

*Student editor and President of the UIC John Marshall Law School's Restorative Justice Initiative, Deijha Monét Swanson, both directly and indirectly made my writing of this chapter so much better. Although I began considering ideas for this chapter in summer 2020, it was not until some months later when Deijha offered her editorial assistance that the project took on its current form, and the writing began to go well. I wish to express my deepest appreciation to her. I want to thank her for so graciously, on so many occasions, sharing her sense of the text and going over troubling passages with me.*

*Deijha's clear and direct critique, content curiosity, and superb editorial suggestions are inseparable from any success I may have had in struggling with the intertwining of professional and intensely personal themes herein. If this chapter ultimately lacks sufficient relevance or proves ill-received, the responsibility is only mine. However, if there is anything praiseworthy to be found here, I give full credit to the Divine and to Deijha for helping me along the way.*

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*Currently, I serve our country's veterans as a lead psychiatric physician in Primary Care-Mental Health Integration in the Veterans Administration Health Care System. In June 2020, I was elected for the second time as president of the National Acupuncture Detoxification Association (NADA) – a not-for-profit healthcare organization with national and international reach.*

*Forty years ago, as a curious college graduate, I travelled to the South Bronx's Lincoln Hospital Recovery Center (aka The People's Clinic) for a two-week apprenticeship to study what would become NADA's signature protocol – a unique style of ear acupressure and ear acupuncture. Since my Lincoln days, I have achieved other academic and career accomplishments including a fellowship in psychiatric epidemiology, a master's in public health, a medical school professorship, and board certifications in both psychiatry and full body acupuncture.*

*NADA is just as good as pharmaceuticals and psychotherapy for most issues in mental health and substance misuse treatment. It is an excellent complement to mainstream treatment modalities and with components easily adapted to personal self-care. It is the best tool I have ever encountered for safely and efficiently helping most patients and personnel in most settings – and one of those settings is Restorative Justice.*

**WHAT NADA MEANS TO ME:**  
**VINDICATION, SOLACE, & NEUROSCIENCE IN THE WORK OF RESTORATIVE**  
**JUSTICE**

**Preface**

*Huffington Post, December 10, 2020: “The Trump administration executed 40-year-old Brandon Bernard....The government went through with the killing despite high-profile opposition from 5 of 9 surviving jurors[,]...the prosecutor who defended his death sentence on appeal, several members of Congress, 23 current and former prosecutors, reality television star and criminal justice reform advocate Kim Kardashian West, and The Washington Post’s editorial board. Hours before the execution, controversial lawyers Alan Dershowitz and Ken Starr... joined Bernard’s defense team.”*

This makes me mad as hell.

Why aren’t there alternatives to scenes like this? Why only this kind of fossilized “Justice” that feels most often like “Just Us?” What can I do with this kind of pain felt for this Black man? What can his defenders do, his family, the BIPOC, and White communities that have even a hint of a heart?

It makes me want to scream. And it is deeply personal.

**“There But For The Grace Of God Go I”**

My father escaped the apartheid of 1958 South Central Virginia. He was the first in his family to ever go to college, majoring in agriculture. He said, “The only job for me there was share-cropping.” So, he left me and my mother in search of a foundation for a better life. He left right after I was born. For years I thought he hitched the ride North with \$10 in his pocket, but he recently corrected me, “It was actually \$13.” He now has a terrible diagnosis of mesothelioma lung cancer thought in large part due to taking the first job he could find—one in an asbestosis based brake factory “where the dust was so thick sometimes you could barely see in front of your face, and we had no ventilation, no mask, no nothing.” Dad came back to get us when I was one year old and that is how I came to grow

up in rural Southern New Jersey. Dad eventually made a proud 40-year career as a Soil Conservationist for the U.S. Department of Agriculture.

