ACUDETOX: LOST, STOLEN OR STRAYED?
by Alex Brumbaugh

This article is the first in a series of six that author and NADA advocate Alex Brumbaugh will contribute to Guidepoints over the course of the next publication year (see the ad for his new book on p.3). Visit our website for this article's bibliography.

I have the sense that sometime in the 1980s acupuncture slipped in through the side door of the chemical dependency treatment establishment while no one was looking and made itself comfortable, as though that is where it had belonged all along.

Then, 20 years later (as though stirring from some deep trance), the people “in charge” of treatment looked around the room and said, “Who are these people? What do they want? What do they think they are doing?”

We untried (though articulate, passionate, and charismatic) pioneers of acudetox back in those early days believed with Robert Olander, Director of Chemical Health for Hennepin County, MN, that “acupuncture was going to revolutionize the way we do alcohol and drug therapy in this country.” Its impact, he said was going to be equivalent to that of Alcoholics Anonymous in 1935 and the invention of methadone in 1937.

I myself - in that glorious honeymoon period - was brash enough to go so far as to suggest that acupuncture’s proper role was not as a mere adjunct to chemical dependency treatment but – properly done – was the actual foundation. I wrote a book making that case (Brumbaugh, 1994).

Acudetox was sexy, popular with clients, the press, and

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NEW TRAINER IN ONTARIO EXPANDS ACU SERVICES TO WHOLE REGION
RT PROFILE: CINDY BROWN PRIMEAU

In the Durham Region of Ontario, Canada, an area of more than half a million people just east of Toronto, new NADA trainer and one of three clinical coordinators of Pinewood and Mental Health Services of Lakeridge Health, Cindy Brown Primeau, has been instrumental in a remarkable expansion of acudetox services over the past four years.

Trained as an Acu Detox Specialist (ADS) in Canada in 2008, Brown Primeau was one of two ADSes who, in 2009, started providing services at Pinewood Centre, a 22-bed withdrawal management program. NADA acupuncture was initially available three days a week for clients going through withdrawal and for those within a 2-week period after being discharged from the program.

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Cindy Brown Primeau (right) shows point location at recent training to two staff from Mental Health Services in Oshawa, ON.
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By the early 1990s, acudetox strongholds were established throughout the country, and the National Acupuncture Detox Association (NADA) was already heralding a formidable body of research and outcome studies in a wide variety of settings demonstrating the strong efficacy of this simple, unobtrusive tool.

But those of us working on the front lines needed no clinical trials or outcome studies to affirm that this five-point auricular protocol offered profound and virtually peerless support in the journey of addiction recovery. “What do you put in those needles?” many of our clients asked.

The growth and acceptance of acudetox culminated in 2002, when the Center for Substance Abuse Treatment (CSAT), the division of the United States Substance Abuse and Mental Health Services Administration responsible for administering state block grants and other grants for substance abuse treatment – an agency which had already established that acudetox was an allowable cost under their state block grant programs - agreed to develop and publish a TIP (Treatment Improvement Protocol) devoted to acudetox.

The effort, spearheaded by CSAT’s Alan Trachtenberg, MD., and given a political nudge forward by Texas Congresswoman Kay Granger, would give the “Good Housekeeping Seal of Approval” to acudetox, and would have provided comprehensive guidelines for its incorporation into chemical dependency treatment under NADA guidelines throughout the land. NADA and its trainers girded for unprecedented growth.

That was the moment – just as we were preparing to go to press with our TIP - that the chemical dependency treatment and research establishment shook itself out of its long slumber. Maybe the light the TIP shown on our work was too bright.

We will spend more time on the death of the TIP in later installments of this series. But dead it was, and within a decade, the flagship acudetox programs of the country were gone.

My personal meditation for several years has been to try and figure out how to get acupuncture back on the table and back in the treatment conversation. And I don’t want to slip in through the side door again; I want to break down the front door.

This series of six articles will be on that meditation. But this meditation begs the question, “What happened? Is there a villain in our story – a particular culprit upon whom we can place blame for the failure of acupuncture to take firm root in the addiction treatment field?”

