

GUIDEPOINTS:

News from NADA

September 2011



Photo courtesy of Ryan Bemis

Trainees from the U.S./Mexico border region create an image of one acupuncture point, planting a seed of peace in Juarez, Mexico. *See full story on p. 8.*

ACU DETOX DUBBED 'MOST POPULAR' AT ANNUAL NYC-NAMI MEETING

by Wendy Z. Henry

On June 25th, 2011, New York City chapter of the National Alliance on Mental Illness (NAMI), in collaboration with the New York State Psychiatric Institute, hosted the annual Mind-Body Connection Lecture and Wellness Fair for individuals and families affected by mental illness. The NADA protocol was offered by two organizations: Acupuncture Mobile Services and CRREW – Community Relief and Rebuilding through Education and Welfare. It was the most popular station in the foyer.

According to Noelina Arciniegas, associate program director of NAMI-NYC and true advocate for the acupuncture services, many participants reported that they tried a new method of coping which helped to improve

NYC-NAMI continues on p. 10

POSITIVE OUTCOME DATA BOOSTS NADA ADVOCATES IN OHIO

by Sara Bursac

Will Ohio join the ranks of other NADA-friendly states where non-acupuncturists can needle the ear using the NADA protocol? The question is on the table and local advocates and practitioners across the state are beginning efforts to collaborate and move in the direction of proposed legislation following positive local outcome data on the NADA protocol. At present two programs, Sojourner Recovery Services in Hamilton and Southeast Inc. in Columbus, actively provide acu detox services using licensed acupuncturists and physicians, who are allowed to administer acupuncture in Ohio.

Of the two, Sojourner is newer to the treatment modality; Southeast, a community mental health center with a recently earned designation of a Federally Qualified Health Center, has provided daily NADA treatments since the early 1980s when three of their psychiatrists completed training at Lincoln Recovery Center in the Bronx, NY. Shortly thereafter, NADA co-founder Michael Smith came

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More info in the November issue

to Southeast and trained more medical doctors.

“Our CEO at the time was very progressive,” said licensed social worker Annette Tomer, Southeast’s program coordinator for the acupuncture group. She explained that the treatment had such a positive impact on the program it was available 5 days a week up until 8 months ago when, due to statewide budget cuts, it was reduced to 3 days a week.

Sandy Stephenson, the CEO Tomer mentions, has returned to Southeast after serving a governor appointed 4-year term as Director of the Office of Mental Health for the state of Ohio. Back at Southeast, Stephenson, a licensed social worker, counselor and massage therapist with a degree in public administration, is now director of integrative health care, a new position in the organization.



Sandy Stephenson

“We are now in an era of more receptivity to alternative interventions,” said Stephenson when discussing a failed attempt at passing ADS legislation in the state ten to twelve years ago. “There just wasn’t much interest in health care reform or reducing expenses. The only way to make auricular acupuncture accessible is to look at current laws and determine if they are reasonable or too rigid. The timing is now right with all the focus on health care reform.”



Esly Caldwell III

inpatient and women’s outpatient treatment program.

The only component missing from Southeast is research and evaluation, says Stephenson. Fortunately, Sojourner Recovery Services has stepped up to the plate. At the annual conference in Kansas City licensed acupuncturist Esly Caldwell III presented first year outcome data of acu detox treatments at Sojourner, a mixed gender

inpatient and women’s outpatient treatment program. His work at Sojourner started in March 2010 when funding for ear needling services became available through a 3-year grant awarded by the Health Foundation of Greater Cincinnati. The first year outcome data already show improvements in retention rates and a reduction in

anxiety among both male and female program participants.

Inpatient clients are eligible to receive NADA treatments 5 days a week, with an average weekly attendance of 32 people. Heroin is the main drug of choice for both women and men enrolled in the program. “There is a heroin epidemic in Southwest Ohio,” said Caldwell and in Butler County “women who are IV drug users are given priority.”

After a year of acupuncture services the retention rate for women increased 25%. Caldwell explained that women in the program have a higher motivation to succeed since many at Sojourner live with their children, and their sobriety is a requirement to maintain custody.

