher education. My PhD is from UCLA. My master's in public administration/health administration is from Portland State University

What led you to study acupuncture and Oriental medicine?

I have been using AOM since the late 1960s. I took the position of the first president of the Oregon College of Oriental Medicine in 1988 to help improve the quality of education in our field.

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

One of the biggest challenges in our field is that we need more practitioners who also have expertise in higher education. The strongest college administrative teams consist of individuals with expertise in higher education and practitioners with advanced degrees and experience in higher education.

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

I believe that AOM is offering a tremendous contribution to our society and to our world. This form of medicine brings so much benefit to people throughout the USA and the world.

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

I strongly encourage the AOM educators to pursue advanced degrees in higher education.

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

I would love to see our medicine accessible to everyone in this country. I dream about a national health care system that includes all the licensed CAM fields and all health care providers working together as a team for the benefit of their patients. Our entire country will some day place more emphasis on preventative medicine and life style issues.

“I would love to see our medicine accessible to everyone in this country. I dream about a national health care system that includes all the licensed CAM fields and all health care providers working together as a team for the benefit of their patients. Our entire country will some day place more emphasis on preventative medicine and life style issues.”

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

As a leader in the CCAOM, I assisted in the CCAOM's organizational development. We moved from a situation in which the entire CCAOM was involved in all detailed areas to the current committee structure and administrative structure. I was involved in every aspect of the CCAOM's maturation and evolution over a 12 year period. When I first became part of the CCAOM, there were about 12 colleges; there are now over 50. Thus the need for organizational development was crucial to the success of the CCAOM's work.

In addition, I was an integral part of the development of the DAOM program.

In your previous position(s) of leadership, what was the greatest challenge you faced and how did you overcome this challenge?

My most major challenge while I was in the CCAOM leadership was the relationship with the then practitioner organization. Unfortunately, this situation consumed a tremendous amount of the CCAOM's time as the in-fighting was most destructive.

If applicable: is this challenge still faced within our community today?

To me, a key to maturing our field is to continue maturing our colleges and the educational training that we provide. The colleges have been training strong practitioners and this has been very important stage for our field. I believe that it now time for our colleges to embark in training scholars, educators, researchers, translators, etc. We need to build a stronger foundation for our field as we continue to grow and flourish.

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?

OM is a very successful form of medicine. OM treatments are significantly less invasive than conventional western medicine. Our practitioners spend quality time with their patients and most view their patients as partners in their health care.

Neil R. Gumenick, MAc (UK), CT(A), LAc, DiplAc

Note: these signify Master of Acupuncture, United Kingdom; Certified Teacher, Advanced; Licensed Acupuncturist (CA); and Diplomate of Acupuncture (NCCAOM)
2926 Santa Monica Blvd.
Santa Monica, CA 90404
Phone (310) 453-2235
Fax (310) 230-8680
nrg@5elements.com

Institute of Classical Five-Element Acupuncture Inc.:
January 2000 - present

Worsley Institute of Classical Five-Element Acupuncture: 2002-2007

Founder, director, chief instructor, Institute of Classical Five-Element Acupuncture Inc.

Master Apprentice Program(tm) coach, Worsley Institute of Classical Five-Element Acupuncture

What led you to study acupuncture and Oriental medicine?

I was introduced to the Classical Five-Element Acupuncture theory at a seminar led by a friend and colleague, Leslie Shapero, MAc (UK), LAc, at a *T'ai Chi* residential training in New England. I was so deeply touched by the simplicity and profound elegance of the system that I applied to Professor Worsley's school in England almost immediately.

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

Trusting my own senses, getting out of my head.

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

Professor J.R. Worsley was my teacher and inspiration. Dr. Judy Becker Worsley was also a great inspiration and mentor. I also acknowledge, with gratitude, Oscar Ichazo and the Arica Institute, without which I would never have been sufficiently open-minded to even consider acupuncture as a career. I also acknowledge my dear friend and *T'ai Chi* Master, the late Professor Patrick Watson, as well as my wife, Cecile, who never expected me to suddenly announce, after coming home from the aforementioned *T'ai Chi* training, that I was intending to go to England to study acupuncture. Her whole hearted support has been an inspiration to this day.

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

I am as much in awe (in my 28th year of practice) of what this system of medicine can do as I was when I started. My patients inspire me. Watching them recover their bodies, minds, and spirits is a constant source of inspiration. Teaching other practitioners to practice this style of medicine—seeing their lives transform as they grow personally, as well as profession-

“Getting myself out of the equation and choosing instead to serve others left me little time to marinate in self doubt. I do not claim to have done it perfectly. Many times in a given day I have had to change my focus, stop making it about me (trying to do it right, to look good, not to make mistakes, to play it safe), and get into action in serving a much higher purpose.”

ally is also endlessly inspiring. Practicing and teaching is also a continual growth process for me, as well. I see my practice and teaching as a significant part of my spiritual path, providing endless opportunities to work on myself. Additionally, I have had the honor to have been the Classical Five-Element Acupuncture columnist for *Acupuncture Today* which, since 2001, provides a forum to reach practitioners internationally.

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

Don't dabble. Find a style of practice or a lineage that touches your heart and truly inspires you. Give yourself to it totally and learn it deeply. Realize, too, that no system of medicine can cure everyone and all systems have value. You cannot, however, and need not, learn them all. Instead, become the best practitioner you can possibly become at the system you love in this lifetime. When you find yourself with a patient who you cannot help, or cannot help as much as you would hope, have the humility to ask others within your tradition for help, or refer the patient to a practitioner (within your tradition or in another modality entirely) who is as dedicated to the system he or she practices as you are to yours.

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

In the late 1990s I had the dream of creating a school where licensed acupuncturists and physicians could truly learn to practice Classical Five-Element Acupuncture in a one-year, part-time program that would allow them to continue in their own practices while studying. Starting from nothing but this vision, I persevered and created an Institute, which has grown significantly every year, providing a place, a “home,” for those who wish to learn this system of medicine, as well as for those who wish to pursue continuing education and advanced studies.

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 self doubt. Could I really start a school from scratch? Would students come? Would they be inspired and committed? Would they like me? Could I develop and lead a program, teach the theoretical and clinical components, handle the myriad situations that arise with students, develop and supervise a faculty, do justice to the lineage that Professor Worsley taught to me? I overcame these challenges (and more) by focusing on the mission: to train a new generation of students to care for the bodies, minds, and spirits of patients. In so doing I removed the focus from myself and placed it where it belonged: on the welfare of the students and the patients. Getting myself out of the equation and choosing instead to serve others left me little time to marinate in self doubt. I do not claim to have done it perfectly. Many times in a given day, I have had to change my focus, stop making it about me (trying to do it right, to look good, not to make mistakes, to play it safe), and get into action in serving a much higher purpose.

While I cannot speak for anyone else, I perceive that the challenge of self doubt is still faced in our larger community. Self doubt can cause practitioners to withdraw into themselves or into becoming unquestioning followers of a person, an organization, or a set of beliefs. Of course this demonizes everyone who is of a different persuasion and makes for disunity, rivalry, fear, arrogance, prejudice, and even hatred among various groups within the Oriental medical community and extends into relationships with the Western medical community. Practitioners become intent on proving themselves “right” and protecting their “turf,” rather than sharing their knowledge, respectfully listening to and learning from each other, humbly admitting mistakes and taking corrective actions for the ultimate welfare of patients. Questioning our own motives, beliefs, assumptions, and conclusions, considering that we may not have all the answers, keeps us vigilant, open-minded, and spiritually awake.

Doubt can cause practitioners to isolate, distrust or be easily swayed by others, devalue their own unique gifts and talents, withhold honest expressions and offer opinions freely, not take bold action when called for, not participate in organizations that would further the cause of Oriental medicine, or tragically, abandon this medicine that holds such promise for so many sick patients.

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?

Focus on the well-being of the patients. Do not be afraid to refer out or ask for help. Doing so does not diminish our standing in the eyes of patients. On the contrary, our standing is enhanced, for we have placed the well-being of the patient first and the patient cannot help but feel gratitude.

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?

Western medicine, in the hands of skilled and caring practitioners, is a most beautiful, necessary, and valuable system of medicine. Its orientation, however, is largely symptom based. While in many cases it successfully removes symptoms, it does not often address the underlying causes of those symptoms. Without understanding and treating the causes, be they physical, mental, emotional, or spiritual, the symptoms will reappear or new ones will emerge - stemming from the same unresolved causes. Even with the symptoms removed, the quality of life is often unchanged or diminished.

As I have said earlier, no system of medicine is a panacea - and all patients want and deserve to feel better. Used in conjunction with appropriate Western medical treatment, we can substantially assist with recovery time and the enhancement of life at all levels. The strength of Oriental medicine is that it does have the ability to balance a patient's energy before symptoms manifest, thus preventing much disease, as well as restoring the balance of energy after disease manifests, helping Nature to cure - rather than suppress disease. We also have the means to effect change at the emotional, mental, and spirit levels, which are often the source of the trouble, regardless of the label of the disease.

For these reasons, and more (including the testimony of patients spread via an ever-expanding media, such as the internet, where patients can access wide and uncensored healthcare information and options and make their own informed decisions), our medicine has grown and will continue to grow. May we all be worthy of the trust patients place in us when they place their lives in our hands.

Dr. Leon Hammer, MD

AAOM Teacher of the Year

NCCAOM

In 1980s honorary member NCCAOM

CCCAOM site visits in 1980-90's

President, Dragon Rises College of Oriental Medicine, Gainesville, Florida.

What led you to study acupuncture and Oriental medicine?

That is a long story. I discovered traditional Chinese medicine when I was 47 years old. There is quite a bit of background to that decision or interest. I always wanted to be doctor since I was 2 years. When I finally discovered Chinese medicine, I found what kind of doctor I wanted to be.

I studied science and majored in chemistry and biology and then attended medical school. In between there was war. The war had something to do with my development. Chinese medicine is one in which all things are harmoniously related. In war the distinction between oneself and one's crew mates dissolves into a oneness that is not possible in civilian life. In retrospect, I believe that influenced my outlook, unknowable to me at the time.

After the war I went back college. I discovered that I was more interested in people than in molecules. I chose to become a psychiatrist and to study psychoanalysis. Fundamental psychoanalysis seeks to make the unconscious conscious, and that is one definition of awareness. It may have been here that I became focused on the individual rather than on the disease so characteristic of biomedicine and even psychiatry, not schizophrenia, but an individual with schizophrenia. Here, I was greatly influenced by Erich Fromm and Harry Stack Sullivan.

I also felt that what I was studying was too intellectual. I wanted to help to access the most profound aspects of themselves to enhance real change. I began to explore other methodologies such as medical LSD. I soon realized my sense of the importance of touch to healing. I experienced during my own psychoanalysis when my own therapist, August Schlessinger, a very old and brave woman, profoundly affected me with her touch.

I also discovered a great deal from having a dog and a cat in my office. The dog would respond to people in certain circumstances. He would get up from sleep and climb up onto their chests and sit. Apart from own sense and experience that touch was healing, the animals I had demonstrated it.

I began to search for a healing system that was humanistic, involving touch, and that aimed to make the unconscious conscious, make people more aware and help wake up to themselves and others. I studied Rolfing, bioenergetics and gestalt, focusing on undoing "defenses" locked in their body, muscles and fascia. Psychoanalysis endeavors to break down "defenses" resistances. . . After 8 years I discovered that the more you attack the defenses the stronger they become, and it is not the right approach to helping people. Resistance

"The future depends upon that we appreciate what we have and that we adapt it to the toxicity of the environment. We must grow on our own foundation, which distinguishes us from other medicines. This is highly based on our diagnostic system. That is the greatest challenge. That is my message. Hold on to: pulse, tongue, eyes, color, all the things that make CM very special."

and defense are people's adaptation and survival methods. Sometimes people do what annoys us, but not to really annoy us. It is simply how they learned to survive, something we need to respect, not attack.

At the time I was dealing with all these different currents in my work and myself. I took a leave of absence and lived in England for a while. There I met someone who taught me massage. This same person confided in me that they were studying acupuncture. Through this contact, I met Dr. Van Buren. I had an epiphany the moment I stepped into his office: I knew nothing of OM, but I knew this was where I wanted to be.

Prior to that, I had a very busy psychoanalysis practice and worked about 70 hours a week. I had no intention of practicing CM. I was just fascinated by it. Each year between 1971 and 1974 I visited Dr. Van Buren to study. Around that time I also began studies with Dr. John H. F. Shen 2-3 days per week for eight years, and continued my relationship with Dr. Shen for another 27 years.

At one point a psychology friend referred a patient to me who was very difficult and in a perpetual manic state. She was mainly speaking rapidly in French. After about 2-3 hours of this, I interrupted her and said, "Voulez vous l'acupuncture?" She immediately jumped onto the massage table set up in my office. I treated her and she slept there for about 5 hours. This patient had not slept in 3 weeks. When she awoke she was no longer in a manic state. She called me the following day to say her allergies and asthma were gone, too. Within a few weeks I was inundated with new referrals for acupuncture.

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

The biggest challenge as a practitioner was the learning as much as I could for and from my patients. It was on the job training. There were other challenges. I was considered a traitor by my medical colleagues. There are almost a million MDs in this country, and there is a medical acupuncture association with about only about 3,000 people who are members of that association. In 1975, my medical license was challenged. The MDs on the review board wanted to revoke my license whereas the lay people supported me and blocked it. Another challenge was my age. By the time I was practicing, I was almost 50 years

old.