Sometimes the only 1 of 3 Black students in the classes of my mostly White high school, in 1976 I became the first Black Valedictorian in its 50-year-old history—also its first Presidential Scholar and its first Johns Hopkins Achievement Scholar. My graduation speech was not the Bi-Centennial praise speech the school officials wanted. I spoke of my closest Black friend's father who was lynched by the Klan in Georgia. I embraced my inherited dark trauma cloud from a "routine" traffic stop that happened several years before I was born. During that "routine" stop, one my father's four brothers was murdered by the police; another was shot nearly to death; later that day another brother was smuggled away to escape the Klan; and another soon escaped to urban New Jersey to later join the Nation of Islam under the auspices of El Hajj Malik Shabazz (aka Malcom X). Along with my father, these are my real-life heroes. In the undeclared war against America's Black, Brown, Indigenous, poor, and unconnected, we are all sufferers of intergenerational trauma, institutionalized racism, and structural inequity...just like Brandon Bernard.

I entered medical school in 1980, and two weeks after classes began, I went to a workshop that proved to be transformative. The workshop was led by my soon-to-be-mentor AfricanAmerindianShamanGriot, Brother Isma'el Jamal (aka BJ). Before medical school, I had graduated from Johns Hopkins profoundly disillusioned and very nearly radicalized by a combination of the suffocating Eurocentric "liberal" education I'd received; the daily witnessed injustices on Baltimore's Eastside; and immersion in out-of-class Afrocentric history from the pre-dynastic Black Egypt/Khemet to the pre-Black Holocaust of the European/Arab slave trade. After completing undergrad at Hopkins, I was still left praying with all my heart that God would reveal a professional pathway that recognized and honored the ageless wisdom and gifts that my Black (Khemetic) African Ancestors had given to the world. I saw the answer to my prayers in Brother Jamal's sophisticated style of AfroSynergy—a masterful blending of Ancestral and contemporary medicine; complementary and alternative medicine; and integrative medicine and healing. During the workshop's intermission, I told him there and then that I wanted to leave medical school and apprentice with him. He told me to stay in medical school. He said his path was a difficult one and

that if I really wanted to join the struggle for real, I should use my privilege AND stay true to my yearnings.

In 1982, I took a year's leave from medical school to study at the Lincoln Recovery Center (aka The People's Clinic or simply, Lincoln) in the South Bronx under the advice of Brother Jamal. But when I heard that my supervising director would be a White man, I resisted strongly. I still wanted a practical, Black based, clinically reliable, and effective technique that I could call my own that also synergized with my contemporary western medical training. At first, BJ patiently schooled me on the Black African origins of all civilizations and medical systems including Chinese civilization and Traditional East Asian Medicine. He continued to school me on Lincoln's history of being a multi-ethnic, multi-cultural epicenter that sincerely appreciated the Black African origins of civilization and medicine. He impressed me with his admiration for Lincoln's creative and practical operationalization of this reality in meeting the community's pressing healthcare needs. But despite all this, my resistance was still strong. I didn't think a White man could teach me about my history and the practical applications of Black African ancestral wisdom healing techniques. Finally, he came back just as strong with "Get your head out of the way! Just go, and you'll see what I mean!"

The White man I tried so hard to avoid was psychiatrist Dr. Michael "Mike" Smith, who was Lincoln's supervising director for most of its existence. Although not the originator, he was a central link in the chain of transmission of Lincoln's profound treatment style and technique known variously as "Lincoln detox," "Acudetox," "NADA style treatment," "NADA protocol," or just "NADA." Its originators were community organizers and activists—the Young Lords and The Black Panthers—inspired in their work by the egregious health inequities and callous official indifference of NYC's medical elite to the overwhelming needs of the South Bronx's BIPOC community. Mike eventually became the other great mentor of my personal and professional life.

My experience at Lincoln was my initiation into the United States' earliest model of integrated wholistic health care. It is a model that brings into reality the elusive "bio-psycho-social-cultural paradigm" that is taught as a gold standard in mental health and substance use treatment.

## **NADA Style Treatment Enhances Capacity to Care for All**

The infamous War on Drugs has largely been a war on Black and Brown. The NADA style treatment initiated in South Bronx was born in response to a raging heroin epidemic that relied on official indifference at best and active complicity at its worst. NADA followed the rejection of widespread indiscriminate promotion of opiate replacement therapy (methadone) as yet another means of individual and social control. I came along to begin learning NADA when the crack epidemic was in full stride and when concern about long term effects on babies born of crack addicted mothers was a major public health concern. While other drugs continue to ply our communities in a seemingly endless stream, alcohol endures as the most pervasive and destructive to overall population health. From endemic fetal alcohol concerns to today's amphetamine and fentanyl crises devastating rural America, NADA helps make things better.