Common symptoms of early recovery include elevated anxiety and cravings. At Sojourner 43% of clients who received NADA treatments reported reduced anxiety levels. In his presentation Caldwell noted that it was difficult to track and measure a reduction in cravings, but the data did show that 66% of clients experienced reduced craving at the end of the first week in treatment.

After 1 year the overall level of participation in the acupuncture program was 78%, which Caldwell said was extremely high for voluntary group attendance with a population that he described as “socially conservative”.

When the acu detox intervention started, “one of the almost immediate noticeable factors was the retention rate,” said William Stonebraker, a primary clinician who has worked at Sojourner for 7 years. “When you see the roller coaster ride leveling out, when you see the reduction in stress meds, something is going on. You can’t argue with the evidence.”

Art Lantman, vice president of performance improvement at Sojourner, attended the 2009 NADA annual conference in Ann Arbor, MI with a staff and consultant who helped write the grant that currently funds the acu detox program. While in Michigan they visited programs that use NADA treatments to see how they were integrated with other recovery services. They received a treatment themselves at the conference, and even though they had not attended the workshop designed for administrators, Lantman said the conference experience “helped us in our decision-making process”.

Lantman is hopeful that acu detox will continue at Sojourner after the 3-year grant ends, but adds the caveat, “it will depend on what our budget looks like.” This is not

just a quip to keep us on our toes. According to Caldwell, the recent budget cuts forced Sojourner to reduce the number of available beds in their men's program from 20 to 6.

With the current austere fiscal reality, an ADS law could reduce staffing costs and increase availability of the treatment statewide. "It would be great to get trained," says Tomer, who occasionally has to cancel groups when a trained doctor is not available.

At the American Institute of Alternative Medicine in Columbus, the only acupuncture degree program in Ohio, program coordinator Hong Chen recognized the NADA protocol as an effective treatment not only for people who suffer from addiction, but "also for PTSD and for veterans, and for rescue workers in natural disaster areas." Hong was surprised that other health professionals in Ohio could not already practice acu detox.

Contacts in Ohio

Esly Caldwell: esly@eastwestfitness.com

Annette Tomer: tomera@southeastinc.com

Interested in NADA advocacy? Email: advocacyfornada@gmail.com

Spirit of NADA: THE DIFFERENCE THESE FIVE LITTLE POINTS CAN MAKE

by Sage Norbury



Sage Norbury

I'm an acupuncturist and have been in practice for 12 years. I learned ear acupuncture in school, but put it aside, thinking it wasn't "real" acupuncture. It was something I figured I'd check out later.

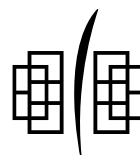
I had wanted to go to the NADA training at Lincoln Recovery Center, but New York was far away and expensive. When I saw the conference and training were going to be held in Kansas City, I couldn't pass it up.

I went into the training with an open mind, trying not to assume that I knew everything just because I was a licensed acupuncturist. I really enjoyed the training and the conference and actually learned quite a bit about the ear points and the way they work. All the book information is great, but learning how something works in practice is what's really important. Then the tornado hit Joplin MO and I went there with Acupuncturists Without Borders to

SPIRIT OF NADA continues on p. 8



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GET TO KNOW THE NEW NADA PRESIDENT: ELIZABETH “LIBBY” B. STUYT MD



Libby Stuyt

The NADA board is thrilled to welcome psychiatrist, researcher, and advocate Libby Stuyt of Pueblo, Colorado to the role of NADA president.

Libby has been involved in the organization since 2000, when she got trained as an Acu Detox Specialist at the Colorado Mental Health Institute at Pueblo (CMHIP), a state hospital where she works

as medical director of the Circle Program, a dual diagnosis 90-day tobacco-free inpatient treatment program. In 2007 she became the first Registered Trainer in Colorado.