The biggest challenge as an educator is teaching students things that are more subtle or difficult to learn. As a rule, people in this country want a quick fix. They want to study for two weekends and teach the topic by the third weekend. Few people in the United States seem to have the desire or capacity for working hard over a long period of time to master complicated subjects.

It has been my destiny to use what I have inherited in all aspects of my experience to add a new and different vision to Chinese medicine and to express it. I have found errors in what has been accepted as sacred for centuries. In reviving the ancient diagnostic tools and consideration for the esoteric, and addressing the profound changes in a world filled with toxicity and a pace as never before, I have found adherents and wide criticism. Even the classics were once new and original, and they were probably resisted, too. Chinese medicine is a circle that will expand forever.

In other aspects of my development I spent 10 years in the 1960s working for conservation and preservation of the environment in such things as world monographs. As I reflect, one of the greater influences on me were two non-TCM individuals: Milton Miller, a fisherman, and Ferris Talmage, a farmer. They taught me about the relationship between all things. If we alter something in nature, we alter all things. This had a greater influence on me that I appreciated initially related to the interconnectedness inherent to Chinese medicine.

Since medical school I have great admiration for the physiologist Claude Bernard who wrote *Le Milieu Interior*, about the terrain. Bernard was the first person in the West since Aristotle to argue that the body condition is what matters, not the stress. He had a life-long argument with Louis Pasteur who said it was the microbes, not the terrain, that is everything. On his deathbed, Pasteur said Bernard had been right: his last words were “the microbes are nothing, the terrain everything.”

I identify with the concepts of Bernard and, of course, with the innovative work of Dr. John H. F. Shen. I also greatly admired Dr. Van Buren. He was sincere, honest, dedicated, and with great depth. He was very kind to me to take me in and let me study with him.

Louis Amber preceded my generation of acupuncturists. He was a courageous man who was imprisoned and actually died in prison for practicing acupuncture, medicine without a license. Sydney Zerinsky who later took the name Hari Jot was president of the Swedish Massage Institute when I first started studying. He was an early pioneer who taught me a great deal and was influential in my work.

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

My advice is to appreciate what you have inherited in its most profound forms. People do not relate to the medicine's great depth and beauty and are losing an irreplaceable gift of immense wisdom and endless subtlety.

Westernization of CM is culminating now in the talk of specialty boards. What is special about CM is that it is rooted in relationship and diversity. In Western medicine things are separated from one another and specialized. This will destroy CM. The more we are like Western medicine, the more we use Western diagnoses, the closer we will come to extinction.

That has happened to osteopathic medicine and to chiropractic medicine, which have modeled themselves after Western medicine. They have lost what made them special and different. This loss will deprive patients of precious alternatives. Allopathic and CM are so opposite in every important way. When you have a million people practicing allopathic medicine, it is easy to absorb less politically powerful medicines, and, to me, it is a great tragedy that our precious medicine is rushing to be obliterated.

What do you identify as your most significant contribution?

A spirit of openness in the medicine and an appreciation of the essence of the medicine.

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 come back to the same issue. The conception is that Western medicine is real and CM is merely allegorical, that our physiology is not true. If we continue to move toward a Western model, we are going to lose the uniqueness of our medicine. The future depends upon appreciating what we have inherited as we adapt it to the present, to a world that has changed with an environment suffused with toxins and tension. We must grow on our own foundation, one that distinguishes us from other medicines. This is primarily based on our traditional diagnostic system. My message is to hold on to: pulse, tongue, eyes, color, all the things that make CM very special and let the medicine grow with new ideas, new discoveries. The medicine is round, the circle can grow forever.

In CM, if you have a symptom, that symptom can involve most every organ in the body as well as the person's lifestyle. You cannot do that with Western medicine diagnoses. Western medicine can only address one etiology at a time. You can have both models operating side by side and assist one another, but you cannot impose a Western model on CM and retain CM. I am not denigrating allopathic medicine in any way, except to say it is not CM. This is the crucial issue of our time and the future.

We are at a crossroads in the profession between embracing the everlasting mystery of the ancient medicine or escaping into the certainties of a Western style paradigm that has taken the heart out of its medicine, its practitioners and its patients. People desperately need the humanity of our medicine, an alternative to the mechanical cadence of technology, the touch of warmth of our imperfect hearts.

“Work together, not apart!”

Thomas R. Haines, PhD

1783 Missouri Street,
San Diego, CA 92109

AAAOM 2/1/07 - present

Public Board Member

AOMA 1996-2007

Public Board Member

Visioning Search Task Force 5/02 to 4/05 Co-chair/Chair

NCCAOM, Job Analysis Task Force 6/07 to present Public Member

CCAOM

Doctoral Task Force 1997-1999, Public Member

Curriculum Task Force 2/2000 to 4/2001, Public Member

Faculty Dev. Committee 5/2002 to present, Chair/Co-chair

California Acupuncture Board

Ca. Education Committee 1999-present Chair

ACAOM

DAOM Task Force 1998-2000, Curriculum Member

Site Visitor 2000-present Site Visitor Master's and
DAOM programs

Employment in AOM field

ACTCM 2/1996-2/1/2000, Academic Dean

PCOM 2/1/2000 to present, Dir. Acad. Affairs

Coord. Doctoral Studies

Assist. to the President

What lead you to study acupuncture and Oriental Medicine?

Serving on site visits to AOM colleges. I was asked to develop doctorate program for field in 1996 by ACTCM.

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

Getting support for faculty professional development. Getting agreement within profession on number of important issues.

What keeps you inspired in your academic life now?

Being involved in continuous growth of profession.

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

WORK TOGETHER NOT APART!

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

Unification and drawing more patients to Oriental Medicine.

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

Developing doctoral program and laying ground work for unification.

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?

GETTING PEOPLE IN PROFESSION TO WORK TOGETHER, NOT APART!

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?

Entry-level doctorate and working together as a united front.

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 medicine works and does not have the damaging side effects.

Lixing Huang, MS Education, BA (China)

Masters of Science in Education, Northern Illinois University, 1988
Bachelor (Art Equivalent) awarded 1979 during the Cultural Revolution

English language degree, Xian Foreign Language Institute

Member CCAOM executive committee, 1994-2002

President CCAOM, 2002-present

President, American College of Traditional Chinese Medicine (ACTCM) since 1994.

President, Council of Colleges since 2002

National council member for World Wildlife Fund

Board member, American Red Cross, Bay Area chapter

Vice chair, Education Committee of World Federation of Chinese Medicine Society

What led you to study acupuncture and Oriental medicine?

I did not study acupuncture or Oriental medicine. I am an education administrator.

After my graduate program and doctoral degree, I was interviewed by the dean and president of the American College of Traditional Chinese Medicine (ACTCM). They wanted an administrator with a background in education. I actually learned more here in the United States about TCM than in China. I have held this position for 18 years.

I witness daily the passion of practitioners, their desire to help patients, TCM theories in practice and effectiveness. I became a strong believer in and passionate supporter of TCM. Often people tell me I am an ambassador of this medicine and I have received tremendous health benefits from it personally.

What was your biggest challenge as you developed as an educator?

Having enough time to do everything. There are a lot of opportunities. There is a lot to do to promote and be a bridge between East and West, between TCM and allopathic medicine, and between the U.S., China, and the world. It is difficult to have enough time to do everything I can for the best interest of TCM and the acupuncture community.

Who inspired you?

I do not have any one individual, but I have seen many groups of people working long in this profession. They put so much time and energy for years and years and very devoted. I am always inspired by the spirit of those people. Also the medicine itself is truly an inspiration to me. It changes

“It changes people’s lives, both students and patients. The spirit of the medicine is inspiring. Healing, integrity, balance and harmony, all of these things are TCM. This medicine relieves people from pain and suffering and gives them another life.”

people’s lives, both students and patients. The spirit of the medicine is inspiring. Healing, integrity, balance and harmony, all of these things are TCM. This medicine relieves people from pain and suffering and gives them another life.

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

That is a big question. People must hold the true meaning of the medicine and live with it, not only in terms of practice in clinic, but must live with the spirit and essence of the medicine. They must be role models and examples and maintain their own health in mind and body and bring that to their patients and pass that to future generations. We teach skills to treat patients but need to live with the spirit of the medicine, to be open minded, with a good heart. Often it is painful for me to see practitioners struggle and be in pain themselves while they are healers.

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

I am very proud to be a part of this profession. I bring my unique background and cross cultural skills to United States higher education. I bring Chinese culture and philosophy leaders to support the mission of the Council of Colleges. I work with 55 colleges in the country.

Also my role in promoting healthy people and a healthy planet, especially with respect to endangered species. We must not only help our people but also our environment. I have been seen many policy changes made in both China and the United States. I truly see myself as a bridge in those areas.

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?

As a growing profession and in educating the community, we need a lot of resources to offer students a good education and training. I feel we are lacking resources due to the nature of this profession being young, having no support from government financially as compared with public universities or colleges. This does not allow institutions to support research, give support to faculty of schools, or provide resources for learning such as modern library and teaching equipment.

Another issue relates to jobs for new graduates. New practitioners must create positions for themselves. They can’t be paid as medical staff in hospitals. It is a challenge to see students

spend years in study, then having to become entrepreneurs for themselves.

People in this profession have heart and have desire to help others, but may not have business skills. Unfortunately they must put themselves into a small business position to survive and make a living. I hope to see the day when students get jobs and can focus on medicine.

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?

Education and the expansion of resources for OM. Educational advancement is my focus. Its impact is in the future of our graduates. We need excellent students, graduates, and practitioners. Then we will we have sound, solid, respected profession accepted by the public.

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 are many reasons.

In terms of patients, they use the OM and they receive the benefits of it. They see a difference the medicine makes in their lives and believe in it, which creates the life of the medicine.

The allopathic medical community is beginning to see that for some things they can not help their patients, but OM can produce amazing results for example with chronic diseases and for cancer patients during radiation and chemotherapy to improve the quality of their lives. I attend national and international conferences for clinical oncology where I have seen clinical results proving the success of OM in patients' lives.

OM is also now getting recognition by government agencies such as NIH, FDA and recent FDA guidelines pertaining to Chinese herbs. NIH has funded increases in research. We are seeing hospitals like Harvard and the University of California San Francisco (UCSF) integrate health care research and clinics, like the Osher center that uses OM to treat cancer and patients with pain, for example. We are also seeing some limited use in HMOs and hospitals such as Kaiser.

Younger medical students are much more open to accepting OM.

The major, major driving forces are the people and public. That is why this shift is ultimately occurring.

Daniel Jiao, DiplOM, LAc

450 Connecticut Street
SF CA 94107
danieljiao@sbcglobal.net

Beijing TCM, 1984

ACTCM, masters degree, 1993

Doctoral student

Professor and herbal medicine department chair, ACTCM

Faculty representative for school's board

NCCAOM board member since 1997-2006

Chairman, NCCAOM, 2002-2004

What led you to study acupuncture and Oriental medicine?

I am a graduate of Beijing University of Traditional Chinese Medicine and a second-generation medical professional. Both of my parents are doctors. My father is a doctor of veterinary medicine, and my mother is a medical doctor who teaches in Chinese medical school. My course of study at Beijing University of TCM included both the study of Western medicine as well as traditional Chinese medicine, including herbal medicine.

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

I have been teaching at the Academy of Traditional Chinese Medicine (ACTCM) in San Francisco since 1988. I have also taught and practiced in China. The number one biggest challenge for me was culture shock in terms of teaching American students versus Chinese students.

The Chinese educational system is much like the European system, so students graduate and immediately enter Chinese medical school. Generally in Asia, students are younger and are very respectful of teachers. In the United States, students often enter acupuncture school having chosen Chinese medicine as a second career. They are more set in their minds and can challenge teachers more frequently. The United States is a collection of many cultures.

I have been on the NCCAOM board for 9 years and have served as its chairman. I was very open-minded to learning and participated in things like Toastmasters to learn public speaking, and I also studied managing non-profit organizations. I had to motivate myself in learning. It was great challenge and wonderful to enjoy.

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

Basically I had many role models and many great teachers at Beijing University of Traditional Chinese Medicine. Beijing University is known as the best in China and probably the

“Our teamwork is getting stronger. We have more than 20,000 acupuncturists, and more patients are getting treated; so more people understand the benefits of OM. I always say one word: Education. We educate students and then students educate patients and the community. We must continue to talk to people and educate them.”

best on the globe for TCM. My mother is my role model. She has taught the *Shan Han Lun* for 40 years and is a Christian. She taught me number one: to love patients and students. She taught me number two: the *Shan Han Lun* is a very ancient book, using ancient formulas with important, useful benefit to people today. She is my mentor.

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

I feel the human body is amazing as God created it. There are so many new diseases today that did not exist in ancient China. TCM originated in China but it is a global-wide medicine. For example for tongue diagnosis, traditionally yellow fur indicated heat but actually minorities can have a more yellow tongue, and that is a normal finding. The facial color black indicates kidney deficiency or *yang* deficiency, for but darker skinned people again this is normal. Yes, this medicine can be used globally, but we also need to update even traditional knowledge. I see all different kinds of people, and it feels wonderful to update knowledge.