As a tool that is transdiagnostic and pansymptomatic, NADA is effective regardless of substance or situation; diagnosis or setting; or chronicity or acuity. Over the past 40 years, the medico-legal community has gradually come to appreciate its universally health enhancing properties—including mitigation of work-day stress, professional burnout, compassion fatigue, induction of calm, and sense of wellbeing. Barriers to broad NADA implementation are extremely low. It is easy to learn with minimal training requirements, and it can be performed in groups making it efficiently as well as effectively administered. NADA acupuncture materials are 10x more costly than those for acupressure; however, costs for both are minuscule. NADA acupuncture costs less than one dollar, and NADA acupressure costs less than one dime for materials per treatment episode. Both have evidence of effectiveness across the lifespan, and NADA acupressure has even proven to be effective in neonatal abstinence syndrome for babies in opiate withdrawal who are born to opiate dependent mothers.

Restorative Justice processes are necessarily grounded in the belief that positive transformation is possible. Offenders can transform and be rehabilitated. Victims can transform and be reconciled. Institutions can transform by learning to prioritize rehabilitation and reconciliation over harsh retribution and punishment. NADA has a long-standing and rich record of use as a healing-centered physical intervention that is psychologically informed and behaviorally transformative.

The NADA related neuroscience is compelling and well established. Distressed emotions and dysfunctional cognitions fuel undesirable individual and social responses underlying criminal behaviors; socially learned fears and behaviors; inclinations to punishment over restoration; inclinations to self-destructive guilt; and inclination to self-medication with intoxicants rather than redemption and recovery. But persons of influence charged with responsibility for maintaining law and order will achieve better outcomes by factoring practical neuroscience considerations into their decision-making.

Limitations of time, budget, personnel, and other resources are also practical considerations that are minimized through NADA implementation. NADA style and technique are easily learned, taught, and enacted. It is safe and easily adapted to existing program structures in the hands of existing program personnel. Robust in rapidly balancing neurophysiology, it is a gold standard in integrated mental health, behavior health, trauma, and substance misuse treatments.

NADA acupuncture and acupressure have the unique potential to provide all of these benefits to all consumers, personnel, and systems involved in Restorative Justice processes. It is uniquely well-suited to the purposes and pursuit of Restorative Justice for all.

The work of rehabilitation and reconciliation is the foundation of Restorative Justice, and this work is emotionally demanding. When emotions are distressed, thinking and behavior are not optimal. NADA is a technical method and style of intervention that calms this emotional distress. In doing this, it improves cognition, behavior, decision-making, and potential for relationships that heal rather than punish and kill. This is critical to the success of Restorative Justice work.

### **What Is NADA And The NADA Protocol? Who Are NADA Practitioners?**

The National Acupuncture Detoxification Association (NADA) provides education, training, and consultation in the integration and implementation of its standardized ear acupressure and acupuncture protocol.

Restorative Justice personnel at all levels can learn to practice the NADA protocol in a short period of time, usually a matter of days. NADA is an easily integrated adjuvant to usual and customary care in established work settings. Treatment takes about an hour and is best provided in groups of any size. A single NADA practitioner can treat many customers in an hour.

In addition to medical personnel, NADA supports the training of all professionals including law enforcement officers, parole officers, peer support specialists, counselors, social service workers, lawyers, and judges. It helps them perform the work they already do with greater ease, flexibility, and less likelihood of burnout. When personnel treat the consumers they serve, the work goes better for everyone.

NADA acupressure techniques use magnetic beads and seeds that adhere to the ear with hypoallergenic surgical tape. They can be used as a self-care modality for both professional personnel and programs' consumers.

NADA is a nonverbal style of treatment. It does not depend on a "verbal passport" – this means that potential barriers of culture, language, etc., are minimized. There are no special administrative requirements. No clinical diagnosis, assessment, or evaluation is necessary before NADA is initiated.