Libby earned her medical degree in 1986 and completed a residency in psychiatry in 1990 from Texas Tech University. For nearly ten years she worked in the Texas Tech department of psychiatry, first as assistant professor and ending as associate professor, residency training director and medical director of outpatient psychiatry. She also served as the medical director of the Southwest Institute for Addictive Disease throughout her tenure at Texas Tech.

She joined the Pueblo state hospital's Circle Program in 1999. In 2004 she also started a part time job as associate medical director of the Colorado Physician Health Program, helping physicians with substance abuse, mental health and physical problems.

A “synchronicity of events” is how Libby describes her introduction to NADA. She first heard of acu detox at an American Academy of Addiction Psychiatry conference in 1999. She remembers former director of the National Institute of Drug Abuse (NIDA), Alan Leshner, telling her of a new treatment that he thought should be in all treatment programs. Soon after returning from the conference, she received a phone call from a CMHIP internist and medical acupuncturist who wondered why the NADA protocol was not already incorporated into the Circle program.

To complete the coalescence, NADA co-founder Michael Smith was coming to Denver. Upon the hospital's invitation, he came to CMHIP, and after a grand rounds talk and demonstration treatment to administrators, the

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hospital was eager to have their staff trained. “We have been doing it ever since,” says Libby.

Under Libby's leadership, the Circle program is abstinence-based and has been tobacco-free since 2000. In a 2-page program description titled *Why is the Circle Program so Successful?* Libby lists all interventions that are utilized including exercise and recreational therapy, cognitive behavior therapy, and cue-exposure response prevention, along with alternative treatments to manage anxiety/affect, such as ear acupuncture. By keeping patients in treatment and out of the corrections system, Circle program outcome data collected since 2009 show an annual cost savings of \$2,336,000 to the state of Colorado.

Her recent research has had a special focus on studying the effects tobacco in addiction treatment settings in this issue on p. 6-7. In 2006 she was first author on a study titled *Benefits of Auricular Acupuncture in Tobacco-Free Inpatient Dual Diagnosis Treatment*, published in the *Journal of Dual Diagnosis*. Her advocacy of tobacco-free treatment has led her to present at numerous national and international meetings and conventions, with the most recent at the 37th Annual Advanced International Winter Symposium on Addictive Disorders in Colorado Springs.

NADA is fortunate to have a new leader that not only understands the dynamics of program management, training, and research, but is an advocate for non-acupuncture health professionals to join NADA in service as Acu Detox Specialists. Although the 2011 Colorado legislative session did not yield a new law (*see the March and May issues of Guidepoints*), it laid important groundwork for the upcoming 2012 session and Libby is confident that an ADS law will pass.

See research review Libby has co-authored on pp. 6-7 of this issue.

Ken Carter, thank you for your service and leadership as NADA's Immediate Past President

After 12 years of service to NADA, medical doctor and acupuncturist Ken Carter steps down as NADA's president, and moves into the role of immediate past president which he will serve for 1 year in a non-voting capacity. He will mentor the new president and provide a historical perspective to the board as it moves forward. In the 5 years of his role as president, Ken's leadership and vision kept NADA connected to grassroots community organizing, increasing access to NADA services for those in need.

Other NADA board member changes

This summer saw many transitions in the NADA Board.

September 2011

Acupuncturist and NADA trainer Brandon Taylor from Santa Fe, NM joined the board. 4 Members left the board: Carolyn Reuben retired as Secretary after a 2-year tenure, Judge Sheila Murphy retired after 5 years on the board, Nancy Smalls after 8, and Arthur Anderson after 1 year on the board. Thank you for your service and contribution.

SICKLE CELL continued from p. 12

of their health and learn how to prevent and manage debilitating sickle cell pain crises.

The Support Group members who presented at the 2010 and 2011 NADA conferences shared anecdotal evidence that acu detox is a practical and effective pain management tool for patients. During an acute episode, a person can experience excruciating pain, dehydration, fever, and infection.

Traditionally, chemotherapeutic agents, bone marrow transplant, and narcotics have been used to manage the disease. However, these treatments are often accompanied by severe side effects, addiction, and financial stress. As the Support Group mentions on their website, sicklecellsupportgroup.yolasite.com, “chronic illness is an extremely expensive and highly stressful health-care crisis.”



