

GUIDEPOINTS:

News from NADA

May 2010

NADA LEADERS AND AMNESTY INTERNATIONAL SPEAK OUT FOR IMPRISONED ACU WORKERS



NADA leaders join Amnesty International alongside nursing and health groups around the world calling for a restoration of human rights for 43 Filipino health and acupuncture workers imprisoned and allegedly tortured by the Philippines military.

The health workers have been accused of being subversives, justified in part because they possessed acupuncture needles and had low educational attainment, according to news interviews with Lt. Colonel Noel Detoyato, the spokesman for the Philippines Armed Forces 2nd Infantry Division. The Amnesty International consultant human rights alliance, Karapatan, calls the linking of acupuncture needles with armed guerillas “baseless and absurd.” As a worldwide human rights movement, Amnesty International (AI) issued a «Health Professional Action Alert,» calling on health professionals to write letters to the Philippines government. NADA leaders state in their letter: “We refute the validity of military representatives who call acupuncture needles a trademark of armed rebel groups. Acupuncture is a legal and accepted practice in the Philippines as well as the United States.” Signatures include NADA founders Dr. Michael O. Smith, joined by sitting and past NADA Presidents, several NADA board members and trainers as well as two longstanding NADA supporters, the Oregon College of Oriental Medicine and and acupuncture activist Lisa Rohleder. AI has led successful letter and petition campaigns for the release of political prisoners and human rights advocacy since 1961.

Their arrest occurred February 6, 2010 during a First Responder Training sponsored by two Filipino groups, including Community Medicine Foundation, Inc. (COMMED). A former COMMED doctor, Gene Alzona Nisperos, cites a 40-year history of harassment and imprisonment of health workers who provide acupuncture

and other health services for the poor. He explains that in spite of the Filipino Department of Health’s approval of acupuncture, “the military still uses acupuncture needles to prop up its lies of linking its accused victims to the communist party in the country.”

“In rural communities where medicines and health care are barely accessible to the poor, a lot of volunteer health care providers rely on alternative medical practices so they may be able to give immediate remedies to the sick,” reports D.J. Acierto, Karapatan’s Public Information Officer. “The Philippine government, instead of giving them support, harass these health workers who volunteer to serve the poor. Anyone who is helping the poor in the rural communities and far-flung provinces may be labeled as members of the New People’s Army, even without acupuncture needles.”

AI describes the situation of the 43 health workers in the context of a history of “serious violations of international human rights law” committed in the midst of the government-led campaign to stamp out communist rebel groups. They cite violations by the Philippines military such as “enforced disappearances, torture and other ill-treatment, extrajudicial executions and warrantless arrests.” While five of the 43 health workers have admitted they are communist rebels, AI points to “concerns over the circumstances surrounding their confessions— their families have reported harassment by the military, and the military has admitted to offering detainees money for ‘reintegration.’”

Nisperos says although acupuncture is often the only available health service for poor communities in the Philippines, the military has used evidence of acupuncture needles to corroborate claims of subversion and communism since the 1970’s under the Marcos dictatorship. “Even though the anti-subversion law FREE ACU WORKERS continues on page 2



was repealed after the Marcos dictatorship, the military mindset simply shifted to ‘criminalizing’ their cases but still using the same ‘Red/communist labeling.’” He explains that the 43 health workers have been labeled communist also because they

possessed campaign literature of legal Filipino political parties. “Of course, by themselves, the needles are not sufficient to file cases of subversion so the military often ‘conveniently finds’ guns and ammunition during their arrests,” reports Nisperos, also vice-chair of Health Alliance for Democracy, a human rights group that calls the detention illegal and reeking of the Marcos martial law years.

The victims report instances of sexual abuse, interrogation using physical torture including electrocution and intimidation during late hours of the night, according to a Karapatan incident report. The military claims the victims were making explosives, which human rights groups call fabricated evidence. Reportedly, 300 heavily armed military and police seized the health workers, violently frisked, handcuffed and blindfolded them with old shirts and packaging tape before a warrant was provided. Witnesses to the arrest claim the military first searched the training facility after the victims were handcuffed and brought outside.

