

GUIDEPOINTS:

News from NADA

July 2010

NADA TREATMENTS CONTINUE IN HAITI

Written by Beth Cole, LAc, NADA Trainer ~ Photographs by Megan Yarberry, LAc, NADA Trainer



Children receiving ear beads

In late April, Megan Yarberry and I joined a group of naturopathic physicians from Naturopaths International (NI) and traveled to Haiti to provide medical services to those affected by the January earthquake. The two of us have a history of providing NADA trainings internationally, most recently in Kenya and Uganda. This time, traveling with NI afforded us the rare luxury of having all logistics pre-planned which included a home stay in Belvil, arranged by one of the naturopaths raised in Haiti. Belvil is a luxury gated community in Port-au-Prince where most residents still sleep in tents in their yards regardless of the degree of damage to their home, out of fear of another earthquake. The hour drive from the Haiti airport squeezed into a *tap tap* cramped with luggage and nine passengers drove us past buildings flattened like pancakes and many trucks filled with UN peacekeepers from around the world.

The first day was spent in Matthews 25, a tent city of approximately 1000 internally displaced people. NADA trainer Julia Raneri who works for Acupuncturists Without Borders (AWB) referred Megan and I to this site where

AWB had previously provided NADA treatments (see May 2010 *Guidepoints* about AWB's work in Haiti); our group was readily received. While NI provided body point acupuncture and distributed herbs, homeopathy, supplements and allopathic medicine, Megan and I administered NADA treatments. Megan translated from French to English to collect data such as age and name. At this site we saw a few amputees including a 13 year old girl who finally after 75 minutes agreed to have her needles removed (photo below). An hour later she returned to sit with the group and embrace more of the NADA energy.

Across the street from Matthews 25 was Grass Roots United (GRU), an organization whose main function is to match service providers with those in need of services. Megan and I shared our intention to train a group of Haitians in the NADA protocol so that the community could continue to receive treatment for Post Traumatic Stress Disorder (PTSD) after our departure. We established the minimum requirements to qualify as a NADA trainee in Haiti: literacy, access to the populace, and a commitment to provide treatment free of charge and to collect and submit data. GRU was excited about the potential of a training and began its recruitment by contacting medical students. They also suggested that we attend a meeting with the *animators*, local community leaders.



Considering that we were staying in Belvil, GRU gave us the contact for Camp Belvil, another tent city. In a

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neighborhood of large gated luxury homes it was surreal to pass vacant lots filled with corn crops, watch goats walk by, and then come upon a tent city. Implementing treatment in tent cities was extremely challenging, but even more difficult for the patients who also had to contend with the unbearable heat, hunger and dehydration.

Everyone we treated, whether they had experienced NADA previously or not, welcomed our group and displayed no resistance to us sticking needles in their ears. Although we are both full body acupuncturists, we decided to administer NADA treatments only and refer to NI for body acupuncture. In the several days we spent at Camp Belvil, we experienced that familiar NADA vibe.

Internationally we usually only use three of the five NADA points as recommended by Dr. Michael Smith. The children held up their fingers and shouted *une*, *deux*, or *trois* for one, two or three needles. Once again we were surprised by how many children chose needles over beads.



The organization that runs Camp Belvil also oversees other tent cities. A half hour away is Camp Bob perched on a picturesque hillside. When we discovered we would be treating inside a church we were thrilled. The church's rusty corrugated metal roof and USAID tarp walls provide cooler working conditions than the tents. Halfway through the day the group of approximately 40 patients let out a collective "ugh" as they fled for the opening. Haiti had just experienced another earthquake; actually there were a total of two that day. Quickly we restored a calm atmosphere and reseated everyone who now really needed some PTSD relief. This was our last day of providing treatment.

GRU pulled through for us. A total of 26 trainees came seeking NADA training. A member of the Camp Belvil foundation donated his vacant home in Belvil for the 2 days of classroom training. Doctors, nurses, medical students, psychology students, foundation members and community leaders gathered to learn a simple technique to treat PTSD. All trainees were offered the choice of NADA training manuals in either English, French or Creole. Most chose French, but we were surprised when many traded in the French version for English.