Sharon Jennings-Rojas

Ear needling can also assist those wanting to taper off of narcotics altogether, thus “better equipping the person to utilize his/her own body wisdom,” writes Sharon Jennings-Rojas, Maryland-based NADA trainer and acupuncturist. Other useful pain management tools include diet and nutrition therapy, lifestyle awareness, homeopathic medicine, and exercise.

Not only does acu detox reduce the side effects of narcotics, but the need for pain medication itself is minimized because the pain is lessened by the treatment, says Jennings-Rojas.

In 2009, 7 members of the Georgia Sickle Cell Support Group were trained as Acu Detox Specialists (ADSes). “This special group of people just really showed how resilient they could be, not only in the training but being open minded and seeing all the limitless possibilities of how to treat other sickle cell patients,” said Jennings-Rojas

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who facilitated the training.

Among those trained is the current Support Group president, Parnel Abraham. “Efforts are being made to conduct a NADA training for other sickle cell support groups in neighboring states before the end of this year,” says Abraham.

The Support Group hosts a weekly acu detox drop-in clinic in Atlanta in addition to their monthly member meetings. They offer a sliding scale fee, but no one is denied treatment due to an inability to pay. Volunteer ADSes provide treatments under the direct supervision of a medical and/or naturopathic physician.

The Sickle Cell Foundation Support Group is a volunteer supported program, and they invite you to become a financial partner. Donations can be made online at: thesicklecellsupportgroup.yolasite.com/donations.php or by mailing your donation to:

The Sickle Cell Foundation Support Group, Inc.
3695-F Cascade Road, #2193, Atlanta, Georgia 30311

If you would like to know more about the program or how to start a Sickle Cell Support Group in your area, email: parnel@sicklecellsupportgroup.org.

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RESEARCH REVIEW: QUESTION THE DESIGN, NOT THE ACUPUNCTURE

by Don Himmelman, Elizabeth B. Stuyt, David Wurzel



The *Journal of Substance Abuse Treatment* will soon publish, in print form, the results of a research study that has already sparked a debate about the efficacy of acu detox. This article will examine the study in detail and present why such misleading conclusions are not warranted. In

addition, some of the inherent challenges of conducting randomized trials of acu detox will be identified.

Critics of natural health modalities like acupuncture often cite studies such as this wherein the outcomes did not show a statistically significant difference between the acupuncture intervention and the other treatment control groups to which it was compared. What is not often pointed out is that failure to show statistical relevance does not prove the treatment did not work, but rather the study's design was not able to show significant differences between the treatment under investigation and the interventions to which it was compared.

Titled *Determining the efficacy of auricular acupuncture for reducing anxiety in patients withdrawing from psychoactive drugs* – the study has been published electronically and was a combined effort of Addiction Prevention and Treatment Services, Capital Health and School of Health Sciences, Dalhousie University Halifax, Nova Scotia, Canada. This study was the team's first attempt at examining the effects of acu detox.

The goal was to determine, in a randomized, placebo-controlled fashion, if anxiety in patients in *acute* withdrawal from psychoactive substances was affected by any of three different treatment interventions. All study participants also received conventional addiction treatment (e.g. individual and group counseling, etc.).

The three interventions studied were:

- The 5-point acu detox protocol
- Sham acupuncture (5 needles inserted into the helix of each ear)
- A “treatment setting control (relaxation)”

Study participants were randomly assigned to one of the three groups. Each participant was to attend his or her assigned group three times over a two-week period. All study interventions were offered in the same room with dimmed lights and soft, soothing music and each

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participant was given herbal tea.

CRITIQUE

The researchers hypothesized that auricular acupuncture, “reduces the anxiety associated with withdrawal from psychoactive drugs”. However, the study design and subsequent data analysis precluded their ability to prove this hypothesis.

Challenges with methodology/design

The authors initially calculated that at least 22 subjects per treatment group would provide statistical significance and all three randomized groups started with many more participants than this minimum. However, due to dropouts common to this population, in none of the three groups did at least 22 participants receive the required three interventions. By the authors' own calculations this did not provide sufficient power to determine significance and thus no conclusions should have been drawn from these data.