Like Cognitive Behavioral Therapy (CBT), Mindfulness Based Therapy (MBT), and psychopharmaceutical interventions, NADA causes neurophysiological change that is reflected in emotions and behavior. NADA rapidly detoxifies emotions that can cause behavioral impairment (e.g., anger, anxiety, irritability, posttraumatic dissociation, etc.) with extremely low risk of any significant side effects. It differs from psycho-pharmaceutical medications in that there is no potential development of tolerance or withdrawal. For psychotherapy to work a minimum requirement is the motivation and the time to acquire a new skill, whereas, NADA effects reliably induced even in guarded and suspicious consumers with little apparent motivation at all. Psychological preparedness to interact with and benefit from other core aspects of Restorative Justice programming is improved.

### **NADA Endorsements And Acknowledgements**

In 2006, the Treatment Improvement Protocol #45 (TIP 45) for Detoxification and Substance Abuse Treatment established NADA as the first complementary and alternative medicine (CAM) modality to be officially

recognized as a best practice in the United States. This early recognition focused on NADA's benefit to consumer engagement and retention in substance misuse treatment. Substance misuse and related matters are major considerations in Restorative Justice settings as well.

Since 2006, both the Veterans Administration Health Care System and the Department of Defense have incorporated NADA in clinical settings and have formally recognized acupuncture as having good evidence to support its use in relieving anxiety including the anxiety associated with post-traumatic stress disorder (PTSD). The Veterans Administration Health Care System's Center for Integrative Health currently identifies acupuncture as a first-tier integrative medicine modality and recently required that it be made an accessible treatment at all Veteran Administration Medical Centers.

Most NADA clinical research has focused on its integrated use as an adjunct to usual and customary practices, but some researchers have also studied NADA as a stand-alone intervention. The evidence is now clear – although NADA is not a panacea, it can be an extremely valuable part of comprehensive integrated care programming.

NADA's national office website [www.acudetox.com](http://www.acudetox.com) is a rich source of related information and materials. Links to peer-reviewed articles provide access to the latest NADA research and scholarly critique. *Guidepoints* is the quarterly NADA newsletter providing stories and images of NADA know-how, cultural acceptance, and relief of suffering around the world.

In more than 30 years, there has never been a lawsuit brought against the NADA governing board, its cadre of Registered Trainers, its more than 25,000 ear Acupuncture Detoxification Specialists (ADSes), or its organization partners providing NADA treatment and/or training. All ADSes are required to have earned a competency-based NADA Certificate of Training Completion. Trainings are manual guided and standardized using the organization's extensive *NADA Training Resource Manual*.

Registered Trainer trainings are flexible; tailored to program needs; personalized to trainee experience and aptitude; and are a mix of didactic instruction, clinically supervised client interaction, and technical skills training. ADS candidates with prior healthcare experience are typically able to



demonstrate all requisite competencies within a 30-hour training period. ADS candidates without prior healthcare experience overwhelmingly are able to demonstrate all requisite competencies within a 70-hour training period.

Personally, I have used NADA as a foundational treatment over the course of my entire career as a NADA registered trainer, full body acupuncturist, psychiatric physician, and public health advocate. When addressing physical complaints in my role as a full body acupuncturist, I always lead with NADA and find that it reliably works to relieve most somatic discomfort and aids in the discernment of what more may need to be done.

The clinical complexity of addressing both mental illness (MI) and co-occurring substance use disorder (SUD) is especially challenging. My most telling experience with the utility of NADA for MI/SUD co-occurring disorders came in 1982 while I was still a medical student. After completing the first two years of medical school didactics and before beginning the next 2 years of clinical instruction, I took a year off for travel and personal exploration to “see if this alternative medicine stuff could really help really sick people.” I ended up spending most of that time at Lincoln. Following an initial week of observation and training at Lincoln, the first person I was directed to apply NADA to on my own is one I remember vividly even now. He was a thin Black man, diagnosed with chronic paranoid schizophrenia and crack cocaine dependence. He had been out smoking crack all night, and upon voluntary arrival at the clinic, he declared that he was feeling suicidal and that he was hearing hallucinated commands telling him to kill himself and others. At the beginning of the treatment hour he was wide eyed; hyperverbal and rambling; hyperkinetic externally and internally restless; as well as anxious and fearful. I recall thinking to myself, “Wow. He’s already talking about killing himself and other people. What’s he gonna do to me when I stick a stainless-steel pin in his ear?” My anxiety must have shown on my face because he reassured me that he was familiar with the process and that all would go well. He told me, “no,” he was not ready for formal substance use disorder treatment or regular mental health care. And, “yeah,” he did drop in regularly to Lincoln’s only large group treatment room (where it was not uncommon for the daily client census to exceed 200 or more) when things went “too far.” And, “no,” he was not yet ready to commit to more comprehensive SUD or mental/behavioral support services, “but I’m starting to think about it.” While I sat near him, hovering silently and watching intently during the course of his