We could not have offered these choices if it were not for the generosity of a few offering assistance with translation. Emmanuelle Mouy of NADA France who we met at the New Orleans NADA conference along with Marie Laminet of NADA Switzerland and Dominique Druguet, a friend of Megan's, translated our modified Uganda/Kenya NADA manual into French. Emmanuelle helped by referring us to those that could provide translation into Creole.

The third and final day of the training was spent back in Camp Belvil. The trainees provided treatment as we supervised. The first group to receive treatment was the Haitian police force. During lunch break one of the medical students provided beading amongst the concrete rubble to overcome the limited space inside the tents. Twenty four trainees graduated. Two had obligations that prevented them from completing the course. During the certification ceremony all trainees were provided with supplies to continue treating. The group was immensely gracious and begged us to come back soon.

Prior to departure we distributed supplies to the foundation leader including acupuncture needles, ear beads, ear bead boards, alcohol, cotton and sharps containers. An ear board is the backing for ear beads, used to supply acupressure on ear points. Quang Huynh, a New Orleans-based Vietnamese acupuncturist and co-founder of Community Relief through Rebuilding and Education and Wellness (CRREW), donated ear bead boards that his father manufactured in Vietnam. Clothes and food were also donated.

Through the efforts of these many groups and individuals we were able to provide almost 800 treatments to people aged 2 months to 90 years old, and to train 24 people to continue providing NADA in Haiti.

GUIDE QUOTE

"Water is the mirror of our mind ... Now let's give energy of love and gratitude to all the living creatures in Mexico Gulf by praying like this. To whales, dolphins, pelicans, fishes, planktons, corals, algae and all creatures in Gulf of Mexico – I am sorry. Please forgive me. Thank you. I love you."

This was written by Dr. Masaru Emoto on May 9, 2010. To read his full message about the oil spill in the Gulf, go to www.masaru-emoto.net. Dr. Emoto is a Japanese scientist who researched the effect of prayer and positive thinking on water.

NADA's COMMUNITIES OF RECOVERY

Removing barriers to recovery has been NADA's task since we started in 1985. Globally, over 25,000 health workers have completed NADA training, and an estimated 2000 clinics offer acu detox as an adjunct therapy. In this 25th anniversary year, we reflect on communities of psychological first aid and recovery we've partnered with in their quest to make healing accessible.

Emergency Medicine/Disaster Relief...

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Addictions Treatment...

From harm reduction to 12-step
From opiate maintenance to detox
From inpatient to outpatient

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From psychiatric hospitals to outpatient mental health and dual diagnosis treatment centers

Court Diversion...

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LIGHT AND DARK IN THE DEEP SOUTH

Part 3: Licensed Acupuncturists Lack Jobs as Herbkersman Stops NADA Again

By Ryan Bemis



In the third part of an investigation into turf protectionism in South Carolina, Guidepoints discovers that again Rep. William Herbkersman effectively stood against NADA in 2008 when Sen. Wes Hayes attempted pro-NADA legislation (S 799). Two years later, his brother Martin Herbkersman cites a severe shortage of jobs for LAc's, while NADA advocates in other states report that ADS-friendly legislation creates jobs for LAc's.

"Our hearts go out to the disadvantaged, to the poor, to those with little or no access to health care." From a prayer read to South Carolina Senators before they ratified the pro-NADA law, S 799, May 29, 2008.

With Acu Detox Specialists sidelined in the Palmetto state, opportunities for acupuncturists are also limited. One half of US acupuncturists are out of work, reports former acupuncture guild leader Martin Herbkersman. He avows that jobs in public health for acupuncturists (LAc's) would come if national legislation were passed to authorize Medicare coverage for acupuncture. For 17 years, guild leaders of the American Association of Acupuncture and Oriental Medicine (AAAOM) have attempted this.

