Colorado NADA and the Little Bill that Still Can

by Mara Sobotka

Nearly one year after pro-NADA House Bill 1119 was killed in the Colorado House of Representatives, its successor was shot down by a vote of 7-6 in committee this past March. Like its predecessor, House Bill 1141 would have allowed non-acupuncture health professionals to implement the NADA protocol for addiction, trauma and behavioral health within their scope of practice.

Libby Stuyt, Medical Director for the Circle Program at the Colorado Mental Health Institute at Pueblo, Colorado, and current NADA board president, led the effort to get the pro-NADA amendment into the acupuncture statutes. Two Denver-area lobbyists, Miller Hudson and Elizabeth “Buzzy” Gibson, volunteered their time and years of experience lobbying the legislature to get the bill into public discussion. MK Christian, Acupuncture Association of Colorado (AAC) member and NADA trainer, also helped raise awareness.

On March 9th, HB 1141 was sent to the house appropriations committee. After spending only four minutes on the table it was postponed indefinitely, with all Republicans voting for postponement and all Democrats voting against. Everyone present at the committee meeting noted that it seemed as if the vote had been all but decided beforehand.

Miller Hudson knows the Colorado legislative process well. Hudson, who served two terms in the Colorado legislature from 1979-1983, remembers a time when the lawmaking process was not as contentious. The bill died, he said, not because of the issue at hand, but because of the "normal elbowing for credit that goes on between Republicans and Democrats," and the attitude that “a
COLORADO BILL continued from p. 1

Republican isn’t going to do a Democrat any favors.”

Rep. Claire Levy, sponsor of the bill, reads the atmosphere similarly: “The bill passed the Health and Environment Committee almost unanimously. It died in the Appropriations Committee, even though the bill didn’t cost anything to implement…They never gave me a reason for their opposition. I can only assume their votes reflected some partisan battle and my bill was collateral damage.”

In contrast to the laissez-faire attitude on the hill, concerned constituents once again rallied in support for the bill and for acudetox. Two clients of the Empowerment Program for Women in Denver, which provides assistance to women in disadvantaged situations, gave testimony about the positive impact acudetox made in their lives.

MK Christian, who works with the Empowerment Program, stated that their intention as a group was to inform lawmakers that there is a serious and pervasive addiction problem in Denver, and that providing people with more tools to manage their addictions could only do good.

Many people also sent letters of support, including NADA member Tamera Edwards, a licensed social worker and addiction counselor from Colorado Springs. Since 1993, Edwards has witnessed dramatic transformations in addicted clients from all walks of life; from New York, to Native American reservations in the southwest, to small villages in rural Alaska. “I saw people at their bottom, both physically and mentally, respond to acudetox treatments within a matter of days… I’ve continued to observe improved mental health and freedom from active addictions…This is a powerful tool for recovering people.”

The only group to testify against HB 1141 on the grounds of the issue itself was the Colorado Nurses’ Association. Christian also expressed frustration with some of the legislature for favoring studies, numbers, and statistics over firsthand testimony.

While the political experts managed their front, Stuyt and Christian made headway with the constituency at large. Several groups of health care professionals became invested in HB 1141, including the AAC and the Colorado Psychiatric Society, as well as the Colorado Department of Regulatory Agencies (DORA). Christian said that the wording of the bill was important to the AAC especially because Colorado acupuncturists are concerned about preserving the integrity of Chinese medicine in Colorado.

The debate about supervision criteria became the central focus for the AAC in particular. While the pre-amended version of HB 1141 stipulated that those with acudetox training could provide treatments under supervision of NADA-trained MDs and LAc’s, the final version contained no supervision condition at all, which the AAC took issue with.

Linda Gibbons, legislative chair for the AAC, voiced concerns on their blog on February 27th: “We were able to insert some changes to the bill, but due to committee rules there was no opportunity to testify … Unfortunately… supervision would be done as required through the mental health workers’ practice acts, not through an M.D. or L.Ac.”

Stuyt argues that requiring supervision by LAc’s and MDs might incur costs which would be prohibitive to some who wish to pursue acudetox training. Christian offers that supervision by health professionals with NADA training is necessary, but not necessarily by MDs or LAc’s. The most important thing, Christian says, is for supervisors and trainers to be resources; to be readily available for questions and guidance.