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

Yes, absolutely I do. I have been advising educators and students for the past 20 years. I have been fully involved in education as a professor, as a department chair for herbal studies, and at the national level for legislation and examination.

If we want to be mainstream, I believe there are four points:

- 1.) We must have a solid TCM knowledge base, meaning schools teaching and graduating masters prepared practitioners after 3 to 4 years of learning is not enough in order to practice.
- 2.) Each practitioner and teacher needs a great knowledge of biomedicine to be able to communicate with medical doctors. We need a rich knowledge of Western medicine. I teach continuing education courses to medical doctors at Stanford and University of California at San Francisco. If we want our medicine to be less isolated, we need to communicate in the mainstream.

3.) Overseas practitioners need better English skills.

English speakers need to learn Chinese. Consider that Chinese, the language of origin for TCM, has 10,000 texts and not even 1% of those are translated into English. English speakers need to strengthen their knowledge base and understanding of TCM and of the Chinese culture.

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

What I believe to be my most significant contribution to the profession is my service of 9 years in NCCAOM. In 1988 I started helping with exam work and was a chief person forming live-model, point location tests. After 2005 I was no longer on the board, however, I continued to help with exam development. I used my higher education background to elevate standards. There were complaints that the national exam was too easy and with too high of a pass rate. I have tried to make the academic standards as high as possible.

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 second year I was on the NCCAOM board I was the secretary, then treasurer, then the chairman. Learning and managing skills and learning about American culture was a challenge. I am a hard working person. All board members are volunteers, so the leadership needs to work hard. You must be a good example for staff to work well, always working hard and working closely with CEO. The challenging part is how to get people to work as a team.

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 will say for our whole profession's future, the key is that we are united and work like a team. I am pleased to see the Alliance and AAOM united to together, absolutely.

One time I was on the White House Committee for Alternative Medicine. A comment I often heard was that legislative bodies say we have all different organizations asking for all different things. I can see that in the 1990s our profession was not united. If we want this medicine to be successful we must be united together. OM is holistic.

In 1997 there was a NIH consensus meeting. In that meeting there were good studies showing that OM benefitted Americans. Every one of us benefits patients. We need to work at the grassroots level. We need to work hard and do the best job so our patients benefits and recover. This will build OM.

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 guess it is because our teamwork is getting stronger. We have more than 20,000 acupuncturists, and more patients are getting treated; so more people understand the benefits of OM. I always say one word: Education. We educate students and then students educate patients and the community. We must continue to talk to people and educate them.

Efrem Korngold, LAc, OMD

Chinese Medicine Works
1201 Noe Street
San Francisco, CA 94114
415.285.0931
efremk@rcn.com

Founding member of AAAOM, lifetime member

NCCAOM-Served as exam question author, served on Blue Ribbon commission

NCCAOM diplomat

Founding member, Acupuncture Association of America, 1976

AAAOM, 1976-1980

What led you to study acupuncture and Oriental medicine?

In early 1970s I lived with a collective in rural California. In order to survive we had to learn a lot about medical care, so I studied folk medicine and herbal medicine. Serendipitously at that time, I contacted a Dr. Leung in Seattle who was teaching class in acupuncture at the University of Washington. I began studying his notes. He wrote a distance training program entitled *The North American College of Acupuncture*. These consisted mainly of transcripts in book form of Dr. Leung's lectures and classes.

In the 1970s the barefoot doctors of China were inspirational figures to me. As luck would have it, my father was living in England and had discovered acupuncture for his own health. He had been treated by JR Worsley.

In 1972 Worsley came to the United States to teach several workshops and to recruit American students to begin his school. He recruited about 25 Americans and Canadians. I studied in England with Worsley in 1972-3 and was among the first class of students.

I was among the first 20 or so non-Chinese practitioners of acupuncture in California. In 1973, I was the first Caucasian acupuncturist in Vermont.

At the time of my return to San Francisco it was illegal to practice. Dr. Miriam Lee was one of my most influential teachers.

She was also one of the important people who lobbied for the passage of the law that initiated licensure. Dr. Lee was very outspoken, and her practice was closed down several times in that era. Nevada was the first state to grant licensure and California was the second. She a prominent figure in organizing and lobbying.

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

My biggest challenge developing as a practitioner was overcoming skepticism of the public, of doctors, and of

“We need more books to build bridges between Western orientation and ideology and principles of Chinese medicine and how to apply these to lives.”

chiropractors. In my early years of practice, it was common to get doctors as patients, but they would never refer to us. From their perspective it was too risky and too much like quackery. It is a continuing challenge. Educating public and other health care professionals as to what OM can do is invaluable.

As an educator, my biggest challenge is having the resources to provide an optimum learning environment for students to become good doctors.

Finances are still issues. Immersion experience is inadequate. Students get a basic education at colleges and essentially their real education comes after school. OM education is in its infancy. It is graduating lots of people, but not necessarily graduating confident practitioners.

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

Miriam Lee. I also had an exceptional teacher in China in 1980 in Yunan province in the City of Kunming, the capital city of Yunan. I worked at the Yunan Railway Workers Hospital at TCM Research Institute for 6 weeks. In 1984, I traveled to Shangahi College of Traditional Chinese Medicine and studied again for 6 weeks. The relationships I developed there with teachers, interpreters, Chinese practitioners and Chinese patients were all very inspiring. The experience of studying and practicing in the country of origin is undeniably amazing.

The other inspiration for me was to figure out how to convey the usefulness and ideas of Chinese medicine to other professionals. That is what inspired my book *Between Heaven and Earth* with Harriet. We need more books to build bridges between Western orientation and ideology and principles of Chinese medicine and how to apply these to lives.

Professions tend to get inbred and talk only to each other. However we need to reach out to the public especially in consideration of the dysfunctional health care system. We can fill the void, but it must occur from bottom up as opposed to top down.

In 1976 Californians for Acupuncture was a movement (a political action committee) of ordinary people led by labor leaders who organized thousands and thousands of people to write letters and testify. People don't remember this. It was a very important factor in the success of us becoming licensed. Thousands of people considered OM a good idea and wanted a right to see acupuncturists.

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

Chinese medicine is just great. It is deep. It is a life-long pursuit. There is always more to learn, and it is filled with endlessly fascinating and illuminating patients. Though it is constantly a challenge to help people, it is tremendously gratifying because it works. The model just naturally resonates with people. That is due to the fact that it is rooted in the actual experience of living and studying how the world works. It is a natural philosophy of how life works.

I believe anyone can understand TCM. You don't have to be an expert. People can grasp and make sense of TCM. I love teaching and inspiring other people to study, to practice, and to understand.

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

My advice is to know your history—your personal history, your professional history, your Chinese medicine history. You must understand how it developed in China to understand the big picture.

There are a lot of competing dogmas in Chinese medicine as in other professions. People can get narrow-minded as in only one way is the right way. There is no definite.

There is nothing finished about Chinese medicine. We must honor our past and ancestors. It is also our job to bring creative ideas and new solutions to keep Chinese medicine a living thing. Don't turn it into something like a fragile antique which is beautiful but the purview of only a select few.

TCM offers a solution to a lot of the problems of health care. If TCM became a primary care model we could solve more problems and make resources go further. The use of our simple low tech and inexpensive methods could provide the foundation for health care that hasn't before existed. This is currently being developed in Cuba where acupuncture has become a significant part of the medical education system. It is universally available, effective, cheap, and acupuncture plays an enormous role. We need to look at other parts of the world where others are using the same medicine to develop health care systems in unique, innovative, creative ways. Latin America and Central America are the places where TCM will blossom and flower.

TCM is spreading of its own accord. It has demonstrated viability, aliveness and usefulness. I've taught in Mexico and Cuba and people are so excited, hungry, open, smart and so ready to put these theories to work.

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?

The key is trying to find ways of establishing TCM as a form of primary care in the health care system. People are interested and receptive to services available to poor people. One criticism has been that only middle class and affluent people can afford TCM as though it is boutique-y. There should be a focus to find niches in public health where acupuncture and herbal medicine can find a place. This will, even without studies, clearly demonstrate at grass roots level that we can solve problems including things such as: childhood asthma, diabetes, etc. We must focus on the public sphere and demonstrate that we can solve these problems and that we are not there just to help the affluent.

Deborah Lincoln, RN, MSN, Dipl Acp, NCCAOM

790 W Lake Lansing Rd Suite 100
East Lansing, Mi, 48823
Ph # 517 853-1201
Fax 517 853 1042
lincolndeborah@gmail.com

Vice president of corporate events, board of directors,
AAAOM, 2003 - present. Board member, AAAOM, 1993-97

President Emeritis, founding member, vice president /president,
Michigan Association of Acupuncture and Oriental Medicine, formally
known as Michigan Acupuncture Coalition, 1985-2006

Chairman, Michigan Board of Acupuncture, 2006-2010

What led you to study acupuncture and Oriental medicine?

I was helped greatly as a patient and had witnessed many other fabulous results from friends and family. I was inspired by the culture and drawn to the Eastern philosophy after having studied and practiced Western medicine for many years. Prior to my studies in acupuncture and Chinese medicine I realized this was the missing piece in my healing art.

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

Having moved to Michigan from England and Australia, there were no state regulations for acupuncture. I practiced illegally until our state passed a law in February, 2006, regulating acupuncture. My biggest challenge has been to help educate both the public and state lawmakers of the need for acupuncture laws to safeguard the public and have a safe haven for expertly trained acupuncturists to practice with out being arrested for practicing medicine without a license.

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

Many of my teachers who were multicultural and gave me a broad education and quest for continuing knowledge.

What keeps you inspired in your practice now?

My love of my patients and profession and the wonder of always enjoying working with my patients and their recovery.

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

Follow your heart. Maintain your professional standards and ethics ensuring that your patients have treatments given by only qualified experts in our field. Never feel you have learned all there is. Keep reaching for the sky.

“The public now has a lot more access to education and is taking charge of—and wanting to be more—in control of its own health.”

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

My hope is that we as acupuncturists and Oriental medicine practitioners become known as experts in our field along and gain the respect of the allopathic medical profession. Second, I hope to have the freedom to practice herbs with out interference or retrictions of the FDA. Last, I hope to see all states having a really great law in place and schools continuing to advance training to bring our profession to its highest level.

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

As president of the Michigan Association Acupuncture and Oriental Medicine, I saw our law of registration of acupuncturists pass after a personal 20-year culmination of both personal and professional dedication.

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 faced as a Michigan leader has been having acupuncture practice accepted as part of a medical practice, which is a bonafide and legitamate field of healing and proving it works.

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?

Education with increased training to the doctoral level is the key. We then can stand equal in the eyes of the medical world. Thereby we will not lose our place as the experts nor have our practice taken away by the medical doctors and other medical practioners.

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?

Acupuncture is both cost effective and proven to be an extremely successful choice of health care. The public is fed up with taking prescription medications, then dealing not only with their illness but also the side effects of these medications while often not getting better. The public now has a lot more access to education and is taking charge of—and wanting to be more—in control of its own health.

Dan Lobash, PhD, LAc

PO Box 5309, Hemet, CA 92544
Co-Director: CHI/KHT Systems
Tel 951-766-1426
Fax 951-257-7474
Cell 951-537-4920
KHThealth@msn.com
www.KHTSystems.com

1995: Certified in Korean hand acupuncture
1988: Diplomate in acupuncture, NCCAOM
1988: Certification in acupuncture and Chinese herbology, Five Branches College of Chinese Medicine
1988: Licensed acupuncturist, # 3402, California
1988: Certified by the NCCAOM nationally
1989: Tuina certification: Dr. Michael Zhang, Xiamen-Gulongu, China
1983: Licensed psychologist, Minnesota
1965: University of Minnesota, BA, psychology, mathematics
1971: United States International University, MA, Counseling Psychology;
1988: Graduate of Five Branches Institute and College of Traditional Chinese Medicine, acupuncturist-herbalist
1988-89 Post Graduate work, Xiamen Traditional Medicine Hospital, Xiamen, Fujian Province, PRC, China
1996: California Institute for Human Science, 1996, PhD, integrative life sciences
Teacher of Korean Hand Therapy and Clinician, 2002-present
Co-Director, Chinese Health Institute, strategic planning consultant, vice president of human resources
American Association of Acupuncture and Oriental Medicine
California State Oriental Medicine Association
AAOM
ACEP Association of Complimentary Energy Psychology

What led you to study acupuncture and Oriental medicine?

I had an interest in Eastern thought and philosophy and Sufism since high school.

In the 1950s, I was a psychologist and used psycho-synthesis, an integration of psychology and spirituality. Then in the early 1970s the American Wholistic Medical Association developed, and I was interested in that. In 1982 I studied with Jean Yu in her San Louis Obispo clinic. We only had Essentials and the Shanghai book. My wife and I went to Five Branches in 1984.

“Go and find what really works. Pick a niche about which you feel comfortable and enthused. Learn to do it well AND be integral. Acupuncturists need to understand nutrition, physical therapy and simple Qi Gong.”

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

As a practitioner, developing a practice was my biggest challenge. It takes about 5 years to develop a referral-based practice on your own.

