

Our Future

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There is something happening within our profession. What is going on in California?

It is not a matter of diversity. Acupuncture and Oriental medicine in the United States is a reflection of the diversity of the medicine worldwide. We represent practitioners of traditional Chinese medicine; classical Chinese medical traditions; Korean acupuncture; Japanese therapeutic styles; European Five Element and energetic systems; and the innovative permutations that have grown out of the melting pot of diversity that is Asian medicine in this country.

It is not about our colleges. Our institutions continue to grow, expand, and improve; our schools grow in number and strength; our school curricula deepen and mature; our clinical opportunities both here and abroad increase in number, quality and depth; and our professional associations have increased in strength and the number of affiliates. The National Certification Commission for Acupuncture and Oriental Medicine (NCCAOM) and the Accreditation Commission for Acupuncture and Oriental Medicine (ACAOM) have evolved, both facilitating the growth of our profession. Research organizations communicate and collaborate with educational and practitioner institutions.

It is not about healing. Each tradition in our profession, each modality, each type of practitioner - whether a licensed acupuncturist; medical acupuncturist; assistant; detoxification specialist; or supplier - represents an important component in this medicine. We all play a role. We all contribute to a tradition of healing and the growth of this tradition in the United States. Moreover, our patient satisfaction rate is very high.

It is not about controversy or having opinions. Our ability to disagree, the tenacity of our viewpoints, and even the strength of our convictions, are as durable as our medicine. We have disagreed as long as we have practiced medicine. The greatest impetus for the growth of medicine is the infusion of new ideas. Classical medicine in the West developed in part because classical culture interacted with the cultures of North Africa, the Middle East, and cultures along the Silk Road. Chinese medicine is the amalgam of Taoism; Confucianism; Buddhism; legalism; Moism and, starting in the 17th century, occidental culture. With these divergent influences came a tradition of debate that continues to this day, both within our profession and between our profession and other therapeutic paradigms.

It is about politics. Just as this medicine is part of the fabric of health care in the United States, the politics of acupuncture and Oriental medicine are what have changed. What has changed is the tenor of the debate. We no longer assume the best motivations for each other. We no longer see our debates as distinctions between ideas. Our debates have become personal. In face-to-face meetings and in front of legislatures, we no longer see each other in terms of a divergence of ideas, but in terms of an incorrectness of being.

The Council of Colleges of Acupuncture and Oriental Medicine (CCAOM) interacts with the legislative branches of the federal and state governments regarding the statutory issues impacting our medicine; with the executive branch through regulatory boards; with local business

regulations; and with the judicial branch through our role in the courts. We are concerned that a small group of practitioners is attempting to use the legislative process to mandate its particular vision by passing state laws. We strongly believe that this is not a constructive avenue, and is creating tremendous tension and divisiveness in our field.

While no one is without fault, there are a few individuals who are fueling this slide into acrimony. This small group of practitioners has made the assumption that by impugning fellow participants in the debates within our profession, they are more likely to advance their agenda than by discussing it without personal attack. They single out visible proponents of views that are different from their own. They accuse those who disagree with their agenda of interfering with the profession rather than disagreeing with their views. Their debate has become one of personal attack rather than persuasion based on the merit of their beliefs. They suggest that acupuncturists who do not believe as they do are "not the real acupuncturists" or "not the real profession." They dismiss the contributions of those within our profession who, while not acupuncturists, are vital contributors to the institutions that make up our profession. These practitioners have become barriers to compromise, collaboration and community.

This process of politics by personal attack is unacceptable. We believe that if this continues, we will never be in a position to see all the issues that beset this profession resolved. Only by constant dialogue and work that includes a process that respects our individual and organizational differences, can we continue collectively to improve all aspects of this medicine. Historically, medicine evolves, molded by the forces of culture; religion; philosophy; and economics. Our collective vision is as much a part of these forces as are our differences.

The process of debate and resolution of the areas of friction within the medicine can only be successful if personal attacks are replaced by collaboration and mutual respect. Each of the groups that make up our profession brings unique skills and experiences to the debate. Whether the issue is about insurance billing; practice management; or education and curriculum development, there are individuals within the Oriental medicine community that bring skills and perspective to bear on the discussion. We must listen to and respect all of these voices.

The CCAOM encourages everyone in our field to honor a moratorium on all legislative issues and agendas as we work toward creating an open and cordial dialogue among ourselves. Further, we encourage all communications, whether in publications, websites, e-mails, letters, or in other forms, to be respectful and accurate, and that the authors not participate in "dirty politics." We encourage the immediate ceasing of all personal and organizational attacks.

Instead, we should all work together to create more employment opportunities for our practitioners; the expansion of insurance reimbursements at appropriate rates; collaborative research projects; information sharing; and celebrate the fact that two of our colleges were recently approved by ACAOM to begin their clinical doctoral programs. While we believe it will be years, if not decades, before the majority of our colleges will be approved to offer clinical doctoral programs, we have just made historical progress by 1) creating the clinical doctoral program, and 2) having two colleges approved for the doctorate in May 2002. Let us celebrate our accomplishments and work together. We must listen to and respect all of the voices in our field.

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