Despite the bleakness of navigating turf battles and politics-as-usual, neither Hudson nor Christian are willing to believe that Colorado NADA should quit. After all, nothing is certain in an election year but change. Hudson strongly advocates for adding a Republican co-sponsor to the bill next session, noting that passage is significantly easier if a bill has bipartisan backing. That combined with the inevitable change in the legislative lineup will give a new pro-NADA bill a fighting chance.

Miller Hudson doesn’t see any villain in HB 1141’s defeat save the political process itself. Though many constituents felt the bill was important, the legislature was going to vote how they would. Sometimes, Hudson
says, it takes time for small bills to pass because discussion goes too fast. But, in the end, “It’s just a little bill, and that’s okay. It’s worth trying again next year.”

This process brought MK Christian closer to her colleagues in the AAC. She says that many AAC members are very open to acudetox being used in addiction counseling and trauma therapy not only because the treatment is effective, but because it could provide new jobs for health care workers around the state. Any hesitation, she notes, stems from the fact that those arenas are simply “not part of the normal curriculum” for Colorado acupuncturists. “But if this bill passes, it could begin to become part of it.”

Some of Christian’s colleagues, who before weren’t familiar with the mission of acudetox, are now interested receiving NADA training. Christian credits the journey of House Bill 1141 with opening doors to new ways of thinking and doing that might otherwise not have been considered in the Colorado acupuncture community. In short, “change happens through communication.”

**NADA President In The Public Eye**

NADA president and psychiatrist Libby Stuyt, mentioned in the story on the Colorado bill on p. 1 of this issue, has not only had a full spring working to get ADS legislation passed in Colorado, but is also active in her state and nationally in promoting tobacco-free treatment.

In the last weekend of April, Stuyt presented at the spring conference of the Missouri Addiction Counselors Association (MACA). NADA also had a table at MACA, fourth conference in a row, and provided a group treatment at lunch time.

Stuyt is also an active blogger on investigative journalist Robert Whitaker’s blog, madinamerica.com. She has engaged readers in a debate about the scientific evidence and clinical benefits of tobacco-free treatment programs, and how the NADA protocol can help them make the transition. To contact Stuyt, email libbystuyt@msn.com.

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**Guidepoints News from NADA**

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The biggest challenge with re-launching the pilot in the remand section was that a different set of women was present each week due to the constant back-and-forth communication between prison and court while obtaining the final sentence. Given that women could generally only take advantage of between four and six treatments in a 6-month period, there was little continuity, and difficult at first to see concrete results.

Some of the fears the remand section women expressed were that the needles contained some kind of ‘dawa’ (Swahili for medicine) that would harm them, and that the ADS performing the treatments had been sent by the government to punish them. But after several trial sessions and many hours answering questions, some of the women—those who signed informed consent forms and agreed to attend one session weekly—were allowed to participate.

The response to treatment was overwhelmingly positive. Each session began and ended with a Swahili prayer or Bible reading. When it was time to end, the women were laughing, singing and joking in a way that often shocked the wardens and guards. Between 30 and 50 women came to any given session to experience the treatment. In one instance, a session had to be held outside during a rainstorm, but the women chose to endure the weather and experience the treatment.

Despite all the setbacks, the program had a positive impact. Not only were the women prisoners excited to receive regular health care (which could almost be considered a luxury), but they reported improvements in their mood, their quality of sleep, decrease in aches and pains, and easing of digestion and menstrual/menopausal symptoms.

Prison staff also took notice, shocked by the dramatic difference in the behavior of those treated. They remarked that the women receiving had become happier, behaved in a more friendly way toward their peers, complained less, and said that many seemed to have a more positive outlook about their situation.

After seeing the change in the prisoners, the staff urged me to tell the Head of Prison that they could benefit from acudetox treatment as well. Though this request is still ongoing, the prison presently wants to find a way to make acudetox available to all remand section prisoners who want it, which amounts to nearly 300-350 prisoners, nearly 30% of the incarcerated population.

The success of the pilot project has led NADA Kenya to

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**Incarcerated Women in Kenya Benefit from a 6-month NADA Pilot Program**

by Ketan Joshi

In 2011, after two years of advocacy and demonstrations of the effectiveness of the NADA protocol to ranking officers at Kenya Prison Headquarters, permission was finally granted for a 6-month pilot project to female inmates at the Langata prison. 40,000 acudetox needles were donated by Monica Horna at Helio Med. NADA Kenya sends out a very special thank you to Helio Med, as this pilot could not have happened without their support.

