

Healing Inside Out: NADA Meeting to Shine Light On Health and Recovery in Carceral State



Olinger Merko, *The Young Old Men at KCF*. Courtesy of Prison Creative Arts Project



OCT 14, 2021
11-5 PM EDT



VIA ZOOM



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INSIDEOUT2021](https://bit.ly/healinginsideout2021)

NADA has had a long presence in the carceral state, starting in Hungary and Minnesota, and eventually expanding both nationally and internationally.

What is the carceral state? Nora Krinitsky, director of University of Michigan's Carceral State Project, offers a working definition: "The term ... often calls to mind institutions of confinement like jails, detention centers, prisons, but... it also comprises a wide range of policies, practices, and institutions that scrutinize individuals and communities both before and after their contact with the criminal justice system."

To gain a better understanding of the reach of the carceral state, it helps to look at a [chart](#) published with 2020 data by the Prison Policy Initiative. It shows a breakdown of

the almost 2.3 million people that live in confinement in the United States today.

On Thursday, October 14, NADA will host the meeting, [*Healing Inside Out: Health and Recovery in the Carceral State*](#). This online meeting will explore how theater and visual art, research initiatives, innovative re-entry programs and mental health interventions promote healing in carceral and post-carceral settings. One of these interventions is the use of the NADA ear acupuncture protocol in jails, prisons, re-entry programs, juvenile detention centers and elsewhere.

The opening presentation will be a theater performance by the group, Maine Inside Out. MIO uses theater as
HEALING INSIDE OUT continues on p. 3

Mission

The National Acupuncture Detoxification Association trains people in the NADA protocol, an ear acupuncture and acupressure intervention for trauma, substance misuse, abuse, dependence and related behavioral and mental health conditions. Together we promote and advocate for access to holistic health as a right of all communities.

Vision

We envision a world where healthcare is people-centered, holistic, and accessible to the most vulnerable and underserved in our communities.

Principles of NADA

Spirit of NADA

All beings have a right to self-determination, the capacity to transform, and be part of transforming society. NADA changes the dominant paradigm.

Simplicity

The NADA protocol is easy to learn and to teach.

Trust

We trust that people are capable of learning and that everyone has the capacity to heal themselves.

Person-centered

NADA is a non-verbal protocol that meets people where they are. Sharing the protocol bridges cultural divides.

Accessible & Barrier-free

Historically and in the present day there are many barriers to healthcare. Racism, casteism and all "isms" are healthcare matters. We work to make the NADA protocol barrier-free & available to all. We believe everyone should have access to receive and learn the NADA protocol.

Compassion

We bring an intention of healing to everyone with whom we share the NADA protocol.

Community

Healing & recovery happens in community and the NADA protocol is easily incorporated in diverse settings. We come together across disciplines to promote an integrated approach to healthcare.

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About Guidepoints

Guidepoints: News From NADA is published four times per year. Member dues of \$70 (U.S. funds) includes print subscription (when available) and other benefits. Publication contents may be reproduced without permission (please give credit).

Editor and layout design: Sara Bursac

Contributing editor: Jo Ann Lenney

ISSN# 1070-8200

Article Submission Schedule: Rolling.

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Chino Loco, **Free Style**. Courtesy of Prison Creative Arts Project

a creative and educational outlet to examine the lived experience of systemic racism, and social and economic inequities. Young men who had been incarcerated at a juvenile detention facility in Maine are the actors and creators of the original theater pieces. Following the performance will be a Q&A with the meeting attendees.

Then the University of Michigan's Prison Creative Arts Project (PCAP) will talk about the theater and art workshops that students at the university can participate in as a way of fostering artistic collaboration, mutual learning, and growth between those impacted by the justice system and those in the U of M community. NADA obtained permission to use two of the paintings from PCAP's [25th annual exhibition of art by Michigan prisoners](#) in our flyers and outreach for the *Healing Inside Out* meeting.