Evidence-Based Practices

In order to get to a meaningful perspective, we need to step back and take a broader look at the entire field of substance use and addictive disorders and the problems it was facing at the turn of the 21st Century. Most striking is the wide variance among treatment programs in their philosophies, clinical approaches, and assumptions about the factors that are important for successful addiction recovery, as well as by the diversity of prisms through which addiction was is being viewed – medicine, psychiatry, forensic science, psychology, spirituality, religion, holistic health, public health, social work, peer-based recovery, etc. It becomes increasingly clear that the treatment field is fragmented; it lacks a defining center.

The Wellstone/Domenici Mental Health Parity and Addiction Equity Act went into effect in January, 2011. The act is intended to improve access to addiction and mental health treatment for millions of Americans, primarily by requiring many health plans to cover addiction and mental health services on par with other health conditions. Combined with health care reform, this legislation will potentially reach the more than 20 million people who need treatment and are not getting it, and will result in an expansion in available funding for prevention, treatment, and recovery support services as Medicaid reimbursement expands.

My fear was that – in its fragmented state - the treatment field will be ill-prepared for the new scrutiny that this expansion is likely to bring.

Also of concern is the increased dominance of Evidence-Based Practices (E-BPs), the most powerful force to emerge in the treatment of addiction and substance use disorders in the early years of the 21st Century.

Guidepoints News from NADA
November 2012
Arising originally from the field of medicine in the 1990s, the E-BP movement can be seen as an effort to make the treatment of substance use and addictive disorders more like a hard science, and one less based on intuition, observation, qualitative studies, and what was viewed by many “hard scientists” as folklore (e.g. spiritual support through 12-Step Programs).

Acupuncture – voodoo at best and groundless folk medicine at worst - was a direct target of this.

One towering figure inside the E-BP movement is William Miller, PhD., a researcher and professor at the University of New Mexico. Miller is one of the most widely cited scientists by “The Institute for Scientific Information.” He is himself the author of two Center for Substance Abuse Treatment TIPS, one on “motivational interviewing,” and the second on “brief intervention.”

In a 2006 article appearing in the prestigious (and policy-influencing) Journal of Substance Abuse Treatment Miller and colleagues’ raised the question, “Why are substance abuse treatment programs so resistant to E-BPs?” He talks about the “natural diffusion” of E-BPs from the research community to the treatment community. He suggests however that something in that process is not flowing quite as “naturally” as it ought. Programs cling to the old ways, the ineffective, non-E-BP ways.

He also talks about levels or standards of efficacy. The gold standard of E-BPs is the clinical trial: double-blind replicable research studies. E-BPs are also established by the consensus of professional people working in the field. (This is what comprises the TIPS of the Center for Substance Abuse Treatment.)

On lower levels of efficacy there are what Miller calls “unevaluated” treatment methods, for which there has been little or no research and whose efficacy, therefore, is not known. That means that there are interventions that nobody knows anything about because the professional scientific researchers haven’t studied them yet.

Next come “disconfirmed” treatment approaches. Some research has been done on these approaches, but they have been – in Miller’s words – “found wanting.”

And finally we have treatment methods that have a long history of negative findings in clinical trials yet continue in widespread use. “For example,” Miller writes, “many substance abuse programs continue to use educational lectures and films as a standard component of treatment, unaware of dozens of clinical trials showing no impact of such didactic approaches.”

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program. The results of the treatments were palpable throughout the camp, and numerous veterans experienced significant benefits. During his treatment, one veteran even recovered some peripheral vision that was lost during his tour of service in Vietnam.

Ueda and the other organizers recognized the value of what they were seeing, too. I have since been invited to participate in other VA wellness events including the Bay Area Stand Down that took place this September.

When you think of Stand Down, envision a secured tent city. For three days, veterans in need have access to bunks, hot showers, clean toilets, food, clothing, and medical and dental care. Legal services are available to help resolve warrants, and tickets, with a “no arrest” policy. The vets are safe here.

Then there is the wellness tent, where a group of healing touch practitioners, chiropractors, homeopaths and acupuncturists provide care. This year in San Francisco I organized a team of three acupuncturists. We worked solely with NADA and treated 250 veterans in two days.