Langata prison, a Kenyan national women’s prison, is situated on the outskirts of Kibera, an informal settlement (slum) about 5 miles from downtown Nairobi, and houses Kenya’s largest population of female prisoners. Women from across the country are brought here to serve their sentences, most of which are for crimes of passion including murder, assault and other forms of domestic violence, or drug trafficking.

The women in Langata are typically between the ages of 20 and 40 years old, and many of them are mothers. Langata is somewhat unique in that mothers serving time are permitted to live with their children who are under the age of 4. As a result, approximately 60 babies and infants live in the prison with their mothers, who account for about 10% of the prison’s total female inmate population.

There are several activities available to help keep women busy throughout the day, including religious fellowship and bible study, sewing, monthly yoga classes, cosmetology training, pottery, wood working, HIV support groups, exercise, and basic reading and writing. Wares from many of the craft classes are sold to generate income for the prison.

The acudetox pilot was first launched in the life-sentence section of the prison to ensure that the same individuals could benefit from regular treatment. Though the treatment seemed to have a positive effect, after 6 weeks of working closely with this group the head of prison decided that it was safer to do acudetox in the remand section of the prison, which houses women awaiting sentencing.

The life sentence inmates were very upset by this change and engaged in protest to bring acudetox back to their section, but they were unsuccessful in petitioning influential prison staff.

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Guidepoints News from NADA

KENYA continues on p. 6
**NEW TRAINER IN TORONTO: REV. TERRY WELLER**

This spring, we welcomed Rev. Terry Weller of Toronto into the NADA Registered Trainer family. Weller became an Acu Detox Specialist in 2007, and has been serving clients in recovery in the York Region north of Toronto.

For more than 30 years, Weller has worked in addictions counseling, devoting significant time to community work with the Ontario Ministry of Health serving provincial and federal corrections centers and juvenile detention homes. Currently, Rev. Weller works mostly in private practice, often hosting small groups and individual clients through his office at Trinity Anglican Church in Aurora.

Since 2010, much of Weller’s work has been focused on kick-starting a recovery farm in the York region of Ontario in conjunction with Steps for Permanent Recovery, a 12-step based program. Weller introduced the NADA protocol to the farm when it was established three years ago, and residents there have since been able to reap the benefits of acudetox treatments in conjunction with their regular counseling and group sessions.

Steps for Permanent Recovery recently expanded its outreach facilities to Richmond Hill near Toronto, giving many recovery support groups in the region modern meeting space and teaching facilities.

Weller is currently in the process of establishing a NADA teaching center in this facility, which will be the first of its kind in Ontario. This teaching center will give acudetox trainees a space to attend training sessions, to complete clinical hours quickly, and to work one on one with trainers.

In addition to all his work with NADA, Weller also publishes Interfaith Unity News (www.interfaithunity.ca), a free online newsletter which connects the people of Toronto and Southern Ontario to many interfaith, spiritual and cultural events in the region.

Welcome, Terry, and keep up the good work!

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**NADA VISIONARY RITA NILSEN RECEIVES PRESTIGIOUS SCHEIBLER FOUNDATION AWARD**

NADA Norway founder and trainer Rita Nilsen received the Scheibler Foundation Honors Award for her work in 2011 with Retretten (Norwegian for “retreat”), an organization she founded in 2002 to help people recover from the stress of daily drug and alcohol use.

This award comes little over one year after she was awarded the Addiction Councils juryprize from the Norwegian national board on drugs and alcohol related issues.

According to Kaci Kullman Five, a representative of the Scheibler Foundation, “the award recognizes Nilsen’s own experience as an alcoholic and the experience of the void in her everyday life when alcohol was no longer a part of it [which] inspired her to start Retretten, whose aim is to create an arena in which people with substance-induced challenges in their lives might find hope again.”

Nilsen’s unending dedication to her work with Retretten has brought a great deal of visibility to addiction issues in both the community at large and the families of people touched by them. In addition to the Scheibler Foundation award, Nilsen also received a life-size portrait of Nelson Mandela, taken by world photographer Morten Krogvold, in honor of her work in the Norwegian prison system. The photograph is estimated to be worth $10,000.

Rita Nilsen will be a speaker at the upcoming NADA 2012 conference in New Haven, CT June 14-16.
explore a more sustainable relationship with the women’s prison. With six new members having finished their training this past March, NADA Kenya has a few more Acu Detox Specialists available to help meet its goals, most of which center around the prison populations, people forced to leave their homes during post-election violence, and communities of addicted people.

