

# Putting the "Public" Back in Public Health

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It is ironic that the tragic events of September 11, 2001 and their aftermath have placed public health issues front and center in Americans' consciousness. Since that time, concerns about the safety of citizens and protection against bio-terrorism have bolstered a variety of public health initiatives and programming.

Because public health places a value on prevention and education, it often lacks the technological appeal of some of the medical and health care advances that have been developed. Thanks to public health measures, however, we enjoy a number of "privileges" which are often taken for granted in the U.S. Some of these privileges include:

- having relatively clean air and water;
- being able to eat in restaurants, sometimes even in smoke-free sections, without worrying about contracting debilitating parasitic or infectious diseases;
- indoor plumbing and water that can be used directly from the tap without fear;
- cars that are equipped with seat belts and a variety of other safety options;
- workplace safety guidelines that regulate types of activities that can be safely undertaken on the job, as well as levels of exposure to toxic materials;
- prenatal care that is widely available for most pregnant women; and
- the control of cholera, polio, whooping cough and smallpox, which have been eradicated or drastically reduced.

These examples are just a few of the kinds of issues that are included under the "big tent" of public health. Any activities that educate, evaluate, monitor or regulate factors that affect health can be interpreted to be public health measures. The key underlying concept is that all of these examples are designed to maximize the health and well-being of all citizens.

Although public health measures often impact individuals who are economically disadvantaged, the focus actually encompasses a much broader and more inclusive perspective. Issues such as sanitation, maternal and child health, and control of infectious diseases affect every single individual living in a society, and have profound influence on the quality of life enjoyed by the society as a whole.

Some of the hallmarks of public health practice include access, affordability and appropriateness of care. "Access" refers to issues such as location and the language in which services are provided. "Affordability" of prevention and care includes consideration of both the cost to individuals and to other funding sources, such as third-party payers or the government. Determining whether programs offer "appropriate" care depends on evaluating efficacy of the intervention being offered; the intervention may be educational, preventive or therapeutic.

Throughout history, Chinese medicine has been replete with examples of public health practice. In *A Flourishing Yin: Gender in China's Medical History, 960-1665*, Charlotte Furth discusses the development of the role of midwives in many aspects of maternal and child health.<sup>1</sup> Following the Chinese Revolution in 1949, a system of training "barefoot doctors" was developed which

effectively addressed many of the long-term health challenges that had plagued China for decades, such as a high incidence of communicable diseases (especially sexually transmissible diseases), and poor sanitation.<sup>2</sup> The text by O'Connor and Bensky<sup>3</sup> mentions specific techniques of acupuncture developed by the barefoot doctors and describes protocols that were used.

Although Asian medicine had been available to Chinese- and Japanese-Americans through local contacts, these forms of health care were largely inaccessible to the majority of Americans before the 1970s. The few clinics and private practices that existed generally required patients to pay out-of-pocket. In the 1970s, when some of the first acupuncture schools opened in the United States, students and teachers began to address the issue of access and provide treatment that was more readily available and affordable.

Lincoln Hospital in the South Bronx offers an early example of how to successfully integrate acupuncture into conventional care for persons with chemical dependencies.<sup>4</sup> The public health model developed by Lincoln Hospital and the National Acupuncture Detoxification Association has been replicated throughout the United States and internationally in Europe, Latin America and Canada.

Public health acupuncture initiatives have evolved to include services for individuals with HIV/AIDS in states like California, Texas, Colorado, Illinois, Minnesota, New York and Massachusetts, to name a few. Clinics now exist that offer acupuncture and herbal medicine to treat people with cancer, hepatitis C and asthma. These conditions represent public health issues in terms of their epidemic natures. In a similar fashion, herbalists have entered the arena of public health addressing alternatives to vaccines in dealing with the threat of anthrax.

The response of many acupuncturists in and around New York following the World Trade Center tragedy illustrates another aspect of public health consciousness. Acupuncturists and other CAM providers labored intensively for weeks following September 11, offering healing and consolation to thousands of rescue workers, police and firefighters.

The integration of acupuncture and other CAM modalities into the public health model is certainly underway throughout the country. Our purpose in writing this ongoing column is to highlight important public health issues so that the acupuncture community can proactively envision our roles and responsibilities. Although acupuncturists engage in activities that benefit public health, as a profession we need to bring our unique consciousness to the table; our voices are crucial in the public health debate. It's up to us to articulate our perspective.

As acupuncturists and practitioners of Asian medicine, we understand in a most unique way the intrinsic relation between yin and yang, and their continual creation and definition of each other. This interrelation of energy on all levels is beautifully articulated in a letter addressing war, poverty and global warming in 2002 signed by 100 Nobel Laureates. In this letter, the signatories state: "To survive in the world we have transformed, we must learn to think in a new way. As never before, the future of each depends on the good of all."

We invite your comments and suggestions. If you have a public health topic of interest or know relevant CAM projects, please let us know by e-mail.

### *References*

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