The Urban Institute, a social policy research center, notes that despite the scale and impact of corrections institutions, they are among the least transparent and most understudied public institutions in the U.S. Jesse Jannetta, a senior policy fellow at the institute will talk about the progress of its Prison Research and Innovation Initiative, which launched in 2019. He will also discuss the potential

impact of this research initiative on making prison environments more humane, safe and rehabilitative.

This September marks the 50th anniversary of the Attica prison uprising. Heather Ann Thompson and David Rothenberg will offer a perspective on the impact of this uprising on the criminal justice system today. Thompson is the Pulitzer Prize and Bancroft Prize-winning author of *Blood in the Water: The Attica Prison Uprising of 1971 and Its Legacy*. She is also an historian at the University of Michigan and co-founder of the Carceral State Project there. Rothenberg is the founder of The Fortune Society, one of the nation's leading re-entry service organizations. He is also an advocate for criminal justice reform and alternatives to incarceration. He hosts a radio show, [Any Saturday](#).

Thompson and Rothenberg will talk about what happened at Attica in the four days of mediation and dialogue before New York state troopers stormed the prison, leaving 43 dead and 89 injured in the bloodiest prison conflict in U.S. history. Rothenberg came to Attica as one of thirty observers requested by the leaders of the uprising as witnesses to their negotiations with the state.

After a break, we will turn our attention to corrections settings that integrate the NADA protocol as a mental health and recovery intervention. There will be a screening of recorded testimonials from people who are presently or previously incarcerated. During a resurgence of covid-19 cases around the country, it is a great feat and testament of trust that NADA providers were granted permission to record these testimonials.

In closing, we will host an international panel of providers that have brought the NADA protocol into carceral contexts in Arizona, Colorado, Denmark, Northern Ireland and Norway. 🐾

Digital images from PCAP's 25th Annual Exhibition of Art by Michigan Prisoners, as well as from *Miniatures 2021: Resisting the Confines of Quarantine*, will be displayed for two months on screens in the lobby of 2nd Stage Theater Company in New York, in conjunction with the debut of the play, *Clyde's*, a Broadway production whose story takes place in the kitchen of a restaurant where all of the workers are formerly incarcerated.

The Tiny State of Rhode Island Makes a Big Difference

by Cris Monteiro

In late June, Rhode Island signed H5154/S0047 into law which now makes it possible not just for chemical dependency professionals to use the NADA protocol, but also social workers, peer recovery counselors, mental health counselors and nurses. Cris Monteiro tells about the journey to get here which started back in 2014.

In this tiniest of the New England states, Providence, the capital, is no more than an hour from anywhere in the state. I think this makes it easier to “do legislation” – which is helpful because doing legislation is hard. In Rhode Island, everyone knows someone who can usually help or at least point you in the right direction. The process has been empowering, confusing, seemingly arbitrary and even punitive at times. There were moments that really challenged common sense – and moments of grace. It’s taken a long time to get to the point where we’re finally celebrating.

Over the past seven years, I have been part of a small group working on the passage of ear acupuncture legislation here. Our local, grassroots legislative coalition is made up of people in healthcare, harm reduction and long-term recovery. It also includes community acu-punks, such as myself, who “use what we’ve got and ... do what it takes” (from Lisa Rohleder’s [Punking](#) book). Some of our group are in recovery, but all of us have experienced the benefits of the 5 Needle Protocol (5NP) personally.

Our work on the first law really began in 2014 when a 2-year pilot project offering free ear acupuncture was coordinated with one of CODAC Behavioral Healthcare’s medication-assisted treatment programs (see [Fall 2016](#) issue of *Guidepoints*.) In 2016, we got a bill introduced that would let licensed chemical dependency professionals use 5NP, and the bill passed on the first try. The law, passed this June 2021, makes an exemption in the acupuncture statute and allows social workers, mental health counselors, drug and alcohol counselors, peer recovery coaches and nurses to use the 5NP once they are trained in the protocol.