The present obstacles to regular treatments are as follows: Lack of funding from Kenyan prison headquarters for acudetox supplies (needles, swabs, cotton, alcohol, etc.); inadequate staff to prisoner ratio to supervise larger acudetox group treatment sessions; space and scheduling constraints; cost of incinerating needles; and logistics of treating the staff (when the prison is short-staffed, wardens need to take on guard roles).

NADA Kenya always welcomes volunteers and donations to keep projects like the one in Langata Women’s Prison going. In addition to supplies and funding, women are always in need of basic supplies like soap, moisturizer and feminine hygiene products. Any NADA members with ideas or questions about donations are welcome to contact NADA Kenya at kenya.nada@gmail.com.

**Update from Megan Yarberry on NADA work in Kenya**

In the July 2011 issue of Guidepoints NADA trainer Megan Yarberry wrote about a training she did for a women’s prison in Malindi, a town on the coast of Kenya. She was very happy to hear about Ketan’s work at Langata prison, which she visited with Ketan and former NADA president Ken Carter in 2010.

Yarberry shares an update on the follow-up of her work in Malindi: “The work in the Malindi prison is expanding/solidifying, and we’re hoping to start services at Lamu prison (an island off the coast) this summer. The Omari project [also described in her July 2011 article] has done such a great job of keeping services there ongoing and expanding.” Yarberry will travel back to Kenya this coming August with Ken Carter.

**Derry Program Increases Services to Youth Thanks to a National Lottery**

by Jo Ann Lenney

HURT (Have Your Tomorrows - www.hurtni.org.uk) is a comprehensive treatment program for families and drug users in Derry, founded by Sadie O’Reilly who lost her son, Tony, through heroin addiction in 1999.

Because of the heartache that Sadie and her family experienced, Sadie’s conquest was to provide support to drug and alcohol users and their families. Her passion, determination and ambition resulted in the founding of HURT in 1999, dedicated to Tony’s memory.

She trained with NADA Eireann in order to deliver auricular acupuncture and became a trainer of the NADA protocol. Service provision at the program now includes a range of alternative therapies, including acupuncture, reflexology, Indian head massage, angel readings and integrated energy therapies. Other services include educational and employment-based support, as well as arts & craft therapies and training opportunities.

Initially, Sadie financed the project herself. She has received several grants over the years, but in March 2012, the organization received a grant of 500,000 pounds sterling (over 785,000 US dollars) from the Big Lottery Empowering Young People Programme, designed for youth 12-18 years old.

This is a 4-year project working with approximately 400 young disadvantaged and disengaged young people, explains HURT center manager, Dessie Kyle. The money will enable the program to run preventative courses in schools and community groups tackling issues around self image myths and addiction. It will also help young people gain educational qualifications.

One 18-year-old, who did not want to be identified, came to HURT after dealing with depression and alcohol addiction following time in foster care. “While in care, I was abused and it affected my whole life. I felt like an
outsider, I could not trust those close to me – I just did not feel normal. I battled depression and was dependent on alcohol to get through the day.

I was referred to HURT and they offered me therapy and counseling sessions. They also gave me acupuncture which really helped me to relax. They helped me realize I was not to blame for what happened and they helped me become a stronger person. I’m now training to be a youth worker and I want to use my experiences to help other young people facing similar circumstances. None of this would have been possible without HURT’s support,” he said.

Dessie Kyle stated that over the last 10 years, they have had more than 1,500 people with addiction issues attend their center for treatment and 25 percent of them have been under the age of 25. “This project is about prevention and supporting young people to make the right choices in their lives,” he said.

NADA founding chairperson, Michael Smith, who has met Sadie and Dessie many times – at Lincoln Recovery Center and at the HURT center in Derry – said that this grant is “tremendous and very well-deserved.” They have “an outreach-friendly program which shows their personal commitment and a good connection with the people they are looking to help.”

He also noted that many mothers have lost their children, but not many have set up a program the way Sadie has. “She has faced her personal tragedy and turned it into something that will change the fate of so many in her community – and beyond.”

Seeking Testimonials on Your NADA Work

Guidepoints is seeking direct service testimonials to give NADA members and the public a better idea of how acu detox is implemented in different contexts.

Whether you write 100 or 800 words, please share your experience using the questions below as a guide.

+ How has NADA training helped/empowered you in your role as a health provider?
+ What are your professional credentials, if applicable?
+ What is your work setting?
+ What is your position/role?
+ How often do you provide treatments?
+ Who do you serve?
+ How do people respond to the treatment?
+ What do you value most about giving treatments?
+ If you could change one thing about the way acudetox is administered in your setting, what would it be?