As an educator, I had been a training director for two big corporations. Around 1970 to 1977 at UCLA, I taught management, business problem solving, and time management. I was also an adjunct professor for other colleges. My first careers were as an engineer and overhead projecting specialist for 3M. In 1988 I attended a Korean hand therapy seminar by Dr. Yu. I was so intrigued I began sponsoring Dr. Yu. We had his first seminar at American College beginning in 1992. They continued until sometime around 1998-2000.

With Korean hand therapy you can teach people to do it on themselves.

Clinicians and patients understand that results are amplified with the patient and practitioner co-creating in treatment.

First I became proficient, and then I started teaching it. It has been fun carrying out and doing it. It is energizing. The last 4 years have been so busy with teaching, I have had to reduce my clinic hours in Hemet. My wife and I traveled and taught last September through July. I taught 30 staff members in an integrative medicine clinic in Memphis, TN. I have taught at hospice. It is a mission, not a big money maker.

Dr. Yu was trained in Korean Oriental medicine and decided he wanted to bring something different to the table. He is Type A—a driver. He started studying what was available of micro-systems. On a particular night he had a severe headache and couldn't sleep. He got a thought to press a point on his middle finger. It was the digital equivalent to GB 20. This inspired him to pursue hand therapy. What is interesting is that there is a morphogenic field in which new theories will often occur simultaneously in different parts of the world. There are some other people who have developed hand therapies as well.

Hand therapy is more acceptable and could be put out to a lot of people.

There is a big tradition of self care in Korea. Self care is learned on a community level.

The Korean Supreme Court has said it is OK for lay persons to use needles on each other or family as long as they are not charging for it.

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

Joanna Zhao

Sharon Fong

Jeffrey Yuen

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

The phase I am personally at is that there are not enough people doing Korean hand therapy. We can't keep anything in the same form. We must find ways of incorporating other systems. For example: converting Dr. Tan's and Tang's points or allergy elimination points to hand points. People need to stay creative and can't keep anything sacred or in one form. We must support what creativity brings to the table.

For example: I don't limit myself to teaching just acupuncturists. I teach nurse practitioners, chiropractors, but not so much lay people. You don't have to use needles.

Community acupuncture or working class acupuncture is important. It is fast and high volume. The economics of who is out there and how much they can spend on acupuncture is important. You must consider the working hypothesis and possibility of a group setting.

In 1982 I spent a month with Mike Smith in the Lincoln Detox Clinic in the South Bronx. The ear clinics were held in a wing of hospital, which was under construction. Typically there were 30-40 people at a time and there was a palpable change in energy of those patients.

I spent a year in China. Andrew Ellis, Nigel Wiseman, and Ken Boss were involved. The hospital asked Andy to get a group together and worked out a deal for us to teach English in a special economy zone. That was 1988, so free enterprise was at work. We were able to be in a Chinese hospital and be tutored by Chinese doctors. It dispensed with glamorous images. Practitioners there were doing integral medicine after graduating from a 6 year program. They could give Western drugs if they chose.

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

Be aware that forces for political clout have nothing to do with healing. It has to do with money. Acupuncturists need to be included in legislation. Having been in China and having gone to acupuncture school in mid-life, my perspective is different. Be practical. You must get results! A lot of people don't understand how to work with Qi and what that means. It can easily become too mechanical, like a mechanic fixing a car.

Li-Chun Huang, an auricular specialist, once said to me, "Half of my effectiveness is because of my qi." She would have patients stand at the end of their treatments and close their

eyes. She would touch a specific ear point and then direct qi into them.

Sometimes we need to adjust qi in the room. It's not just about nerves and biochemical transmission. There is a whole spectrum at a quantum level, and we have virtually no understanding how it works. There is another dimension at which we need to become skillful. We must work at that level, and people teaching at that level must teach us.

We must be practical and assess what we are used to when we go to a doctor. It's mostly the personal interacting with the patient that is important. Be skillful and open your heart. Self-work is important if people want to come to you to have needles stuck in them. Establish a heart connection. Have people feel so comfortable with you that they will share with you the true root of what is wrong.

Go and find what really works. Pick a niche about which you feel comfortable and enthused. Learn to do it well AND be integral. Acupuncturists need to understand nutrition, physical therapy and simple Qi Gong.

One of things about teaching MDs is that they are MDs because they are bright people. They study, read and learn, and practice like crazy.

My advice: keep learning and do what works.

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?

We need to get into standard health care and medical systems. This needs to occur or MDs will co-op our medicine. There will always be that push or competitiveness. For example, chiropractors have money to get legislation passed. It is crucial now. We must be better all around in meeting people's needs and doing so fast. Auricular medicine is fast. Hand medicine is fast. We need to open our eyes to different models and do things like learn to cut overhead.

Leslie McGee, RN, LAc

4158 East Linden St
Tucson, AZ 85712

I was president of the Acupuncture Society of Arizona during the late 1990's and helped pass our first acupuncture practice law. In 2003 I joined the board of the AOM Alliance, was secretary, and finally president from May 2006 to January 2007. I now serve as president of the newly re-united AAAOM, until October of 2007.

In Arizona, I led our legislative efforts with the absolutely essential partnership of Catherine Niemic. I couldn't have done it alone.

My service in the AOM Alliance was fairly low-keyed. No special initiatives or accomplishments there.

My 10 months as president of the AAAOM has been quite a bigger undertaking, and I hope my leadership helped us all learn to trust each other and remember our common vision and goals.

What led you to study acupuncture and Oriental medicine?

I was an RN and well aware of the failings of Western medicine. The Chinese system just rang true for me.

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

Hmmm....Gaining true competence. From competence a successful practice will develop. Some of the best knowledge of the art of AOM came after I graduated. And then, also, becoming a business person. Not my forte. I was a nurse. Never had to think about asking for money for my services.

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

My favorite teacher was Dr. Kezhuang Zhao, of Santa Fe, NM, where he is still running his busy practice. He is a wonderful teacher and a great clinician.

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

Learning and learning more. I will never be bored in this field. The opportunities for growth and improvement are endless. I guess that's why the best doctors in Asia are over 80 years old! Something to look forward to. Especially if Social Security tanks....I will probably keep working and being of service until I am very old.

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

For a new graduate: Keep learning. Evaluate your results and skills honestly. Think about your client's best interests at all times.

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

Maintain our visibility. Stay involved with the processes in our society: federal, state, local. Continue to find allies and friends everywhere.

"We fill a niche where Western medicine has stumbled: focused attention, kind and competent service. And I think some "tipping point" is being reached, where enough people have been pleasantly surprised by AOM, they tell their friends, and then the phone starts ringing from people who even a year or two ago would not have chosen AOM. There is still much to do to make our profession truly thrive, and I hope we see improvements continue."

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

I think prior to this year my contributions were focused in Arizona, and that was fast becoming ancient history. My greatest contribution is serving as president of the AAAOM during this first year of re-unification.

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?

Greatest challenge: To have participants - whether on a board or in the big broad community of AOM - be willing to listen to "the other side" and work toward consensus and renew our shared commitments.

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?

Maintaining effective presence in government arenas, and not burning out the few people who have the skills and passion to volunteer to do this.

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 fill a niche where Western medicine has stumbled: focused attention, kind and competent service. And I think some "tipping point" is being reached, where enough people have been pleasantly surprised by AOM, they tell their friends, and then the phone starts ringing from people who even a year or two ago would not have chosen AOM. There is still much to do to make our profession truly thrive, and I hope we see improvements continue.

Jim McCormick, Mac, (UK)

I began practicing in 1973.

Studied in England in 1972-73.

NCCAOM, early 80s, founding commissioner and one of the officers
Dean of students and on board of TAI from its onset, 1980 to 1995.

What led you to study acupuncture and Oriental medicine?

Wanting to learn about energy; the excitement of doing something totally new; the excitement of learning something totally outside of the Western concepts; wanting to help prove to the medical world that energy existed; wanting to extend the U.S. worldview; meeting Dr. Worsley who was a brilliant teacher and who taught about nature and Chinese philosophy in a very exciting and alive way.

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

Believing in a system that had so little validation in the world—we were totally on our own to sustain our belief. Secondly, very little supervision—so I practiced very much on my own the initial 5 years—honestly without enough training. Feeling (and being) very outside the mainstream—this was both a plus and a minus.

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

Main person was Dr. Worsley—he was an inspirational person—both very charismatic and yet very personal, very caring for us as individuals. He was an excellent teacher, who cared deeply about his patients. Also Dr. Claude Larre.

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

Teaching is the most inspiring—always leading to new insights; working at deeper and deeper contact with patients so that the sessions impact them in deep ways—personally as well as health-wise - this means greater touch with energy; greater understanding of how energy effects disease and outlook. It's endlessly fascinating to see the world in that way.

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

Study hard, learn the basics, and then find a teacher or a practice that teaches how to really feel energy and work with energy—this is the key to this medicine. Second, be sure to apply the principles or Chinese medicine to yourself.

“Study hard; learn the basics, and then find a teacher or a practice that teaches really how to feel energy and work with energy—this is the key to this medicine. Secondly, be sure to apply the principles or Chinese medicine to yourself.”

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

What I said above—helping to jointly create the first national certification process. Not just the details (though that was very important) but the whole process—the vision to see a process that would work.

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?

Lack of funds—no one was getting paid. And lack of time—we all had our private practices and lives. Lack of expertise (we had to learn as we went along.) Issue of getting good people to work on boards is still big.

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?

To keep seeing that amongst all practitioners, what we have in common is much more than where we differ – we need to continue to work together. And to keep teaching our practitioners that caring for their patients deeply and serving them is what both makes this work rewarding and keeps the medicine vibrant—the politics; the need to be like MDs, the need to make money all are secondary by far to that main goal.

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?

Practitioners being better trained and thus getting better results. I think the amount of success we have had with patients has convinced many people, the media has been very helpful—relatively little adverse publicity. Change in the culture where energy is more accepted.

William R. Morris, DAOM, MEd, LAc

2700 Anderson Ln 204
Austin, TX 78757
512-454-1188 ext 260 office
512-454-7001 fax
wmorris33@gmail.com

President, Academy of Oriental Medicine at Austin (AOMA)

President Emeritus, AAAOM

AAAOM primary affiliation

CCAOM committee participant

ACAOM Doctoral Task Force

ACAOM site team chair

2000 to date for AAAOM

2000 to date for ACAOM

Editor in Chief of *The American Acupuncturist*, 2005-07

What led you to study acupuncture and Oriental medicine?

When I was 14 years old, I made a ceramic figure of Lao Zi. I remember thinking I wanted to be like that person. That seed of inspiration became covered over as I pursued a musical career as a young adult. In the summer on 7/7/77, at the age of 22, I had an epiphany that the musical career was not it. That same year I had been gifted with a copy of the *I Ching*. In 1980 I was exposed to teacher Ron Teeguarden who inspired me. He first introduced me to Daoist three treasures herbal Practices. I also began studying pulse-balancing methods at that time. That same year, I managed an herbal pharmacy at Cedars Sinai moving into the field full time.

Early teachers included:

Jin Ling Wong taught me to construct formulas based upon pattern discrimination and to combine specific medicinals based upon research; he was significant as my first clinical medicine teacher. Jacques Moromarco tutored me in pulse balancing methods and spent time guiding my practice. Jiang Fu Jung was one of my first herbal formula writing teachers; she also had a great impact on me. She gave me formula writing strategies that I use to this day and mentored me with cases for years after graduation.

In 1991 I moved to the Berkshires of Massachusetts in part to study with Leon Hammer. It was a 7 year mentorship-protégé that changed my life; during that time we saw patients together and taught together. Leon also introduced me to his teacher, John H.F. Shen, who as a holder of the Ding Family form of the Menghe current was a *force majeure*. After this period of mentorship, I went into a deep deconstruction of everything I was taught in the family lineage and in the standard curriculum. This was performed in the context of the classics when new knowledge emerged for me. This was made possible by the studies in the Ding lineage with Shen and Hammer.

“Chinese medicine addresses and brings solutions to a whole range of problems not effectively addressed by post-Cartesian and post-Newtonian, biomedical models. That being said, cooperative inquiries will generate good will. Awareness is emerging.”

Subsequently, I studied with Nai Qiang Gu of the famous Shanghai Gu family lineage. Together, Gu, Shen and Hammer became part of fabric of my practice. I am currently studying with Young Wei-Chieh. He is the senior recipient of Master Tong's system. From Dr. Young I have developed a deeper cosmology and sense of the theoretical bases of Tong's work.

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

As a practitioner, early on, I was so focused and driven on this medicine; I was not balancing my studies with family life. That is better now. I never had any doubt about this path. I was so imbued with a sense of destiny, because all of my ways of knowing were convergent on the path of this medicine. I never had difficulty in establishing a practice. Building a practice and cash flow was never an issue because I went to a community where there was a reasonable economic base and was under-served by acupuncture and Oriental medicine.

I had a continual striving for knowledge and early on had the sense of not having enough knowledge. There are cycles of confidence and good successes in practice. One of the challenges is the fact that you can't help everybody. My identity and self worth are not dependent upon the successes or failures of the practice. This personal change took place in early 90s for me—I was in practice many years before this happened. We all have a tendency to identify with successes or failures.

The gift was extraordinary. I left a six figure-plus income to make half that in academic medicine. This was my track of giving back to the medicine, the community of practitioners, and society. It was very rewarding, and the institutions I have been involved with are engaged in substantial forms of community service for the underprivileged. I saw education as the fast track to the empowerment and transformation of this medicine in the west.