Not all acupuncturists like acudetox specialist (ADS) laws. But many of us think that more people should be able to access care, and that 5NP is both safe and effective in the hands of non-acupuncturists. Back in acupuncture

school in San Francisco in the ‘90s, only two of my teachers would even discuss NADA or 5NP, and mostly the conversations were vaguely constrained. It was as if the school was worried that we might get the idea that we didn’t need to go to acupuncture school in order to help people with filiform needles, and they didn’t want anyone to present us with evidence supporting this idea.

Acupuncture is extremely safe, and adverse reactions are rare. This is even more true when using 10 or fewer points in the ears. Can someone please help me to understand why then acupuncturists try to block the passage of ADS laws by saying how unsafe acupuncture needles are?! I never understood why anyone would stand up in front of a room of legislators, who are largely uninformed about the practices of acupuncture, and say that it’s *sooooo* dangerous.

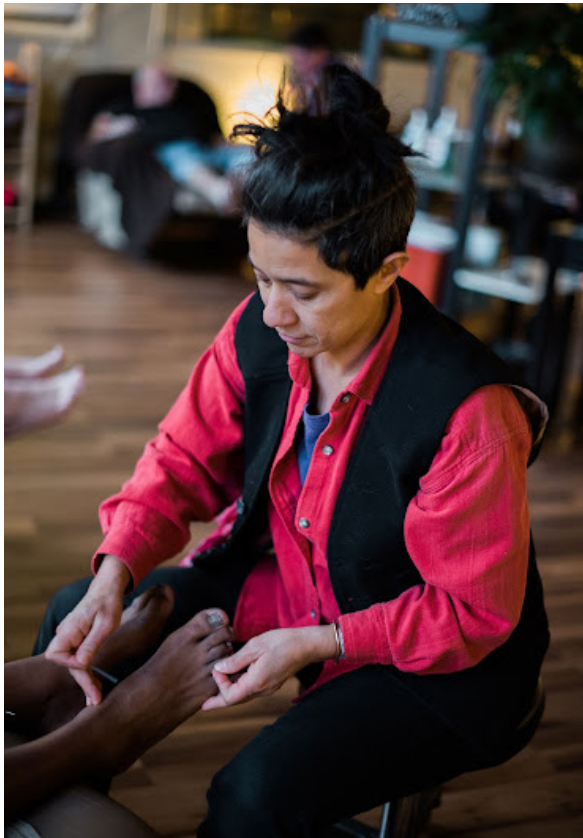
Rhode Island is a small state – there is a high likelihood that in less than two degrees of separation there is a link to one of the almost 400 overdose deaths that happened just last year. Both legislators who supported our amended law experienced losses due to overdoses in the three years between when our bill was introduced and when it passed. We need to get past spurious safety arguments and turf battles that have nothing to do with helping people.

For the past decade, the People’s Organization of Community Acupuncture (POCA) has supported acupuncturists who want to focus on creating access and affordability. Their idea of serving communities includes asking those communities what would be helpful. POCA clinics collectively deliver hundreds of thousands of treatments in the United States each year (some years well above a half million!).

With years of relationship-building, both with individuals and other organizations, we have been able to see success in the introduction, addition or expansion of ADS laws in RI, NH, ME, MA (pending) and AZ. We have worked with NADA folks in areas where there are NADA trainers and members, and have devised a comparable competency-based training that has been offered in WI, RI, AZ and Puerto Rico in just the past few years.

NADA’s half-century of work and organizing has been a foundation from which we have been able to draw on to do legislative work. NADA’s staff and its





Cris Monteiro gives an acupuncture treatment at Providence Community Acupuncture.

Photo courtesy of PCA.

members have been strong supporters of our various efforts, and its advocacy resources have been something we've relied on to help shape opinion and inform legislators. The recent Full Circle history series has felt like a part of the celebration too – it's been so amazing to hear the history of Lincoln Detox from folks who were there. Thank you, NADA, for all of your support with this work and for your ongoing work as well.