Not waiting for Medicare, NADA advocates have for 25 years opened the door for acupuncturists in public health. For example, one of the most conservative acupuncture communities in the country --New Mexico LAc's--lobbied for a pro-NADA law in 2001. In turn, they created 16 new jobs for acupuncturists to work as off-site "general" NADA supervisors, reports acupuncture researcher Nityamo Lian. Nine years later, she notes that 20 mostly rural public health programs--each relying on the New Mexico Department of Health's (DOH) assistance--depend on Acu Detox Specialists (ADSe's) to offer acu detox to thousands of low-income clients each year. The state can't afford to hire LAc's to do all the needling, DOH officials report, and prefer to utilize existing NADA-trained staff as a cost-effective acu detox delivery model.

Funding is also tight in the Southeast. South Carolina state budget cuts recently led to one premier detoxification program in Spartanburg to close. Keeping existing addictions services available "is a feat in this economy," explains Keystone Executive Director Janet Martini. In

2009, Keystone provided addictions prevention, intervention and treatment for 127,000 South Carolinians "regardless of ability to pay"--no small feat. Someday Janet hopes to use her already NADA-trained staff to add acu detox to their menu of services, but can't afford to hire an on-site "direct" supervising LAc as mandated by the 2005 Herbkersman anti-NADA law (H 3891).

Bill Wells, a prominent South Carolina professor and practitioner of psychology, set forth to change this. Hope of NADA outreach in 12-step groups, prisons, a juvenile drug court and other public health programs also depended on him.

Wells brought his concerns to the acupuncture committee. He made personal pleas to the chair, Martin Herbkersman. As NADA's point person in South Carolina, Wells' case was strong: no ADS could practice in the two years since the Herbkersman anti-NADA law passed. Herbkersman made his case clear to Wells: he told him that only LAc's should be able to perform acu detox, says Wells. Nothing less than a new law could revive NADA programs.



Bill Wells

How Herbkersman Stopped NADA

In May 2007, Wells garnered support from South Carolina Senator Wes Hayes to introduce S 799, a public health initiative to remove "direct" supervision requirements of ADSe's, hence permitting ADSe's to be supervised like any other ancillary medical worker, a practice that had proven safe in the state and every other state where NADA-style treatment has operated. The pro-NADA law would ultimately fail. However, records of the complex and drawn out sausage-making process of the bill show that the House was to blame.

Passed in the Senate, the bill arrived in the House in 2008, where a committee removed the pro-NADA initiative (which was the only wording contained in the bill). Herbkersman's brother, Rep. William Herbkersman, insisted on wiping out the pro-NADA bill (S 799) and replacing the entire bill with a score of unrelated amendments, one which would permit LAc's like Herbkersman to legally carry the title, "Doctor."

The Senate rejected the House's measures and re-installed the pro-NADA clause. But the House again struck

the pro-NADA clause. In a conference committee, irreconcilable differences between the House and the Senate were voiced. This forced a seldom granted House-Senate open debate. Known as a "Free Conference," this unique forum has the effect of increasing transparency in legislative discourse, and is only granted a few times a year



Rep. Herbkersman

under special circumstances, a staffer explains. As a result, six legislators, including Sen. Hayes (D) and Rep. Herbkersman (R), finally settled to retain both the Senate's pro-NADA clause and the House's five amendments, ratified as a group of amendments in May 2008. (Go to http://www.scstatehouse.gov/sess117_2007-2008/bills/799.htm to follow the full legislative history.)