Nisperos affirms acupuncture is a helpful tool for health workers particularly in remote areas of Mindanao, the poorest part of The Philippines and one of the most densely populated islands in the world. As a community physician for COMMED, he recalls traveling with 2000-3000 acupuncture needles during each visit to Mindanao. He says COMMED has been one of the only Filipino organizations that provides acupuncture training for not only doctors, but community health workers. He adds that in spite of Lt. Colonel Detoyato’s remarks, the current Philippines government has not openly declared the use or possession of acupuncture needles as illegal or subversive.

The letter from NADA leaders reads: “We affirm the role of acupuncture protocols in providing health care in all sectors of society, especially the poorest areas of the world including the Philippines, where a shortage of doctors illuminate severe health disparities and community workers prove vital to health care delivery and prevention.” The letter was sent to the US and the Philippines in April, and is posted alongside other health advocacy groups on freethehealthworkers.blogspot.com. Several international groups have also joined the human rights campaign, including a 150,000 strong organization

of registered nurses (National Nurses United), a United Nations consultant group (International Association of Democratic Lawyers), the largest federation of U.S. labor unions (American Federation of Labor and Congress of Industrial Organizations), and the ecumenical groups, the World Council of Churches and the National Council of Churches.

THE HEART OF NADA MEETS THE HEART OF NOLA

NADA celebrates 25 years at the annual conference in New Orleans in March, 2010. Some highlights:

NADA Stronger Than Ever

NADA bid farewell to Jay and Mary Renaud who retired from NADA’s administrative office in December, 2009. “NADA is at its strongest as to size of membership, fiscal stability and clarity of mission,” proclaimed Jay, a preeminent editor, publisher and recovery activist in the fields of acupuncture and addictions. One sound bite from Jay definitely does not do justice, so please visit www.acudetox.com/news/ to read his full speech. We’ll miss you, J & M!



From Disaster Relief to Louisiana Law: Keeping it Simple

Members heard the story of how NADA caught on in Louisiana culminating in their pro-NADA legislation, passed in the aftermath of Hurricane Katrina, where NADA’s disaster relief work impressed firefighter lobbyist Chad Major enough to assist in the bill’s passage. Chad stressed the importance of “keeping legislation simple,” reminding NADA advocates that leaders in congress “don’t want to read much.” Local First Responder ADS Donald Robinson testified to NADA’s track record of “building community resilience” in New Orleans in the five years post-Katrina. Other NADA trainers shared how they responded to disaster relief around the world over the past year, from Haiti to The Philippines.

From Musicians to Judges: New Trainees

After a week-long training, 46 new ADSes joined the NADA ranks, including more musicians alongside a judge, a massage therapist and community workers of various roles. Indeed, the Louisiana ADSes are living proof that you don’t have to be an addictions specialist or a licensed acupuncturist to help your community with acu detox.

Musician’s Clinic Story on HBO



NEW ADSes AND SUPPORTERS IN NEW ORLEANS

One of the first projects where NADA trained local workers after Hurricane Katrina was the New Orleans Musician’s Clinic. Musicians from the clinic shared their accounts of disaster relief at the conference. In fact, their narrative of recovery is the story of a new HBO series “Treme” which premiered a few weeks later in New Orleans.

Sickle Cell Pain Relief from 5 Needle Protocol
Curiosity about unexplored barrier-free paths remained the theme as always. This could not have been more lucid than during a workshop, when an administrator

3 asked NADA pioneer Michael O. Smith if he ever taught patients to treat themselves with the 5NP. Although he denied ever teaching ADSes to do this, the next day during a breakout session, he listened to ADSes who are sickle cell patients report pain relief from needling their own sympathetic, shenmen and lung ear points in place of taking pain killers. Upon hearing that they needed themselves at their own inkling, Smith was not disappointed and responded appropriately: “Acupuncture sends a message to you. The truth is, you can send a message to yourself.”

Happy 25th, NADA!



