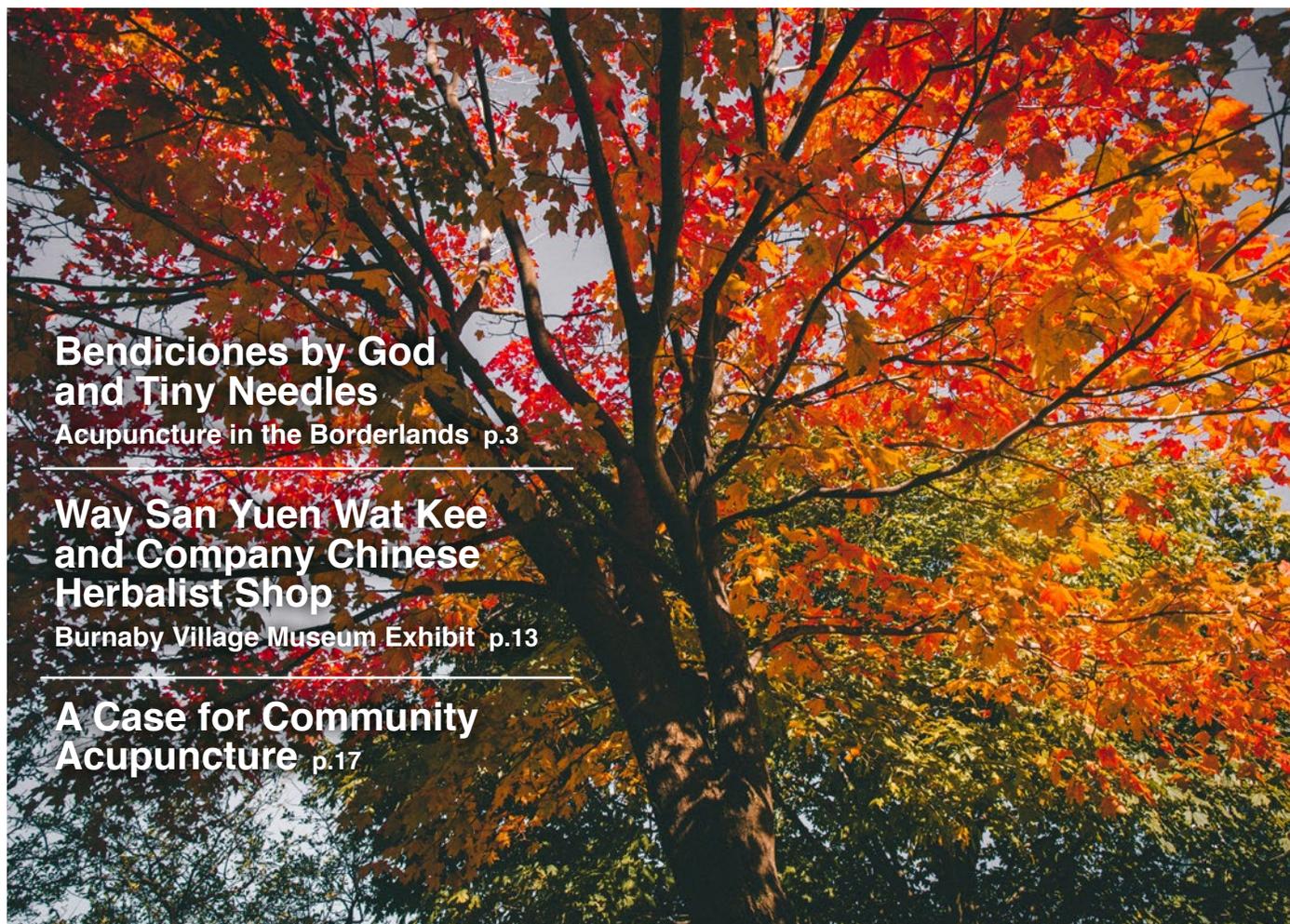


Fall 2019

MEDICINAL ROOTS 相慧 MAGAZINE

Ancient Wisdom - Modern Healthcare



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Ningún ser humano es ilegal

Bendiciones by God and Tiny Needles

by Mallory Harman, LAc, MAcOM, DipI OM

PHOTO: Ryan Bemis

"Our job is to love others without stopping to wonder whether or not they are worthy."

- Thomas Merton

"Our job is to love others without stopping to wonder whether or not they are worthy."

I read these words on a laminated cutout, intentionally placed within reading view on the dashboard of Ryan Bemis's old Toyota Rav. I was riding shotgun, contemplating these words and staring down the border just beyond them. The border. I'd been running other words spoken by Ryan through my memory, words spoken at his address to my graduating class just a few months earlier. Words like "justice", "nuns", "solidarity", and "safe spaces". That afternoon of my graduation I'd been in the front row, glued to my chair, looking up at this curly-headed, sneaker-wearing, Wyoming-bred white guy speaking about an acupuncture movement in a place called Juárez, México. Even glued to my chair, I was moved. Moved so much that it brought me to

this particular Wednesday five months later, sitting beside Ryan and embarking on this journey. He had the same dark curly hair, the same sneakers, but now instead of standing behind a podium, he was sitting behind a wheel that would steer us into Ciudad Juárez and the complex world of which he'd so eloquently spoken.

RYAN BEMIS

Ryan Bemis is an acupuncturist, activist, counselor, and poet. A modern day Miriam Lee, pioneering an acupuncture movement beyond his birth border. A Michael Smith protégé, training every day people in the National Acupuncture Detoxification Association (NADA) protocol, the five essential points in the ear. A Don Quixote type of character, with more stories, adventures, and professions wrapped up in his forty-one years of existence than most of the people I've met in the halls of my grandpa's assisted living facility. As a licensed acupuncturist and a NADA Registered Trainer, he's trained over three hundred lay people, nurses, counselors, and indigenous people in countries such as USA, México, Canada, and Nicaragua. His vision is to "help communities in Latin America become more resilient to responding to their own healthcare problems."¹