Frequency

The researchers chose to give only three treatments over a two-week period. Depending on the psychoactive substance from which a person is withdrawing, however, anxiety can last for several weeks. Medication-based treatments, such as benzodiazepines, are usually given several times a day for an average of 3 to 7 days. Most studies that demonstrate the benefit of the NADA protocol for addiction treatment utilize 3-5 acu detox sessions per week for several weeks.

There are also anecdotal reports that acupuncture has a cumulative effect. In an 8-month and 5-year follow-up study on the effect of acupuncture on smoking cessation or reduction, published in the journal *Preventive Medicine* in 2001, He et al. noted that when acupuncture had no lasting effect for tobacco cessation, the treatment was given at most once per week. The authors of that study concluded that the lack of effect was the result of too long a time between each treatment.

The infrequency of this intervention likely played a role in the study failing to prove its hypothesis and determining optimal treatment frequency still needs further study.

Control Group Composition

The control group for this study was the relaxation group. But because all patients in addiction treatment programs receive some level of treatment this was not a true “no treatment” control. The authors referenced, “several randomized controlled trials have shown a single

application of AA [auricular acupuncture] capable of significantly reducing perioperative anxiety in a variety of clinical settings.”

These studies compared receiving acupuncture to a no treatment control group where acupuncture treatment was found effective compared to no treatment. This study lacked control groups in which the participants either received no intervention (i.e. just conventional addictions treatment) along with a “wait-list” group (one in which no treatment at all was given). Including these two groups may have elicited the differences the authors were hoping to see.

Challenges with measurement

Anxiety levels were monitored both by clients’ self-report and physiological indicators of heart rate and blood pressure. Clients filled out the Spielberger State-Trait Anxiety Inventory (STAI; Y-1 and Y-2) when recruited into the study and again 5 minutes before and after each treatment. This 40 items scale differentiates between “state anxiety” (acute anxiety “in the moment”) and “trait anxiety” (chronic background level of anxiety).

Trait anxiety data were provided at recruitment but only state anxiety was analyzed pre- and post-treatment. An analysis of trait anxiety throughout the study might have revealed differences due to the cumulative effects of treatment, including the conventional treatment each study participant received.

Errors in Reporting

In the text of the article the researchers report that among, “the four major primary presenting problems (alcohol, cannabis, cocaine, or nicotine)” there are, “significant differences in the baseline trait anxiety scores” between those who reported cannabis or nicotine as their primary presenting problem. Later the authors state, “there were no statistically significant differences in the baseline trait anxiety scores among the four groups”. A discrepancy such as this calls into question the reliability of the entire study.

Environmental Factors

The study did report that all three groups showed statistically significant reductions of state anxiety over the 45 minutes of treatment interventions but that was still not sufficient to contribute to an overall difference between the groups. Because state anxiety scores are indicative of the individual’s anxiety level *in the moment*, what the authors most likely measured was the effect of sitting in a darkened room with soft, soothing music

sipping herbal tea for three-quarters of an hour.

In addition, depending on the herbs in the tea, its effects might supersede those of any acupuncture treatment. This phenomenon highlights the challenges in measuring the effects of NADA-style treatments when combined with herbal tea and/or ear seeds or magnets.

Challenges with sham/placebo controls

In this study, one of the control groups had 5 needles inserted into the helix of both ears, but the helix is not an inert area of the ear and can certainly be stimulated by the insertion of an acupuncture needle. In a 2009 review of clinical trials published by the Journal of Alternative and Complementary Medicine, Moffet found that sham acupuncture may be as efficacious as true acupuncture.

While the helix points are not generally used for relaxation, there are points in that region that increase alertness, decrease sexual compulsion, reduce fever, decrease blood pressure and treat skin disorders to name a few. It appears the authors were only referring to the NADA protocol as “auricular acupuncture” but in all likelihood the sham group also received auricular acupuncture, albeit with different points.