The Death of S 799

1. Hayes introduces the pro-NADA bill S 799
2. House strikes the pro-NADA clause and adds "bobtail" amendments
3. Senate rejects House's anti-NADA move
4. House and Herbkersman insist on anti-NADA
5. Committee concludes irreconcilable differences exist
6. House and Senate vote to grant Free Conference
7. Herbkersman, Hayes and four legislators debate and compromise
8. Legislature ratifies S 799 with both pro-NADA and Herbkersman clauses
9. Gov. Sanford vetoes S 799 because of Herbkersman "Doctor" clause
10. Senate and Hayes override veto
11. House and Herbkersman sustain veto

Superfluous "bobtail" amendments have long been a nemesis of Republican Governor Mark Sanford; any Carolina politician knows this. And by the time Sen. Hayes' plain and simple pro-NADA amendment (56 words; 2 sentences) arrived on Sanford's desk, the House's amendments had turned S 799 into sausage (640 words; including 4 unrelated amendments), now subject to his scrutiny. In a letter to the Senate Gov. Sanford explained that he vetoed the entire bill because he disagreed that LAcS need to bear the title "Doctor." The veto was overridden by the Senate. The House, however, sustained it, with Rep. Herbkersman, suddenly voting to sustain the veto. After confusing the legislative process by promoting

unrelated amendments destined to sink the entire bill (which included the pro-NADA amendment), Rep. Herbkersman switched to kill the bill in June 2008.

LAcS Need Jobs, ADSeS Need Their Help

The Pro-NADA S 799 died two years ago, about the same time Bob Stanford graduated from acupuncture school. Now practicing in Mount Pleasant, South Carolina, Stanford reports his clinic has "been slow this year." In Columbia, Martin Herbkersman takes on a critical inquiry into the acupuncture profession: "What are the options coming out of school?"

Another local LAc, William Hendry, points out that NADA training is cheap for ADSeS, while the cost of a full body acupuncture degree "mandates a 'for profit' business." A recent survey affirms that most all (91%) of LAcS are self employed or in private practice. Conducted by the National Certification Commission of Acupuncture and Oriental Medicine (NCCAOM), the survey confirms the under-employment in the acupuncture profession: 39% of LAcS work 20 hours a week or less, and 60% work 30 hours a week or less. Getting clients in the door is another issue: 91% of LAcS see 10 or fewer new patients every week.

LIGHT AND DARK continues on page 10

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SPOTLIGHT ON SUCCESS: MARYLAND Vets Needle Vets, 20 Jobs for Licensed Acupuncturists

by Ryan Bemis

"Spotlight on Success"

features state-by-state reports on NADA best policies and practices. Follow this series in upcoming issues to learn how NADA advocacy opens the door for collaboration between acupuncturists, physicians, nurses and health workers to make acu detox readily available.



Maryland NADA Facts

2004 = Year ADS-friendly Law Passed

ADA = Auricular Detoxification Aides (a.k.a. ADS)

LAc = Abbreviation for licensed acupuncturists

36 = # of ADSes trained due to 2004 ADS law

8 = # of LAcS paid to provide general supervision

20 = # programs paying LAcS to supervise

20 = # of NADA programs that depend on non-LAc ADSes

0 = # of LAcS lost jobs due to ADS law

Source: David Wurzel chifarmer@comcast.net

Making acu care accessible for veterans has been a goal of NADA as well as the acupuncture profession. Today in Maryland, acupuncturists and Acu Detox Specialists (ADSes) collaborate to make this possible. Because of the Maryland pro-NADA law--receiving overwhelming support from the Maryland acupuncture community--recovering veterans, trained in the NADA protocol, treat fellow recovering veterans with acu detox at Baltimore Station, a peer-based 96-bed residential treatment program. What if only acupuncturists (LAcS) could perform the NADA protocol? "This would deprive hundreds of men the resource they use as part of their therapeutic recovery process," responds Executive Director Michael Seipp. He says he definitely couldn't afford to hire LAcS to do all the needling.

Programs like Baltimore Station didn't always have the cost-effective option of using their counseling staff to offer acu detox. Neither have Maryland LAcS always been employed by NADA programs to provide off-site general supervision. Things changed in 2004 when ADSes received unanimous backing from the Maryland Acupuncture Board that passed legislation favoring NADA practice by removing "direct" (on-site) supervision requirements. Today, as a result of NADA advocacy and acupuncturist support for NADA, 20 paid jobs exist for



Treatment at Baltimore Station

Maryland LAcS to work as off-site ADS supervisors.