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LIGHT AND DARK IN THE DEEP SOUTH

Part 2: Direct Pulse on Crazy Laws and Addicts in Prison

By Ryan Bemis

Martin Herbkersman's acupuncture law continues to prevent Chuck Bagley from treating prisoners and 12-steppers with acu detox. Guidepoints investigates how consensus was achieved by the AAAOM before endorsing the Herbkersman anti-NADA law. Several sources tell Guidepoints that the AAAOM is not anti-NADA.

«Then I saw that wisdom excels folly as light excels darkness,» Ecclesiastes 2:13, read to the South Carolina Senate before Sen. Robert W. Hayes, Jr. requested to allow general supervision of ADSes, Wednesday, April 23, 2008.

“It’s one of South Carolina’s crazy laws,” remarks paramedic Chuck Bagley of the Herbkersman bill (H 3891). The law «most likely» had national consensus on its side, or at least that is what acupuncture guild leader Deborah Lincoln recalled in a Guidepoints interview in January 2010. Guidepoints has since asked Lincoln to explain how national consensus was obtained but received no answer yet. One thing is clear: NADA was never consulted. In April, she stepped down as president of the American Association of Acupuncture and Oriental Medicine (AAAOM).

Chuck planned to install NADA programs in South Carolina prisons to aid inmates suffering from acute withdrawal symptoms. “I had a plan worked out and the prison people saw no problem with it.” He maintains he was blocked only by licensed acupuncturists (LACs) on the medical board. “They say that we can’t do anything without direct supervision.”

In his 20-year paramedic/EMT career Chuck cannot recall once when he was required to be supervised directly by an on-site physician, let alone a LAC, to perform his duties. “If they let me put a chest tube into your chest, why won’t they let me stick a needle in your ear?” Chuck started in emergency medicine in 1967 and was one of the first paramedics trained in his state in 1974.

The chair of the South Carolina acupuncture committee and architect of the 2005 anti-NADA bill, Martin Herbkersman, affirms that no LAC works in addictions programs across the state. “Some were going to. The question is: ‘Who’s going to pay for it?’”

Chuck arranged a minimum-wage salary to provide

regular acu detox groups at York County correctional facilities. “I was able to go on a daily basis. I was going to have an entire cell block to treat.” He recalls appealing to Herbkersman’s acupuncture committee. “That’s where



CHUCK BAGLEY

I got stonewalled.” Chuck suggested cell phones, which paramedics tote on the job, could suffice for “general” off-site supervision of ADSes. “I couldn’t

put my finger on what the problem was. It was kind of like we were a threat to them.”

Alan Trachtenberg, a key figure in U.S. government activities related to both general acupuncture and to acu detox, cites “a long history” in the U.S. of “acupuncturists sniping at physicians who do acupuncture; physicians sniping at acupuncturists; acupuncturists sniping at ADSes.” Acupuncture is the only medical procedure excluded from MD’s scope of practice in states like South Carolina, which he calls “a real anomaly” among medical laws in the U.S. In some states, he explains, physicians like himself are permitted to perform surgery while at the same time prohibited from needling acupuncture points, raising the question: “Is acupuncture more dangerous than brain surgery?” Trachtenberg helped facilitate lifting the FDA ban on acupuncture needles in the mid ’90s. “Let’s be honest: Acupuncture is not brain surgery!”

Herbkersman argues that full-body LACs “tend to treat holistically.” He illuminates his attitude towards ADSes, calling them “lower tiers,” insisting they “are not the main concern.” Meanwhile, Trachtenberg, who has unfailingly promoted the role of ADSes on national forums each time the issue has come up, says ADSes work closely with communities of addictions recovery when compared to LACs. Even Herbkersman, who works in private practice, admits, “I don’t have my hand on the pulse of that community.”

Chuck has been feeling pulses of recovering addicts for decades. As a paramedic, he’s had “to go into jails and get them out of there for anything from seizures to full-blown withdrawals because they couldn’t get into a treatment center.” Now retired, he continues to help prisoners through NA and AA outreach. “I got to see how addicts end up in jails. That’s where I really see the need for acu detox.”