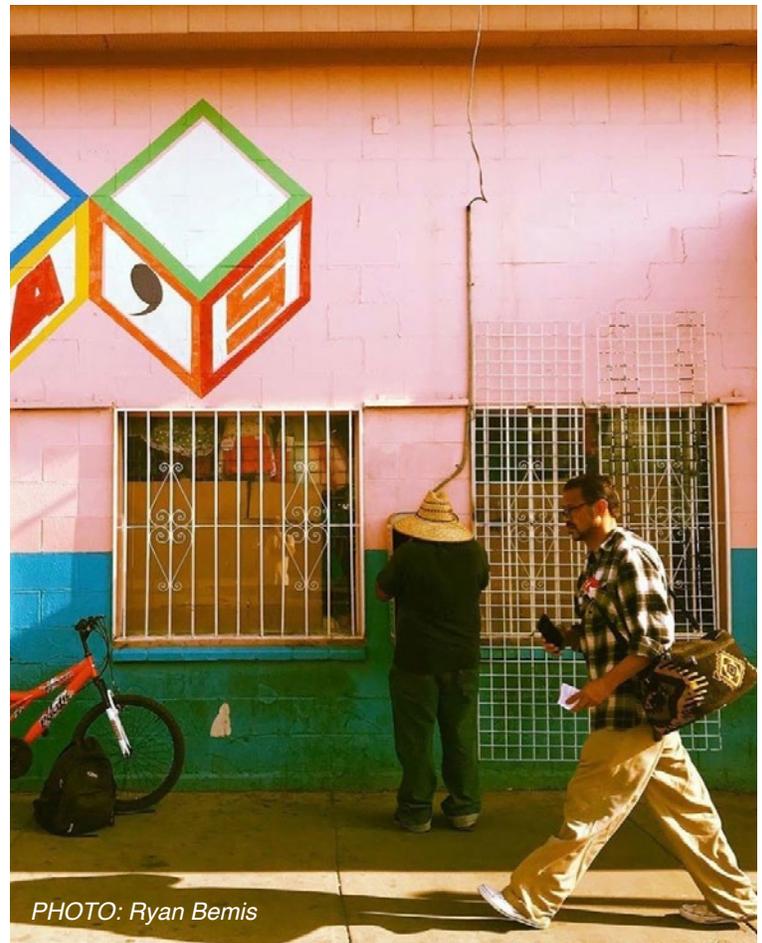
*“Mi sangre es Americano,
pero mi espíritu es
México,” I once heard
him tell his volunteers. “My
blood is American by my
spirit is Mexican.”*

What began as Ryan's response to the violence in Juárez in 2011, as volunteer support towards the empowerment of established local community groups, has now evolved into a project of his own: a not-for-profit that is "committed to the long-term sustainability and comprehensive advancement of community health and wellness in the border region."² Nine years later and his project has grown exponentially (mostly within Juárez), but it is still he who bridges the crucial gaps. It is he who brings the supplies across the border, who teaches the students and empowers the community through his passion,

knowledge and charisma. It is he who is responsible for the fundraising and the donated needles and the business card handouts to potential guest teachers. He does all of this for the same reason that he became a counselor, a youth minister and an acupuncturist; he cares about The People, the ones "living under the surface of glitter and trash"³ on both sides of the border, making it his mission in life to give them "something more than air conditioning".⁴ It is he who has planted himself right smack-dab in the middle of today's chaos, serving the greater scope of the borderlands and its citizens. From the 70-something-year-old veterans north of the border with red hats and calcified beliefs to the migrants of the south from Guatemala, Cuba, and Venezuela as they wait out the improbable likelihood of U.S. asylum. Both sides receive the same care, the same five points in the ear, the same benefit. Non-judgment is a central tenant in the spirit of NADA.

^{1,2} *Humanitarian Aid Programs. Retrieved from <https://crossroadsacupuncture.com/borderproject>*

^{3,4} *Merton, Thomas. Conjectures of a Guilty Bystander. Doubleday Religion, 1996*



LA FRONTERA

The Mexican border is a mere 10 minute drive from the El Paso airport and only a 30 minute drive from Ryan's acupuncture clinic in Las Cruces, New Mexico. The merging lines of New Mexico, Texas, and México are what make up a section of "the borderlands" and what gave his clinic its name: Crossroads Acupuncture.

With each minute and mile, my nerves spun deeper into overdrive as I recalled other words spoken by Ryan in that graduation speech. Descriptors I sort of wished my parents had never heard — "murder capital of the world... kidnapping... chopped up body parts... stray bullets..." I'd crossed many borders in my life, but this current rumination instilled in me a strange new apprehension. The unwavering conviction that had steeled itself in me at graduation was surely being tested.

As we crossed the bridge, Ryan had an air of coolness about him, continuing to reassure us in English, becoming more Chicano the closer we got to México, but at the same time keeping a watchful eye for the not-so-unlikely possibility of everything unraveling before us. This was not his first time crossing the border, and it surely would not be his last.

The Border: an invisible but influential line created by human ideas. Historically, America and México were divided by the Rio Grande, a river benefiting

both sides. Now, the two countries are separated by walls, fences and razor wire. It may not be "The Wall", but let me assure you, the message is clear and the effect the same. El Paso and Juárez, once considered "sister cities", are now estranged. As we approached the bridge, my sense was that we should have been crossing in an army tank so that we'd be protected from the alienated sister on the other side, now crazed and dangerous. The city of Juárez, the country of México, the whole of Latin America had become a direct threat to "our country", the golden sister who excelled through privilege and her anglicized idyll. I sat tense and ready, passport in hand, along with a prepared list of answers for the interrogation that was sure to lie ahead. But in spite of my sweaty palms we crossed without any issue. No federales that day. "That means the violence is down," said Ryan Bemis.

CIUDAD JUÁREZ

While seemingly one with El Paso from a bird's eye view, driving into Juárez was like entering into a different world, so unexpectedly distinct from its neighbor just to the north. This contrast was shown on its weathered, boarded up adobe homes, its half paved streets, its once-upon-a-businesses and "urban slums". It felt like a ghost town that people had forgotten to desert. Yet, above the potholes and beneath the dust, it resembled the Latin America I've come to know; colorful homes, corner bodegas, fleeting mariachi heard through the windows of passing cars. A sense of life amidst the rubble. Long lines of greens and reds and pinks and blues, bricks and cement and dirt and gates; houses and businesses connected in a continuum down long streets with no yard or fence or American attitude to separate them. Inside the houses were families that all lived together with abuelas and grandkids and nieces and husbands, with a few big dogs out-side and inside a chihuahua or two. Something surely simmering on the stove.

The roads were wide with ample space for us to cut through the city, dodging spontaneous soccer games and the many '90s-era minivans living out their days. Within all of this activity, color, and squalor existed a budding secret society — one of Catholic women and acupuncture and safe spaces. The city smelled of sewers and tortillas as we passed through its neighborhoods, la plaza, arriving finally at our first destination... the bishop's office.



