

Acupuncture in the US

**a short history of professionalization
and orientalism**

adapted from *American Chinese Medicine*, an ethnography by Tyler Phan, Ph.D

Chinese Medicine in the US

overview

- Chinese medicine had two incarnations: migrant Chinese practice and its professionalized form.
- From the 1880s to the 1940s, Chinese medicine was practiced by the Chinese diaspora to serve their communities and non-Chinese settler populations.
- From the 1970s onward, Chinese medicine professionalized under the agency of acupuncture.

Early History

Beginnings

early colonists and Chinese immigrants

- The inception of Chinese medicine in America can be identified in:
- the intellectual interest of early colonists, who experimented with acupuncture, and
- the actual practice of Chinese immigrants. The bulk of Chinese medicine from the 18th to early 20th century revolved around Chinese herbalism.

Franklin Bache (1792-1864)

great-grandson of Benjamin Franklin

- Influenced by much of the acupuncture research in Europe, the great grandson of Benjamin Franklin, Franklin Bache (1792-1864), became the first physician to investigate acupuncture in the United States.
- It is unclear when Bache became interested in acupuncture, but in 1825, he received a copy of “Memoir on Acupuncture (Memoire sur L’acupuncture)”. This monograph was written by the physician M.J. Morand.
- In the same year, he translated and published it in English.

Practicing “Acupuncture” on Prisoners yes really

- At the time Bache was an assistant physician at Walnut State Street Prison in Philadelphia where he treated seventeen prisoners from June to December of 1825 focused on neuralgia, chronic pain, muscular rheumatism, and ophthalmia.
- He found out of the seventeen prisoners, seven were “completely cured,” another seven found considerable relief, and three had no effect.
- The results were published under the title “Cases Illustrative of the Remedial Effects of Acupuncture” in North American Medical and Surgical Journal. Bache’s findings were the first published research on acupuncture in the United States.

Other Physicians

Following Bache's findings, others in America had relative success with acupuncture

- Physician J. Hunter Ewing treated a woman who had been suffering from neurological pain for eighteen months with one successful acupuncture treatment.
- In 1843, the “Father of American Physiology,” and Thomas Jefferson’s personal physician, Robley Dunglison, used acupuncture to “drain off the fluid from the cellular membrane in anasarca” and suggested acupuncture’s use in other diseases.

But it fell out of favor among white physicians after about thirty years

- By 1859, sentiment towards acupuncture shifted and research came to an abrupt halt.
- The so-called “Nestor of American Surgery,” Samuel D. Gross, wrote about acupuncture in his best known work *A System of Surgery* which “its advantages have been much overrated, and the practice, which has been borrowed from the Chinese and Japanese, has fallen into disrepute”

Migration and Medicine

It's difficult to date the first Chinese migration to America.

- From the Census of 1860, there were a little over a dozen Chinese who had sporadically entered the country
- On February 2, 1848, the brig *Eagle* docked in San Francisco Bay carrying two Cantonese miners and a woman housekeeper who accompanied a French missionary on board.

Gold Rush

In 1848, gold was struck at Sutter's Mill in the Mexican territory of California

- By 1850, word spread East to China labelling America as “Gold Mountain” (“jin-shan” 金山) initiating a migration in the thousands to America's west coast
- At the peak of Chinese immigration in the late-19th century, the 1880 United States Census showed 105,464 total Chinese immigrants with 87,282 residing along the Pacific Coast

Railroads

and more

- Once the Chinese landed in America many would find work outside of gold mining such as constructing the transcontinental railroad. From 1865 to 1869, roughly 12,000 Chinese migrants would laboriously work to build the nation's transcontinental railroad.
- As the result of Chinese labor on the railroads, gold exploration, domestic service, or agricultural work, migrants found themselves settling either in urban centers such as San Francisco and New York, or rural encampments near areas of labor.

Chinese Medicine

- Along with their migration, Chinese brought their medicine in form of raw materials which would play an integral part of their lives while in America.
- Chinese medicine was of great importance to the Chinese with evidence it was used for trade amongst Native Americans as exhibited by vials of medicine found in an archaeological excavation of a Native American encampment.
- Chinese migrants were equipped with a basic knowledge of herbal remedies for minor issues and would seek help from Chinese medicine physicians for more severe issues.

Medical Marginalization

- In the late-19th century, Chinese made up 5-8% of San Francisco's population and Chinese in San Francisco made up 24.4% of California's entire Chinese population.
- Even with the growing population of Chinese, little attention was given to their healthcare. Less than 0.1% of Chinese were admitted to hospitals in San Francisco, and if they were admitted, patients would be sent to wards which dealt with small pox or to a designated building exclusively meant for Chinese – although not mutually exclusive – which was later designated as the Lepers Quarter.