In cities, where most Maryland LAcS work, none lost their job after the 2004 pro-NADA legislation, one state NADA rep reports. In Oakland, a

small rural town in Appalachia, there are no LAcS, but acu detox is still available at a dual diagnosis program through the Garrett County Health Department; NADA-style treatment has been noted to help their clients with anger problems and anxiety. This is made possible because of the flexibility of general supervision--one out of town LAc is paid to visit from time to time to offer guidance (see article about Garretty County in *Guidepoints* January 2010).

General supervision also works for the largest methadone program in Baltimore, Glass Substance Abuse Daybreak Program. All of their counselors who work among several clinics throughout the city are NADA-trained, reports Executive Director Sheldon Glass. After the program started offering acu detox as part of treatment, their 10% "most treatment resistant clients" started reaching their

IN MY EXPERIENCE...

"To be honest, I feel more refreshed when I do it [acu detox] and it helps me with some of the problems and stress I have to deal with on a daily basis. I feel like I took a very long nap only to find out it was only 40 mins. It's the only time of the day I get to lay down and relax and the feeling



I get afterwards is incomparable to any relaxation I have tried. Definitely try this, I'm sure glad I did."

Richard Brown reflects on his weekly acu detox treatments at Sol House, a Transitional Living Program in Columbia, MO serving homeless young adults ages 16-21. He has lived there for 1 year and his goal is to get into college and get a better job.

treatment goals. When asked if he could afford to hire LAcS, Glass responds that this would increase the costs of treatment. “The question is could the money be spent in a different place more effectively for the patients?”

“The goal should be to help the client, not to engage in a turf war between acupuncturists and addiction counselors,” remarks program director Michael Bartlinski in response to anti-NADA policies in South Carolina (see p. 4 and also March and May 2010 issues of *Guidepoints*) Bartlinski heads clinical operations at Associated Psychotherapists of Maryland (APM) & Alcohol and Drug Abuse Education Prevention and Treatment (ADEPT). “As with any other discipline under the umbrella of healthcare, new treatment techniques and methodologies should be made available to those healthcare workers providing addiction treatment. Eliminating ADSes from offering acu detox as a treatment modality only serves to hurt the client.” Bartlinski also emphasizes that clients at APM and ADEPT don’t just receive acu care, but comprehensive addictions treatment, which his counseling staff provide.

Maryland program administrators do praise the value of having LAcS to consult and assist. Bartlinski has been so impressed with their supervising LAc that soon APM and ADEPT might hire them part-time to treat clients’ chronic pain problems alongside ADSes. Acu detox availability, Bartlinski believes, has helped “pique the interest” of clients to receive full-body acupuncture. Sheldon applauds LAcS for the indispensable assistance they afford in the ongoing training and general off-site supervision of his ADSes. With ADSes and LAcS working together, acu detox has been “extremely helpful” for clients in opioid maintenance, a “tough population,” he describes.

NADA Advocacy in Maryland: Transition from Direct to General Supervision

Activism for a pro-NADA law sprung in response to struggling addictions programs in Baltimore (*Guidepoints* July 2001). Led by NADA trainer Michael Gigliotti, the Maryland Acupuncture Society (MAS) noted disparities in acu detox delivery, in spite of Baltimore’s access to student interns from a local acupuncture school, TAI-SOPHIA. Mentored by NADA pioneer Dr. Michael Smith, Gigliotti helped conduct an ADS needs assessment, which outlined the anticipated benefits to three key stakeholders: 1) acupuncturists seeking to partner with mainstream treatment providers, 2) clients on wait lists for treatment, and 3) programs trying to reduce costs. After Gigliotti received input from LAcS the acupuncture board gave unanimous assent. But when physicians came out against

ADSes in 2000, MAS decided to wait (*Guidepoints* March 2000).