I emphasize education in my work because NADA could be more widely accepted, with more effective outreach. At this year’s event I actively sought out opportunities to talk with the active service and VA personnel.

By treating some of the officers, we opened doors with the Medical Army Reserve and the possibility to train Army medics to provide NADA treatments at home and abroad (see thank you letter on p. 5).

I also encouraged Ueda to experience a treatment. He

“A military reservist and veteran that received NADA treatments at Stand Down in San Francisco”
later wrote, “A most touching scene was the acupuncture happening…. Seeing people dressed in civilian clothes, as well as in uniforms, sitting relaxed, usually w/eyes closed, made me fantasize about the possibility of world peace!

“The NADA experience of greater flow and well-being continued throughout the weekend. Later, sharing again the about marvelous Stand Down Wellness experiences with my wife, she commented on my greater sense of ease and tranquility. She took my blood pressure that showed only 110/70.”

Why so much effort on my part? Because big ships take a long time to change course. Because NADA works. Because I don’t believe in war but I do believe in supporting the people who are our military and our veterans. I see their suffering and I see how NADA helps them live with their unique challenges. NADA puts back the smile on their face!

Evan Shepherd Reiff, L.Ac. is a California licensed acupuncturist and ADS. He runs a weekly NADA program for incarcerated veterans as part of the SF COVER Project. Read more at www.healthforheroes.com.

To email Evan Shepherd Reiff: healthforheroes@gmail.com.
NADA 2013: Fostering Community Resilience and Healing

24<sup>th</sup> annual conference: May 2-4, 2013
Pre-conference Acu Detox Specialist training:
April 28-May 4, 2013

Conference Schedule

- **4/28-5/4**  Acu Detox Specialist Training
- **Th 5/2**  Directors and Administrators Workshop
- **Th 5/2**  Registered Trainer's Day
- **6-8pm**  Opening Reception
- **Fri 5/3**
  - **8:30**  Registration
  - **9a-6p**  Plenaries and Breakout Sessions
  - **7pm**  Banquet dinner
- **Sat 5/4**
  - **8-8:30**  All Member Meeting
  - **8:30**  Breakout Sessions
  - **12p-2p**  Lunch on your own
  - **2-4pm**  Closing Plenary
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**Joan Borysenko**, PhD, is the author of It's Not the End of the World: Developing Resilience in Times of Change and an internationally known speaker on spirituality, integrative medicine, and the mind/body connection. She is a clinical psychologist, the best-selling author of numerous books, and a journalist and radio personality.

**Hon. Judge Robert T. Russell Jr.** is an Associate Judge for the Buffalo City Court in Erie County, NY and past Chairman of the National Association for Drug Court Professionals. In 2008 he created and began presiding over the first Veterans Treatment Court in the U.S. He also founded Buffalo's Drug Treatment Court in 1995 and Mental Health Treatment Court in 2002.
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Who can be trained?

Addiction and Behavioral Health Professionals*: If you work in the addiction treatment, behavioral health, or disaster response fields as a counselor, social worker, nurse, corrections officer, psychologist, medical doctor, case manager, mentor, etc. you may be able to add acudetox to your skill base. Many states have specialized exemptions that allow non-acupuncture professionals to learn and utilize the ear acupuncture protocol. NADA has documented the following states and provinces as allowing some type of ADS practice: Arizona, Arkansas, Connecticut, Delaware, Georgia, Indiana, Louisiana, Maryland, Michigan, Missouri, New Mexico, New York, South Carolina, Tennessee, Texas, Vermont, Virginia, Washington, Native American reservations, Nova Scotia, Ontario, and Prince Edward Island. Check your state laws and regulations for more specific information.

Licensed Acupuncturists: Join in the exciting integration of Chinese medicine within a traditional Western addiction and behavioral health setting. Become an advocate for the NADA protocol in addiction treatment as well as dual diagnosis and mental illness, and disaster response including PTSD. Enjoy the rich experience of opening doors for acupuncture to benefit those who may not otherwise seek out such a simple yet powerful healing treatment.