And scapegoating

- The seeds for medical scapegoatism in California first appeared in the 1860's. Whereas in the 1850's the early Chinese immigrants had been admired for their industry and frugality, by the 1860's the Chinese were considered to be "an inferior race" and a "degraded" people. By the 1870's, the racist argument had broadened in scope, and the Chinese were viewed as "a social, moral and political curse to the community".
- In the years 1875 and 1876 a small pox epidemic hit the city and, as this was before the acceptance of germ theory, the Chinese were blamed. As a San Francisco health officer, J.L. Meares explains, "I unhesitatingly declare my belief that the cause is the presence in our midst of 30,000 (as a class) of unscrupulous, lying and treacherous Chinamen, who have disregarded our sanitary laws, concealed and are concealing their cases of smallpox"

Not just smallpox but leprosy and the bubonic plague...

- The Chinese were additionally blamed for leprosy and the bubonic plague. Various beliefs were espoused by health officers surrounding leprosy and the Chinese. One thought it was “simply a result of generations of syphilis, transmitted from one generation to another” while another contended it was inherently a Chinese disease and was passed to whites through the use of opium pipes touched by Chinese lepers.
- In March 1900, health officials ruled a body found in a Chinatown building had signs of the plague because of swollen lymph nodes. As a result, San Francisco’s Chinatown was quarantined for several months, Chinese who tried to leave the city were detained and a house-to-house inspection was ordered.
- Does this scapegoating remind you of any recent events?

Outside the system

- The mistreatment of Chinese coupled with Chinese mistrust of the American medical system, led Chinese to create their own autonomous medical facilities in the form of Chinese herbal pharmacies.
- With the lack of biomedical hospitals, many Chinese-run herbal pharmacies would serve as centers of medical treatment. During the late-19th century, herbal pharmacies were also sites of Chinese commerce and entrepreneurship. According to a San Francisco business directory in 1856, 15 out of the 88 Chinese businesses were Chinese herbal pharmacies with five herbal physicians, which was second in prevalence to the 38 grocery store businesses.

Chinese herbalists treated a lot of white women in addition to patients in their own communities

- “The rational, objective, and nonmoralistic approach toward sexual matters probably helped make their female patients more comfortable as the women described their symptoms. In short, the herbalists were able to break into the European American female market because herbal medicine is effective, feeling the pulse is a noninvasive therapeutic method, and the confidential nature of their practice reduced the social distance between Chinese herbal doctors and their Caucasian clients.” — historian Liu Pei Chi

Ing Hay

and Kam Wah Chung in John Day, OR

- Started in the 1880s, Kam Wah Chung & Co. was owned by the Chinese medicine physician Ing “Doc” Hay and entrepreneur Lung On. Ing Hay was born in the Taishan (台山) county of Guangdong, and in 1887 immigrated to Washington, before relocating to John Day, Oregon, leaving behind a wife and children in China. At first, Hay started out as a gold miner then learned Chinese herbal medicine from Doc Lee.
- Originally, Hay treated Chinese patients, but by the 1890s, many Chinese left John Day and his clientele became mostly local whites.
- At least one-third and possibly a majority of his patients were women.

Preventing an outbreak

- When influenza struck a highway construction crew near John Day in 1919-1920, Ing Hay successfully administered tinctures and medicinal herbs (sometimes referred to as “Doc Hay’s sacks of bitter weeds”), thus cementing his reputation in the larger non-Chinese community.
- from 1915 to 1919, especially in Portland, thousands of people in Oregon were killed by Spanish flu, yet not one person in John Day died from the epidemic.

Treating his community and beyond

- Ing Hay treated a range of gynecological issues from “congestion” of the pelvic organs, to menstrual pains, to childbirth. He was also known to successfully treat blood poisoning, a common occurrence since farmers dealt with barbed wire and livestock. Also: frostbite, Rocky Mountain spotted fever, infertility, venereal diseases, typhoid fever, gangrene, appendicitis, and polio.
- Hay also sent herbal formulas throughout the nation to patients who wrote letters to him about their ailments.

- Long On died in 1940, leaving the Kam Wah Chung & Co. to become a solely Chinese medicine clinic. Shortly thereafter, Hay hired his nephew Bob Wah to help run the clinic. In 1948, Kam Wah Chung had to close because of Hay's ill health. Hay would spend the remainder of his life in Portland where he died in 1952.
- Hay was also known to be generous to his community. After his death, citizens of John Day found he had \$23,000 worth of uncashed checks, some written during the Great Depression. (The belief is that he didn't charge people that he thought couldn't afford it.)

Persecution

- Ing Hay was charged three times with practicing medicine without a license on accusations from local, non-Chinese doctors and a Portland couple, but the charges against him were dismissed each time.
- He had too much support from patients in his community for charges to stick.
- The most obvious persecution of Chinese medicine physicians came from those who would control the medicine.