With few treatment slots open in York County, more recovering addicts turn to 12-step groups which have been indispensable, says Chuck. At times they break open the Big Book in their own garages. Groups meet throughout the day and night at the Rockhill Serenity Club, where he has served as a board member for 15 years. He envisions NADA-style treatments there, too, estimating 150 potential daily entrants. "It all depends on that one hurdle (direct supervision) that's holding all the water in the world back."

Herbkersman says he can't help, and continues to dispute NADA, asking, "Are we giving them the fullness of the medicine if they only did NADA points?" He recalls one formative experience as an acupuncture student which guides his vision for addictions treatment. Decades ago during an intern stint at an addictions program in the Southern California beach community of Marina Del Ray, he was permitted to needle full-body acupuncture points.

Herbkersman's ignorance of NADA calls to mind another former AAAOM president, Dr. Harvey Kaltsas. In 1993, in a letter to the highest U.S. governmental authorities in addictions treatment (including 2 U.S. Senators), Kaltsas representing himself as the AAAOM president, attacked NADA in spite of widespread acupuncturist support (including the AAAOM) for NADA's federally renowned training program. He asked the federal government for \$25,000 in discretionary funds to help him trail blaze a new addictions education program for acupuncturists. In the end, Kaltsas' failure to consult NADA and other national acupuncture organizations undermined his efforts and contributed to rifts and costly divisions throughout the acupuncture profession.



RYAN BEMIS

Notwithstanding, a sober inquiry into the process by which he gathered consensus for an anti-NADA bill within the acupuncture guild is warranted. Guidepoints has submitted a request to the AAAOM asking for board meeting minutes when their endorsement of Herbkersman's anti-NADA law was discussed. At press time, no response was received. Herbkersman was a board member during this time, before his organization merged with the Alliance. (**Editorial note:** the Alliance had been the pro-NADA national acupuncture organization from 1994 to 2007, when it merged with AAOM to form the AAAOM.) NADA supporters have

wanted to see if the new AAAOM would benefit NADA (See *Guidepoints*, March 2007).

Consensus or not, could the Herbkersman bill be dismissed as a misguided policy of the past, a mere shadow of the notorious "old guard" of the acupuncture profession? Several senior guild leaders resigned last



REBEKAH CHRISTENSEN

spring. Various sources from inside and outside the guild leadership tell *Guidepoints* that today the AAAOM is not anti-NADA. As new AAAOM leaders take the stage in 2010, NADA president Kenneth "Ken" Carter encourages the AAAOM to support ADSes like Chuck Bagley. Meanwhile, the AAAOM has clarified how they support legislation.

Executive Director Rebekah

Christensen relays that AAAOM work is only done on a state-by state basis, from directives of state acupuncture groups, irrespective of how it affects NADA. Therefore fertile testing ground for how the AAAOM or any acupuncture group supports non-LAc ADSes remains in key contested states.

LIGHT AND DARK continues on page 10

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TREATMENT PROGRAM MAKES CANADIAN HEADLINES

The cover of the March 2010 issue of *Hospital News: Canada's Health-Care Newspaper*, a nationally distributed



CINDY BROWN PRIMEAU AND CAROLE TOUPIN

publication, features 2 Acudetox Specialists (ADS), Cindy Brown Primeau and Carole Toupin, representing acu detox services at Lakeridge Health's Pinewood Centre Residential Withdrawal Management Services (RWMS), one of Ontario's largest treatment programs.

Using client testimonials and program statistics, the article clearly and succinctly describes the effectiveness of the 5 needle protocol and states that "the Withdrawal Management Association of Ontario recognizes Auricular Acupuncture as a valuable, complementary treatment."

According to Brown Primeau, Clinical Coordinator at Pinewood Centre, the Withdrawal Management Services have offered acu detox treatments 3 times a week since June 2009. To date they have provided approximately 1800 treatments. With a recent ADS staff training by Lori Slaunwhite, a new Toronto-based NADA registered trainer and addiction consultant, as well as David Wurzel, NADA registered trainer, Pinewood Centre has bolstered its commitment to provide more frequent auricular acupuncture not only to the residential withdrawal management clients, but also to community treatment clients as well as women in the residential treatment program.