treatment hour, HE fell asleep! When he awoke after about 30 minutes, there was a different person sitting in front of me. The wide-eyed wild look was gone, and he looked and felt much calmer. The hallucinated commands to kill others was gone. The commands to kill himself had greatly diminished and were no longer compelling. His speech and thought processes were normalized to the extent that a productive reciprocal conversation was possible. He requested the placement of the acupressure beads (a round seed or magnetic pellet on hypoallergenic surgical tape) and affirmed that this simple ear acupressure device prolonged the “peace” associated with the use of ear acupuncture pins. He felt that the ear acupoint beads and pins worked together in facilitating harm reduction by decreasing drug craving, drug use, and other dysfunctional, impulsive, and sometimes dangerous behaviors.

I was sold.

In the 1990's, the Washington D.C. Superior Court instituted a Drug Court Diversion Program. The country was well into “Three Strikes and You're Out,” and the outrageously inequitable sentencing for cocaine in crack form (mostly urban Black and Brown) versus powdered form (mostly suburban/rural and White) had taken hold. I was hired by the D.C. Superior Court as Director of Acupuncture Treatment and Training. The program itself was federally funded as a field demonstration project to provide data on NADA implementation and efficacy to the Center for Substance Abuse Treatment (CSAT). It further confirmed NADA's adjuvant value as an important aspect of comprehensive substance use disorder treatment programming. Consumers liked it and wanted to come back for more. Consumer engagement and retention are well established as parameters that correlate best with treatment outcome.

I have since treated and trained in virtually every imaginable setting including churches with ministers; Employee Assistance Programs in factories; in emergency rooms; in general medicine inpatient units; in general psychiatric inpatient units; in community mental health centers; in primary care and specialty private practices; at community health fairs; at employee wellness fairs; for families in their homes; and in situations of post-traumatic stress for soldiers, veterans, civilians, and communities.

There are no absolute contraindications to the use of NADA. It is extremely unlikely that an allergic reaction will occur with the seeds, gold-plated beads, hypo-allergenic tape, or stainless-steel pins that are used in NADA acupressure and acupuncture. The recognition of NADA's safety as well as utility across the healthcare spectrum is well established from its effectiveness in acute crisis, stabilization, maintenance, and promotion of well-being. It is safely applied without regard to diagnosis or symptom profile.

"Who helps the helpers?" is a crucial question that is often overlooked. Frontline workers, managers, administrators, personnel in criminal justice settings, etc., confront behavioral health, MI, SUD, and co-occurring MI/SUD issues as much as the specialty treatment setting charged with addressing these issues, and they are in need of the suitable tools to properly help with these problems. NADA can be one such tool. England is a notable example where NADA is now present in most prisons. Administered by prison guards to prisoners and to each other, rates of violence have been cut in half. Following the 2001 NYC World Trade Center Twin Towers attack, NADA ADSes responded in strength. They underscored the fact that many victims cannot or do not want to talk in the immediate aftermath of great tragedy and are often made worse when driven to "debrief" before resiliency is bolstered, but they can benefit greatly from the NADA style of treatment and therapeutic engagement.

Practitioners in Juarez, Mexico, which has been described as the murder capital of the world, have currently established "NADA safe zones" in churches in cooperation with local faith leaders. In African and East Asian conflict zones, NADA providers alleviate the sufferings of war, displacement, and loss of life. During the COVID 19 pandemic, NADA publications have increasingly emphasized the effectiveness of acupressure in self-care and in decreasing burnout and compassion fatigue in healthcare providers.