Diplomacy continued and with momentum already built, an ADS law passed in 2001 with one big wrench (*Guidepoints* July 2001). Like South Carolina and Georgia, direct supervision of ADSes was required.

As a result, NADA progress in Maryland halted for years. “The direct supervision requirement was a compromise,” recalls David Wurzel, an acupuncturist and a NADA registered trainer. “Those in opposition were some nervous legislators, a (LAc) board member who testified against the bill. And the AAOM. The thought was to get something on the books and then show a safety record to remove the supervision requirement.”



David Wurzel

In years after, NADA and the acu board kept track of how ADSes couldn’t progress under direct supervision, in spite of efforts to solicit new ADS applicants. In 2003, Wurzel approached the bill’s original sponsor, House Delegate Pauline H. Menes. As a supporter of ADS-provided treatment, she inquired why ADSes were not practicing (*Guidepoints* April 2003) and Wurzel described the restrictive and inflexible nature of direct supervision. Upon learning this Delegate Menes shepherded a new law in 2004 to allow ADSes to work under “general” off-site supervision (*Guidepoints* February 2004). The acupuncture board again voted unanimously in favor of ADS and helped re-word the policy.

Maryland Rises to NADA’s New Mission

Today, the Maryland acupuncture community continues to endorse and improve the NADA system of acu detox delivery. Over the past few years, trainings specifically designed to increase the competency of ADS supervisors have emerged at Ear Acupuncture Resources (EAR), spearheaded by LAc and NADA trainer, Cara Michele Nether (*Guidepoints* March 2009). Skills taught include dealing with common clinical problems and safety issues, grant-writing, ADS coaching, how to establish supervising rates, and how to promote growth and remove barriers for NADA programs (*Guidepoints* July 2009). As many LAcS don’t receive NADA training in their schooling, EAR aims to prepare LAcS to work in the field of addictions and collaborate with allied addictions professionals.

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commissioned and non-commissioned, civilian employees, family members and others.

At the Well Being Program clinic I use the 5-point NADA protocol. Based on my use of the protocol in general practice and while working in chemical dependency clinics, I am confident in the effectiveness of this treatment method for stress and pain reduction. Prior to each group treatment, I inform patients that I will not conduct a typical intake or diagnose them from a Traditional Chinese Medicine perspective. There are no medical charts in the room and the informed consent form that patients fill out does not ask for any identifying data beyond their names and emergency health contacts. This anonymity helps the military staff and personnel feel they are in a safe place - a key feature of the Well Being Program.

In order to build evidence that ear acupuncture, among other treatment modalities, is effective for the military, Col. Erickson and I developed a Well Being Program evaluation form that was administered from 2007-2008 and gathered patient characteristics and self-reported treatment outcomes. Evaluation results were compiled by Andrew Johnson (BA in economics and mathematics, M.S. student of statistics at University of Minnesota).

Our sample size was 234 and the survey data was analyzed using a linear regression model. Patients were asked to assess their pain and stress levels on a scale of 0 to 10 before and after each treatment, with 0 indicating none and 10 indicating severe pain and stress. The results show that both men and women experienced a reduction in pain and stress due to the treatment; longer treatment times yielded noticeably increased benefits in pain and stress reduction. Women were 43% of the sample size, and for a 45-60 minute treatment session the average reduction in pain was 3.2 points; for a 60 minute session they experienced a 4.9 point reduction in stress. With men, an increase of 15-30 minutes with the needles led to an average reduction in pain from .9 to 2.4. There was an even greater reduction in stress levels, from 1.8 to 4.1.

The evaluation form also asked open-ended questions about patients' treatment experience. One person shared: "The feeling I have now while being treated I can't describe. However, it's a lot better than how I was feeling before. This is a great experience for soldiers." After a first treatment, someone else wrote that "I felt a big weight come off my shoulder." Another described: "Wow, I was really skeptical, but I started to feel more relaxed instantly. I'm amazed. I also have an inflamed tendon with pain

made worse by stress and now my neck feels great."

