

Voices From the Field: Experiences of Two Acupuncturists

Who Work in Public Health

By Kristen Porter, MAc, LAc and Beth Sommers, MPH, LAc

Practicing acupuncture in a public health context takes on a myriad of forms and truly is an example of "letting one hundred flowers bloom." Acupuncturists can be found in every aspect of the public health sector - doing preventive clinical work in both in-patient and out-patient settings, providing public and professional education, challenging and extending the research paradigm, and administering programs involved in policy-making.

In our "Voices From the Field" series, we are interviewing acupuncturists from different parts of the country who work in innovative settings to integrate public health practice into the healing art and science of Asian medicine. For this article, we spoke with Adam Burke (from San Francisco) and Jeff Miller (from Boston). Each of these individuals studied and trained in rigorous backgrounds that prepared them for leadership roles in a field that continually is evolving and expanding to meet the needs of the American public.

By featuring two acupuncturists from the East and West Coasts, we also hope to compare and contrast differing approaches to integration. Although the experiences and perspectives of two individuals can't begin to encompass the variety of styles and practice formats acupuncturists have created, we hope to share their views and visions with our readers. Because our profession embodies the dynamism of the ever-changing seasons, as well as the *dao* of the never-stagnant yin and yang, our work and energy continually is cross-pollinated with our peers. The work of these two acupuncturists exemplifies the pioneering spirits of the Chinese barefoot doctors, as well as the 21 st-century vision of public health.

We first asked each acupuncturist about his background:

Adam Burke (AB): I have a doctorate in social psychology from the University of California at Santa Cruz and a master's degree in public health from UCLA. My acupuncture training was at the American College of Traditional Chinese Medicine, as well as in Sichuan, China at the University of Traditional Chinese Medicine. I've been practicing approximately 20 years. Currently, I serve as co-chair of the Alternative and Complementary Health Practices Group of the American Public Health Association.

Jeff Miller (JM): Although I have a background in English literature, the study of Chinese medicine and philosophy always captured my imagination. My training at the New England School of Acupuncture included an internship at the AIDS Care Project (now called Pathways to Wellness) in Boston. This experience initially inspired me to do clinical work at Pathways, and later to expand into becoming a faculty member for Pathways' postgraduate clinical training program. I've been practicing acupuncture for almost eight years. My most recent milestone is that I celebrated providing over 10,000 treatments.

One striking similarity between the two acupuncturists is their commitment to ongoing education. Both are involved in teaching and describe their current educational work:

AB: I'm an associate professor of holistic health and health education at the University of California in San Francisco. I teach in a unique interdisciplinary undergraduate program that prepares students for careers in health and health-related fields.

JM: As a clinician at Pathways, I have the opportunity to work with students from a variety of fields - acupuncture, public health and health communications. I work with acupuncture students at all levels of training; beginning students are involved in our clinic as assistants, and advanced students participate in clinical internships. We recently began offering a clinical opportunity in continuing education for licensed acupuncturists. It involves a 60-hour training program that provides an opportunity to work in a multidisciplinary public health clinic, and is a mix of didactic presentations on advanced treatment strategies, as well as supervised clinical work.

We asked Adam and Jeff to describe the focus of their public health practices:

AB: I'm involved in research projects related to the use of CAM by medically underserved populations that include minorities in the U.S. as well as other international populations. A paper that I published in *Ethnicity and Disease* describes a community-based participatory research model for building partnerships between communities and university-affiliated investigators. I'm also devoted to promoting greater integration of

CAM therapies within the public health sector, because I think it's possible to provide affordable care and prevention to economically disadvantaged individuals.

JM: My interest in public health was not premeditated, but was a result of my experiences and exposure to it while I was an acupuncture student. I witnessed how the transformative power of serving the needy affected other practitioners and volunteers, as well as on the clients, and I wanted to integrate that power into my own life.

Our final question to Adam and Jeff was about their vision for integrating acupuncture and public health:

AB: Historically, the role of public health has been in control of infectious disease, emergency preparedness, ensuring access to affordable care, and promoting community health. Acupuncture services are already an important part of public health service, especially in the areas of community-based HIV/AIDS treatment and in treatment of individuals with chemical dependency issues. Given its growing use in the general public, there is a greater potential role in a wider arena. Numerous studies show how acupuncture is effective for the treatment of chronic pain; this represents another important area of growth for this medicine. Providing acupuncture within a broader holistic context of diet, movement, and healthy lifestyle could be a potentially powerful contributor to modifications in health behaviors of all Americans.

JM: The private practice environment is often associated with economic pressures that can limit the use of acupuncture to those who can afford it. In the area of chronic illness, for example, individuals may require regular treatment but, because of being unable to work, may not be able to afford the cost of unsubsidized treatment. The challenge of the economic bottom line is to integrate acupuncture into third-party payer systems, like insurance and managed care, so that it can truly become a therapeutic reality for anyone who wants to use it.

These two voices from the field illustrate a variety of successes, challenges and perspectives that we face as professionals. The issues they raise are relevant for all acupuncturists, regardless of the context of our practices. We thank Adam and Jeff for giving voice to the evolving integration of acupuncture and public health. Colleagues who dedicate themselves to this work help to make the reality of health care that includes wellness a right, not a privilege.

If you are working in the public health sector and would like your work or program featured in an upcoming article, please contact us at one of the e-mail addresses below.

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