Anti-Asian Racism

Chinese Exclusion Act of 1882

- This marked the first time in American history an entire group of people were prohibited from immigration based on race and class
- As historian Erika Lee writes, “Chinese exclusion as an institution produced and reinforced a system of racial hierarchy in immigration law...and a site of unequal power relations and resistance. Immigration law thus emerges as a dynamic site where ideas about race, immigration, citizenship, and nation were recast. Chinese exclusion in particular, reflected, produced, and reproduced struggles over the makeup and character of the nation itself.”

Chinese Exclusion Act cont'd

it was about both race and class

- The goal was to keep out Chinese laborers; Chinese men who were merchants or officials were permitted to immigrate
- However, that doesn't mean they were treated well: "Nevertheless, Chinese merchants, students, officials, and travelers were never automatically admitted or given special treatment solely on the basis of their class. Immigration officials feared (sometimes with justification) that Chinese claiming exempt-class status were either laborers in disguise or likely to become laborers after being admitted . . . They thus judged the class status of Chinese immigrants through the lens of race, and race through the lens of class status. Chinese applying for admission were viewed as Chinese first and merchants, students, or officials second. Sometimes class provided protection from racial discrimination; often times it did not" — Erika Lee

Origins of Chinese Exclusion Act

Chinese miners competing for work with white miners

- as early as 1852, California legislators enacted a foreign miner's tax, also known as the "Tingley Coolie Bill," which levied three dollars a month on every worker who was not an American citizen
- in 1861, California passed "An Act to Prevent Further Immigration of Chinese or Mongolian to This State," which after a year, was made into the law known as the Anti-Coolie Act of 1862 (also known as "An Act to Protect Free White Labor against Competition with Chinese Coolie Labor"). The Anti-Coolie Act was a piece of legislation which benefited white workers by imposing a tax on employers who hired Chinese immigrants

And railroads

- In 1865, Chinese were hired to work for the Central Pacific Railroad after the company first advertised the hiring of thousands of white workers, but only 800 white workers applied for the job. Thus, the Central Pacific Railroad decided to hire Chinese. Besides the inability to hire white workers, Central Pacific Railroad also found the Chinese as assets to break strikes in both the steel mills which manufactured the rails as well as in the construction of the railroads themselves.

Tensions with organized labor

(or, “capitalism is great at pitting people against each other”)

- Animosity towards Chinese began to rise when anti-Chinese sentiment transformed unions into “anti-coolie clubs.”
- Until the late-1860s, organized labor’s issue with Chinese workers was mostly a West Coast problem. In the following years businessmen and industrialists in the East Coast would exploit Chinese workers and expand the anti-Chinese sentiment to a national level.
- While the West Coast was experiencing hostility towards the Chinese, much of the animosity in the East Coast was directed at the Irish as well as Eastern and Southern European immigrants. In 1868 when the National Labor Union held a meeting in New York City, it rallied around the unity of all workers (except Chinese) against the exploitation of workers by “immigrant companies”.

Violence (**content warning**)

1870s-1880s

- One of the first significant acts of violence against Chinese occurred in 1871 when seventeen to twenty Chinese were systematically hanged and killed by a mob of whites in Los Angeles in what were seen as revenge killings. Known as the “Chinese Massacre of 1871,” this is said to be the largest mass-lynching in American history.
- “Rock Springs Massacre”: 1885 in Rock Springs, Wyoming, the Knights of Labor organized white miners to battle against Union Pacific. A mob killed at least twenty-five Chinese.
- “Deep Creek Massacre”: 1887 in Wallowa County, Oregon. Thirty-four Chinese were massacred by six white thieves and schoolboys
- Multiple Chinatowns were burned to the ground and all their residents expelled.

Ing Hay

practicing in a clinic built to withstand a siege or a violent mob

- At first, the local Chinatown was located in Canyon City, but after several fires with the final one being in 1885, the Chinese were not allowed to rebuild in Canyon City.
- The roughly 400 Chinese then relocated to the already burgeoning Chinatown in John Day. Chinatown had several names one of which was Tigertown. The Chinese population at its height in 1885 was approximately 2,000, making it the third largest Chinatown in the United States at that time, only slightly smaller than San Francisco and Portland.
- The primary reason why Kam Wah Chung, which is now a museum, was so well preserved for nearly fifty years was because Ing Hay and Lung On fortified the store-clinic with an iron door and windows to protect against any attacks. They also chopped firewood inside.

Regular and Irregular Medicine

Professionalization of biomedicine in the US

- The professionalization of biomedicine in the United States was complicated. It is best described as a process which occurred from the mid-19th century to the mid-20th century.
- From the 18th to early-20th century, the designation of “physician” or “doctor” was fluid and denoted an array of medical practitioners. Arguments on whether a medicine was “regular,” irregular,” or “defective” did not arise until the mid-19th century. The term “irregular” medicine was simply used in contrast to those who practiced “regular” medicine. In contrast, “allopath” was used by the opposing homeopaths.