After analyzing a year's worth of data, the patient evaluations strongly indicate that ear acupuncture is an effective treatment modality to reduce pain and stress in the patient population. It is an honor and a privilege to provide this service and give back to my military community and I strongly recommend the 5-point NADA protocol to be used as a modality to support the well being of military service men and women.

Spirit of NADA: "WORDS WILL BE POOR"

Letter to Dr. Michael Smith in honor of NADA's 25th anniversary

I do not know where to begin because it's so much I would say... "words will be poor," as we say it in Norway...

I work daily in the Retretten foundation that I founded in 2002 and where we give acupuncture, counseling and training to addicts. Last year we had over 5,000 visits in our offices and they all got acupuncture. We are also in jails and do the same there, and we gave 1,200 treatments. Last year we held the course for 24 prisoners. Correctional Services are using us more and more.



Rita Nilsen

I also teach the NADA protocol to nurses, psychiatric nurses, social workers, prison guards and others who work in prisons and rehab places. And we get feedback that they have good results. We have courses for addicts and inmates so they can help themselves prevent relapse.

So, Dr. Smith, I am now lucky that I may be allowed to spread all the knowledge you have gathered over so many years and from so many places. A knowledge that helps both parts -- the patients and the helpers. "With such a simple tool, we can contribute so much good," is something I often hear from care managers, "and the patients are so grateful that we can help them in this way."

I want to thank everyone who has helped to spread this knowledge through all these years -- you all save lives.

Rita Nilsen, Retretten
Oslo, Norway

NEWS BRIEFS

LANSING COMMUNITY COLLEGE WELCOMES NADA COURSE

Due to Jack Jesse's steady commitment and perseverance, Lansing Community College will offer a 12-week 3 credit NADA course to students in the nursing, EMT and massage therapy programs starting in the fall of 2011. "This should provide more credibility for the medical community" says Jesse, a new NADA trainer, director of Eaton Behavioral Health in Charlotte, MI and adjunct faculty member at the community college. Look for an in-depth story in an upcoming issue of Guidepoints.

RENEWED NADA PRESENCE WITH DRUG COURT PROFESSIONALS

The National Association of Drug Court Professionals (NADCP) held their 16th annual conference in Boston, MA from June 2-5, 2010. Caroline Cooper, research professor and associate director of the Justice Programs Office of the School of Public Affairs at American University, distributed printed information about NADA and its effectiveness and cost efficiency in drug courts settings. Cooper said that she would "love to revive awareness about acupuncture among current drug courts." Cooper's

involvement with NADA dates back to the early 1990s, with the emergence of the first drug court in Miami-Dade County as well as her involvement in the Dep't of Justice trainings for drug court programs. When visiting various drug court programs, Cooper "universally heard from [participants] about the tremendous benefits they saw--particularly in terms of depressing their cravings and providing a sense of calmness and stability for dealing with the many other issues they needed to deal with." In 1999 she received an award from NADA for "outstanding vision, service and leadership."

ST. VINCENT'S HOSPITAL CLOSES ITS DOORS

On April 9, 2010 St. Vincent's Hospital Manhattan ceased operations due to bankruptcy after serving lower Manhattan for over 150 years. According to the NY Daily News, this hospital provided emergency services to 50,000 residents on a yearly basis. For NADA, however, this hospital has special significance. In the immediate aftermath of the 9/11 disaster, St. Vincent's opened its doors to thousands who received ear acupuncture for stress relief. Thanks to a number of NADA activists, this service continued until 2007 supported by a Red Cross initiative. Look for a more complete story about the history of the hospital and the impact of its closing in the next issue of Guidepoints.

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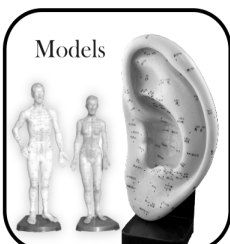
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LIGHT AND DARK continued from page 5

"There's not a lot of acupuncture around in general," says Stanford, who wants to work in addictions. "People really aren't sure about what (acupuncture) is and what it will do."