When asked what has sustained this program so successfully, Brown Primeau indicates that it is both a "genuine commitment from staff who support the NADA protocol, are client centered, believe in a holistic approach, [and] are able to identify a client's stage of change," as well as the concrete tool of the "Auricular Acupuncture Client Questionnaire" which is administered to clients at Pinewood on a weekly basis. The questionnaire is used by 2 other local treatment centers, St. Joseph's WMS in Toronto and the Ottawa Withdrawal Management Centre. This allows for stream-lining data collection about treatment outcomes that can have a real impact on helping acu detox spread to more clinical settings. The Canadian strategy is evident - share best practices and collaborate.

Agency-based endorsement of acu detox is the norm in most Canadian provinces. In fact, 30% of NADA's

THE NADA OFFICE MOVED?

In January 2010 the NADA office moved from Vancouver, WA to Columbia, MO. Due to the diligence of Jay and Mary Renaud, all mail and faxes that came to the old office were forwarded to the new one, ensuring the safe delivery of all communication. As of June, 2010, an official forward will be placed on the mail. One would hope that the USPS is as diligent as J&M, but don't take the risk. Please note the new NADA address and update your correspondence accordingly:

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Fax: (573) 777-9956

Toll free: (888) 765-6232

Moving? Guidepoints will not move with you unless you call the office to update your contact information. The USPS does not forward magazines and newsletters.

membership is Canadian, of which a majority is financially supported by the infrastructure of their treatment programs, such as the Pinewood Centre. This strong institutional support is indicative of a different medical history, one that follows the British tradition, explains Don Himmelman, long-standing NADA registered trainer and natural health practitioner based in Nova Scotia.

Himmelman points out that in most Canadian provinces acupuncture is "self-regulated", so "there isn't the power struggle for control from the acupuncture community or from the medical community" giving NADA trainers "freedom to train whomever we want to train". This is a stark contrast to the U.S. where the 5NP is often tightly regulated or blocked by the acupuncture and medical community. In the Canadian province of British Columbia where acupuncture regulation exists, there are fewer acu detox programs.

Lori Slaunwhite adds that in addition to training frontline staff, "the key for program sustainability" is training program managers and coordinators to be ADSes. By the end of the summer, Slaunwhite expects to have trained 60 staff members, and she intends for all to become NADA members. "NADA membership is a safeguard for us" in the event that the local medical community continues to move forward with regulation. "We don't just promote [the 5NP] as another complementary therapy of acupuncture, but as a social movement."

To read the full article on the Pinewood Centre in Hospital News, go to the News page of the NADA website, or the NADA Facebook page.

NADA LIVES IN HAITI

By Julia C. Raneri M. Ac, L. Ac

In the immediate aftermath of the devastating earthquake in Haiti, I was invited by Acupuncturists Without Borders (AWB) to provide trauma relief to earthquake survivors. I had served in the aftermath of Hurricane Mitch in Honduras, with the Honduras Healing Relief Project in 1999, and after Hurricane Katrina I worked in New Orleans for over a year where I connected with AWB, a new organization at the time. This event is my third natural disaster response as an acupuncturist.

To date, I have been to Haiti twice as the Operations Manager for AWB's Haiti Disaster Relief Project. On my first trip I flew into Port Au Prince on a donated private plane 3 weeks after the earthquake. Commercial flights were not in operation. Our mission was to start exploring options for sending in teams of acupuncturists to go in and treat with the 5 needle protocol.



JULIA RANERI GIVING A TREATMENT IN THE HOSPITAL TENT

The General Hospital gave us permission to work, so we began providing treatments in one outdoor tent. Soon the tent was flooded with people coming to ask for the ear needles. We worked methodically bed after bed explaining the treatment to one person at a time; after verbal consent, we treated. Patients and their families and friends were treated first, then the hospital staff. We easily treated over 100 people that morning.