Before professionalization

- “Regular” medicine was known for the use of “heroic” treatments, which involved bloodletting, blistering, emetics, purgatives, opiates, surgery, and occasional use of lethal substances such as mercury. “Regular” physicians were known to “take action” and give less agency to the patients and more emphasis on their own discretion along with their heroic therapies.
- “Irregular” physicians, who treated with “natural healing” encompassed through the view of “vis medicatrix naturae” (“the healing power of nature”) and who entrusted nature to cure patients.

Vitalism

- At the heart of “irregular” medicine was also the idea of vitalism.
- As James Wharton describes it: “Vitalism is the belief that the human body is activated and directed by a life force that is unique to living organisms and that transcends the laws of physics and chemistry used to account for the phenomena of the inorganic world”

Consolidation of Regular Medicine

enter the AMA

- The history of medical licensing boards started in the 18th century: medical licensing boards, schools, and societies seem to appear around the same period.
- The consolidating of “regular” medicine began with the creation of the AMA in the mid 19th century: a confederation which consisted of all medical societies and schools as well as hospitals, asylums, and other medical institutions.
- “Before the profession's authority was institutionalized in the late nineteenth and early twentieth centuries, physicians might win personal authority by dint of their character and intimate knowledge of their patients. But once it was institutionalized, standardized programs of education and licensing conferred authority upon all who passed through them” — Paul Starr

Standardization of Medical Education

is relatively recent, historically speaking

- It was not until 1906 when the AMA had a pivotal transition when its Council on Medical Education conducted an inspection of 160 medical schools in the United States and graded each school based on its students' performance on the state's licensing examination as well as its curriculum, facilities, faculty, and requirements for admissions. The AMA's Council of Medical Education was initially created in 1904 and consisted of five medical professors from five of the major medical schools.
- In its evaluation, the council fully approved only eighty-two schools with the "Class A," forty-six schools were graded "Class B" as imperfect but redeemable, and thirty-two were graded "Class C" as non-salvageable.

The Flexner Report

1910

- In 1908, the Carnegie Foundation elected an inexperienced undergraduate named Abraham Flexner (1866-1959) to evaluate all the medical schools in the United States in his Bulletin Number Four, which is known commonly today as the “Flexner Report.”
- Flexner’s report made scathing evaluations of “irregular” medical schools, comprised of eclectic, homeopathic, and osteopathic institutions.
- Debate remains as to whether Flexner’s findings actually led to the closure of the many medical schools at the time. In 1906, United States reportedly had 162 medical schools. In 1910, the year the “Flexner Report” was published, the number of schools dropped to 131, and by 1915 there were only 95 schools nationwide.

Impact on Black Physicians

<https://www.medpagetoday.com/publichealthpolicy/medicaleducation/88176>

- The publication of the Flexner Report in 1910 had an immediate and enduring impact on the training of Black physicians in the United States. The Flexner Report's thesis, “that the country needs fewer and better doctors,” was intended to normalize medical education for the majority of physicians, but its implementation just 48 years after the Emancipation Proclamation obstructed opportunities for Black students pursuing medical education.
- Five of the then-existing seven Black medical schools closed down.
- Black medical schools had fewer resources due to systemic disinvestment in education, and so could not meet the new standards proposed by Flexner.

Impact on Women Physicians

- In 1900, women accounted for 6% of practicing physicians nationwide, and in 1909, they were accepted at 91 of the 155 medical schools — including three schools dedicated exclusively to educating women. However, by 1940, just 4% of physicians were women, in part due to the closure of many schools that had accepted higher numbers of women.
- In his report, Flexner wrote that while women were not barred from applying to medical school, they “show a decreasing inclination to enter it” — and that those who did had “obvious limitations.”

Chinese medicine was “irregular” medicine

- With anti-Chinese sentiment further legitimized by the Chinese Exclusion Act, Chinese medicine had to endure “regular” medicine’s newly found power enforced by law.
- Chinese physicians had three legal factors working against their practice of medicine in the United States, mostly but not mutually exclusive: access to a medical education approved by the state medical board, the ability to pass the state board’s examination, and, their status as “merchants.”

Medical licensing laws vs. Chinese physicians

- By 1901, California created its medical licensing law, which required a mandatory diploma from a school approved by the medical board as well as for applicants to pass the medical board examination.
- Most, if not all, Chinese physicians were unlicensed because they simply did not attend an approved medical school. This was because schools in California did not allow any Chinese admittance (until 1908 at the University of California in San Francisco). The ramifications of the Chinese Exclusion Act did not allow any Chinese physician to claim themselves as “doctor” or “physician,” as they were still considered “merchants” by the law and were only permitted to provide merchant services. This meant throughout the early-20th century, the California medical licensing board could, and did, arrest any Chinese physicians caught practicing medicine.