### **NADA Protocol Is A Good Fit For Restorative Justice Settings.**

There are many reasons why NADA is a good fit for Restorative Justice settings, processes, and goals. It is easily learned by any and all personnel, and so training can be made widely available to all. Improved balance of brain and emotions can occur rapidly, consistently, inexpensively, and safely in this setting where mental and emotional stress abound. More specifically, NADA has proven effective for improving anger, anxiety, depression, concentration, body aches,

headaches, decreased energy, and in decreasing professional burnout. These are conditions that interfere with the psychological availability of consumers and staff to participate optimally in Restorative Justice processes and goals. The benefits that NADA provides produce a strong foundation that increases the likelihood for successfully achieving rehabilitation and reconciliation.

NADA is extremely unlikely to produce any significant adverse reactions or consequences. It is best for programs to use existing staff to provide in-house NADA treatment and training, thereby keeping cost for providing NADA low. Evidence supports its use in the short term and in producing benefits that are sustained over time – even after discharge or program completion and in the absence of active ongoing NADA intervention.

Challenges exist in making psychotherapy universally available to all those who might benefit. Sufficient numbers of psychotherapists are unlikely to be available over long and indeterminate periods of time, and they are a relatively expensive resource. With psychotherapy there is limited expectation of immediate response to a psychotherapy episode. Psychotherapy engagement can be difficult for consumers and personnel who are influenced by stigma; lacking in trust; reluctant to provide full and honest disclosure of issues; too fragile or otherwise unable to expose vulnerabilities; and for those without any prior psychotherapy encounters.

Fast acting psychopharmaceutical agents are not a good fit for widespread use in Restorative Justice settings. Licit and illicit psychopharmaceuticals/drugs can certainly bring about reliable neurophysiologic change, but they often bring other baggage that is undesirable and can be difficult to manage.

Sedative-hypnotics like Valium and Xanax; opiate analgesics like Oxycontin and Fentanyl; psychostimulants like Methamphetamine and Adderall; antidepressants like Elavil and Remeron; and antipsychotics like Seroquel and Zyprexa are certainly effective drivers of emotion and behavior. Unfortunately, they also can cause significant side effects that are not trivial or uncommon. Costs for the management and oversight necessary for the medically prescribed use of licit agents can be high. Diversion and other secondary gain can be ulterior motives for medication-seeking consumers. Sedative-hypnotics dull cognitive and emotional responses. Opiate analgesic “painkillers” decrease emotional distress and physical pain but also decrease brain function and emotional resiliency.

Problems of tolerance and withdrawal associated with fast acting psychopharmaceuticals/drugs are proof that they are not essentially homeostatic or balancing in nature.

When consideration of psychotherapy and psychopharmaceutical intervention is appropriate, NADA is of use in clarifying the clinical picture. The calming and balancing effects of NADA help to eliminate the “noise” created by the various sources of emotional distress that can worsen the course of a co-occurring mental illness. Where a co-occurring diagnosis may be indicated, NADA can assist in making the process of determining diagnosis easier and more likely to be accurate. Clarification of this sort is critical to the accurate selection and implementation of specific psychotherapy and targeted psychopharmaceutical treatment interventions.

Psychotherapy and psychopharmaceuticals simply cannot compare to NADA where universal population-based accessibility and ease of utility is concerned. It is uniquely suited to helping, managing, and assisting in the triage of the various mental and emotional challenges encountered in Restorative Justice settings.

### **Embryologic Origins Of NADA Neurophysiology**

NADA balances emotions and behavior through its effects on the sympathetic, parasympathetic, and central nervous systems. The hypothalamic-pituitary-adrenal (HPA) axis is the chief mediator of stress response in the brain, mind, and body.

HPA axis dysfunction and overactivation is involved in most emotional, mental, and behavioral disorders (e.g., disorders of mood, cognition, personality, sleep, and substance use); a broad array of physical diseases (e.g., chronic pain, chronic fatigue, immune dysfunction, cardiovascular disease, and gastrointestinal illness); and even to measurable atrophy of those brain anatomical areas associated with emotion, memory, and decision making (e.g., hippocampus, amygdala, and medial prefrontal cortex).