As an educator I see that we are engaged in a social transformation. We have the language and culture of origin and the language and culture of arrival. The Westerner learns differently than the Easterner. This brings inherent challenges.

Additionally, educators in this field are not only teaching. They are expanding their own skills and knowledge base, participating on faculties, busy with practices, families, and home life.

The culture of medical education carries a set of responsibilities. Innovation in medical education occurs in the context of cultural change and revolution. This process is rapid at times, but is usually slow in the world of education. We are still discovering what Chinese medicine is in the west and how best to transmit that body of knowledge.

Another fascinating piece to this challenge as an educator is the culture of the students and learners. Students and learners come to table with expectations, beliefs and assumptions. Ultimately we exist in a Western culture. It is vital that we develop Western medical language skills and abilities in order to be able to participate in health care delivery system of our western culture. But – also the linguistics of Chinese language is important.

Here is an example of an area that may improve through a shift in educational paradigms: the method of intense memorization might be contrasted against conceptual development. The making of the professional practitioner of OM is dependent upon this.

I'm not convinced we have arrived at an optimal distribution of resources for teaching basic sciences. So far, it seems that basic sciences may be better taught in the conventional educational system. Further, the absence of a residency is a singular challenge in this field. We still have problems placing learners in clinics. External agency regulations make it difficult to create clerkships for learners in the field. The field needs to re-envision how education occurs in this country. Clerkships are huge. Transcultural transmission of knowledge is invaluable. However the problem with this idea is that we do not have the infrastructure. In order for residencies to occur, there must be a body of practitioners with appropriate focus, specialties and competencies. This is where postgraduate board specialization is necessary.

There exists a gaping and unjust hole in that our master degrees are so close to doctorates. Education should be commensurate with a first profession doctorate in the West, but should also be completed with residencies and rotations through specialties.

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

I consider myself first and foremost an academic with a specialty in pulse diagnosis. I am currently engaged in transformative and transdisciplinary studies in order to better inform a more robust conception of this work. The single distinct and common denominator for me has been the study of the classics including the *Dao De Jing*, and the *Yi Jing*. I tend to cycle between those core classics and contemplations of the *Nan Jing*, *Mai Jing*, *Jing Gui Yao Lue*, and the *Shang Han Lun*.

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

Yes, get out of town (chuckle). Roughly one third of the licensed practitioners are in California. Of these, 70% set up practice within three miles of an acupuncture school. This is simple and basic marketing economy. For example, you can set up a practice in parts of Arkansas with a doctoral title, injection capacity, and little market saturation through neighboring, competing practitioners. This is the most important decision practitioners make. Locate a social system with growth potential. Select a place where you can succeed considering the economic factors. Once you have a set practice, STAY. The losses incurred from moving are huge.

Find somebody with whom to study; don't just go to 2-3 hour lectures now and then. A famous Western medical doctor once said we cannot hope to teach students everything we need to know to practice in the field. We engage them on a path of life-long learning. The best is to hope to inspire them to a path of life-long learning. Further, write, publish, teach, and contribute. Become part of knowledge transmission. That kind of work constructs the authority to build patient basis.

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

The sole purpose of my presidency was the unification. There were a lot of people who worked toward this with me before, during and after the actual unification. It is what I entered the office to do, and it is what occurred while I was serving as president.

People need to take responsibility for their profession and engage.

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 we face is our depth of understanding of our various cultures and ideologies. Economic and political roots were evaporated over time. We can never underestimate assumptions inherent in cultures. Assumptions are some of the greatest factors in harmony and disharmony within organizations and fields. On the heels of assumptions occur outcomes. The next step down is how people perceive time as they work together in groups. Different cultures perceive time and responsibility along different veneers.

The job of a leader is to step back and allow for conflicts to occur in a safe way so the best outcome for the community is preserved. Leadership and leaders must operate in a container of safe dialogue while being sensitive to a wide range of cultures, time issues, expectations and assumptions.

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?

The realization at a national level of the importance of citizens to gain access to this body of care. OM requires representation in policies, procedures and economic decisions.

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 am hesitant to position ourselves in opposition to Western medicine.

As we become more globalized, there is an ability to shut out other cultures.

Chinese medicine addresses and brings solutions to a whole range of problems not effectively addressed by post-Cartesian and post-Newtonian biomedical models. That being said, cooperative inquiries will generate good will. Awareness is emerging.

What we face is a thought model constructed from Cartesian dualism and Newtonian physics constructed in positivistic world. Chinese culture too is wrestling with the incongruities and has struggled with the positivism western model.

Medicine is emerging and being filtered through who we are. It is happening here in the West such as Leon Hammer putting forth his lineage. The culture at large needs our care. We hold a range of technical and non-technical interventions such as soft nourishing complementing compounds, complex compounds, and an emerging culture. Ultimately our medicine works, and people like it.

Marilee Murphy, LAc, RN

315-568-3268

Dean, School of Acupuncture and Oriental Medicine, New York Chiropractic College

NCCAOM board 1993-1998

Board chair, NCCAOM, 1997-1998, Chair, Eligibility Committee, Chair, Transition Task Force

What led you to study acupuncture and Oriental medicine?

I was led to study OM through my personal experience with acupuncture and a fascination with the medicine at a pivotal point in my life when I was considering my future career options.

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

A big challenge was my first year out of school when I was a new practitioner struggling to find my feet and confidence.

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

Inspiration came from several places as I went through training. My family was a vital source of inspiration, in particular, my father who provided encouragement, my husband who provided love and stability, and my grandmother who I stayed with every week while I was in class. I was also inspired by patients and several teachers.

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

I am inspired by the profound capacity of acupuncture and Oriental medicine to heal conditions for which patients have sought many other treatments without success.

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

Be involved in the next evolution in the United States as we move toward further growth and integration. Participate in state as well as national professional organizations. By understanding the issues facing the profession and by getting involved, each practitioner becomes a contribution for the profession and this ultimately makes a difference for bringing the medicine to our patients.

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

Moving NCCAOM toward a stable and well-structured organization with effective leadership and administrative structures. I also contributed toward reinstating communications between the two national professional organizations.

“Be involved in the next evolution in the United States as we move toward further growth and integration. Participate in state as well as national professional organizations. By understanding the issues facing the profession and by getting involved, each practitioner becomes a contribution for the profession and this ultimately makes a difference for bringing the medicine to our patients.”

In your previous position(s) of leadership, what was the greatest challenge you faced and how did you overcome this challenge?

My greatest challenge was juggling the time commitments and amount of work that needed to be done to fulfill my role on the NCCAOM board with running a full-time practice and raising a family. I believe this challenge still confronts every person who plays a major participatory role in the profession today. However, the profession cannot move forward without the incredible contribution made by individuals willing to step forward and contribute their time, money and energy.

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?

One key area is getting legal protection for the practice of herbs within scope of practice for licensed practitioners in every state.

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 are many factors that have contributed including better educational standards and the 1997 NIH conference and subsequent research data. In the end, I believe it is the profound results that patients experience with treatment that ultimately drives the profession's success.

Barbara B. Mitchell, JD, LAc

Founding president, Florida State Acupuncture Association

Board member, Florida State Board of Acupuncture AAAOM, Secretary, 1985-87

Vice-chair, NCCAOM, Spring - Fall 1987; Chairperson, Fall 1987 - Spring 1995

Founding secretary, National Acupuncture Foundation

Founding American co-chair, North American Commission of Acupuncture and Oriental Medicine, 1995 - 2001

Executive Director, Acupuncture and Oriental Medicine Alliance, 1996-2001

What led you to study acupuncture and Oriental medicine?

I was working as an attorney for the Florida Supreme Court in 1981 when an acupuncturist visited Tallahassee and did some remarkable treatments on friends. I was fascinated and decided to study the medicine. I asked my boss for a leave of absence, which he refused, so I quit my job, rented my house, and went overseas.

What was your biggest challenge as a practitioner or an educator?

My biggest challenge as a practitioner was losing patients. I was practicing in Florida before we really knew what AIDS was or how it was spread, much less how to treat it. I lost a few good friends and patients, which was very difficult. It made me realize that we all have different areas of interest and expertise as practitioners.

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

I was in the odd position of starting my masters program when I was chair of the NCCAOM and had been in practice for nine years. The people who inspired me to do this were all the people I had met during my work in the field up until that time: patients I had worked with in my practice, practitioners who had donated incredible amounts of time and energy to develop the national organizations, students who volunteered at national conferences, consumers who had time and again supported us in legislative hearings and the legislators themselves. The dedication of everyone touched by this medicine has always been amazing.

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

I am no longer practicing, but AOM is always a part of my life and approach to life.

“Always stay open to new ideas, experiences, ways of thinking, practicing and living. Acupuncture and Oriental medicine always found ways to surprise me and broaden my thinking and understanding not just of the medicine, but of life.”

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

Always stay open to new ideas, experiences, ways of thinking, practicing and living. Acupuncture and Oriental medicine always found ways to surprise me and broaden my thinking and understanding not just of the medicine, but of life.

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

I think my most significant contribution was the legislative work. When I began in 1985 we had fourteen states with practice acts. When I stopped in 2001 we had forty-two. This was not my doing. It was the result of hard work by state associations, practitioners, and consumers. My job was to offer options and advice on what had worked in other states, help design legislation that fit each state’s needs, and provide testimony to the legislature. Being both an attorney and a practitioner provided the legal background, and credibility, that was helpful. It also helped that the profession did not seek the title “doctor” and therefore did not go head-to-head with the medical boards.

What was really interesting to me is that the legislative work was truly *qi* in motion. It adapted and changed in every instance. Where there were few practitioners and therefore no financial base for an independent board, acupuncturists were placed under other agencies such as the Department of Health, Professional Regulation, State Board of Regents or Board of Medicine. Scope of practice differed from state to state, depending on the local AOM colleges and practitioners and local legislative philosophy. In some states we had to initially accept prior diagnosis, referral or supervision by an MD in order to get licensure. Some states allowed herbs, others didn’t. In each instance I worked with local practitioners to create a statute that was acceptable to them and to the legislature, thus allowing our practitioners to be licensed and practice legally. This, combined with the effectiveness of the medicine, resulted in the fastest acceptance and growth of any complementary medical profession in the U.S. Today we are considered mainstream. This is a long way from the day when one legislator held up a doll during a meeting, stuck pins in it and yelled, “This is voodoo!”

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 the greatest challenge since the beginning of this profession in the U.S. has been, and still is, how to accommodate, and encourage, the numerous diverse styles and philosophies of acupuncture and Oriental medicine practice in this country. I believe this diversity is one of the greatest strengths in this profession, providing an enormous knowledge base for practitioners and equally large benefits to patients. It will be a continuing challenge to maintain this diversity and not to fall into the trap of standardized, reimbursable protocols and treatments.

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?

One of the biggest complaints I heard as a practitioner, and have as a Western medicine consumer, is that Western medicine is becoming a medicine of test results, legal liability and insurance reimbursement. For all of its strengths, it has lost much of its human touch and ability to listen. This is detrimental for both patients and practitioners. I would hope that the AOM profession continually strives not only to make a decent living for its practitioners, but also to keep its inherent core of individualized, hands-on, patient-centered healing—physical, emotional and spiritual.

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?

Acupuncture and Oriental medicine works, it is relatively inexpensive, it operates on many levels and its “side effects” are generally beneficial.

Jeff Nagel, MA, LAc, DiplAc

Golden Dragon Health Association
3838 First Ave Suite 5
San Diego, Ca. 92103
Telefax: 619-542-1903
judiche108@sbcglobal.net

AAAOM

AOMA

CSOMA

North American Acupuncture Association

San Diego Acupuncture Association

National Qigong Association

Golden Dragon Health Association, various dates since 1998, teacher & special advisor

What led you to study acupuncture and Oriental medicine?

Sincere long time interests in the *Tao* healing arts, cultivation practices, medicine & the life sciences.

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

Helping others with their health concerns and well being.

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

The lineage of the ancients, 2 special long time teachers, friends, and family.

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

Helping others and my personal lifestyle inspires me.

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

Don't let the ancient knowledge become a thing of the past. Meditation-inner cultivation is the great medicine and the core of all the systems.

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

Sharing knowledge-teaching classical Chinese medicine and inner cultivation practices.

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?

Helping to unify the various schools of Oriental medicine and the healing arts.

“Eastern and Western medicine are coming together as part of a greater medicine integrating the past, present, and future of things to come. The simplicity of natural based healing arts is becoming desirable and necessary to complete, enhance, and take health care to the next level of health and well being.”

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?

Helping people to the best of their ability.

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?

Eastern and Western medicine are coming together as part of a greater medicine integrating the past, present, and future of things to come. The simplicity of natural based healing arts is becoming desirable and necessary to complete, enhance, and take health care to the next level of health and well being.

Mikio Sankey, PhD, LAc

PhD in Oriental Medicine, American Liberty University, Fullerton, CA

PhD in Health Sciences, Honolulu University, Honolulu, HI

MA in Oriental Medicine, Samra University, Los Angeles, CA

What led you to study acupuncture and Oriental medicine?

I had previously been in the martial arts field and felt that I needed to change focus. The healing arts is a higher level of consciousness and is more in tune with where my higher spirit was leading me at the time.