Orientalism

What is Orientalism?

“the white gaze”

- Scholar Edward Said, in his 1978 book of the same name, establishes Orientalism as a critical concept which describes the West’s (“occident”) contemptuous depiction of “the East” (“orient”)
- closely tied to Western imposition of imperial power over the East: imperialism and colonialism
- “is, rather than expresses, a certain will or intention **to understand, in some cases to control, manipulate, even to incorporate**, what is a manifestly different (or alternative and novel) world” (Said);
- results in the marginalization of the people of the East

Taking the late eighteenth century as a very roughly defined starting point Orientalism can be discussed and analyzed as the corporate institution for dealing with the Orient—dealing with it by making statements about it, authorizing views of it, describing it, by teaching it, settling it, ruling over it: in short, Orientalism as a Western style for dominating, restructuring, and having authority over the Orient.

Edward Said

Expansion of the concept of Orientalism

in John Kuo Wei Tchen's *New York before Chinatown*

- Orientalism in an American context
- 3 frameworks: patrician, commercial and political
- all marked by specific epochs in American history

Patrician Orientalism

in the aristocracy of the founding generation of the US

- exchanging and collecting rare consumer goods, like art, tea, porcelain, lacquer furniture
- fascination with ideas and culture of China
- creating a new upper-class identity that blended elements of China with elements of British aristocracy without being tied too closely to either
- **Chinoiserie** was the late-17th century aesthetic in art, architecture, literature, and music based on European artistic interpretations of East Asia, but not originating from East Asia.

Commercial Orientalism

marked by end of the Civil War

- urbanization and marketplace economics, particularly cheap newspapers, facilitated commercial orientalism
- “Print capitalism in effect transformed a streetscape of diverse individuals into a public that increasingly viewed itself as living a shared New York City experience. The visually driven marketplace of “sights” fostered a distinctive form of orientalism in which images and beliefs were sold and bought by a public eager to make sense of its own place in this heterogeneous urban environment and of its nation’s place in the world. This was the New York in which Chinese were beginning to settle” — John Kuo Wei Tchen
- allowed non-upper class, non-Chinese populations to discover migrant Chinese cultures

Commercial Orientalism

cont'd

- Commercial orientalism also encompasses Chinese herbal pharmacies serving white patients
- First advertisements in newspapers of Chinese herbal pharmacies in 1870s
- by the mid 1880s, physicians began using sketches of Chinese herbalists conducting pulse diagnosis on white patients. Full-page ads of competing Los Angeles Chinese herbal pharmacies were also apparent during the same time
- “Self-orientalization”: a strategy to survive in a hostile environment: Chinese business owners advertising their services using images that white customers recognized

Political Orientalism

see earlier slides under “Anti-Asian Racism”

- anti-Chinese taxes and anti-Chinese organizing leading up to the federal Chinese Exclusion Act of 1882
- overtly racist sentiments of Chinese inferiority
- fear of the “Yellow Peril”, the idea that the Chinese were “taking over”
- medical scapegoating and medical marginalization

“Oriental” Images, or how commercial orientalism fed political orientalism

- “They were mechanically reproduced by the aggressive commercial culture – on stage, in lithographic prints and photographs, and in other media. And each time real Chinese were mimicked, simulated, and reproduced, their post-culture experience was abruptly altered, reduced, and/or simplified...The resulting abstractions – narrow racialized types – were easily recognizable, and therefore highly salable. ...Such images, however, had a powerful effect on the real, everyday options of real, everyday Chinese; the representation became the real thing.” — John Kuo Wei Tchen

Political Orientalism

cont'd

- It was not until 1943 when the Chinese Exclusion Act was repealed with the passing of the Magnuson Act (Chinese Exclusion Repeal Act of 1943), which enabled Chinese the right to naturalized citizenship. The repeal of the Chinese Exclusion Act allowed Chinese medicine physicians to own their own businesses and not hide under the classification of “merchant.” Anti-Chinese sentiment was evident from the latter part of the 19th century until the early-20th century, as a painful chapter in United States history.

Orientalism

is always about power

- often involves abstracting, reducing, and simplifying complex human realities to be more appealing to white audiences (thus more marketable)
- for example, early white physicians like Franklin Bache largely approached acupuncture as an orientalist novelty rather than an actual medicine intended to treat the public
- fascination with ideas, culture, and objects which can be collected and consumed while simultaneously marginalizing humans (with whom the ideas and culture originated)

Professionalization

and so knowing what we know about the history...

what follows is not surprising:

- Chinese medicine does not professionalize with its own licensure until the 1970s, where its legitimation is determined by mostly white Americans.
- Unlike the pioneers of Chinese medicine from the mid-19th and early 20th century who were all Chinese, the pioneers of its professionalization, Americanized Chinese Medicine, are primarily white Americans from the counterculture of the 1960s and 1970s.