CONCLUSION

We commend this group’s attempt to analyze acu detox in a randomized, placebo controlled fashion. Nevertheless, the conclusion of any study is only as strong and valid as its design and methodology. Due to the inconsistencies enumerated in this review, we hope that future studies will utilize tools and techniques sensitive enough to accurately measure the subtle internal changes resulting from an acu detox intervention. This will go a long way in helping the protocol gain wider acceptance in the addiction treatment community.

The reviewers of this study welcome your feedback and questions:

- (1) **Don Himmelman**, NADA board member, trainer and natural health practitioner from Nova Scotia, CA: don@donhimmelman.com
- (2) **Elizabeth B. Stuyt**, NADA president, trainer, and medical director of a dual diagnosis program in the state hospital of Pueblo, CO (*see story on p. 4*): elizabeth.stuyt@state.co.us
- (3) **David Wurzel**, NADA trainer, licensed acupuncturist, and professional engineer based out of Ellicott City, MD: dave@thechifarm.com.

A SEED OF PEACE IN WAR TORN JUAREZ

NADA fundraising and trainings to continue through the fall



Photo courtesy of Ryan Bemis

NADA trainee shows the number of parishes represented at the recent training in Ciudad Juarez, Mexico

Donations to the NADA Border Project helped train 24 health providers in Ciudad Juarez, Mexico last month.

Hosted by the Catholic Diocese of Ciudad Juarez, over 200 people were treated by new NADA trainees over the course of the 4-day training, many of whom were children. An estimated 8,000 to 12,000 orphans live in Juarez. Very few treatments exist for children who have witnessed violence in the city, said Sister Imelda Salazar, a Carmelite nun who will be using NADA to assist orphans in Juarez.

Ongoing clinics will be coordinated by Monsenor Jose Rene Blanco, who says applying ear needles is like “planting a seed of peace” in the war torn border city which has the highest murder rates worldwide.

This fundraising effort, advertised in the July Guidepoints issue, will continue throughout the fall towards a series of trainings in the border region, aimed to empower health providers with the capacity to provide NADA groups for people experiencing emotional trauma and mental health problems like Post Traumatic Stress Disorder (PTSD). Anxiety was identified by Juarez health officials as the number one health problem in 2010 for a city of 1.3 million people served by only 20 psychologists and 8 psychiatrists.

Monsenor Blanco oversees Diocesan health clinics, which currently offer a wide range of alternative medical, psychological and spiritual support services for the public,

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including herbal therapy, Reiki, reflexology, forgiveness and reconciliation support groups, and grief counseling.

Trainings were conducted by NADA trainer Lianne Audette, along with apprenticing trainers Mateo Bernal and Ryan Bemis. Students at the Oregon College of Oriental Medicine alone donated 4,600 needles towards this training. Donations will continue to be accepted through the fall towards a series of trainings in the region.

Two ways you can donate to help train Juarez health workers in NADA:

1. **Donate online at:** <http://acudetox.com/nada-protocol/donate.html>

Choose your donation amount and see how your donation directly supports this project.

2. **Send a check payable to: NADA (write on memo line: Border Project), PO Box 1655, Columbia, MO 65205-1655**

For more information on donating needles or other supplies like sharps containers, cotton, or alcohol swabs, contact Ryan Bemis, ryanbemis@gmail.com, (575) 496-2306

SPIRIT OF NADA continued from p. 3

help. What I saw and experienced with the people of Joplin really moved me.

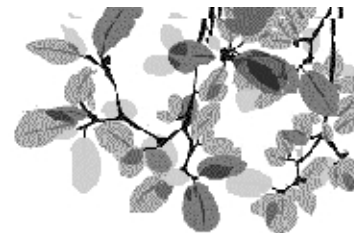
But what really hit me was the difference these five little points can make. People reported sleeping for the first time in a week; they had clearer thinking; the despair was lifting from them. It was truly amazing what those hurried, noisy, crowded treatments accomplished.