Introducing new clients to the use of acupuncture needles for health care has been one common goal that leaders from both NADA and AAAOM share. In South Carolina, Wells successfully made NADA's acupuncture protocol available as adjunct therapy for both pain management and pain-pill addiction in a program that couldn't afford an on-site LAc. Once a professor at the University of South Carolina graduate school, today Wells reflects on protectionist policies: "They have effectively cut out acu detox which has been shown to be extremely effective with addictions. It seems that acupuncturists in other states seem to not have a problem with it. But South Carolina: different story."

Many LAcS across the US have long stood by the role of ADSes. In Maryland, the acupuncture community backed a successful law change to remove ADS "direct" supervision requirements in 2004. "The issue with direct supervision is, of course, money," says NADA trainer and acupuncturist David Wurzel (see page 6 in this issue for

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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a feature story on NADA Advocacy in Maryland). "For the few years we had direct supervision there were no programs. Simple as that. If programs could afford to pay an acupuncturist full time to do the protocol then there would be no need for ADSes. Direct supervision is basically saying pay me to do nothing. Not a bad gig if one could get it."

Because of LAc support for NADA, today 20 paid gigs exist for Maryland LAcS to work as general off-site ADS supervisors (about once a month). Wurzel reports earning \$12,000 last year as a supervisor--not shabby extra income for a LAc with a private practice. Being an ADS supervisor has other perks, as well. Due to the relationships Wurzel has built within NADA programs, in his private practice he treats ADSes as well as their children, families and friends, and is asked by programs to treat chronic pain of their clients as ADSes continue to needle the ear. As ADS supervisors, LAcS have other health professionals operate underneath their license, just as medical doctors offer general supervision in the western healthcare delivery system. Maryland's NADA system serves 20 programs, from veterans in inner-city Baltimore to a dual diagnosis program in the foothills of Appalachia.

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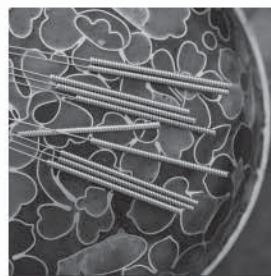
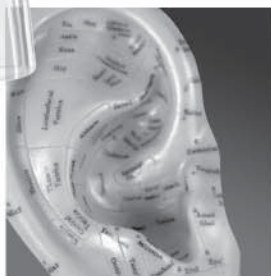
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PAIN AND STRESS RELIEF FOR THE MILITARY

by Terri Ellingsworth, B.A., M.A.O.M., Dipl. Ac



Terri Ellingsworth

With my background as a licensed acupuncturist and a retired Navy Reserve Petty Officer one might reasonably imagine it would be an easy process to volunteer my acupuncture services to the military. In 2005, after four years of the war in Iraq and numerous unreturned phone calls and “no thank you”

responses, I was frustrated and discouraged by the continued rebuttal of my offers to volunteer.

Upon reading an inspiring and moving news article about a local Army Officer who had just returned from Iraq, I contacted the Army Reserve in an attempt to make contact either directly with him or with someone who could assist me. My call was transferred several times until finally someone took my message stating he would forward it and someone would get back to me. I received

the follow-up call and two weeks later I was at the base as a volunteer with the new Well Being Program. Five years later, I continue to volunteer every other Wednesday for two hours.

The phone message landed on the desk of Colonel Mary Erickson, Office of the Surgeon General of the 88th Regional Readiness Command Headquarters at Fort Snelling, MN. In 2004 Colonel Erickson established a Well Being Program at the base, designed to help soldiers and leaders experience a variety of modalities to help them manage their stress. Volunteer holistic health practitioners provide the services and military personnel and civilian staff are allowed and encouraged to participate during work hours. A wide variety of male and female patients are served: active duty, reserve/national guard,

MILITARY continues on p. 8

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