I have been practicing acupuncture for nearly 20 years, and I became a NADA registered trainer in 2000. In my experience, I find that the NADA protocol is ideal for field work in disaster relief settings. It treats many people at the same time; it is portable and safe; it offers relief from symptoms that are aggravated in the aftermath of a disaster, such as pain, insomnia, anxiety, and cravings for mind numbing substances, and it is easily explained. While working, I often hear Michael Smith saying, "Keep it

simple."

Response involves not only going to help but also leaving a skill. At every location where we have worked: the General Hospital, tent cities and the fallen medical school at Quisqueya University, we have been asked to train staff, students, and other medical workers in the NADA protocol. AWB is currently developing a training manual that will be translated into French and Creole. A formal training will be held at the University by the end of June. My vision is that people will continue the work in their communities where visiting acupuncturists cannot.

Twice a month AWB sends volunteer teams of 4 to Haiti. Our 4th team is in Haiti as I write and to date we have given over 3,000 treatments. One of AWB's volunteers said upon his return, "You have to be mentally ready to go. You have to be spiritually ready to go." Disaster relief work is not for everyone, and even after working in 3 natural disasters, I question if I consider myself a disaster relief specialist.

I will return to Haiti in May or June. I miss the people. I remember a moment at the General Hospital where a young doctor stopped to thank me. While waving his hands around the entire hospital grounds, he said, "Thank all of you for coming to help us". NADA lives in Haiti. We have found endless love and gratitude for the work.

For those who are interested in participating in this or other relief efforts: go with an organization that has a plan rather than on your own. In Haiti, a registration with the Minister of Health that states your purpose in Haiti, the places you will work, your personal area of expertise, and how long you plan to be there is strongly recommended. It is also important to register with the U.S. State Department so that your whereabouts in the country are known in case of kidnapping, another natural disaster, or personal accident. To volunteer with AWB, go to: www.acuwithoutborders.org and complete the online application.



JULIA AT THE GENERAL HOSPITAL

Spirit Of NADA: LETTERS TO DR.
MICHAEL O. SMITH IN HONOR OF NADA'S 25TH
BIRTHDAY

From Sven Wahlstrom, Sweden

Michael Smith changed much of the work with dependency problems I had been involved in here in Sweden. When I had attended his demonstration of the NADA technique and heard him lecturing about it I asked where I could read about it in order to understand it better. He then said, "I have a better suggestion – spend two weeks of your time at my clinic in New York and I shall teach you how to use it." I followed his advice and had a fantastic experience at the Lincoln Clinic. When I got back to Sweden I had to fight all the doctors and treatment specialists who put up a firm wall of resistance against the method – at that time very few non-acupuncturists believed needles could do what ordinary methods of dependency treatment failed to achieve. I was at that time employed as a Director of Staff of Swedish Television, and in that capacity I was even threatened by the Swedish National Board of Health; they told me they would take legal action against me if I did not stop needling. I managed to avoid being prosecuted and continued informing about NADA and training doctors and other specialists in using the method. I had regular contacts with Mike Smith, and I encouraged people to go to his clinic and learn from him. He was the one who convinced me to arrange in Stockholm the first Euro-NADA conference. He was instrumental in spreading the NADA protocol all over Europe –in Sweden alone, we have trained over 3,200 ADSes. I have had the pleasure of attending most of his lectures in many countries and establishing NADA contacts that have been very useful for me ever since. Mike – with his experience, skill and enthusiasm -- has done fantastic work in making the NADA method known and accepted in most of the European countries. It is now used in almost all of the treatment facilities in our country. Even the National Board of Health here in Sweden has accepted it.

From Kajsa Landgren, Sweden

"I wish you a great anniversary! What a good idea to honour Mike a bit extra. What could I say that is not already said? That he, despite his notorious diminution of his own role, has had an absolute impact on the worldwide spread of NADA. By keeping it simple, not allowing egos to take over, always having the clients' perspective in focus, being solution-focused and open-minded and so clever when he communicates with

authorities, with other therapists, with acupuncturists, with clients so that conflicts are minimised. And his way to give encouragement for example to us working with NADA in other countries! Small words given in the right minute that makes you continue your own efforts to spread NADA ... Mike is a fantastic leader in that way."