Include the following information in your submission:

Your name and the best way to contact you; and

A photo of yourself, preferably a head shot.

GuideQuote

“A person who has a teacher is corrected each time. Because if you are not corrected, and you don’t have a tolerance to be corrected, your neurosis will eat you up like termites.”

--Yogi Bhajan, master of Kundalini Yoga. Yogi Bhajan brought Kundalini Yoga to the West in 1969 and began teaching publicly. This yogic practice had heretofore been passed on in secrecy.
Marilyn Miller

MICHIGAN continued from back cover

Ultimate Solutions, a Detroit-based methadone maintenance program, partnered with Marilyn Miller so that continuing education credits could be offered to professionals attending the ADS training.

Methadone programs in Michigan are particularly active in providing ear acupuncture to their clients, explained Miller. “They have been much more open to acupuncture than any other subgroup,” echoed Michael Smith.

Michigan treatment programs receive state monies for their acupuncture services, available through the Substance Abuse Prevention and Treatment Block Grant, a federal grant that comes from the Substance Abuse and Mental Health Services Administration (SAMHSA).

Methadone programs use this money the most, but it is available to any program which receives this state funding, explained Angie Butterwick-Smith, the women’s treatment specialist for the state of Michigan’s Office of Substance Abuse. Butterwick-Smith was trained as an Acupuncture Detox Specialist in 2010 and attended the Michigan ADS gathering in March.

With Miller retired, Butterwick-Smith has now stepped into the role of providing statewide support to programs that use ear acupuncture. She is now reviewing and updating the state’s funding acudetox policy, initially written by Miller in 1994, and revised in 2001 and 2007.

Marilyn Miller not only coordinated the March training, but helped facilitate it along with two Michigan trainers, Celia Perez-Booth and Bilie Feye Deke, as part of her mentorship process to become a trainer. “I have been the catalyst for many efforts in Michigan, but now that I have retired I would prefer to work as a sage for acudetox in Michigan,” said Miller who played a pivotal role in the successful spread of NADA in Michigan over the last 2 decades.

In the month after the training, Marilyn Miller became a NADA trainer. She hopes to train people working on reservations, in rural areas, particularly in the Upper Peninsula, and in programs that work with older adults, the disabled and in hospice. She has also offered her home as a retreat site for trainers and other “interested NADA Michigan energizers.”

Her commitment to make trainings accessible and affordable to anyone regardless of ability to pay has fostered a spirit of community and grassroots organizing that helped 70 community health workers get trained in the spring of 2010. Three training sites were necessary, and many Michigan trainers facilitated pro bono.

At the training in Cheboygan, 5 professionals in the addictions treatment field learned the NADA protocol. “I really liked [the training], it was so experiential right off the bat,” said social worker Jean Weber who works for the Nottawaseppi Huron Band of the Potawatomi of the Pine Creek Reservation in Athens, MI.

Weber, along with colleague and counselor Meg Fairchild, is now finishing her clinical practicum and needling staff in their office. “We have had tremendous feedback,” says Weber of their experience introducing acudetox to their work setting. There is also buy-in from the administration, opening the possibility of more staff being trained. Upon completing her training, Weber hopes that staff will continue to get needled since the treatment focus will turn to clients.

According to Miller, all eleven Michigan tribes have some acudetox services. There are also drug courts, many methadone clinics, detox centers, Project Rehab Hispanic Residential Services, deaf and hard of hearing programs, and private practices. Even so, the attrition of Acu Detox Specialists and the possibility of an unsupportive administration are two big factors which require regular training, outreach and education as well as a statewide communication system to know the current status.

As the sage for NADA in Michigan, Miller shares: “Availability of trained ADSes, affordable ADS training, and supportive administration are greater hurdles than funding for supplies and staff time.”
New Secretary on the NADA Board

Licensed acupuncturist Esly Caldwell III joined the NADA board this spring and immediately stepped into the vacant seat of Secretary. Many board members breathed a sigh of relief when he volunteered for this position, as it had been vacant since summer of 2011, when Carolyn Reuben stepped down from the board.

Caldwell presented outcome data at last year’s Kansas City NADA conference from Sojourner Recovery Services, a residential treatment program in Hamilton, Ohio, where he worked part-time as the staff acupuncturist, in charge of implementing and monitoring a 3-year NADA program.

Caldwell also spearheaded efforts to get an ADS law passed in Ohio. His networking and collaborating with local programs and state agencies has paved way for the possibility of pursuing ADS legislation in 2013.