POCA is also indebted to the long history of radical healthcare and social justice activism of the Black Panther Party and the Young Lords. Though most have learned in acupuncture school that acupuncture came to the U.S. via James Reston's appendix, it was here long before that, brought here and practiced by Asian immigrant communities for at least a century. We are grateful to the many people who learned, practiced and taught acupuncture and 5NP to one another so as to better care for their communities. Part of that care is to relieve day-to-day suffering, and our bigger work is to continue to challenge and change the economic and social causes of that suffering. 🌀

Cris Monteiro is an acu-punk who founded Providence Community Acupuncture in 2006. She also serves as adjunct faculty at POCA Tech. To contact: shichangpu@gmail.com

What if EVERYONE was an acupuncturist?

by Nora Madden

This article was originally published as a blog on the Community Acupuncture Network's (CAN) forum on June 8, 2009.

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“Instead of failing to become the basis for yet another upper middle class profession ... acupuncture could succeed wildly as a humble, ubiquitous, miraculous modality that nobody owns and everybody uses.”

– Lisa Rohleder, *Acupuncture Is Like Noodles*

I just spent two days at the NADA Conference in Ann Arbor (following five days of Acu-Detox Specialist training in Detroit), and I was planning on writing a nice little linear report about my experience. Maybe I still will; maybe I'll post it on the Forum somewhere. But everything I heard there – reports from hospitals in Europe; about community-centered projects in the Philippines, VietNam and Cambodia; about refugees in Uganda giving 18,000 treatments in 6 months; Lisa Rohleder's presentation on class; Michael Smith's comments about what and who acupuncture is FOR; and just hanging out with folks aged 17 to 71, most learning to do acupuncture for the very first time, taught by the wonderful Lincoln Recovery staff - all that makes me want to ask everybody to consider this RIGHT NOW: What if we just trained EVERYBODY? What If everyone who was interested learned to do at least *some* acupuncture?

Okay, let me back up for a minute. So much of what the acupuncture establishment worries about is creating – or preserving – a market for acupuncture. In the guise of protecting the public, it strives to legally protect our turf from MDs, nurses, chiropractors, and ADS folks. It clings to the tiny pie of current demand for acupuncture, and clings to fantasies of increasing the size of the pie by increasing insurance reimbursement, and by trying to increase our caché with a few more credits (and a few more thousands in student loan debt) and a fancy title.

Consider this alternative. Last week I saw several adolescents – young people who had never had acupuncture before – become competent beginning acupuncturists in three days. Was I threatened? No; I was deeply moved, and incredibly jazzed. I woke up thinking: what if every high school sophomore learned the NADA

protocol in their health class? What if they had a teen stress clinic, where they took shifts needling their peers – maybe even their teachers, the janitors, the lunchroom staff, their kid siblings, their parents – whoever wanted to come? What if some of them wanted to go on to work in healthcare, including acupuncture; wouldn't they be the kind of people you would want to hire in your clinics?

Detroit teens' high school graduation rate is currently around 25%. Yeah, you read that right. Wouldn't ANYTHING that helped keep *them* from giving up be worth whatever pie *we* had to give up?

But here's the thing: would we really end up with less pie? Sure, some of these NADA-trained youth would go on to become acupuncturists (i.e. "competition"), and would probably be unstoppably awesome – just the kind of folks we'd want to hire in CA clinics, or to start clinics in neighboring areas. Many would want to do other things; getting acupuncture at school might help give them the clarity to figure those things out (a recurring theme in the various reports from the NADA conference was that acupuncture seemed to give people hope, and to enable them to think more clearly and make their own plans for the future). In addition, not only would most of them be healthier, more confident and less-stressed young adults (which would obviously be a major benefit to society as a whole), they would know for the rest of their lives that acupuncture is something they can use to help them maintain their health and sanity.