Note: You will receive a certificate of completion after the training but you do not need to submit continuing education credits to NADA on an annual basis in order to maintain status as an Acu Detox Specialist because this is not a certification.

Training Schedule
Trainees participate in a 5-day intensive training that begins on Sunday 4/28 and ends on Thursday 5/2, followed by the 2-day conference. The training interweaves the theory and application of acudetox along with a clinical practicum. Hands-on experience is available by providing acudetox treatments to each other as well as clients served by local programs. Trainees are required to participate in both days of the conference and demonstrate all the required competencies as an ADS to earn a certificate of completion at the end of the 2nd day of the conference.

Travel and Accommodations
Accommodations will be available at the Courtyard by Marriott at Cherry Creek at $119/night (up to 4 people per room). Trainees are responsible for transportation, lodging and food throughout the training period, although there may be organized carpooling to and from the training site each day.

Come celebrate NADA in the mile-high city of Denver—for things to do check out www.Denver.org
RT Profile: Meet Eva Hurst, New Spanish Speaking Trainer in New Orleans

Eva Hurst

NADA is proud to welcome new registered trainer from New Orleans, Eva Hurst, to the already robust roster of trainers who have actively provided NADA trainings since Hurricane Katrina. Hurst has a unique contribution to make – she plans to train in the Latino community, in Spanish.

Born in Honduras, Hurst moved to New Orleans when she was five years old. Although Spanish was actively spoken at home, Hurst seldom used it at work in her thirty years as a paralegal. After Hurricane Katrina, however, Hurst began speaking Spanish daily when she volunteered as an interpreter and later worked as the coordinator of the Worker’s Rights and Hispanic Public Safety Initiatives under Catholic Charities.

The devastation from the hurricane brought many Spanish-speaking workers into New Orleans for construction and day labor work. According to Hurst, many day laborers were recruited by contractors who would not provide safety equipment and would not pay for the work performed. Without stability at work or in the temporary housing communities where they lived, assaults and robberies were common.

Through the Hispanic Public Safety Initiative, Hurst helped workers establish trusting relationships with local law enforcement so that crimes would get reported. Although funding for this program ended in 2010, Hurst has remained involved as a community member, and now assists the New Orleans Police Department in providing cultural awareness trainings to the police academy.

Hurst learned of the NADA protocol in 2009 when she took three workers to a local church that organized a health fair where NADA treatments were among the available services. A year later, she attended the Acu Detox Specialist (ADS) training at the 25th anniversary NADA conference held in New Orleans and later followed-up on her training with two weeks at the Lincoln Recovery Center in the Bronx where she mentored to become a NADA trainer.

The biggest hurdle in applying for official trainer status was securing a physician as a supervisor, a requirement for getting an ADS license from the Louisiana Medical Board in order to practice the NADA protocol. Although she recognizes that this may be an equal challenge to her Spanish-speaking trainees, Hurst plans to train health professionals, like social workers and nurses, who already have connections with doctors through their own work.

Eva Hurst now works at the New Orleans Musician’s Clinic with their Musician’s Assistance Foundation as the coordinator of outreach efforts to Hispanic musicians and churches. According to the clinic’s fall 2012 newsletter, Rhythms, in which Hurst was featured as a “vital member of the NOMAF outreach team,” her main area of focus is education about hearing loss and diabetes through the Save Sounds Initiative as well as the Prevent Death by Lifestyle Program.

Hurst plans to make NADA treatments available to the musicians. Where resources may be scarce, Hurst’s abundant and vibrant connections with the community are sure to compensate; her hope is to identify a space where musicians will receive free NADA treatments on a regular basis.

NADA is fortunate to welcome such a talented trainer among our ranks, and to broaden its services by offering Spanish-speaking trainings.

To contact Eva Hurst, email: esanmartin@cox.net.
Just west of Durham region, Brown Primeau is helping to expand ear acupuncture to treatment facilities in the neighboring town of Scarborough for addiction treatment and problem gambling.

“I see auricular acupuncture as being an immediate intervention and keeping our clients engaged and hopeful in the treatment process. It helps sustain clients regardless of the stage of change they are presenting with,” said Brown Primeau as she reflected on her hopes as a NADA trainer.