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

There was not enough written material on the use of acupuncture for manipulation of Qi in the fields above the mental plane. Almost everything was (is) concentrated on how to treat disease on the physical plane, with some focus on treating Shen disturbances. I felt we were not being taught the full usage of how to work with Qi or how to move Qi with acupuncture on the higher planes of consciousness in the causal plane and higher. Energy healing encompasses a much greater scope than what is being taught in the United States today. Esoteric Acupuncture is an attempt to bridge that gap.

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

My wife Kathleen Jikun already had a doctorate in Oriental medicine and wanted me to join her in her practice. I already knew shiatsu points from studying martial arts and acupuncture seemed like the next logical step.

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

My inner drive and the desire to follow my higher heart to help humanity keeps me inspired to search for more ways to incorporate higher forms of energy healing for this next group of acupuncturists/energy healers.

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

Learn everything you can in all modalities and use those ideas and techniques that resonate with you.

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

There are four books already published in the Esoteric Acupuncture series with Vol. V to be published in the summer of 2008.

“As teachers, we should not forget the past contributions from Asia. But at the same time we must be willing to incorporate new ideas to meet the needs of a more complex and intricate western society. Acupuncture should not be limited to treating only the disease stage. I feel our power is to focus on prevention and then the wellness stage.”

Vol. I – *Esoteric acupuncture: Gateway to Expanded Healing*

Vol. II – *Discern the Whisper*

Vol. III – *Climbing Jacob's Ladder*

Vol. IV – *Sea of Fire/Cosmic Fire*

Vol. V – *Support the Mountain: Nutrition for Higher Consciousness* (Pub. 2008)

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?

One challenge I feel is not being addressed, and that is we as a group are not focusing on is the true powers of acupuncture and Oriental medicine. We are trying to fit into a Western role model, and we will always be in second place to the Western MDs. We need to focus on our own true 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?

As teachers we should not forget the past contributions from Asia. But at the same time, we must be willing to incorporate new ideas to meet the needs of a more complex and intricate western society. Acupuncture should not be limited to treating only the disease stage. I feel our power is to focus on prevention and then the wellness stage.

Why try to become healthy only after you developed an illness?

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 today are generally more open to try new ideas, especially if there is evidence that treatments outside of the Western model work. People who have had acupuncture treatments generally have a positive experience. Also, many people are aware of the side effects of Western drugs and may want to try herbs instead.

Mark Seem, PhD, LAc, DiplAc (NCCAOM)

400 West End Avenue, 1F
NY, NY 10024
(212) 496-7514/ FAX: 212 874-7992

AAAOM, CCAOM, NCCAOM

AAAOM - 1982-84

CCAOM 1982-86

NCCAOM 1982-87

Board member/ chair, education Committee, AAAOM

First president, CCAOM

Commissioner on first Board of Commissioners/ Chair, examination committee, NCCAOM

What led you to study acupuncture and Oriental medicine?

Work in mental health field, exposure to Lincoln Detox Acupuncture Program, work as translator of major French language acupuncture text by Dr. Van Nghi for Quebec Institute of Acupuncture

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

Situating my practice and the practice of AOM in a North American context; translating French meridian acupuncture and parlaying it into North America, especially as TCM threatened to become the only voice; standing for diversity of styles in AOM practice and AOM education

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

Dr. Nguyen Van Nghi, Dr. Jean Schatz, Dr. Oscar Wexu, Dr. Mario Wexu, Dr. Yves Requena, Dr. John Shen, Dr. Mutulu Shakur, Dr. Walter Bosque, Dr. Richard Delaney, Father Claude Larre, Elizabeth Rochat de la Vallee—my teachers.

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

The challenge to develop a first professional doctorate in acupuncture program at the Tri-State College of Acupuncture, newfound interest in mindfulness-based meditation and *Zheng Gu Tui Na, Qi Gong* and acupuncture as self-care modalities for my own healthcare.

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

Work to appreciate the relative role of AOM care for each patient, as primary, secondary, or tertiary as the case may be. Recognize that the patient is their own primary care provider, and that we must empower the patient to know when and how to access AOM care for their own desires/healthcare needs. Move beyond the Us/Them mind-set with regard to AOM/Biomedicine. End each day of AOM practice or teaching by celebrating what was extraordinary about this ancient use of needles and fire.

“A key for the prosperous future of AOM education and practice going forward would be to start communicating and cooperating with all healthcare professionals who teach and practice any aspect of acupuncture & Oriental medicine, while always taking the benefits to citizens as the primary focus.”

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

I envision a future for the AOM profession where the first professional doctorate is the norm. At the same time, there would be a multiplicity of other training possibilities: to train healthcare professionals in aspects of our medicine, to train the public in AOM self-care and lifestyle counseling, and to make doctoral level training in integrated settings a way for AOM to be integrated into mainstream healthcare delivery for those who have little or no access to it currently. I envision open communication and cooperation among independent AOM providers and medical acupuncturists, for the public good, and to better position AOM college graduates for work in mainstream settings.

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

My biggest contribution has been underscoring the right to diversity of practice and education.

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 biggest challenge was struggling against a future first professional doctorate that would have made us mini-MDs while ignoring trends in doctoral education and practice in the helping professions in the 21st century. This challenge has subsided in the national AOM organizations, while it is a position still held by some. We overcame this challenge by focusing, through the Core Curriculum Committee and the Entry Level Standards Committee of the CCAOM, on other professions that were transitioning to the first professional doctorate, and on the challenges set by the Institute of Medicine for core competencies for 21st century healthcare providers.

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 for the prosperous future of AOM education and practice going forward would be to start communicating and cooperating with all healthcare professionals who teach and practice any aspect of acupuncture & Oriental medicine, while always taking the benefits to citizens as the primary focus.

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 public distrusts drugs and biomedicine in general because of the huge number of iatrogenic illnesses engendered by drug therapy. The public is looking for alternatives in chronic conditions where biomedicine is at its weakest, especially regarding chronic pain and dysfunction, and “disorders of adaptation” engendered by the stress response and an upregulated sympathetic nervous system.

Miki Shima, OMD, MA, LAc

21 Tamal Vista Blvd., Suite 110,
Corte Madera, CA 94925

California Examining Committee 1982-1989

President, California Acupuncture Association, 1990-1992

President, Japanese-American Acupuncture Foundation, 1980 - present

Chairman, school subcommittee, California Acupuncture Examining Committee, 1982-1985

President, California Acupuncture Association

President, Japanese-Acupuncture Foundation

President, Institute of Traditional Acupunctue and Herbology, Inc.

What led you to study acupuncture and Oriental medicine?

At 21 I suffered from arrythmias, and Western medicine could not help me at all, but Chinese medicine corrected the problems. So I decided to study Chinese medicine.

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

Actually, Chinese medicine came to me pretty naturally. I knew the languages to read classics. I was pretty natural at learning needling. So the biggest problem was to learn about the American people.

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

Dr. Yoshio Manaka, Dr. Terutane Yamada, Dr. Sango Kobayashi, Mr. Tadashi Irie

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

Treating challenging cases and studying classics and modern Chinese medical literature.

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

I have taught a great many American acupunctuirsts in the past, and most people want to get "spoon-fed" and just want to learn what to do, but they are not interested in the core of Chinese medicine and its healing power. They are not patient enough to look into that. I don't want to just give a piece of information but want to teach how to "heal", but most American students are not patient enough to learn it. Chinese medicine has very long history and many classics, but most American students do not read them. They are interested in quick fix, but do not read the Shang Han Lun. Too bad!

"Like I said like a broken record, acupuncturists are strange groupe of people who are stingy in giving money to their own profession, who are not at all aware of what's going on to their profession politically, and who fight among themselves for the most stupid reasons. So one major key is fund-raising. The AAAOM must have a fund-raising committe dedicated to raising million of dollars, because we need them to do what we want to do."

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

I want Chinese medicine to become a daily experience for many Americans, like yoga has done. In order to achieve that goal, the profession must go out to people and keep giving as many acupuncture sessions as possible. Seeing is believing, and most Americans have never seen acupuncture before, which is too bad. We also need to educate our profession with a higher standard of education. The profession is too ignorant right now, and it won't get respect the way it is.

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

I have been in this from the beginning in California. I have worked for the state of California to establish standardized testing and laws and regulations on scope of practice. I then worked for the CAA and did substantial fund-raising, which AAAOM should have a committe for. I also taught over 300 clinical workshops and have written 3 books while I ran a private practice for 28 years in California. I think my most significant contribution was to approve acupunctue schools and raised enough funds to pass certain pieces of legislature.

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 biggest challenge was by far the difficulty in fund-raising. I've never seen a group of people like acupunctuirsts who do not give any money to their profession! Some people don't even don't want to give \$10 for their profession. In my opinion, if you are not willing to give \$10 to your profession, you might as well quit it. Acupunctuirsts also lack political awareness, as if Chinese medicine fell from the sky! They have no idea about all the fights I have fought to help legalize acupuncture. The utter lack of political awareness among our profession is astounding to me!

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?

Like I said like a broken record, acupuncturists are strange groupe of people who are stingy in giving money to their own profession, who are not at all aware of what's going on to their profession politically, and who fight among themselves for the most stupid reasons. So one major key is fund-raising. The AAAOM must have a fund-raising committe dedicated to raising million of dollars, because we need them to do what we want to do.

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?

Western medicine is heading for a big bust very soon. Insurance coompanies and drug companies have squeezed as much money as possible and the medicine has become so expensive that it would not be affordable for most Americans and that most hospitals would be big Kaiser chains to deliver medical service. Baby-boomers will not be happy with that at all. Intelligent people have already revolutionized their thinking and want holistic medicine, because they know Western medicine never promoted health, but it would take a long time for most people to know that. This is where we flourish.

Eric F. Stephens, DAOM, LAc

813 SW Alder, Suite 701
Portland, OR 97205
503-223-2845
ericstephens@earthlink.net

-CCAOM - President from 1986-1988, and member of the Executive Committee from 1988-1994

-ACAOM served at formation meetings of the Commission and have been frequent Chair of site teams

-OCOM - 1983, co-founder, 1983-1996, Chairman of the Board of Trustees

Why did you become a practitioner?

I was always interested in medicine but my path veered toward acupuncture and Oriental Medicine after studying Tai Ji Chuan for several years in the 1970s. Acupuncture was a way of combining my experience of *qi* that I had in my Tai Ji practice with my love of medicine. And I felt like I could really make a difference in people's lives by taking up this form of medicine that was new to the United States.

What achievements by our profession generate the greatest sense of pride in you?

CCAOM

ACAOM

Oregon College of Oriental Medicine

Which individuals do you feel have contributed most significantly to the profession and why? Please provide names with the reasons why you have cited this individual or individuals.

My biggest inspirations during my training were James Tin Yao So and Dr. Steven Rosenblatt.

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

The biggest challenge as a practitioner initially was the fact that the practice of acupuncture was illegal or unlicensed in nearly all localities. And when it finally was allowed or licensed, initially the restrictions on practicing were often difficult to work with. As an educator, the biggest challenges were the lack of texts, written materials, and funds.

Where do you see the future of acupuncture and Oriental medicine, its contribution to the health and well being of our world, or its legacy to our society?

Being able to make a positive impact in people's lives coupled with the fact that there is always more to learn, and that patients and colleagues have something to teach me every day.

Kory Ward-Cook, PhD, MT(ASCP), CAE

76 South Laura Street, Suite 1290
Jacksonville, FL 32202
Phone (904) 674-2501
Fax (904) 598-5001

NCCAOM

Chief Executive Officer

Dates Served: 2004 - Present

“Although I am not a practitioner of acupuncture or Oriental medicine, I began learning and I am still learning, the principles, the benefits and the success of the medicine from a consumer point of view as soon as I became the Chief Executive Officer of the NCCAOM.”

Why did you become a practitioner?

Although I am not a practitioner of acupuncture or Oriental medicine, I began learning and I am still learning, the principles, the benefits and the success of the medicine from a consumer point of view as soon as I became the Chief Executive Officer of the NCCAOM.

What achievements by our profession generate the greatest sense of pride in you?

The NCCAOM's activities - 2004 to Present (2007)

Carla Wilson, MA, LAc

qyhac@aol.com

Member, Hawaii, Texas, New York and CA state professional organizations

AAAOM member

Member and past president for the Alliance

President, Texas Acupuncture Professionals Association (TAPA)

What led you to study acupuncture and Oriental medicine?

I was living in Hawaii and studying health care and nutrition. I sought treatment for acupuncture for myself and soon afterward entered into a 2-year tutorial before actually going to acupuncture school. The tutorial was very traditional. I did everything from sweeping the floors to needling. I knew even then that acupuncture would eventually find its way into Western settings; and I knew I needed to go into a formal school program.

From 1982-1985, I attended the Amerasian Institute of Oriental Medicine in Maui.

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

As a practitioner, early on it was finding teachers. In 1986 I lived in Austin, Texas. Even though it was a progressive oasis, it was still difficult to find teachers there.

I had developed an interest in community health and connected with a project with the University of Texas School of Nursing. It was the first way in which I began to integrate East and West. I found an allopathic doctor with whom I became partners. In that way I was able to see a lot more patients overall. I treated poor and destitute patients and saw lots of complex environmental illnesses. That is when I began to specialize in HIV. At that point in the history of HIV research, I was trying to help people to hang on until treatment drugs could be developed. It was there that I first learned to attend to the spirit, because many patients died. I did a lot of palliative care.