PHOTO: Ryan Bemis

THE BISHOP'S OFFICE

We got out of the car, “boots on the ground” and walked up the steps into an atrium, which was cold, open, and very “churchy.” I felt a little bit like I did as a kid dropping things off at my church on a weekday. The strangeness of the place without the crowds of Sunday service, the awkwardness of witnessing the business behind it all was distinctly familiar. A few women in matching red shirts walked in behind us, holding folders. They kissed Ryan’s cheeks, and then mine. Without warning, a group of faithful emerged from the different corners of the building: a pious man wearing a clerical collar, some stoic nuns in habits, and a few other church workers, all gathering to recite a prayer in Spanish. The women in red joined in automatic synchrony. Though I did not understand the words in their entirety, the cadence was so familiar it brought me right back to those childhood mornings, sitting amongst my congregation at King of Glory Lutheran Church, legs thumping the wooden pew as I impatiently sped through the liturgy so that I could get back to the drawing beside me. I put my head down in respect, folding my hands and following along just like all those years ago.

This moment, what may have been to them another day of living, praying, and serving under Jesús Cristo

our Lord, felt to me like an initiation into Juárez, a blessing, a sacramental crossing of a social border between my world and theirs.

We followed the pious man, who turned out to be the Vicar (like a vice bishop), to his office, a space just as modest and cold as the atrium, and we sat. Here I could let myself really see the women I had met prior. Nancy, Alicia, and Maria Pichardo in their red shirts stamped with an image of a drawing of a cross being held together by multiple hands and a pair of bare feet imprinted in the center. The entire image was enclosed by a circle, which contained the words Promotores Descalzos (“Barefoot Health Promoters”). This was the not-so-secret society, these were the “nuns” that Ryan was referring to and the name of his project.

I quickly realized that this was a meeting with the Vicar and that I was a part of it. We sat there in a circle not talking about confession nor sermons nor Sunday school but about acupuncture, trainings, people served, and people like me coming across the border to give the volunteers additional tools and methods. The details of that discussion will forever remain clouded as in that moment I was completely overcome with awe at what I was witnessing before



PHOTO: Mallory Harman

me — a group of women so far outside of the world and culture I knew, speaking with a fervor and passion for acupuncture that I know well.

The vicar's name was Monseñor Rene — vicar of the diocese, a highly respected man of the church by day, and an undercover alternative healer by night. A man who would later be quoted in one of Ryan's trainings as saying that acupuncture "is like planting a seed of peace." Monseñor Rene was the man with a link to the priesthood, the comradely cohort of men of faith. He had delivered the influential elbow nudge to the priest next door, persuading him to consider allowing this strange voodoo medicine into his church too.

Throughout this circle chat Monseñor Rene's eyes would meet mine and he would pause, his gaze piercing my agnostic soul not to challenge my beliefs or even to question them, but to thank me deeply, incessantly, sincerely, for being there. "Gracias. Thank you for being here. Thank you for sharing your presence. God bless you". It was a gesture that would arise over and over throughout my time in Juárez, a genuine, heartfelt thankfulness from the people of Juárez, gratitude that I would cross the border and be willing to brave the perils of their highly stigmatized city.

I was touched, and I was slowly beginning to understand that my being there was a lot less about the material I had prepared in my acupuncture handouts and more about my presence, fellowship, and solidarity. A circulation of the human spirit.

My concern over the contents of my upcoming course became a little less important, and I found myself opening up to the larger impacts of being there.

THE WOMEN OF PROMOTORES DESCALZOS

When Ryan initially came to México, the first people interested in learning acupuncture were a group of women practicing Tai Chi at their church on Tuesday nights. The parish priest at the time, Father Pater Hinde of Casa Tabor, introduced Ryan to the diocese which is the primary host and sponsor of community acupuncture in Juárez today. Catholic women heard about it through their friends at church and the church became the foundation of their coalition. These women were trained through a "barefoot movement". Acupuncture was being placed in the hands of everyday people, women needling with conviction, with the same barefoot mission of caring for their underserved community as the likes of the Black Panthers and Young Lords at Lincoln hospital in response to the widespread heroin epidemic in the 1970's. Though other groups connected with the city's addiction program were also interested in acupuncture services, those programs were not able to organize a NADA training until June 2019.

For each of these women, it started with a three-day NADA training, followed by a number of clinical internship hours, which today can be completed in group acupuncture settings run by other community women who have also been trained by Ryan. Once they've "graduated" from the NADA level, they have the option to deepen their training by taking additional workshops taught by acupuncturists brought in from the United States, the likes of which include Tracy Thorne, Bob Quinn and David Lessops.



PHOTO: Mallory Harman

I was there to teach a 3-day course on microsystems, a system I barely used myself let alone specialized in.

The class was held in a room adjacent to Maria Pichardo's church, the same room where she runs her group acupuncture twice a week. Reclining treatment chairs were dispersed along the perimeter of the room and in the corner hung a large poster of an ear acupuncture chart. I felt a sense of familiarity induced by the clinic supplies, the images, and the air thick with a residue of healing, acupuncture and togetherness. The room smelled of styrofoam and cheap coffee, the smell of those after-church gatherings in the basement of my church, where women served that same coffee and the same God with a delighted devotion. On both sides of the border they were women of the household, women who served, who lived in service to God and their families. The women of Juárez, however, were also trained in acupuncture techniques. They had absorbed a skill and some third-hand knowledge resulting in the power to make change in their community.

Little by little people from the outside trickled into the "classroom" kissing cheeks, touching hands, setting down food prepared at home, and eventually settling into their seats. I have always loved the saludos in Latin American culture, the moment where everyone in the room is affectionately acknowledged before moving on to the task at hand. It is a momentary pause for presence, acknowledgement, and respect. I felt lifted by the warmth of the welcomes, and then their peering eyes and sudden silence immediately reminded me of my role that day. Suddenly I felt a panic wash over me, leaving reality in its wake: fresh out of grad-school and there I was in Juárez, Mexico facing a group of eleven eager students, all with pencils at the ready, prepared to record the important words that I had to say. Self-doubt began to settle in. Who am I to be here? Some Chinese Medicine missionary spreading the "good news" of needles and channel theory? A young white girl from the Pacific Northwest practicing her Spanish and "doing good in the world"? But I was there with them, and these students who had canceled quinceñeras and afforded themselves a day away from their motherly duties en la casa were depending on me to teach. So we began.