Doesn't that sound like a way to bake a bigger pie? Sure, sometimes they would treat themselves and their families at home, with ear needles or seeds, just as everyone should be able to cook themselves and their families a decent, healthy meal. But people who know how to cook still go out to eat. And the folks that have decided that they love to cook and feed people will be there, providing nourishment and communion in exchange for a modest amount of money.

This wouldn't have to stop at high schools, of course; this thought is just one of many jostling around my brain right now, and just somewhere to start. One thing I believe is that we can't protect acupuncture (much less our livelihoods) by hoarding it. As one of the addiction counselors in a wonderful documentary shown at the conference said, "you can't save your ass and your face at the same time." Please, let's stop trying to save (or gain) professional face, and modestly and bravely and steadfastly join the work of trying to save humankind's collective ass. 🐉

One responder to the blog writes:

Food again plays a great analogy in this turf battle war: imagine if restaurant owners and chefs launched a campaign claiming that only they, with their training and expertise could cook nutritious and tasty meals. And that to allow anyone else to cook would not only be a sad day for the taste buds, but would endanger the public at large to the possibilities of parasites or salmonella poisoning because of their inability to understand the complexities of proper meal preparation that only they themselves held the deep secrets to. We would laugh our asses off. And then laugh some more. Sure, there's going to be bad practitioners, but that's a given no matter how long/what type of training one gets! McDonald's (whose been at it for 50/60 years?) is down the street from the organic farmers market, it ain't illegal to make bad food, yet. Maybe the restaurant owners need a h.r. 646bill of their own ...

let me sleep all night in your soul kitchen

Letter from Lisa Rohleder about Michael Smith:

Mike Smith, founder of NADA, passed away on December 24, 2017. I met him when I was an acupuncture student in 1992 and he came to do a lecture at my school, which for me was like rain on a desert. And that's what he continued to be throughout my acupuncture career.

I remember sitting in a hotel bar with him and Nora Madden, after a NADA conference in Detroit, talking about training acupuncturists. "You can teach somebody to do acupuncture in about 10 minutes. *Put the sharp end in the patient.* That's about it," he said.

I loved his honesty, his humor, and above all his love of people who needed acupuncture. As an acupuncturist, I had very few professional role models for those qualities. He was one of the only people I could count on to give me the unvarnished truth about our profession, which he did in a series of conversations after he read *Acupuncture Is Like Noodles*. He called me up to tell me how much he liked the book, to argue a little about acupuncture theory, and to encourage me to keep organizing. His support was tremendously meaningful.

That's another quality he demonstrated: he hung in there. He persevered – for decades. He was one thousand percent committed to the project of making acupuncture available to marginalized communities on their own terms. He's still my role model. Thank you, Mike.

You ask. We answer.

A NADA member recently wrote to us with a question about using the NADA protocol during disasters. He said he “was curious about NADA’s presence during disasters, and how that process is achieved.” Sara Bursac, NADA’s executive director, responded:

Thanks so much for the question. The process is achieved through many different avenues.

- There is Acupuncturists Without Borders, a whole organization devoted to providing the NADA protocol during disasters, often in international settings, but also in the United States. They are separate from us and we don’t have any formal partnership, but we will often be in touch with each other when an event has occurred.
- Members will reach out to us when a disaster happens in their community and let us know if they are initiating some kind of a response. Then we may reach out to other members to help bring people together so they can support each other in the effort.
- In California, Colorado and New Mexico there are units affiliated with the Medical Reserve Corps (MRC) that respond during disasters, and the NADA protocol is often included. In Colorado, for example, that will be through the Colorado Acupuncture Medical Reserve Corps, and, in New Mexico, it is through an integrated health MRC team. There is a MRC unit in Santa Barbara, CA, that uses acupuncture. When she was NADA president, Libby Stuyt encouraged all NADA members to join their local MRC as a way to bring NADA in on a community level.