I also participated in public health work at the Travis County Jail using NADA. We trained medical staff in prisons to use the 5 ear points. We lobbied hard for 2 different legislative sessions to get licensing through, but we were not successful with those attempts. However I still learned from those experiences.

Next, I leased out my practice and went to China to study for 3 months. It involved a lot of herbal work. I learned about what I didn't know about, like stroke and injury care. I worked in an abortion clinic there, too.

I would travel through China and show up at school dorms asking unabashed, "Who can help me? Who can help me?" until I found an English speaking student. It was usually someone with glasses, I found (smile). Then I would pay them to be my translator.

"We are so good at manifesting in the body, but it is the spirit which heals."

I never really anchored back into private practice after that. I launched more deeply into public health and how to make a difference in health care. I was offered a job with a non-profit to be a medical director at the Osborn associaton, a day treatment center. So I leased out my practice once again and this time moved to 125th Street and Broadway, in the South Bronx. It had one of the highest HIV and drug addiction populations. I created El Rio de la Vida (The River of Life) HIV Clinic which served people recently released from prison as well as drug addicts. I did that for 5 years.

In New York, I also worked with the Department of Public Health with teen pregnancy, mental health, substance use, and homelessness. There was a terrible health care fall-out from crack cocaine; it especially impacted children. It was a variety of different settings that challenged my knowledge and illustrated health care limitations. It challenged me to find ways to work with these problems together.

I took courses at New York hospital to learn more so I could communicate with Western providers. I needed to communicate that our medicine is not just about stress reduction and woo-woo, spa treatments. I had to learn to be literate in a medical world in which I wasn't trained.

Eventually I sold my practice and became an official New Yorker. At that point in time there existed funding from Democrats like David Dinksen. It was a different solution than the Republican one of incarceration and warehousing of people.

Two of my notable teachers were: Michael Smith, the director of Lincoln Hospital and Naomi Rabinowitz, located at 59th Street and Broadway.

In 1996, I was contacted by the Quan Yin Healing Center in San Francisco and offered the position of executive director. Quan Yin was looking for someone with a Chinese medicine and health administrative background, as well as a focus on public health.

I'm not really trusting of the word "integration." We need to avoid the gatekeeper situation and avoid the hierarchy of who will and who will not get and use Chinese medicine. We must retain the ability to hold onto the precious elements of the various disciplines. Otherwise it will be diluted because certain elements of it will get lost. If we lose herbal medicine, how would we regain it? I have a great appreciation to for AAAOM to protect and preserve herb usage and availability.

I think it is very important that social responsibility be a part of the conversation, training, and development for people studying in schools. We must have social awareness and responsibility. It is in that way that new practitioners will know where we are needed and do appropriate work. I'm not concerned that there are too many practitioners, but I am

concerned that they consider going where they are needed.

We must consider our philosophy. Health care is a basic human right. It is my intention to see how to make society to inform me and teach me.

My biggest challenge as an educator is to insure that we move toward a first professional doctorate. This will bring maturity, professionalism, and, hopefully, consciousness about social justice and create a deeper level of accessibility of this medicine.

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

School was so different then. Maui was a little island a world away.

Earl Sypher, Jade Easter and Misha Cohen.

Freddy Croninberg from Columbia University heart patients.

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

I am inspired continually by people and their ability to change and heal. I am inspired by the struggles people go through to live, and their trust and use of OM. I've worked with chronic long-term illness patients who put their faith in OM to stay alive. I know the truth that it works for them.

I think I'm here to change the world, to make a change in the world. I love being able to make a difference for people. Doing so has a larger impact, changes mind-sets, and impacts the environment. Our medicine is a green medicine. Every time somebody comes in and makes a change in their body, they make a change in the world. To treat locally is to treat globally.

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

I think the thing to remember is that with each person we are having a global effect and if we keep our intention on that we have a large impact on the world globally. Sometimes you don't know if you are making a difference. If we can't determine it, maybe it's just that it's making a difference in the larger world. Perhaps it is adjusting the spirit so the body can follow. Our medicine is not tangible.

We must be fearless in our willingness to talk to people about difference in modes and give it to people to consider and give to people to allow it to sink in. We must be willing to have these conversations and make a difference.

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

Having been a director, president and teaching internationally has been the ability to change the world. For as many days as I have here, I want to ease pain and suffering and grasp essentials and passions of life. Somehow before my last breath, if I know it's my last breath (smile), I want to know that I've made

a change in the world, eased someone's pain.

Doing acupuncture in oppressed areas and being an agent of change for people has been outside my own comfort zone a lot. I feel that it's been my destiny to bring change and healing into the world. I am commissioned with a sacred mission. I've grown and have helped influence higher learning institutions and have impacted social justice. The schools are a way to make the world a better place. It is a way to do this through our medicine. Having been chair of doctoral task force, I've had a good playground for exercise. I've been very graced.

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?

It has to do with reminding myself the dao is at work at all times and holding firm and just letting go and that all is well in the world.

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 think it is education and the educational process. The schools need to be able to meet the needs of students' higher levels of success.

We are so good at manifesting in the body, but it is the spirit which heals. Always treat the spirit and people can be stronger, experience relief, and impart balance to open the possibility for other change and transformation to occur. Buddhism and mediation has taught me this. Sometimes we must get simple and just treat the spirit.

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?

It depends on where the patient is. I'd like to think that there is a singular change happening and that people have an interest in the green movement and naturally other possibilities for health care.

We live in this world of technology, and for many people we exist in an environment where we are constantly looking at screens and in traffic and bringing about illness. OM has a remedy to fix the excess. We hold the key to help people to retune to experience oneself in a deeper way with oneself. There is an absence. Bodies need caring and nurturing and kindness. A change for people is to return to balance and people recognize this. We have things like Post Traumatic Stress Disorder and long-term mental illnesses on the rise. It is very economical to add OM into what we do for those diagnoses in health care settings.

There are more sick people than before who are ill from the environment. They are looking for answers in a broader sense and other than medications. People are seeking out other answers. More and more people have access to OM, and there are more practitioners available to treat.

Prior to my move to New York from Hawaii, I had a pivotal experience. In Maui I had rented an old Japanese teahouse in which I lived during my acupuncture school days. I rented rooms for \$25 per night as a way of putting myself through school.

Before my move I was visited by Lama Tensin of the Tibetan Buddhist Osaling Sanga and his monks. Since I was leaving, they were interested in renting the teahouse. I had been treating a young heroin addict, Esmeralda, though at that time I was completely unfamiliar with drug detox care. This young woman was suffering from intense withdrawals, was grieving the loss of her lover from an overdose, and would sob in pain while on the treatment table.

When Lama Tensin arrived to look at the teahouse Esmeralda was laying on my treatment table in obvious and audible pain. Lama Tensin asked permission to enter the room. He sat silently in prayer at the top of the treatment table, his hands on either side of her head, not even touching her, just praying. He was there for a long time and eventually Esmeralda passed out into deep sleep.

The next day Esmeralda returned to tell me she had no withdrawal symptoms, no cravings, and felt completely healed. It was this crystalline moment in which everyone got what they needed: Esmeralda was healed, the lama and monks ended up renting the teahouse, and I was so captured by the strength of the human spirit, despite pain and suffering, that I moved to New York to work in Lincoln Hospital and learn to treat drug addiction.

This is our job: to assist and allow for the lifting of pain and suffering, if even for a moment, so the patient can rise to the surface and be able to make a change.

It's a joy to be in the practice of life. That's it: life is the practice. The practice is life.

Tribute: Dr. John H.F. Shen

by Ray Rubio, DAOM, L.Ac (Westlake Village, CA, USA)

Somehow, early in my practice about 10 years ago, I was lucky enough to come into contact with Dr. John Shen. At the time, I didn't know that this was "the" Dr. Shen, as in the famous Chinese Pulse Master and Herbalist who was the inspiration for Dr. Leon Hammer's Pulse Book, and one of the major influences for Giovanni Maciocia, Jane Lyttleton, Lonny Jarrett, and many, many other leaders in our profession. I just found out that there was a workshop being offered in Berkley on advanced herbal prescribing, so I signed up and went. What an eye-opening, mind-opening, and heart-opening experience for me!

Dr. Shen was from the Menghe-Ding lineage of pre-Maoist, pre-TCM Chinese physicians famous in Shanghai at the end of the 19th and beginning of the 20th Centuries. Like his predecessors of this lineage, Dr. Shen employed an extremely detailed pulse diagnosis system, a facial diagnosis system, and an herbal prescribing system that most closely resembled the Shang Han Lun style of prescribing characterized by very low dosages of individual herbs—often 1.5g to 3 or 6 g.

Dr. Shen was also renowned for the development of what he called "system diagnosis", wherein patients who have a multitude of signs and systems that don't fit neatly into any Zang-Fu pattern, can then be diagnosed with what Dr. Shen referred to as either "nervous system disease", "digestive system disease" or "circulatory system disease". (see chapter 14 in Dr. Leon Hammer's book, "Dragon Rises, Red Bird Flies" revised edition by Eastland Press for a thorough discussion of this topic).

In the few years that I was able to spend time with Dr. Shen in both his New York City practice, and in Shanghai before his death, I felt like I was given a glimpse into the past history of Chinese Medicine—before it became systematized and formulaic. What I learned from Dr. Shen, I mostly learned from watching him. Watching him ask questions, feel the pulse, and then tell the patient—not ask them—when, how, and why their disease or problem developed. By using facial diagnosis to determine the chronology of the disease, and using pulse/tongue and eyelid diagnosis to assess the state of the nervous system, digestive system, and blood, then using probing questions to fill in the rest of the blanks—Dr. Shen was uncanny in his ability to unravel even the most mysterious and stubborn conditions. The following brief case will illustrate what I mean.

I was sitting with Dr. Shen while he saw patients during one of my trips to see him in New York City. Because Dr. Shen was quite famous, it was not uncommon for patients to fly from all over the world to come see him for help. On this particular day, a very elegant woman in her early 40's came in to see Dr. Shen complaining of violent, daily migraine headaches. Interestingly, this woman was the heir to one of the world's

most famous cosmetic/perfume families and had just flown in from Paris that day. She proceeded to explain to Dr. Shen that her headaches had started suddenly just about two years prior, and that she had been to see the best doctors in Europe to no avail. There was no family history of migraines, she had not had a head or neck injury preceding the onset of her headaches, and no medications had even been able to dull the pain even a little. She had also tried a virtual smorgasbord of alternative healers, again with no relief in her pain. Finally someone suggested that she see Dr. Shen, and so here she was. Dr. Shen asked her some more questions about what she ate, when the pain was the worst, how her sleep and stress levels were, where the pain was localized, etc. The looked at her lower eyelid, and at her tongue very briefly, and finally he motioned for her to extend her wrist onto the pulse pillow so he could read her pulses. After spending about 5-10 minutes listening to her pulses, Dr. Shen sat back and proceeded to ask her how she was enjoying New York, where she was staying, was she going to see any shows while she was in town, etc. At this point, both the patient and I were slightly perplexed. I was perplexed because usually Dr. Shen would send the patient to the waiting room to wait while he wrote their herbal prescription, and he was just sitting there making small talk with her and not writing anything. The patient was annoyed because she had flown all the way from Paris to get help, not to chit-chat. Finally she started to weep, telling Dr. Shen that she didn't know how much longer she could live with these headaches, and that she had come to him to get herbal medicine to help her with the pain.

Dr. Shen paused, took her hand very gently in his, looked into her eyes and said that she didn't need herbs because she was already cured. I think my jaw dropped to floor, and she too looked absolutely flabbergasted. I wasn't used to Dr. Shen playing the faith-healer, so I wasn't sure what he meant. Finally, he looked at her and asked her if she had perhaps started wearing any new mascara about two years ago, around when the headaches started. She thought for a moment while she wiped her eyes, and then she slowly nodded her head and answered that her cosmetics company had launched a new mascara at that time which was formulated to be a "24-hour" mascara and be more long lasting after being applied. She had taken to wearing it at that time. Dr. Shen sat back and smiled and said that this was the cause of her headaches. He proceeded to explain that because all of her neurological and physical exams had turned up no cause to her headaches, and because there was no family history of them, and because the onset was so sudden without any head injury, Dr. Shen felt that the cause of the headaches had to be something local (in the head) causing

an allergic reaction. He said that the lower eyelid showed a chemical reaction in the bloodstream, and the pulse indicated the same thing. He then said that he also noted that when he had examined her lower eyelid, he noticed that the mascara did not come off on his fingers like it normally did with female patients. Dr. Shen advised her to stop wearing that mascara, and from that day on she was free of headaches. After that, whenever she was visiting New York City, she would make a point to stop in and drop off a present to Dr. Shen.

The patient above was only once of hundreds that I observed with Dr. Shen where he used his superior powers of observation and logical thinking to unravel very difficult cases. Dr. Shen always reminded me it is more important to understand life, than to understand disease, because disease usually comes from life. He said that being a doctor of Chinese Medicine was very similar to being Sherlock Holmes—one had to be an astute observer of even the smallest details. Sadly, Dr. Shen passed away at 90, still much too soon for myself and his other students and patients who knew him and loved him. From him I learned that all of the herbal knowledge and acupuncture knowledge in the world mean very little without the correct diagnosis.