We spoke about Chinese medical philosophy and macro/micro and anatomy and upside down fetuses in the ear. We practiced new points like Stomach and Brain and Reverse Shenmen. We practiced new techniques such as threading the Constipation point (a group favorite) and the stimulation of Zhu's shoulder points on the scalp.

We discussed cases and shared stories feeling mutually impassioned by the same medicine in different languages.

Throughout the week our dialogue carried over into our encounters outside of the classroom filling our time with so much discussion that at one point I realized, while chatting with them over street corn and horchatas, that I was not discussing this medicine with my students but that I was discussing it with my colleagues. They shared with me stories of patients and points, of Juárez, and of how they



PHOTO: Mallory Harman

carried out their work. They shared with me how ventosas (glass cups) were the most effective in treating Eva's upper back pain, and how a strong stimulation of the Yangming channels had helped Felipe recover from his hemiplegia after receiving a bullet to the head twenty years ago. They shared with me trials and successes and how learning the NADA protocol had changed their lives and those of the people they had treated. I looked at this group of women, proud to be barefoot health promoters, proud to be Mexican, proud to be of service to Juárez and God and mankind. No need for licenses or state boards or accreditation... just people in service to people. All of this was happening in a place where it could not be more important.

LA VIOLENCIA

Juarez is a city living in the aftermath of its own violence — scarred by the war of the cartels, where its people & its community are the collateral damage. Families and individuals each with their own stories, their own traumas. I would hear many of these stories throughout my time there, most of them divulged through the accounts, or cuentas, of my patients-for-

a-day. They told me about the bullets, the violence, the deaths... that time Martha was kidnapped in the middle of the day, or the time Luisa's husband was shot right in front of her. And then there was the story, not heard in the acupuncture group, but heard from the back seat of an Uber, of the mass killing at a child's birthday party, some 15 children left dead after what ended up being the wrong house. Collateral Damage. All of this trauma, both personal and collective, reflected in painful menses, insomnia, ansiedad (anxiety) and depresión.

Trauma has a way of infiltrating our physiological systems. As acupuncturists, this is one of the things we work with patients to heal.

This is what Maria Pichardo has been working with. So many people expressed to me how Maria P the ángel had helped them; how they can walk again, sleep again, eat again. Gracias a Dios. I listened to their stories feeling ill-equipped to address the severity of their disclosures, wishing then more than ever that I'd fully pursued a counseling degree. But then I'd look over at my comrades: the Marias, Erendira, Alicia, who worked eye to eye with not just "patients" but community members, their fellow "Juarezenians," nodding along in a deep understanding. The "I know" between them. That interaction alone was the medicine. The needles became the divining rod between them, a reason to gather and to rest and to share in sanctuary, safe spaces and community. What more ideal culture to spread the "gospel" of group acupuncture than Latin America, where community is culture. And what more necessary place to receive it than Juárez, bruised & hurting from those unforgettable years of The Violence. Abandoned by their neighbor to the north leaving them overworked, underpaid, and diabetic in the legacy of the North American Free Trade Agreement (NAFTA).

Yet these people living with traumas and injustices and oppression, some of which is the direct result of foreign policies of the country I came from, perpetrated directly or indirectly by people whose



PHOTO: Mallory Harman

skin color was the same as mine, cared for me. They welcomed me into their homes, they fed me, they laughed with me and made sure I felt safe. They treated me with kindness and respect and many *bienvenidos*. They shared with me stories and family recipes. They took me to mass and they introduced me to their priests and to a way of moving through the world in prayer and trust and hope. They healed me, in some elemental way, through the safe space they provided for me to be vulnerable, and their own unadulterated selflessness. They made me feel like part of their family.