Since responding to disasters is part of our history, but not an active mandate of what we do, we typically try to connect people and share information when it comes to a particular event. We don’t deploy any staff to a disaster site as we are simply too small for that.

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The 2022 Law & Mental Health Conference will be held in cooperation with the Alternative Mobile Services Association on Alternatives to Police – February 1 & 2, 2022 – digital and on-line to save both time and money.

KEYNOTE ADDRESS: EBONY MORGAN

Ebony Morgan is a nurse and the Program Coordinator of CAHOOTS Mobile Street Response in Eugene, Oregon. CAHOOTS is a mobile crisis response team that receives calls diverted from emergency services.

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New ADS Law in Arizona Expands Treatment Scope and Access

by Chuck Pyle

After over two years of advocacy, on May 4, 2021, Arizona Gov. Doug Ducey signed Senate Bill 1255 into law. The previous law regulated “auricular acupuncturists” and limited the scope of practice to substance use disorder treatment in a state or federally licensed treatment program. SB 1255 made four amendments: 1) it changed “auricular acupuncturist” to “acupuncture detoxification specialist”; 2) it added “trauma” to the scope of practice; 3) it removed the restriction of location of treatment; and 4) it required a written informed consent to treatment.

Using the NADA-preferred term, “acupuncture detoxification specialist” (ADS), eases concerns by licensed acupuncturists that people with NADA training would hold themselves out to be auricular acupuncturists. It also supports the NADA stipulation that only the five points can be used. Adding trauma to the scope of practice is a critical change, as many people suffer from experiential or relational trauma, including work-related trauma, without a co-occurring substance use addiction. The removal of the site restriction will allow staff in a wide variety of settings, including jails, prisons, halfway houses, shelters and social services settings to be trained as ADSes to supplement and improve the services they deliver.

We developed a strong working relationship with members of the Arizona acupuncture board, especially Mario Fontes, a medical doctor, Rosemary Zimmerman, an acupuncturist, and David Geriminsky, the board’s executive director. Geriminsky’s expertise with the legislative process was instrumental throughout the multi-year advocacy for the amendments.

Another board member, Susan William, also worked with us advocating for the new law. William is a consumer member and the 2020-2021 chairperson of the acupuncture board of directors. Williams’ commitment to expand access to NADA was personal. “I witnessed the struggles and eventual death from an opioid overdose of my friend’s son, a young man who had been medically prescribed opioids for an injury he sustained while in the armed services. I also experienced the death of a close family friend and the suicide of a family member

after years of opioid addiction. All this increased my commitment to make a positive change to give help in these – and other – kinds of situations. I was fortunate to work with a wonderfully supportive board that understood and shared this passion to do what we could to make the NADA protocol more accessible in the Arizona.”

These incidents and acknowledgement of the enormous social toll addiction, trauma and PTSD are taking were the driving forces for her persistent advocacy for SB 1255. Her efforts were recognized with an award from NADA at the Southwest Regional Virtual Conference on October 15, 2020.

A group of Arizona NADA members formed the Arizona Advocacy Group that met monthly for close to two years to develop strategies and a diverse array of support for the legislation. The advocacy committee structure allowed us to respond quickly when the need arose, as the legislative process continually required us to hurry up and wait, and then to hurry up again. Finally, NADA Executive Director Sara Bursac’s expertise and responsiveness was invaluable in helping to answer questions about legislation in other states and the varied use of the NADA protocol nationwide.

The effective date of the new law was September 29, 2021. We will need to educate the public, as well as the governmental and non-profit sectors, about the significance of these changes. That should lead to a big increase in the demand for NADA training in Arizona which the Arizona NADA community is looking forward to fulfilling.