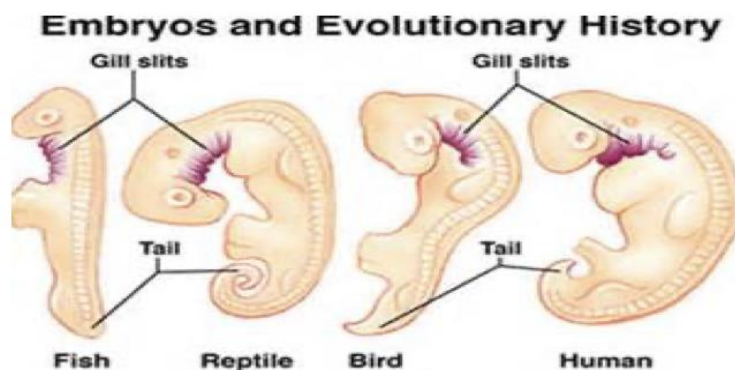
The homeostatic and universal impact of NADA treatment on brain chemistry and HPA axis hormonal physiology promotes improved balance, resiliency, and recovery from the effects of pathologic stress. Sources of pathological stress and distress can be many. Sources may be endemic, enduring,

situational, and transient; they can also occur due to toxic substances, licit or illicit substance use, and social interactions – all of which can be encountered in Restorative Justice settings.

In humans, the physical and physiologic capacities underlying the broad NADA effects begin with formation of the gill slits at five weeks of embryonic life. The gill slits are a collection of cells that establish and maintain feedback loops of mutual influence by way of nerve impulses, neurotransmitters and hormones during the process of embryonic development. The gill slits precede the development of more complicated “downstream” structures such as the HPA axis; the brain and other body organs; the nervous system; the cardiovascular system; and the myofascial system. As the gill slits assume the structure and function of the external ear, they maintain the interconnectedness with those “downstream” structures through mutual feedback loops.

Notably, the vagus nerve innervates the entire lower half of the external ear and is responsible for regulation of blood pressure, pulse rate, and respiratory rate; it helps with regulating the function of all the internal organs. The vagus nerve both transmits impulses from the brain to the organs and from the organs

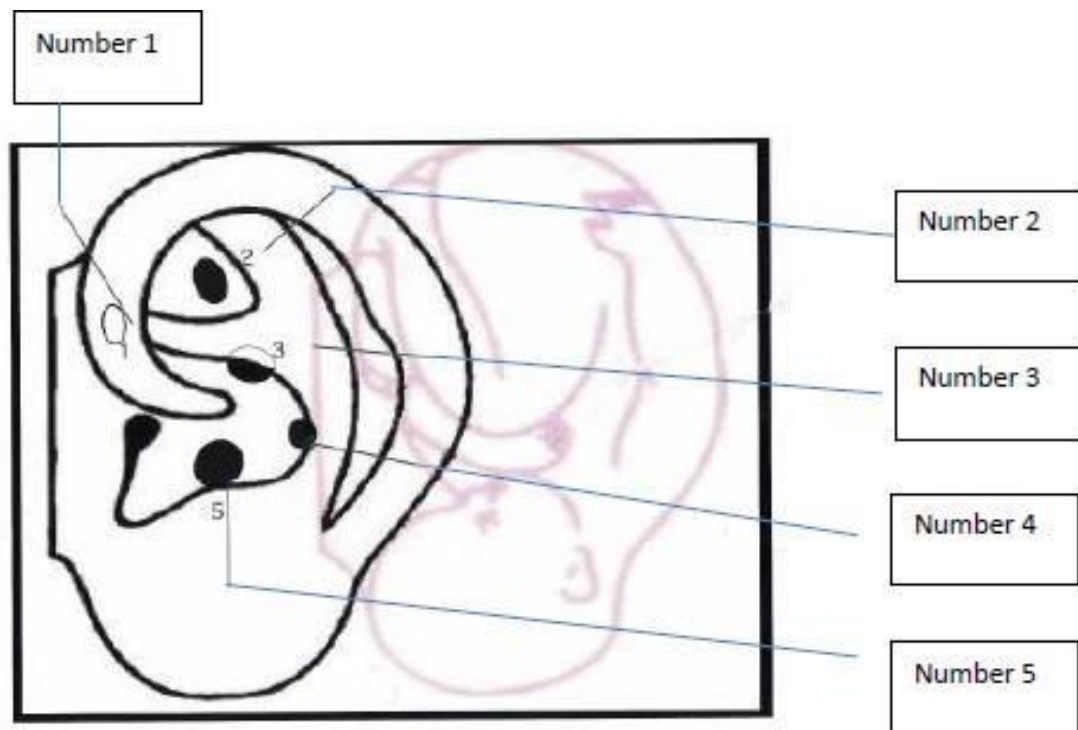
## 2 to 5 weeks



back to the brain. Similarly, other nerves innervating the external ear communicate directly with the brain and spinal cord. It is these interconnections and feed-loops that facilitate and support our inborn capacities for maintaining whole body/mind balance and homeostasis.