Kaptchuk and Bensky

first group of professionalizing white practitioners

- Ted Kaptchuk, known for his Chinese medicine book *The Web That Has No Weaver*, was a radical communist who was politically active in the 1960s. The nature of his exact political activity is unclear, but he allegedly evaded the Federal Bureau of Investigation (FBI) to testify before a grand jury, seeking refuge at a Chinese safe house (“Red House”) in California. There, he came upon a series of books on Chinese medicine and would later go on to study under Chang dan An of San Mateo, California. From California, Kaptchuk fled to Macau and claims to have studied at the Macau Institute of Chinese Medicine. (Note: it is not clear that this institution ever actually existed.)

Kaptchuk and Bensky cont'd

- It was in Macau where he met Daniel Bensky and together they studied Chinese medicine. Kaptchuk stayed in Macau until 1976, when it was safe for him to return to the United States. Kaptchuk and Bensky would be instrumental creating the knowledge base found in contemporary Chinese Medicine schools in the United States.
- Both Kaptchuk and Bensky claimed to have a degree from the (possibly fictional) Macau Institute of Chinese Medicine, which was an important element in making themselves legitimate.

UCLA Cohort (second group of professionalizing white practitioners)

mostly members of UCLA's psychology department

- Steven and Kathleen Rosenblatt, William Prenskey, David Bresler, Elliot Greene, John Ottaviano, and Gene Bruno. The one non-white member of the group was their teacher James Tin Yau So. He joined the group on a special person's visa from Hong Kong to accompany the UCLA cohort in the creation of the New England School of Acupuncture, the first acupuncture school in the US.
- Steven Rosenblatt, David Bresler, and William Prenskey met when they worked together researching serotonin in animals at UCLA's psychology department. They had a common interest in tai chi (taiji quan 太極拳) and thought about introducing it to the department. In 1969, they practiced tai chi at Sunset Park in Los Angeles with their teacher Marshall Ho'o (1910-1993).

- The exact details on how the UCLA cohort began are uncertain, but all revolve around Marshall Ho'o and the local acupuncturist Dr. Ju Gim Shek (赵金石), who the UCLA cohort referred to as "Dr. Kim." One such account was in the late-1960s, Marshall Ho'o wanted to have a few of his non-Chinese practitioners perform tai chi for a Chinese New Year's event in Los Angeles' Chinatown and chose Steven Rosenblatt and William Prensky to perform. After the event, the local acupuncturist Ju Gim Shek invited them for tea, thus began their friendship. A little later, Ju Gim Shek would elect Rosenblatt to observe patients he was treating.

And then James Reston's appendix changed everything (possibly the most historically impactful appendix ever)

- In July 1971, New York Times reporter James “Scotty” Reston accompanied President Nixon as his envoy to China. During the visit, Reston suffered an acute case of appendicitis and received an emergency appendectomy and was treated with acupuncture for the pain. On July 26, 1971, Reston published an account of his experience with acupuncture.
- Suddenly the American public was fascinated with acupuncture.
- A week after Reston's article came out, the media somehow “discovered” the UCLA cohort and conducted interviews.

Claiming authority

Well, that didn't take long.

- After a few days, the UCLA cohort decided to form a professional organization, the National Acupuncture Association (NAA).
- Literally in a month's time, the UCLA cohort became the source for Chinese medicine in California. With their affiliation at UCLA, the NAA deemed itself a research organization, and would use UCLA's medical school to establish a clinic for treating pain with acupuncture.

- By 1972, Steven Rosenblatt and William Prenskey had allied with California legislator Gordon W. Duffy to establish AB1500, the first acupuncture bill in the United States.
- AB1500 stated that the practice of acupuncture was limited to unlicensed persons under the supervision of a licensed physician or surgeon in an approved medical school for the sole purpose of scientific research.
- The bill only benefited the UCLA cohort as they were the sole group aware of acupuncture who had resources and connections with a medical research facility.

- The move to regulate acupuncture in the United States, as evident with California, was taken without consideration of the numerous Asian Americans who had already been practicing Chinese medicine years prior to the UCLA cohort.
- AB1500 legalized acupuncture for scientific research at an approved medical school under the supervision of a physician or surgeon. This excluded many Asian American practitioners who were then arrested for practicing medicine without a license.