After I got home I started using the protocol on my patients, with equally great results. Then I helped teach a NADA class in Joplin and was again impressed with the elegance and simplicity of this treatment. I was able to really watch people and see them change before my eyes.

I am so grateful for this training and I'm looking forward to helping many more people on their healing journeys.

Sage Norbury operates a community acupuncture clinic in Lee's Summit, MO called Summit Acupuncture Services. She can be reached at sagenorbury@yahoo.com.

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symptoms related to their condition. Family members reported feeling more relaxed and better able to face the challenge of living with a loved one affected by mental illness. One adult daughter of a family affected by mental illness wrote:

"Wonderful to see people with complex and chronic health issues given the opportunity to experience acupuncture. Indeed a true credit to you that you are able to create opportunity where they feel safe to explore something different. Here is a group of people relaxing in front of floor to ceiling window with cars whizzing by on the highway. The group experiencing and having the intention of wellness. Striking and beautiful!"

This is the second year that I participated in the NAMI health fair. Due to the success last year Noeline and I arranged to offer a monthly ear acupuncture group out of NAMI's facility. Just before the planned start date I received an email that I was prohibited to offer

NADA's Mission

"The National Acupuncture Detoxification Association (NADA), a not-for-profit training and advocacy organization, encourages community wellness through the use of a standardized auricular acupuncture protocol for behavioral health, including addictions, mental health, and disaster & emotional trauma. We work to improve access and effectiveness of care through promoting policies and practices which integrate NADA-style treatment with (other) Western behavioral health modalities."

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Contact: NADA, PO Box 1655, Columbia, MO 65205-1655. Phone: (888) 765-NADA. Email: NADAOffice@acudetox.com. President: Libby Stuyt, Editor: Sara Bursac ISSN-1070-8200.

acupuncture to the group and it was cancelled. I am hoping to revisit the possibility again this year with support of one of the attendees who was astonished as she counted over 50 people in an open thoroughfare area receiving NADA treatments.

I am a licensed acupuncturist and teach English as a second language at a psychiatric outpatient clinic in Brooklyn, NY. Recently I was asked to donate acupuncture services at Family Assistance Centers that the Mental Health Association is setting up for families of those who lost their life on "9-11" and are coming to NYC for the Tenth Anniversary commemoration.



Wendy Henry


When surveyed, acupuncture was among the top services they requested. Even though there seems to be funding for mental health counseling but not for acupuncture or massage, at least the organizers responded to the request.

What does it take to challenge a state, or an institution to have the consumers' voices heard? I ask this question in earnest. Please write and describe your experiences at acumobile@gmail.com and visit acupuncturemobileservices.com for more information.

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SICKLE CELL GROUP ADVOCATES FOR ACCESS TO NADA

by Katie Rablin

In the spring of 2011, the Philip Oliver Healing Arts Fund was founded in honor of the late Philip Oliver Sr., co-founder and advisor of the Sickle Cell Foundation Support Group of Georgia. The fund will spearhead advocacy efforts in communities across the state and nation and increase awareness and management of sickle cell disease.

Components of the Philip Oliver Healing Arts Fund include training and education in the NADA 5-needle protocol, fitness and wellness coaching, and nutritional education and advocacy. In addition, an Education Assistance Program is being developed to provide scholarships to clients with sickle cell disease who want to continue their education.

At the 2010 conference in New Orleans, Philip Oliver Sr. shared a vision for the connection between NADA and sickle cell patients: "if we teach patients and teach each other how to take care of ourselves, and if this [acu



Philip Oliver Sr.

detox] is one little piece of the recipe that can help with that, then I think we can make a drastic difference in what happens, even in sickle cell disease."

Sickle cell anemia is a genetic blood disorder where the red blood cells that carry oxygen become sickle shaped due to a mutation in the hemoglobin gene. The result is a rigidity of the abnormal red blood cells, restricted blood flow, decreased transport of oxygen, and a generally weakened immune system.

The Sickle Cell Foundation Support Group Inc., founded in 1997, provides education and support to the general community, caregivers, and those living with the sickle cell disease. Their services include wellness education and advocacy to help their members actively gain control

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