If you are interested in pursuing expanded authorization for ADSes in either new legislation or amendments to existing legislation, I strongly encourage you to participate in the monthly NADA legislative advocacy committee Zoom meetings on the second Monday of the month. It is a collegial and supportive group of NADA members who have pursued or are pursuing legislative changes to ADS laws in their states. You can save a lot of time and effort by learning from those who have been through the process and are eager to help out. I hope to see a bigger turnout at future advocacy group Zoom meetings as we all continue our work to spread the Spirit of NADA. 🐉

New Registered Trainers for Arizona



Nobi Pyle

Nobi Pyle recently completed her training to become a NADA trainer in Arizona where the new law has just gone into effect. As a new trainer, she wants to focus on three things:

First, there are a lot of acudetox specialists (ADSEs) in Arizona who are no longer certified with the Arizona Acupuncture Board because they've changed employment or a program has been abandoned. I would like to do a refresher course for these former ADSEs so they can become recertified and treat people again.

Second, I enjoy working with Tribal communities, so I would like to continue working on the Navajo Nation and other American Indian reservations that have an interest in using the NADA protocol.

Another focus of my work is in correctional settings. I would like to train staff in jails, prisons and halfway houses so that residents and staff can have more frequent access to acudetox.

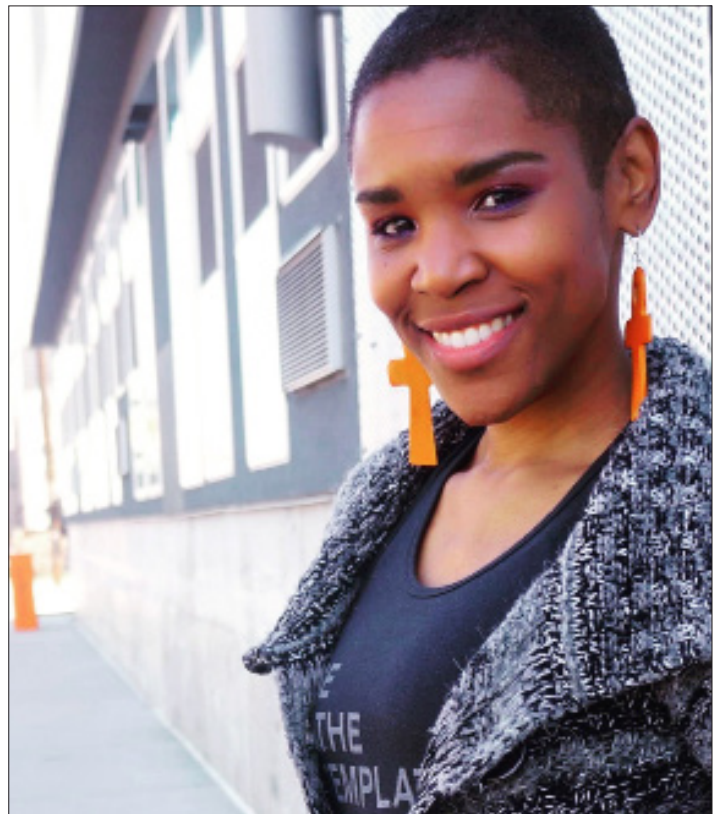
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Rhonda Coleman is another new Registered Trainer in Arizona.

I'm so happy to hear of the change to the statute in Arizona allowing any interested community member to be trained in the NADA protocol. Hopefully other states will follow this lead.

I recently moved from Colorado where the laws regarding the practice of NADA expanded as well. I believe there should be no obstruction of law in learning the protocol, given the roots of this specific application. The NADA protocol belongs to the people. Those opposing non-licensed individuals being trained are working against the founding principles of those that made this all possible. I would like to express my personal thanks to all who had a hand in bringing to light the history of the NADA organization, and to all who have worked so diligently to have laws changed.

To contact: blacupuncturist@gmail.com,
www.watermama.org. Rhonda works as a Traditional Chinese Medicine practitioner, and is a columnist for CULTURS, public speaker and active organizer promoting health equity.