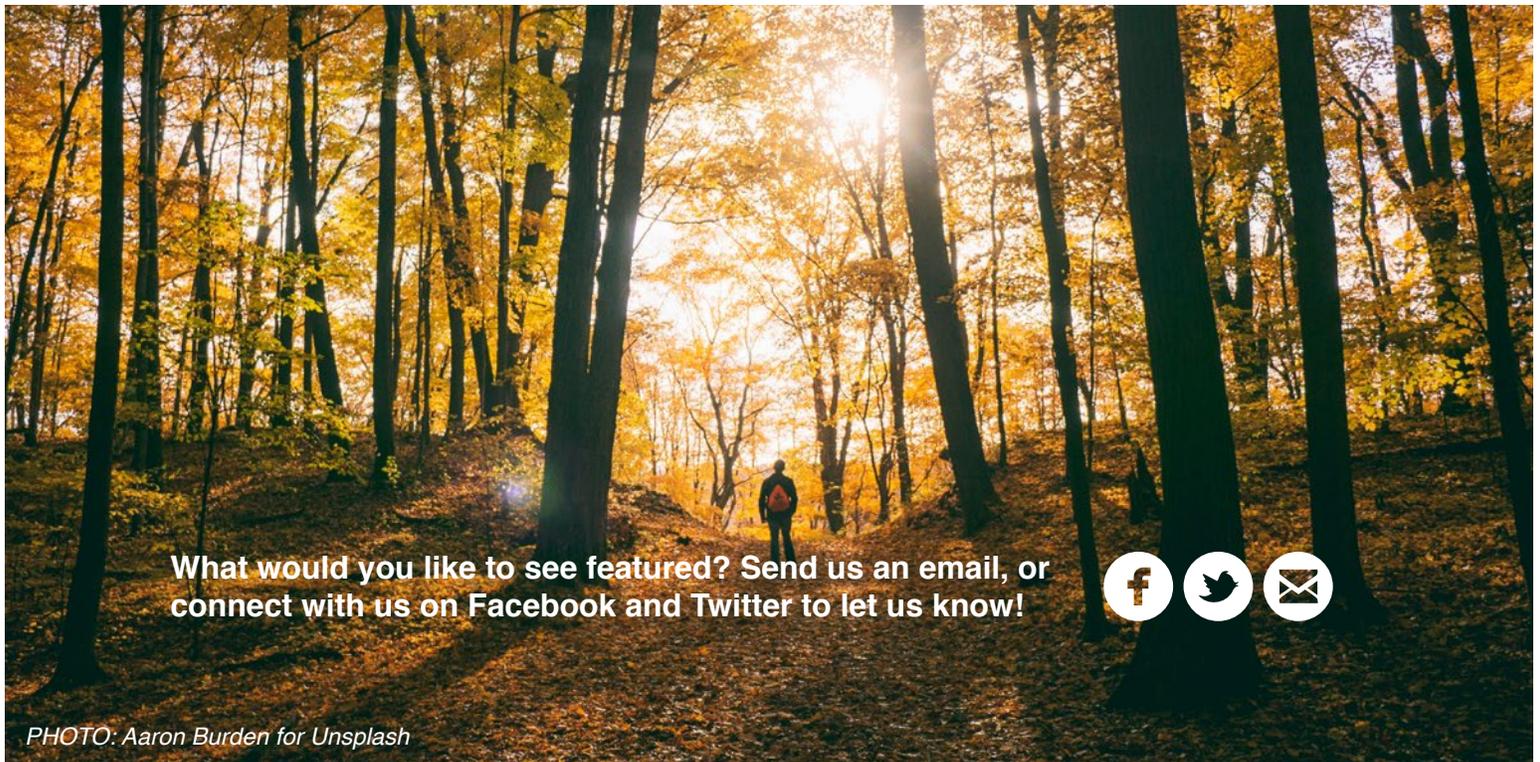
THE REVOLUTION

What I found on the other side of the razor wire was not the crazed and dangerous sister, anxious to invade or to fight or to retaliate. Instead, I found a city rich in color and faith and resilience. I found people in pain, in celebration, in congregation with one another. I witnessed a tiny revolution in a land rich with a history of revolutions. A revolution of acupuncture in the hands of women, of acupuncture woven into the church, of acupuncture in Latin America — *bendiciones* by God and tiny needles. I found a community that embraced me, that disregarded my American “need” for personal space and instead swallowed me up in togetherness like a hug I didn’t ask for but deeply, deeply needed. I found the long lost sister; both of us forever changed by the greater influences that surround us, but nonetheless family.

The experience was about so much more than acupuncture, but it was acupuncture that brought us together. We were linked together by tiny fractions of stainless steel and sibling solidarity.

I’m writing this in the wake of another mass shooting, one that did not happen in Juárez nor was it committed by a crazed Mexican who made it across the razor wire. It happened in El Paso at the hands of a US citizen, born and bred, targeting these very people from across The Wall and what they are believed to represent.

Three days after the shooting, I spoke with Ryan on the phone. I asked how he was doing and his reply was typical of Latin identity — he spoke not about himself but about his community, the volunteers, and their efforts. Acupuncture was offered to some 50 people at the Wal-Mart vigil and acupuncture groups were being held every day since the shooting. Acupuncture services were offered to family members of the victims, Wal-Mart employees, bystanders,



What would you like to see featured? Send us an email, or connect with us on Facebook and Twitter to let us know!



PHOTO: Aaron Burden for Unsplash

community members; Méxicans and Americans and Mexican-Americans; people who were hurting and people who had hurt. Everyone, todas, was welcomed into groups held in safe spaces on both sides of the border. I thought back to the laminated cutout in Ryan's car, picturing him and his team in immediate response to a crisis happening under the cacophony of political statements and public lamentations, caring for people without stopping to wonder whether or not they are worthy. I en-vised them like the waters of the Rio Grande, the volunteers moving like swift current and the needles quenching a deep-seated thirst for unification, healing, and peace in the borderlands.

As acupuncturists, we are inherently advocates and activists. And as Russel Brown put it,

“We have, in fact, all chosen a career that was created and fostered by immigrants and Communists. We are political by definition.”

When we receive our licenses to practice, we are implicitly signing a contract with our lineage, acknowledging the fight of our forebears: the pioneers who brought acupuncture across borders as well as the activists who fought for access and for our legal right to practice. It is our duty to continue that fight, our responsibility to stand in solidarity with our patients, our privilege to affect and to be affected by this mess created by humanity. As providers, only in our action can we begin to see the change for which we strive. And as a people, only in the dismantling of our own Walls can we begin to heal... together.

So from this American to my neighbors, and friends down South, let this be my manifesto: I pledge allegiance to all of humanity and to the united front of us all, one People, under Dios, with liberty and acupuncture para todas.

- Mallory Harman

To find out more about Ryan Bemis's work in Juarez and how to contribute or participate, go to www.crossroadsacupuncture.com/borderproject



ABOUT THE AUTHOR

Mallory Harman, LAc, MAcOM, Dipl OM

Mallory Harman graduated with a B.A. in Psychology from the University of Montana in 2012 on the path to becoming a counselor. Shortly after, she pursued a yoga teacher training in South America which changed her professional trajectory and kicked off years of work and travel in countries such as USA, Perú, India, and Guatemala.

In 2018, she graduated from the Oregon College of Oriental Medicine with a Masters Degree in Acupuncture and Oriental Medicine. She spent the next four months working as an acupuncturist and primary care provider with the Acupuncture Relief Project in rural Nepal. After, she flew to Juárez, MX to observe and work with the project Promotores Descalzos. In June of this year, she went back to Juárez for a second visit.

She is currently living and working as a licensed acupuncturist in Portland, OR. She divides her work life between private practice, assistant teaching at OCOM, and running community acupuncture groups at the Native American Rehabilitation Association (NARA). She sees more travel in her future, and maybe one day a project of her own.



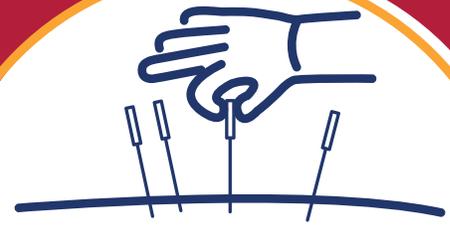
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Way San Yuen Wat Kee & Company Chinese Herbalist Shop

Burnaby Village Museum
Exhibit

by Katherine Moffat



Earlier this year, the Medicinal Roots Magazine editorial team were delighted to be invited to view a unique exhibit at the Burnaby Village Museum.

The Way San Yuen Wat Kee & Company Chinese herbalist shop has been perfectly preserved and is a wonderful exhibit at Burnaby Village Museum. The contents came from the original store that operated in Victoria's Chinatown between 1905 and 1971. The store boasts an impressive herbal collection on display, the original till, an array of jars and original Chinese Medicine cabinets, and a consultation room where Yew Jong Lum, the shop's manager and resident Chinese Medicine Practitioner between 1935 and 1967, met with patients.