From the Hope Centre in Ballymena, N. Ireland

"In the beginning when we first met Dr. Michael, we were so in awe of him and his wealth of knowledge that we were afraid to speak -- this great educated man, all the way from the USA and us from a small town in Ballymena, N. Ireland. However, when we got to know Dr. Michael, we soon realised he was conversant, congruent, genuine, knowledgeable and kind. He was very encouraging of our project here in N. Ireland and we are extremely appreciative for the support he has given to us over the years."

MIKE SMITH WITH DAUGHTERS
 JOANNA AND JESSICA

From Humberto Brocco, Mexico

"So sorry I can't be with the NADA crew for the conference, especially if Dr. Smith will be honored! Dr. Smith? He is no doubt an inspiration for me, as for many others who, as myself, recognize a lighthouse in the dark. Always a ray of hope, bright and warm. Authentic words of wisdom fueled by animal crackers that I saw filling his bag in one of the wonderful NADA conferences I was honored to be invited to.

Fate has me working a lot down here. We're about to start a NADA program with high-security prisoners under 21, members of dynasties of criminals. Our enterprise is to show them how to be comfortable in the most uncomfortable circumstances.

Dr. Smith is here with us. His smile helps us to move along this apparently fruitless path. With his inspiration, I know we will tread the tail of the tiger, and it won't bite us! Faith and bravery together with stubbornness will find success. We just have to be patient enough and believe justice will prevail."

NADA LEADERSHIP TRANSITIONS

Each year at the annual conference NADA registered trainers assemble to learn new skills and share training experiences. It is also a time to elect a trainer representative to the NADA board. This year, trainers elected Virginia June of Brighton Hospital, MI to be their rep. Congratulations, Virginia!



VIRGINIA JUNE

As reported in the March *Guidepoints*, the NADA board of directors has welcomed 2 new members, Elizabeth “Libby” Stuyt, an MD from Pueblo, CO, and Carlos Alvarez, a long-time NADA trainer at Lincoln Recovery Center, now in Punta Gorda, FL. In addition to the departure of 2 long-standing members, Carol Taub and Claudia Voyles, there was an unexpected exit at the March board meeting. Rachel Toomim, Vice President and Training Chair, stepped down from the Board after 7 years of service. Susana Mendez, formerly the RT representative, is now the new Interim Training Chair and Cally Haber the new Vice President.

As Training Chair since 2008, Rachel served as the senior editor for the current version of the training manual. She described that process as “a lot of work of adaptation and adding”, expanding the manual in some of the areas where NADA has expanded, such as working with youth with ADHD, and trauma recovery as well as supplementing it with resource materials for trainees as they grow into their new skills as an Acudetox Specialist. Rachel found that “it was important to formalize the manual to be a comprehensive resource” as trainees tended to be fairly mobile in their work settings, serving a great diversity of populations and clinical issues. Thank you for your service and contributions.

And finally, NADA has put into action its recently revised mission statement by contracting with Laura Cooley, a veteran NADA trainer, to engage in legislative advocacy so as to increase accessibility of the NADA protocol to social service professionals in states where they are currently blocked from treating.



RACHEL TOOMIM

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VOLUNTEERISM continued from page 12

segments of the panels as well as the keynote speech on the website in the coming months. **Georgia Ross**, native to New Orleans, helped put together a comprehensive restaurant list for all out-of-towners to get a yummy and affordable bite to eat. **Lori Slaunwhite**, a new trainer in Canada, took great pictures that you can see on the NADA Facebook page.