Acupuncture schools and acupuncture licensing boards

the next projects of the UCLA cohort

- in 1975 they founded the school that would become the New England School of Acupuncture, the first accredited acupuncture school
- Later in 1975, Kathleen and Steven Rosenblatt founded the California Acupuncture College with Gene Bruno
- William Prensky and Steven Rosenblatt claimed to have influenced the ruling that caused Nevada to be the first state to license acupuncture in 1973
- Gene Bruno helped establish the licensing board in Oregon later in 1973 and also influenced the state of Washington's acupuncture licensing board
- Prensky also worked on acupuncture licensing laws in New York

Making a profession: “Oriental Medicine”

- Some of the professionalizing practitioners felt the term “acupuncture” was limited and did not encompass other healing modalities of Chinese medicine such as herbs, cupping, or gua sha (刮痧). As a result, some felt “Oriental medicine” was more inclusive.
- This title began to be used at the UCLA cohort’s California Acupuncture College (CAC) where they designated their graduates “Oriental Medicine Doctor” (O.M.D.).
- Later it was adopted on a national-level by the entirety of the profession where it is used in all of the national regulatory bodies as well as in many of the schools.

Making a profession: organizations

- The creation of the AAAOM (American Association of Acupuncture and Oriental Medicine) occurred in June 1981, when medical doctor Ralph Coan and professor Louis Gasper convened the first conference on the Chinese medicine profession at Los Angeles International University.
- In February 1982, three national regulatory bodies were created at the same time: the council for schools known then as the National Council of Acupuncture Schools and Colleges (NCASC, now **CCAOM**), a commission to certify acupuncturists known at the time as the National Commission for the Certification of Acupuncturists (NCCA, now **NCCAOM**), and an accreditation organization for schools known as National Accreditation Commission for Schools and Colleges of Acupuncture and Oriental Medicine (NACSCAOM, now **ACAOM**), which was recognized by the United States Department of Education in 1988.

Remember Ing Hay working in his clinic with its iron door and barred windows, treating farmers and highway laborers and women, with \$23,000 worth of uncashed checks under his bed?

**Over the course of about a decade, American Chinese
Medicine turned into a profession that looked nothing like him.**

Which, for the UCLA cohort and their followers, seems to have been the goal: to professionalize acupuncture by following in the footsteps of the AMA.

One aspect of the professionalization of acupuncture that stands out is how quickly it was slapped together by (white) people who had very little experience with treating actual patients, and so very little idea of what acupuncture looks like “on the ground”, in the context of community.

The story of the professionalization of acupuncture doesn't make a lot of sense without taking Orientalism into account.

- Let's recap: Orientalism is about power, “a Western style for dominating, restructuring, and having authority over the Orient” (Edward Said)
- it often involves abstracting, reducing, and simplifying complex human realities to be more appealing to white audiences (thus more marketable)
- it's about fascination with ideas, culture, and objects which can be collected and consumed while simultaneously marginalizing humans (with whom the ideas and culture originated)
- “is, rather than expresses, a certain will or intention **to understand, in some cases to control, manipulate, even to incorporate**, what is a manifestly different (or alternative and novel) world” — Edward Said

Two Important Concepts

introduced by Tyler Phan

- “Counterculture orientalism”
- “Orientalized bio-power”

Counterculture Orientalism

built on a contradiction

- The culture and ideas of the East are romanticized while at the same time the diaspora members of those cultures in America are either tokenized or marginalized. The romanticism comes from the counterculture's search for identity after being in opposition to identities associated with the dominant culture. Many of the counterculture's pioneers would venture East in search of identity. While looking East, the counterculture either carried the baggage from anti-Asian sentiment found in the previous era of political orientalism or were naive to it.
- As a result, counterculture orientalism shaped the gaze and construction of American Chinese Medicine.

Orientalized Biopower

claiming state power

- With the counterculture's embrace of radical politics, it could be assumed they would approach Chinese medicine in a similar way. Unlike their confrontations with the State in protests against the war in Viet Nam, however, they chose to work with the State and push their agenda to establish a profession that matched their ideas of legitimacy.
- With the tendency of professionalization to require some form of standardization, this led to a homogenization of something heterogeneous (acupuncture and Chinese medicine) into "Oriental medicine".
- The homogenization resulted from white people defining what they thought acupuncture and Chinese medicine should be.

Orientalized Biopower

remember “Vitalism”?

- The idea of biopower comes from philosopher Michel Foucault and relates to government control of biology (human bodies).
- The regulation and professionalization of Chinese medicine with acupuncture extends control to the vitalistic bodies such as qi (气) ‘vital force’ or jing (精) ‘essence’ / ‘semen.’
- Chinese medicine and its theoretical framework becomes another technique for the State to subjugate bodies and control populations.

Striving for a “standardized” model of acupuncture and “Oriental medicine”

- Regulations and regulatory bodies require standardized models, particularly for the purpose of certification
- Professionalizing white practitioners decided that “Oriental Medicine” mostly meant a re-worked version of China’s state-sponsored “TCM” or Traditional Chinese Medicine.
- TCM was created by committee in the People’s Republic of China in 1958.
- Standardizing acupuncture and “Oriental Medicine” as TCM came at the expense and marginalization of Asian American practitioners from non-TCM lineages.

According to recent demographic research, the acupuncture profession in the US is over 75% white.

The history shows how it got that way.