The team was asked to discuss the museum's research work and interpretive strategies, as well as provide insight into the Chinese Medicine industry.



PHOTO: Kim Graham

Chinese medicine traditions were brought to British Columbia in the 1850s when Chinese migrants arrived as part of the Cariboo gold rush. The Way Sang Yuen Wat Kee & Co store was opened by merchant Ng Chee Fong in 1905 amongst significant racial discrimination against Chinese migrants and Chinese Canadians, which included regulations limiting their ability to earn a living.

Professional British Columbia societies excluded anyone without the ability to vote and because Chinese Canadians had been deprived of this right, they could not become professionals such as lawyers, engineers or doctors in British Columbia until after 1947, when Chinese Canadians finally reacquired the right to vote.

As such, becoming a merchant enabled some to achieve economic security.

Ng Chee Fong went on to sell the store to fellow business partners Lam Yuen and Wong Ying in 1921, before the store merged with another Victoria herbalist store in 1935. At this point, Yew Jong Lum became the store's manager and resident Chinese Medicine Practitioner, and eventually the owner, until his death in 1967.

In 1975, Burnaby Village Museum acquired the contents of the shop (which can be found [here](#)) just three years after the museum was established, and create a permanent home amongst its exhibits in Metro-Vancouver, where it is now preserved.



PHOTO: Kim Graham



PHOTO: Kim Graham



PHOTO: Kim Graham

The interactive and engaging exhibit has informative signs throughout and games such as guessing the contents of the jar.

The museum provides information on various aspects of the herbalist store including the history, information about medicines including pre-made medicines and preparation methods that were brought over from China and adapted to cater for customers of European origin.

For example, clerks used a mortar and pestle to grind or blend raw ingredients but once in North America, they often made pills and syrups to cater to their Western customers.

We definitely recommend paying the exhibit a visit.

- Katherine Moffat

Burnaby Village Museum is located in the City of Burnaby, BC, Canada and caters to groups of all sizes. www.BurnabyVillageMuseum.ca

All of the artifacts from the store have been catalogued and can be viewed online [here](#).



PHOTO: Kim Graham



PHOTO: Kim Graham



PHOTO: Kim Graham



PHOTO: Kim Graham



ABOUT THE AUTHOR

A student of Acupuncture in Vancouver, Katherine is passionate about spreading awareness and knowledge of the true scope of Chinese Medicine.

Her enthusiasm and thirst for knowledge combined with a childhood spent in Hong Kong and a wealth of professional experience in the health and fitness world means she is excited to contribute to MRM's mission to develop a solid platform upon which to share knowledge, experience and expertise of Chinese Medicine.



PHOTO: Kim Graham

Congratulations!

Dr. Bonnie J. Kaplan, PhD
University of Calgary

Dr. BONNIE KAPLAN is a professor emerita in the Cumming School of Medicine at the University of Calgary. In the late 1990s, she challenged the conventional model of psychiatric research by studying the role of nutrition in mental illness and

brain disorders. She dealt with skepticism and attacks on her work for over fifteen years, resolutely meeting and exceeding calls for evidence. Her research provided the initial groundbreaking data showing that treatment with a broad spectrum of micronutrients, carefully formulated, could be used instead of psychotropic drugs to treat a range of mental disorders. She is widely published and lectures around the world on the importance of improving nutrient intake to prevent and treat psychiatric symptoms.

Winner of the 2019 \$250,000 Dr. Rogers Prize for Excellence in Complementary and Alternative Medicine

For more information on Dr. Kaplan's achievements, please visit DrRogersPrize.org



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19



A Case for Community Acupuncture

by Jean-Paul Thuot, R.Ac

PHOTO: Pixabay.com

As an acupuncturist with over 21 years' experience, I have watched the profession grow and change quite dramatically in BC, and across North America.

While acupuncture is much more widely known, I believe we have a long way to go if our profession is to be recognized as a first line health care option for much of the population.

This document seeks to address common misconceptions held within the acupuncture profession about Community Acupuncture (CA) and to place it within the larger TCM & Acupuncture (TCM/A) profession as a style of practice that benefits both the entire TCM/A profession, and the public at large. In addition, a case will be built for including CA in the ongoing discussions around the furtherance of TCM/A and the practitioners who practice in BC and beyond.

TERMS:

Community Acupuncture (CA): a style of acupuncture delivery designed to provide acupuncture, and at times TCM herbal medicine, at a more financially accessible rate. Most commonly treatments are charged on a sliding scale, allowing patients to choose the amount they pay within a set range,

usually between \$15 - \$50. CA treatments most often take place in a group setting, with patients in reclining chairs or sometimes on treatment tables (though this is less common).

Private Practice Acupuncture (PPA): a style of acupuncture delivery that offers treatments in a private setting, often in conjunction with other modes of treatment such as herbal medicine, cupping, Tui Na, or injection therapy. The fees to access PPA are usually much higher than those found in a CA setting.

Traditional Chinese Medicine and Acupuncture (TCM/A): A term used to denote the entire profession of TCM and Acupuncture, including all types of therapies and styles of practice as dictated by the provincial scope of practice regulations.

ACCESSIBILITY AND SUSTAINABILITY

One of the greatest challenges all acupuncturists face is finding ways to both provide a valuable service to the public in a way that will engender repeat business, and earning a viable living doing what they are trained to do. It can generally be agreed that the colleges which train acupuncturists do not provide much, if any, training in the way of business development and practice management. Thus, it is left to the TCM/A practitioner to figure out how to grow and sustain their practice, often while repaying exorbitant student loans.

As acupuncture is still a therapy that mystifies most of the public (based on a study in 2008, only about 8% of the Canadian public have accessed acupuncture in any given year)¹, practitioners face an uphill battle on a number of fronts: public education as to the merits of acupuncture, the infringement of the practice by other professions such as physiotherapists and naturopaths, and the not-so-simple task of starting a new business, something that their college has woefully unprepared them for, all the while working a second job in order to pay the bills. It is no wonder then that a large percentage of acupuncturists quit the profession within the first 5 years after graduation.