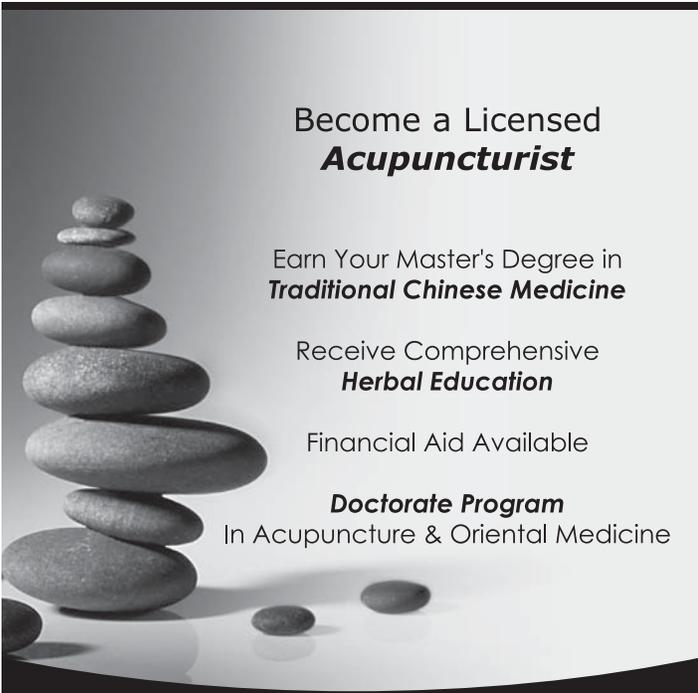
There are many to thank for contributing to a 35% turnout of local New Orleans and Louisiana attendees. From **Wendy Henry** and **Laura Cooley's** tireless efforts over the years at building capacity and support in Louisiana for administering acu detox treatments, to **Colleen Curran**, a new trainer, always positive and enthusiastic while providing countless hours of transportation and support in coordinating relief efforts, to **Sandra Dixon**, who is the volunteer coordinator of the only first responder clinic in the country. For all who have volunteered for NADA, both locally in New Orleans and nationally in your region, we salute you.

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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Current volunteer needs for NADA include supporting state-specific advocacy efforts, grant writing, and website design. If you have a skill or interest in any of these areas, please contact the NADA office.



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LIGHT AND DARK continued from page 5

News of progress in these states was a highlight of the 2010 NADA Conference in New Orleans in March. Members heard from Phillip Oliver, Sr., an Atlanta ADS pioneer who had been treating chronic pain of sickle cell patients in acu detox groups. He rejected any notion that his strict state regulations could hold his NADA team back. "Things will change. They have to. A provider can't challenge a patient who says, 'This is going to help me.'" Phillip died of a heart attack weeks later. Last time we spoke, he invoked the civil rights movement as a blueprint for NADA's new mission. "It didn't happen 'til the people made it happen." *NADA sends our thoughts to the family and colleagues of Phillip Oliver, Sr.*

Light and Dark in the Deep South traces the rise and fall of NADA in South Carolina. Follow this series in upcoming Guidepoints issues.

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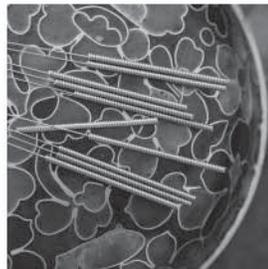
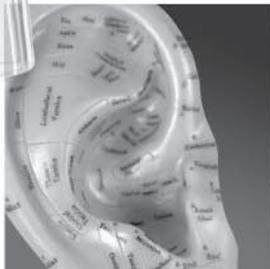
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VOLUNTEERING ON THE RISE

With a volunteer board of directors and an administrative office of 1.5 full time employees, the logistics of carrying out the NADA mission can at times be daunting. The association, however, is fortunate to be a membership-based organization comprised of talented and compassionate people



RUTH ACKERMAN

committed to service.

NADA would like to recognize a number of people who helped make the recent conference a success. Thank you to **Ruth Ackerman**, past NADA President, for her outstanding coordination as the conference chair.

Jo Ann Lenney regularly volunteers at the Lincoln Recovery Center, and helped coordinate one of the pre-conference training sites where she also served as a trainer. **Ryan Bemis, Carol Eisenberg** and **Lynn Maloney** were the best conference volunteer team one could ever hope for. Thank you to **David Wurzel** for organizing and issuing CEU credits for the conference, and to **Floyd Herdrich** for helping make every presentation go smoothly from computer to screen. Thank you to **Hubie Vigreux**, a local videographer, who quickly mobilized his resources to record parts of the conference. We will be posting VOLUNTEERISM continues on page 10



LYNN MALONEY