Rhonda Coleman

ANNOUNCEMENT:

NADA OFFICE OPENING & REQUEST FOR APPLICANTS

Greetings NADA members and friends,

I pray that this email reaches you in one of your daily moments of peace and centeredness. NADA is well. We are rapidly adapting to the forces of our time with innovations in virtual education and service formats, strengthening financial foundation while maintaining organizational vigor, enhancing capacity in areas of public relations/affairs and legislative advocacy, leveraging new national and international member service opportunities -- And We Need Your Help.

NADA Board is seeking applicants for position of NADA Office leadership. It is anticipated that the processes of identifying viable candidates, interviewing, and onboarding will be complete by 12/31/21.

Thank you in advance for joining the NADA Board in attending to this opportunity. Collectively we will assure continuity of the clinical approach, procedures, and wisdom traditions of NADA and the seminal Lincoln Whole Health Healing Legacy to which NADA is heir.

For further inquiries and application, please contact:

Warren Leggett, NADA V.P. & Chair NADA Office Leadership Search Committee
email: legg819@yahoo.com or mobile: 240-838-0981

muchpeaceluv
Ken "Khensu" Carter, NADA Pres.

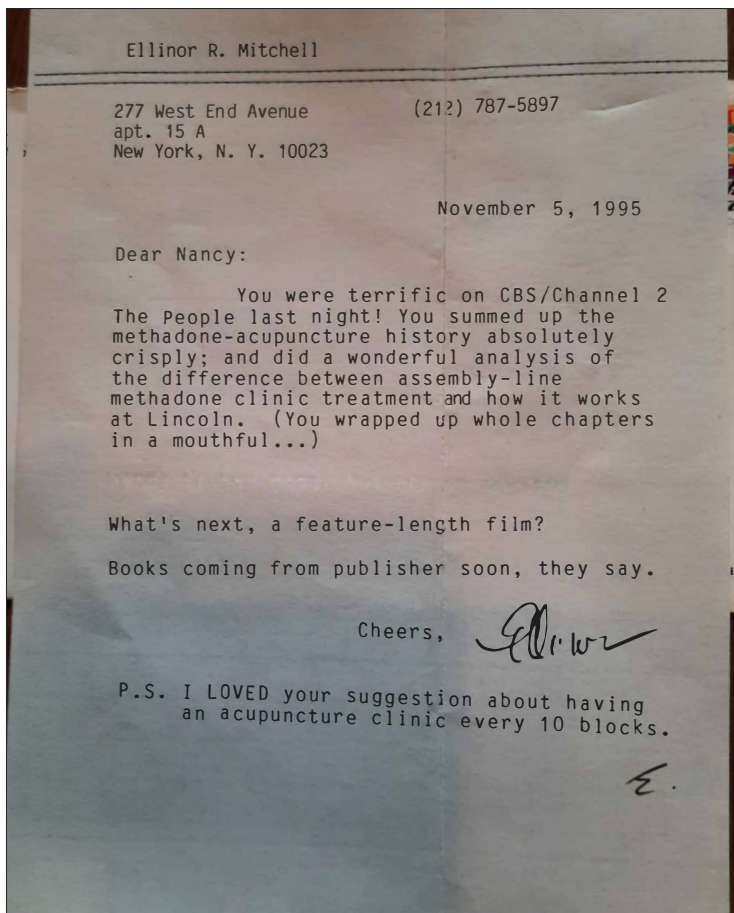


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NADA Quarterly News
Summer 2021



Ellinor Mitchell

Ellinor Mitchell was described as beautiful, charming, cultured, idiosyncratic, and sometimes caustic – as well as generous and determined to be on the side of right, as she saw it. The same has been said of Nancy Smalls, along

with the fact that when she spoke, people listened because what she said had meaning. Their commonality is evident in this letter that Nancy came across recently [as she says, “in the process of cleaning up”].



Nancy Smalls

Ellinor Mitchell wrote *Fighting Drug Abuse With Acupuncture* in 1995. Nancy Smalls founded the Maternal Substance Abuse Services program at Lincoln Recovery Center in 1987.