Community Acupuncture (CA) is seen to address these challenges in a few ways: by making acupuncture more affordable, using the sliding scale

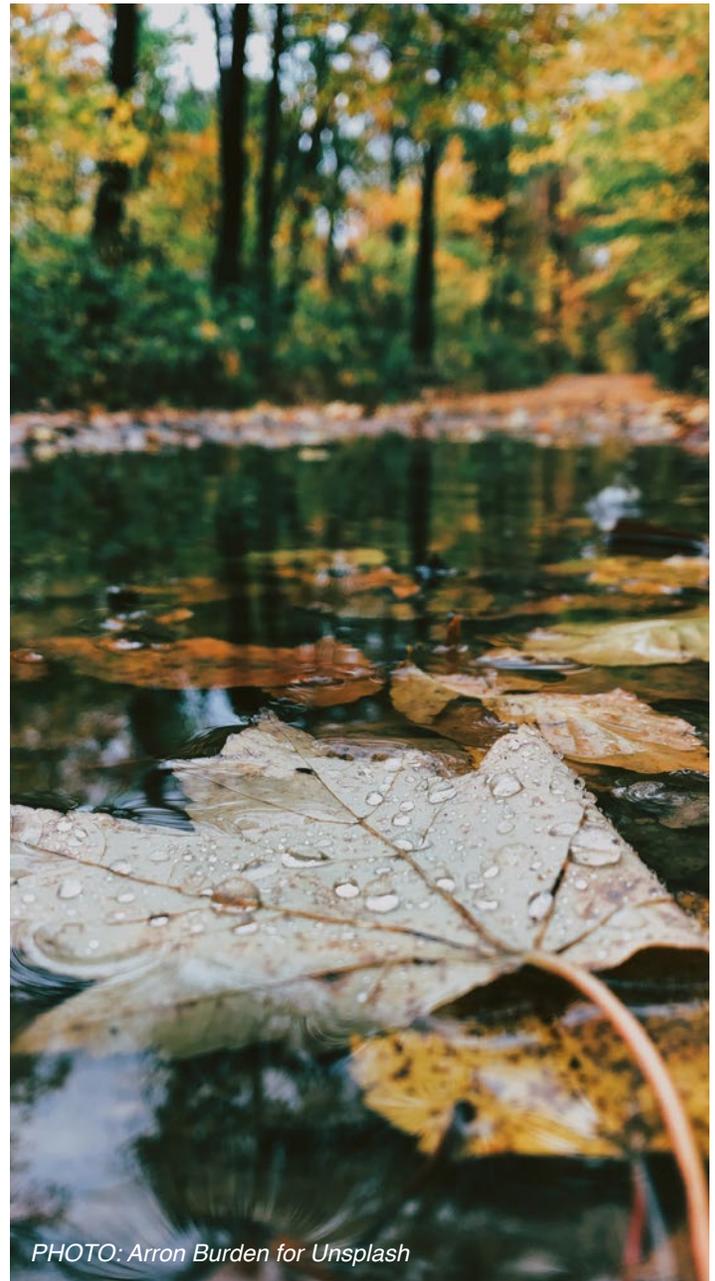


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¹<https://www.ncbi.nlm.nih.gov/pmc/articles/PMC2592333/?tool=pubmed>

model (or simply a smaller fee structure), a larger proportion of the population has access to trying acupuncture, thereby becoming educated about the value in the therapy, especially when practiced by an acupuncturist who has undergone the requisite training and become registered with their professional college. As CA is more financially accessible to a larger cross-section of the population, the profession as a whole is receiving more exposure.

Most acupuncturists can relate to having had the following conversation, or one very much like it:

Person: "Oh I tried acupuncture, but it didn't work for me."

Practitioner: "Really? I treat your condition all the time quite well. How many times did you go?"

Person: "I went twice and then I couldn't afford it anymore. So I guess acupuncture doesn't really work."

As practitioners, and as business owners, we can all see the real problem here, and it isn't about whether acupuncture works or not.

The problem is accessibility for this person, and for many others.

When acupuncture is offered in a way that is more financially feasible for a larger portion of the population, the public begins to see the value of acupuncture as a whole, and word spreads. This creates a net benefit for the entire profession, which is what all practitioners want – an expansion of influence in the healthcare sphere. Having people spread the good news that acupuncture works, rather than people telling others that "acupuncture doesn't work", can only be a good thing for everyone.

Sliding scale means that it may be often easier to start and grow a practice. As we can agree that one of the major hurdles to getting people into a TCM/A clinic is cost, CA's lower price model may increase the willingness for someone to try acupuncture, even if they're not yet sure that it will work for them. Therefore, new practices using this model may gain a positive cash flow in a relatively short amount of time. While some may feel that CA is competition to PPA, it is apparent that actually CA, being the entry point for many patients, may benefit the TCM/A profession at large: a great number of patients at a CA clinic have never tried acupuncture before, thus the CA model expands the TCM/A influence into population demographics that may otherwise be left untouched by the PPA model.

Sustainability is key to what CA offers to practitioners, as more acupuncturists may stay and grow their skills within the profession, rather than having to abandon what they love in the face of the harsh economic reality that comes with starting a practice.