<http://www.insights-for-acupuncturists.com/acupuncturists-blog.html>

Tribute: Dr. Roger Hirsh

May 17, 2006, was a black Wednesday. At 6:10pm, Dr. Roger Hirsh forever left us. As his teacher and friend, Dr. Baolin Wu reported: “He was riding a crane towards the Western Heaven to visit Lao Zi, and Heaven kept him. The rivers and lakes, Heaven and Earth, alas for his death, mourned for his passing!” Dr. Roger Cavanaugh Hirsh, OMD, PhD, LAc, NMD, born on August 31, 1948, in Beverly Hills, CA, died on May 17, 2006, at the age of 57.

The facts, circumstances, and adventures of Dr. Hirsh's life were enough to fill the lives of several people and his absorbing interests unflinchingly extended to the betterment of his friends and clients.

He was a doctor of Oriental medicine and a diplomate of acupuncture (USA), acupuncturist, *Tai Chi*, *Qi Gong* and massage instructor, mentor, lecturer, world-traveler, spiritual guide, healer and chocolate-herbal candy maker. An honors graduate of the International College of Oriental Medicine (London 1976) he received his doctorate in Oriental medicine (1984) with a specialty in constitutional medicine.

After a 3,000-hour postgraduate internship with Master Sehan Kim, OMD, and Dr. Kyo Ok Kim MD, PhD, he joined the Center for Orthomolecular Medicine in Palo Alto, where he practiced acupuncture and herbal medicine for several years as a member of a six-physician team. Dr. Hirsh has served as an adjunct professor at The American College of Traditional Chinese Medicine, The California Acupuncture College, and Emperor's College. He was a founding member and past chairman of the board of directors of China International Medical University.

In the past 30 years of practicing acupuncture, studying Chinese medical theory and science, Dr. Hirsh gained a profound knowledge on natural treatments from both Chinese medicine and Western medicine which led to his spearheading a unique way of using acupuncture techniques to treat infertility. In the early 80s he initiated the study of treating menopause by using chocolate with Chinese herbs, (specifically *Clematis*) and received a break-through achievement. His technique has become one of the popular natural treatments for menopause and he was featured on NBC, CBS, and in the *L.A. Times*.

Since 2000, his treatments for diabetes have gained high praise, as have his treatments for many difficult medical cases such as Parkinson's, MS, and macular degeneration. He dedicated his life to developing Chinese medicine and spreading acupuncture technique to the world, but Dr. Hirsh's true genius was his capacity for a deep and instantaneous rapport

with others that transcended social, intellectual and spiritual barriers. He saw faith as a living energy and worked tirelessly to remove all blockages to its flow.

Roger was on a great journey and he pulled us along, revealing to us our strengths, our possibilities, and our place in the universe. His every action, kind and compassionate, enlightened us to our possibilities and made us see not only our personal responsibility but also our salvation. While on a trip to Egypt, Dr. Hirsh was injured and came back with an infection that led to his death nine days later. He died as he lived—like a meteor—quick, graceful, compelling. Those of us who were lucky enough to know him are so grateful to have been caught up, however briefly, in his reflected light.

Thomas Riihimaki Remembrance

Thomas Riihimaki died of cancer at his home in Cohasset, MA, on May 23, 2006, at the age of 60. He passed away peacefully in his sleep with his family by his side. Tom graduated from the New England School of Acupuncture. As Dr. Tin Yao So's student, Tom responded to the difficulty of acquiring acupuncture supplies by "sweat capitalizing" the importation of acupuncture needles into the U.S.

Although there are now many equipment suppliers, when Tom started practicing, acupuncture needles were "investigational devices," and acupuncturists were being arrested for practicing medicine without a license. Tom individually accepted the risks of importation and made further contributions that were critical for the development of this field. In the early 1980s, when T.C.M. was introduced in the U.S., controversy concerning Dr. So's teachings contributed to the near failure of the New England School of Acupuncture. At that time it was one of two schools in the U.S. The other, the California Acupuncture College, later failed. Tom was one of only two people who risked their own homes and businesses to insure the school's tuition bond, thus saving it for future generations of students.

Tom not only appreciated the medicine itself but embraced the philosophical and spiritual teachings that are so closely related. He took his time to appreciate the beauty of life and enjoyed such pursuits as yoga, rock climbing and Zen studies. We pause to give blessings and love to this humble man that gave so greatly to this profession and to those that shared his journey in life on this Earth.

Tribute: JR Worsley

by Joseph Soprani

Professor Jack Reginald Worsley (“JR”) died in the early hours of June 2, 2003 in Miami, Florida. Born and raised in Coventry, England, JR was an internationally renowned and revered Master Acupuncturist, author, consultant and teacher. In the early 1950’s he journeyed to Taiwan, Singapore and Korea and received his Doctorate of Acupuncture. His Classical Five-Element Acupuncture® teachers Ono and Hsui bestowed the rare and honored classical designation of “Master” upon him. He founded the College of Traditional Acupuncture (UK), the Traditional Acupuncture Institute (TAI-Sophia) (USA), the Worsley Institute of Classical Acupuncture (USA) and the Master Apprentice Program (MAP) and was associated with many schools and organizations internationally.

There are so many stories of Dr. Worsley. He was an extraordinary man who brought love, insight and depth to all his encounters. He saw each patient, each student as an unique individual. If you were his patient, he was there one hundred percent for you. Hundreds of patients relate the extraordinary feeling they had of being “seen” by this man in a way no one had ever seen them before. Those who studied with him over the years were given the same undivided attention. As his student, you had the fortune to be given just what you needed—perhaps not what you wanted—to move forward in your work. And he would be there again and again, with precious pieces of learning perfectly timed for your next step. In addition to more technical information, these treasures were often keen insights into your life and what needed to change within you to be the best practitioner you could possibly be. He modeled for us the knowledge that a master acupuncturist is made from within.

He was captivated by Asian philosophy and wisdom and its understanding of the power of nature to heal. He was an avid believer in this power and reminded us often that the practitioner does not heal the patient, but nature does. He fought fiercely to preserve a tradition that saw each person as more than an assembly of parts or symptoms. Dr. Worsley was a patient advocate in the deepest sense. His whole approach revolved upon the needs of the patient. He was not satisfied with helping only a part of a person, he wanted everything for them; a complete, vital, full life. He wanted the best **from** them as well. They responded as we all do when our deepest selves are addressed with genuine love and concern; they rose to the occasion.

It would be hard to imagine acupuncture in the west without his contributions. He stood alone thirty years ago insisting that acupuncture could treat the spirit and mind of the patient as well as the body. He led the way advocating for the study of the names of the points and their spiritual connotations. He

was committed to teaching the importance of the intention of the practitioner as an important element in the effectiveness of treatment. Now these ancient traditions are part of the acupuncture conversation in the west and again in the east.

Strangely, it was hard to feel sad at his passing. He lived a full life doing what he loved the most. He gave fully. He touched the hearts of thousands of people. He traveled around the world seeing patients and teaching students; the last four years while suffering from debilitating heart disease. Until the very end, it was hard to tell he was ill. For a man who gave so much it would have been selfish to want one more day from him.

AOM Pioneers & Leaders

A Commemorative Book of Challenge and Courage, Vol. 11

The outpouring for this project exceeded the ability of those that were nominated to respond by our publication deadline. The AAAOM will continue documenting the Pioneers and Leaders of our profession in Volume II of this publication. We anticipate the publishing of follow-on tribute by our 2008 Annual Event to be held in Chicago, Illinois.

We recognize there remain Pioneers and Leaders within our professions that are yet to be identified. We encourage nominations to continue. A link is provided from our homepage at www.aaaomonline.org.

To date, those nominated and slated to appear in Volume II include:

Allen, Marilyn	Lao, Lixing
Anand, Kabba (Nccaom)	Lee, Miriam (The Late)
Baker, Claudette	Leef, Linda
Bigg, Dort	Manuele, Bryan
Blair, Jim	Matsumoto, Kiko
Chu, Judy	Mccormick, Alicy Mary
Clark, Bryn	Mcguffin, Michael
Cohen, Misha	Miller, Neil
Cohen, Ralph	Molony, David
Cyrus, Ian	Mueller, William H.
Earl, Glenn L.	Nielsen, Marilyn
Ellis, Andy	O'Donnell, Cynthia
Herdrich, Floyd	Prensky, William
Herlihy, Christina (The Late)	Skellon, Hilary
Huang, Lixing	Tiberi, Alex
Jiao, Daniel	Walsh, Regina
John H.F. Shen	Watts, Stuart
Kong, Howard	White, Casey
Kong, Lam	Worsely, Judy
Korngold, Efrem	Yi Tian Ni (The Late)
Kutchins, Stuart	Yuen, Jeffrey
Lang, Raven	



- | | | | |
|-----------------------|-------------------------|------------------------|----------------------|
| 1 HERDRICH, FLOYD | 34 Unidentified | 67 CHIN, RICHARD | 100 KITCHIE, GEORGE |
| 2 Unidentified | 35 NEWBOLD, DEE ANN | 68 EGHOF, JERRINE | 101 WU, JANE L. |
| 3 MALON, JACKIE | 36 MATSUMOTO, KIICO | 69 EGLOFF, BILL | 102 SUZUKI, KUNIO |
| 4 Unidentified | 37 ALONZO-CABNENA W. | 70 CAIN, DEAH | 103 SNOWDEN, JANET |
| 5 LINCOLN, DEBORAH | 38 WILSON, CARLA | 71 DEVINE, BILL | 104 KALTSAS, HARVEY |
| 6 BOYLE, GREGGORY | 39 HO, HOANG | 73 SCOTT, JOHN | 105 COOLEY, LAURA |
| 7 BLAIR, MAGGIE | 40 SOULA, PAUL | 74 SHERMAN, KRISTON | 107 YU, HO C. |
| 8 RADEL, VICKY | 41 ABBUTE, ANTHONY | 75 KLUCAS, PATRICIA | 108 FORD, DAVID |
| 9 BONDE, JEAN | 42 FRATKIN, JAKE | 76 SKELTON, WILLIAM | 109 KRAYEM, HADI |
| 10 KU, SU LIANG | 43 Unidentified | 77 OLSON, KALYANI | 110 KHALSA, GURUSANT |
| 11 STEINBERG, FRANCES | 44 GARDNER-ABLATE, SKYA | 78 LEGGE, DAVID | 111 CHEN, YU |
| 12 BURDEN, JACK | 45 Unidentified | 79 CHEN, GIDEON | 112 LIANG, SHEN PING |
| 13 GOLDBLUM, ARTHUR | 46 MOORE, J. MICHAEL | 80 KINKENSTEIN, MALVIN | 113 CHOW, EFFIE |
| 14 Unidentified | 47 KEEFE, GAYNL | 81 ZIMMERMAN, JEFFREY | 115 HAO, JISHUN |
| 15 Unidentified | 48 HANNA, LUCY | 82 SOLONDZ, JANET | 116 WHITEHEAD, T. |
| 16 Unidentified | 49 WILCOX, GLENN | 83 COHEN, MISHA | 118 KORNGOLD, EFREM |
| 17 SILVER, ERIC | 50 COOK-WILCOX, ANGELI | 84 SMITH, MICHAEL | 119 LUDWIG, GAIL |
| 18 WANG, YANYUN | 51 POLASKY-DOGGETT, DIA | 85 BRENNER, ZOE | 120 PECK, IVA LIM |
| 19 Unidentified | 52 JONG, YEONGMING | 86 BEINFELD, HARRIET | 121 HUNG, MARGUERITE |
| 20 Unidentified | 53 THOMPSON, PETER | 87 SUNBEAM, A. | 122 CHIN, JAMES |
| 21 SHEN, MASON | 54 LU, CHUN HUI | 88 KERMAN, MITCH | 123 HUANG, BINGSHAN |
| 22 CHAN, LOMINA | 55 Unidentified | 89 Unidentified | 124 Unidentified |
| 23 HURLEY, JUDI | 56 Unidentified | 90 BIRCH, STEPHEN | 125 LEE, SAMUEL |
| 24 Unidentified | 57 HAYASHI, FELIPE | 91 Unidentified | 126 Unidentified |
| 25 CULLITON, PAT | 58 Unidentified | 92 MAYER, DANIEL | 127 ZENG, MICHAEL |
| 26 WEINSTEIN, KERRY | 59 LEE, LUCY L.H. | 93 DO, NA HONG | 128 Unidentified |
| 27 BUTLER, CHRIS. | 60 CHENG, CECILIA | 94 KIM, LUKE KAP SOK | 129 SHYNKAR, TARAS |
| 28 LIU, YONG | 61 OVERHAUSER, CATHERIN | 95 Unidentified | 130 MONDA, LORENA |
| 29 THURMAN, BEN | 62 PARRISH, JAN | 96 TARNONER, KAREN | 131 DEVRIES, MARIJKE |
| 30 MITCHELL, BARBARA | 63 COAN, RALPH | 97 KIM, IN-SU | 132. CHANG, JULIA W. |
| 31 YOUCHA, VICTOR | 64 WONG, GRACE | 98 YU, RUEY | 133 SHIEH, FRANK |
| 32 CHENG, SHI | 65 CHUNG, J.B. | 99 LEE, SR.CATHERINE | 134 DAVIS, EDITH |
| 33 ROSEN, RON | 66 BREVOORT, PEGGY | | |