The embryonic gill slits can be further characterized as having three distinct germ layers. They are the ectoderm that develops into the brain, nervous system, skin, and bones; the endoderm that develops into arteries and veins; and the mesoderm that develops into our system of internal organs, including heart, liver, kidneys, and lungs. When gestation is complete, the external ear is the only location in the entire body where the three germ layers continue to co-exist in one anatomical structure. They are readily accessible for NADA acupuncture and acupressure manipulation. As with the motor cortex of the brain, their correspondence to body parts and functions can be mapped in detail.

The five ear acupoints utilized in NADA acupuncture and acupressure are pictured below.



NADA protocol ear points map and description. Number 1, Sympathetic; Number 2, Shen Men; Number 3, Kidney; Number 4, Liver; Number 5, Lung.

## **NADA Builds On Nature's Blueprint In Support Of Restorative Justice**

The United States has the largest penal system in the world. Our legal system fuels this massive penal presence, and following the precedent of British Law, it is rooted in principles of punishment and retribution. This is in stark contrast to other systems of law that have made more room for the possibility of caring for all its constituents by providing opportunities for restoring wholeness and wellbeing through rehabilitation and reconciliation.

We all need to care deeply about the impact of crime on everyone – including offenders and victims. We should care about the impact on their communities and see them, ultimately, as our communities too. We should all take responsibility for promoting, securing, and administering the principles and practice of Restorative Justice in order to transform the system into something better and more humane. Our country's abject failure to have a legal system that prioritizes and delivers on rehabilitation and reconciliation is a national disgrace.

Trauma is everywhere. Emotional distress is pervasive. Nearly everyone engaging in or exposed to crime and violence first survives it. In the absence of a Restorative Justice approach, our current legal system, as it stands, is a hellish instrument of racial and social control that is far reaching, characterized by systemic inequity and causing great harm to our individual and collective health and wellbeing.

NADA's style and technique can help in turning the tide. It has a proven track record of doing so. It takes strategic advantage of nature's blueprint in supporting the model paradigm of bio-psycho-social-cultural restoration and rehabilitation in the areas of mental health and substance misuse – areas that must be addressed effectively and efficiently if the Restorative Justice movement is to achieve the goals of rehabilitation and reconciliation as sustainable outcomes.

The one to five ear acupoints used in NADA and its nonverbal/nonjudgmental style and technique have much to offer in support of the practice and administration of Restorative Justice. NADA's style of engagement reliably results in better balancing of brain, mind, body, and behavior.



NADA builds upon both contemporary science and ageless wisdom healing traditions. It builds on traditions valuing healing over punishment and killing. It builds upon our inborn potential for personal and social redemptive restoration in this epoch of medico-legal injustice and mass incarceration. NADA is uniquely suited to supporting the establishment of an emerging new system of Restorative Justice.

### Questions for Your Consideration

1. How far have we come? Consider the murder of Brandon Bernard. Why do you think that even after such great opposition that the government moved forward with his execution? How could restorative justice principles have made a difference?
2. Think outside the box. Diagnostic categories often do not describe fully the person sitting in front of you. How might NADA help meet victims and offenders “where they are?”
3. Change takes time, but not all change requires a complete overhaul. How can incorporating NADA into existing practices and using existing personnel ease the process of change in “the real world?”
4. What are some of the ways that NADA can be used to help victims, offenders, and the greater community in which they live?
5. Psychotherapy is often done individually; however, NADA can be done in large group settings. What would the benefits be in regard to cost and efficient use of personnel?
6. Consider the neuroscience. The mind and body are connected. Toxic emotions result in toxic behaviors. How does NADA work in helping to realign the mind and body for optimal decision making and outcomes?