Now back in his home state of Florida, Caldwell is continuing his work as a full-body acupuncturist. He also teaches Energy Yoga – a combination of hatha yoga and qi gong – a practice he has done for more than ten years. His background in yoga dates back to his post-college days when, after working in progressive politics in Maryland, he spent 18 months studying yoga and meditation in India.

NADA is lucky to have such a versatile and talented new board member. If you would like to contact Esly, you can email him at esly3@yahoo.com.

Come to New Haven this June!
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 and 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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women pastoral workers received training at Pastoral Obrera in February. Their first clinic came on a windy, dust-blown desert day in Chihuahua. Due to the weather they weren’t sure if anyone at all would come; almost decided to cancel the clinic. More came than they had expected—over 30—all huddled into a tiny room to receive treatment. After this first week it was evident they’d need more space for the volume of people seeking treatment.

Father Hector, their priest, gave them the youth room - much larger - and they asked him to invite his congregation to the clinic during weekly mass announcements. He balked, was too shy to announce it. But that very week a parishioner stood during mass, shared her testimony of how the ear acupuncture was helping her. Other parishioners also approached Father Hector to share their experiences. And by next week, during mass, he invited the parish to come to the clinic.

They hung a poster on the gate of the church, a giant ear with 3 needles reading: Auriculoterapia: El camino para la paz y la salud emocional. In english: The path of peace and emotional health.

Pastoral workers in Juarez have coined this phrase, inspired by the Mexican Bishop's letter for peace, Que en Cristo Nuestra Paz Mexico Tenga Vida Digna, to describe their ear therapy clinics.

There’s no requirement to be Catholic in order to receive services. Within weeks at Santa Rosa de Lima, a nearby Mormon church began attending. Soon after, they were invited to provide NADA ear acupuncture groups blocks away inside the Mormon temple. Now two weekly clinics serve the neighborhood.

At least 12 are offered weekly, barrier free for the public, functioning within churches throughout the Catholic Diocese of Ciudad Juarez in northern Mexico. On each day of the week there is at least one NADA clinic within the city, the surrounding colonias and the Valley of Juarez. Services are also provided within women’s self help centers, outreach groups, orphanages, as well as within the homes of the sick and elderly. One pastoral worker offers a community clinic within an empty building—an abandoned medical clinic--where a doctor once cared for the sick before fleeing the city.

Many of the women pastoral workers who have received NADA training, like most of the Juarez population, are unemployed. They serve as volunteers within church based social ministries, health dispensaries, food kitchens and banks. Mustard and radish seeds as well as rolls of tape, purchased from their local market, are used for ear seed therapy.

The recent February training was provided free for women pastoral workers through the support of NADA Border Project donors as well as the Catholic Relief Services program and advocacy/social service arm for the Diocese, Pastoral Obrera. Director and founder of Pastoral Obrera, Maria Elizabeth Flores, will present at the 2012 NADA conference at Yale. Ongoing clinic supplies are autonomously funded by client donations.

NADA Border Project - To Date

- 2 NADA trainings
- 44 pastoral workers and counselors trained
- 12 Catholic parish based clinics in the Diocese
- 2 NADA clinics within programs specifically for victims of violence
- Thousands of NADA treatments given
- 5 volunteer NADA trainers

Support and evaluation for parish-based programs will be provided by Pastoral Obrera in consultation with a work group from the Oregon College of Oriental Medicine. Donation and volunteer queries: nadajuarez@gmail.com
The widest selection of auricular products at the lowest prices. Guaranteed.

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“We’ve been subversive bureaucrats since 1993,” says Marilyn Miller as part of an introduction to a talk and group conversation with NADA founding chairperson Michael Smith held in Cheboygan, Michigan in early March.

The assembled audience of 23 statewide ADSes and trainers of NADA in Michigan were happy to make the trek to the popular but remote summer tourist destination just south of Mackinac bridge; this was the first gathering of Michigan NADA members in recent history.

With a simple and effective legal exemption, Michigan officially became an ADS state in 2006, although the state funding policy which enabled health professionals to get trained, was written in 1994. Michigan now has 200 current ADSes, the largest NADA membership of any ADS state in the country. A now retired state director of methadone programs, Miller organized both the 1-day ADS gathering and coordinated a NADA training that took place in the days before and after.

Michael Smith’s talk was open to the public and advertised in all free regional newspapers of middle and northern lower Michigan as well as in many local programs and agencies.