Black Revolutionaries and Acupuncture

The story of acupuncture in the US isn't just about professionalization (thankfully)

- Black revolutionaries in the 1970s modeled a different approach to acupuncture, that wasn't about dominating and restructuring it
- see Eana Meng's video series, "In the Hands of the Revolutionaries and Communities: A Social History of Acupuncture"
- treating marginalized people with acupuncture, as opposed to marginalizing people by asserting state power

Dr. Tolbert Small

physician for the Black Panther Party, director of a free medical clinic

- the Black Panther Party organized a trip to China in March 1972
- Dr. Small learned acupuncture on that trip and continued to study and practice after he returned; it was illegal in California at that time
- He has served his community in Oakland for over 50 years as a physician and acupuncturist, where he is affectionately known as “The People’s Doctor”

Dr. Mutulu Shakur

member of the Republic of New Afrika, affiliate of Black Panther Party

- first learned about acupuncture in 1970
- began using acupressure in 1970-71 to support people in his community experiencing addiction
- received acupuncture doctorate degree from Montreal Institute of Traditional Chinese Medicine in 1976
- leader in the Lincoln Detox People's Program Acupuncture Collective
- After its closing Shakur went on to found the Black Acupuncture Advisory Association of North America (BAAANA) as well as the Harlem Institute of Acupuncture. These organizations trained about 100 people in acupuncture, many of whom were community activists.

State Reprisals

- the Harlem Institute of Acupuncture was shut down by a SWAT team under the accusation that it wasn't actually an acupuncture school but an organization for terrorists
- Dr. Mutulu Shakur has been incarcerated since 1986
- For information about the campaign for his compassionate release, see <http://mutulushakur.com/site/>

Lincoln Detox People's Program

acupuncture collective

- Black Panther Party and Young Lords decided to take over Lincoln Hospital in the South Bronx in November 1970 in order to reform it; part of the reform was the creation of Lincoln Detox People's Program
- the Detox Program's goal was to educate the community on heroin and methadone addiction
- developed auricular detoxification protocol
- not only provided acupuncture treatment, but also acupuncture training to community members
- forcibly closed by police in November 1978

NADA and Dr. Michael Smith (1942-2017)

the legacy of Lincoln Detox

- white psychiatrist Dr. Michael Smith worked at Lincoln Hospital and helped develop the 5 needle auricular acupuncture protocol for addiction
- after Lincoln Detox was shut down, Smith went on to found the National Acupuncture Detoxification Association to promote the use of the 5 needle protocol (“5 NP”) and particularly to train laypeople in its use
- NADA’s work has spread around the world and 5 NP is used in such varied settings as British prisons, Swedish psychiatric hospitals, and Burmese and East African refugee camps

- However, NADA's progress in the US has been limited by constant opposition from licensed acupuncturists and the acupuncture profession itself.
- Dr. Smith commented often that NADA was much more successful outside of the US because of the absence of "the acupuncture profession".

Miriam Lee (1926-2009)

role model for community practice

- one of the Asian American acupuncturists arrested in California in 1974 under AB 1500 for practicing medicine without a license
- Miriam Lee (1926-2009), whose birth name was Li Chuan Zhen (李传真), was born in Shandong Province. She moved to Singapore at 27 and attended the Chinese Acupuncture Medicine General College (中国针灸医学总院). In 1969, Lee immigrated to the United States where she found work at a Hewlett-Packard factory in Palo Alto, California.
- Around 1973, Lee furthered her education in acupuncture by studying under the renowned Taiwanese acupuncturist Dong Jing Chang (董景昌), commonly known as “Master Tung” or “Dr. Tung” and his student Yang Wei Jie (杨维杰). She shared an office with allopathic medical doctor Harry Oxenhandler where Lee treated patients with acupuncture during Oxenhandler’s off-hours.

Miriam Lee's 10 Needle Protocol

- In her book, *Insights of a Senior Acupuncturist*, Lee describes treating seventeen patients an hour to try to meet the need for acupuncture during her limited hours at the doctor's office.
- At one point, she wrote, so many patients were lined up on the stairs that the stairs broke.
- As a result she developed a quick 10 needle protocol specifically designed for treating the complaints of modern American life.
- Her arrest galvanized huge public support from her patient base and influenced the passage in July 1975 of SB86, which allowed nonphysician acupuncturists to practice acupuncture under the California Board of Medical Examiners and created a seven-member Acupuncture Advisory Committee.

Critical Thinking about Professionalization

Questions to consider

- Who has benefited from the professionalization of acupuncture?
- Who has suffered from it?
- Do you think the economic woes of the acupuncture profession (many licensed acupuncturists not able to earn a living, most heavily burdened by student debt) has anything to do with its history?
- What can we learn from past mistakes?

**Fortunately, the story isn't over.
History is always in the process of being
written and you are part of writing it.**