Recently NADA founder Michael Smith visited Primeau and the program at Pinewood Centre. Smith noted that “Cindy is a long-time staff member who always works as part of a team. Hence NADA is fully integrated and appreciated.” Having an effective NADA advocate as an ‘in-house’ agency trainer such as Brown Primeau is the key to long-term sustainability of acudetox in a large recovery system.

For more information on Pinewood Centre of Lakeridge Health, please visit: www.pinewoodcentre.org.
To contact the Cindy Brown Primeau, email: BrownPrimeauCindy@lakeridgehealth.on.ca.

NADA training.

“Current resources are sufficient to carry the program and to have it expand,” Brown Primeau proudly states. Supplies are cheap and services are provided in a group, so ear acupuncture is “financially practical.”

In addition to administrative support, the 80 staff that works at Pinewood is familiar with ear acupuncture and its benefits. Brown Primeau reports that 95% of staff have received a NADA treatment and can describe it to their clients. To date, ADSes at Pinewood have provided up to 11,000 treatments.

With her first solo training this October, Brown Primeau is adding 15 more staff as Acu Detox Specialists Lakeridge Health programs, including two who are mental health workers. That brings the total to 25 who will now serve all withdrawal management services at four community treatment offices and provide ear acupuncture 5 days a week.

The two staff from mental health services, Cynthia Perry Brown and Ted Sellers (see photo on p. 1) will be the first to bring acudetox to outpatient mental health programs at Lakeridge Health.

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To provide evidence for this stunning assertion (coming as it does from a person whose primary profession is teaching) Miller cites two sources. One suggests that educational strategies used to educate physicians in CEU classes are comparable to teaching cocaine addicts about dopamine and mechanisms of craving. The second source is a chapter Miller himself wrote for the 2003 Handbook of Alcoholism Treatment Approaches. It lists new at Amazon at $95.00.

Miller continues erroneously, “Similarly, controlled trials have shown little or no beneficial impact on substance use outcomes from interventions such as acupuncture …” It is difficult to estimate the extent of damage to our field of such a conclusion drawn by one of the most highly respected researchers of our time in one of the most prestigious research journals.

In the next article in this series, we will examine Miller’s sources for this damaging assertion. We will not only find that the assertion is blatantly undocumented by his source material, but more important, we will discover a fundamental and fatal flaw in the larger body of chemical dependence research of the past fifty years, which has in general done a profound disservice to our work.

Guidepoints: News From NADA is published six times per year for members. Annual dues of $65 (US funds) includes subscription and other benefits. Publication contents may be reproduced without permission (please give credit).

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President: Elizabeth "Libby" Stuyt, Editor: Sara Bursac
ISSN-1070-8200.

Article submission schedule:
Dec 1 for January publication   Feb 1 for March publication
Apr 1 for May publication           Jun 1 for July publication
Aug 1 for Sept publication         Oct 1 for Nov publication

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In the terms of the Twelve Steps, you could say I am powerless over my commitment to helping our veterans in need. Some are homeless, some incarcerated, some are living among us and struggling with the effects of war-time trauma, all in a society that would rather ignore them.

I searched for opportunities to put my vision into action and in 2010 discovered the efforts of “Stand Down”, a non-profit program that establishes temporary 2-3 day camps around the country to provide medical and other services to veterans in need. The term ‘stand down’ refers to the practice of removing troops from the field of combat in order to care for their fundamental needs within a safe area.

According to Stand Down, there are over 250,000 needy and homeless veterans on the streets of America on any given night. Many of them have had little or no contact with the VA or other agencies for either monetary or medical benefits. The unique outreach of Stand Down has benefited over 100,000 of these veterans.

Inspired by their efforts, I applied to offer NADA treatments at the 2010 San Francisco Bay Area Stand Down. Licensed clinical social worker and coordinator of wellness services at the Concord Veteran’s Assistance Center, Sal Ueda, knew little of NADA, but took a chance and invited me on board as the first acupuncturist to provide services at this event.

Working solo and using only the NADA protocol, I successfully treated over 90 veterans in one day of the

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