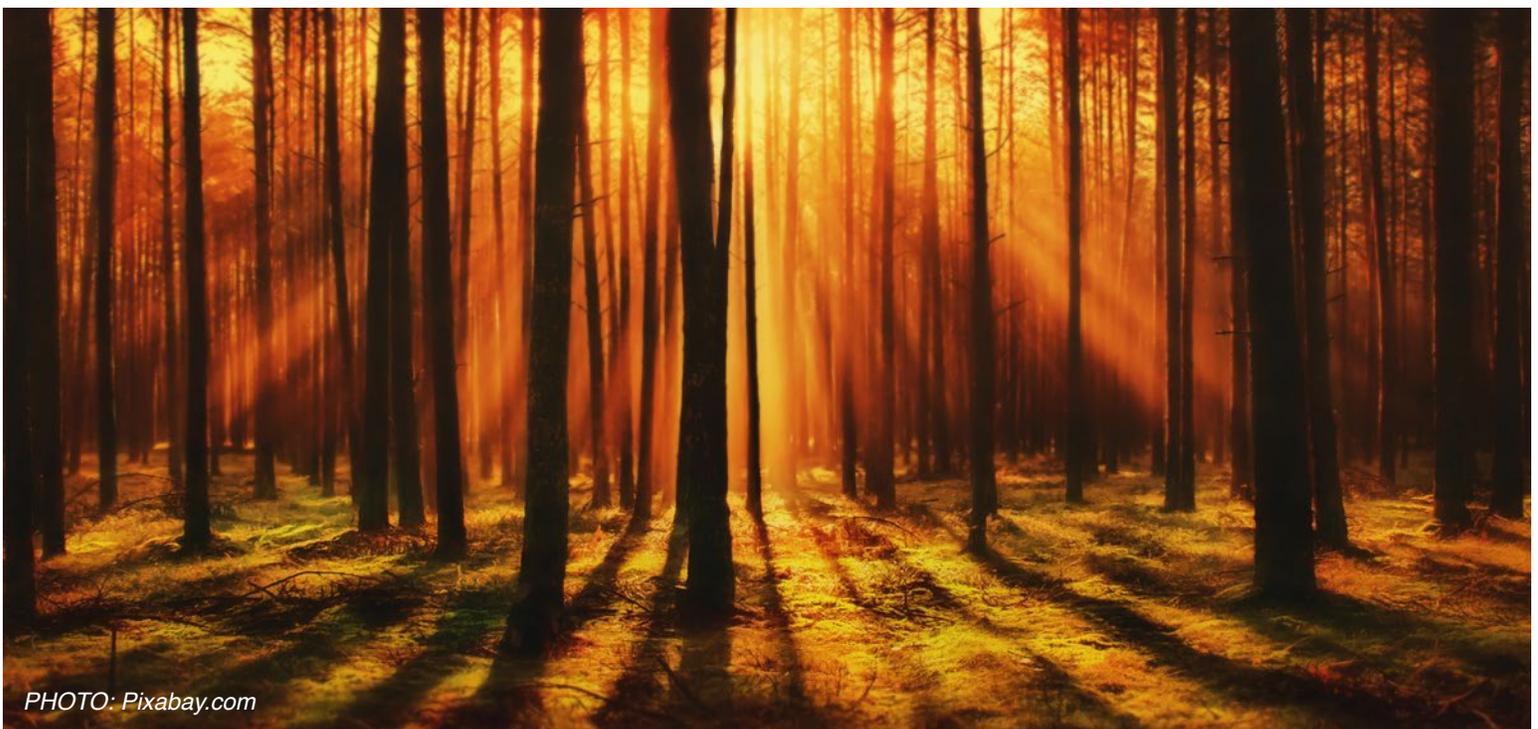


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EMPLOYMENT

Because CA works on a high-volume model, it is often necessary for CA clinics to hire acupuncturists. This is unusual in the profession, as most PPA clinics are either single solo practices, or multiple solo practices under one roof.

Just as with any profession, not everyone who is good at what they do, is necessarily good at building a successful business.

CA offers an opportunity for steady employment to well-trained and capable acupuncturists who may or may not be cut out for the entrepreneurial life.

CLINICAL EXPERIENCE

Greater accessibility means greater numbers of patients coming to receive acupuncture, which also means that the practitioner gains valuable clinical experience in a much shorter amount of time than

they may in a PPA setting. It is not uncommon for a CA clinic to give 100-300 acupuncture treatments per week, to perhaps 50 - 100 different patients, all presenting with different maladies. Simply by sheer numbers the practitioner is afforded the opportunity to put all their skills and training into the general practice that CA offers to the public. The experience gained may help to shape the practitioner into a highly effective and efficient care provider; one who has seen an incredibly wide variety of patients and issues, and quickly comes to know the validity of their training, and both the great value and the limitations of acupuncture. This engenders a confidence in the acupuncturist that can be felt by the patients, which becomes a valuable part of their treatment experience.

WHAT CA ISN'T, AND WHY BOTH DELIVERY MODELS ARE NEEDED

In Lisa Rohleder's seminal book on Community Acupuncture, *Acupuncture is Like Noodles*, she describes community acupuncture like a simple, home cooked meal: hearty, healthy, it fills a need, and is cheap to make. It is generally a no-frills approach to acupuncture, allowing people get lots of it in a comfortable setting, at a financial level that means they don't have to choose between buying groceries, and getting acupuncture. For many people this is exactly what they need in order to be able to return to work after an injury, cope with crippling anxiety, find the sleep they need, or just generally feel better in their lives. However, because CA is predicated on affordability of care, often acupuncture is the only modality offered at the clinic.

Any therapy that is time-consuming, such as cupping, massage, etc. cuts into the clinic's ability to make the requisite income in order to sustain itself, and thus it is very uncommon to see such practices being offered in this setting.



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This style stands in contrast, but not opposition, to private practice acupuncture. In PPA patients most often get a treatment in a private room setting, where more time is spent with the practitioner who may offer other valuable modalities such as cupping, TuiNa, herbal medicine or injections. This setting, and the style of treatment may be reflected in the generally higher cost of the treatment. In Victoria BC, a quick survey of local PPA clinics suggests that treatment fees range from \$80 -120. For many patients this style suits them best, as they may not wish to be treated with others in the same room, or they may well desire another treatment modality that is offered by multidisciplinary practitioners.

CONCLUSION

As an example of the benefit of CA to the public and the profession, here is some data from my own clinic, Stillpoint Community Acupuncture, based in Victoria BC:

In the first 7 years of business, this clinic gave over 55,000 treatments, employed 7 acupuncturists at various times, numerous office staff, and currently have 7,590 patients on file. The vast majority of those patients would never have accessed acupuncture in a way that allowed them to see the value in the incredible system of healing that we all practice. By giving them an opportunity to access acupuncture in the way that CA does, this clinic has created thousands of acupuncture fans and advocates that may otherwise never have been. As well, some of these patients see practitioners in both CA and PPA models because they value the difference offered.

If our desire as a profession is to widen our influence, and to educate the public on acupuncture as a positive life-changing therapy, I can think of no better way of doing that than by simply making acupuncture as accessible to as many people as possible, from all walks of life. That, in a nutshell, is the biggest value that CA offers to our profession.

- Jean-Paul Thuot

For more information about CA, visit www.POCACoop.com, or email JeanPaulThuot@gmail.com



ABOUT THE AUTHOR

An acupuncturist for 21 years, Jean-Paul received his diploma of TCM from the Canadian College of Acupuncture and Oriental Medicine (Victoria BC).

Shortly thereafter he travelled with his wife and son to Taiwan, where they lived for four years. During that time Jean-Paul trained at the Tzu Ch'i University Hospital in Hualien, under the tutelage of Dr. Tseng Guo-Lie.

Upon returning to Victoria in 2006, he found himself drawn to the community acupuncture model, opening Stillpoint Community Acupuncture in 2011. He hasn't looked back.

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