

## Part Three: Will You Lose Your Home?

C.P. Negri

Imagine you've been saving money from your poorly paying job for years, in the hopes of owning your own home some day. You punch the time clock every day and set aside a few dollars. After some years, you still don't have a lot of money, but you find a little house available in your price range across the railroad tracks in a poor neighborhood. You buy it, and you spend those extra dollars fixing it up. Soon, you're nice and cozy in your own place, and though it's not much, it's all yours.

Some years later, a house down the street is condemned, and you are able to buy it at a sheriff's auction for very little money. Your new project is to slowly restore this house. Doing all the work yourself, you can afford to gradually put this new house into shape for occupancy. Now you have some rental property, and the adjoining vacant lot is there for your kids to play on, and possibly to build on in the future.

Although property values have been low in this neighborhood, you have made substantial improvements to the area, and have carved out a comfortable but unpretentious place in which to raise your family. You are a respected member of this little community, and your example has inspired others to take pride in their properties as well. The neighborhood slowly transforms itself from a shantytown into a handsome little community.

All the while, the city around your neighborhood has been growing. With increasing enrollment at the local university, living space has become scarce. Property values have gone up in most parts of the city. One day, you find out the university wants to expand to the other side of the railroad tracks and wants your neighborhood to build its new sports facility. You and your neighbors try to fight it, but there's nothing you can do. The law of eminent domain is used by the state to take your property. Not only is your home and all your hard work lost, but they give you only the original low assessment values for your property. You have put much more money into your little empire than it would cost to purchase it. With the money you're given, there's barely enough to start over, and there's nothing to leave to your children.

This example can be applied to our profession. When I started school 27 years ago, there were no student loans available for acupuncture students. There was no accreditation of schools in those days, and few schools to attend anyway. I had to work my way through, doing "flunky" jobs. When I went into practice, I had no capital or professional support, and there was very little public awareness of Oriental medicine. I painstakingly built up my practice through patient education and word-of-mouth. I had no money for advertising. I made sure that my behavior was impeccable and my treatments were effective, and when I did not know something, I either referred to someone who did know, or made sure I learned it. With a reputation for integrity, I was able to succeed despite constant name-calling and even outright harassment by other medical professionals.

Doctors would threaten to dismiss their longtime patients if they continued to be treated by me. Members of the physical therapy board would call my office pretending to be patients and try to entrap me by asking if I would do "physical therapy" on them. At one point, I had to produce confirmation from Bell Telephone that I had not advertised myself to be a licensed physical

therapist (because my business was named "Acu-Therapy Clinic"). I was subtly threatened over the phone by an officer of the county medical society. Even chiropractors, whom I related to strongly as fellow underdogs, slandered me. I could give dozens of examples of friction with every kind of health care professional, but because I always behaved professionally, they never amounted to much, and I actually won over many of my former critics, who became supporters. It was a great lesson in perseverance. I slowly expanded my capabilities by taking new courses over the years and adding new equipment as the money became available.

As so-called "alternative" methods became more accepted by the public and the medical profession, relationships with other doctors blossomed. I received referrals and, in fact, treated many physicians' families. Of course, they would often prefer to leave by the rear door so as not to be recognized coming out of my office, but I felt grateful for their private confidence in me nonetheless.

In recent years, I have been asked increasingly to lecture to various medical professional groups, as I am sure many of you have been. My presentations have been well-received as a rule: a real contrast to the times I was heckled during speeches in my early days! Two years ago, I was accepted to the faculty of a medical school; this past year, another medical school began sending students to my clinic to learn about my "complementary" methods. I probably speak for those of you with similar histories when I say that it seems almost like a different world.

Like you, I have taken my humble property, made steady improvements, increased the property values, and made an attractive and seemingly secure home for myself. But does that stop the law of eminent domain? Can I really hold on to my little house if a rich and powerful developer wants it?

Increasingly, orthodox physicians are offering alternative medical services - often by their staffs - in an attempt to provide what their patients have been seeking elsewhere. Holding unlimited medical licenses, MDs in many states can practice acupuncture or dispense herbal or homeopathic medicines without the slightest training. Some sincerely try to learn these methods, but few ever drop what they are doing and go back to school to really master them. Instead, they will practice superficially, or hire knowledgeable assistants who otherwise could not be licensed but can now be considered "official" by working under the MD's supervision. Sometimes this works out to be mutually beneficial. Often, the alternative practitioner has to be content with collecting the physician's "extender" fee billed to the patient's insurance. The physician receives a somewhat larger fee for seeing the patient for a while, then simply referring the patient to the massage therapist, acupuncturist, homeopath, etc.

For some time within the Oriental medical community, there has been the suggestion that MD acupuncturists are out to take us over. I do not know if there is a defined political agenda within the American Academy of Medical Acupuncture to (as the rumor goes) lobby to rescind licensing laws for non-MD acupuncturists. Whether it is true or not, there are 15,000 of us in this country, bickering and poorly organized, and there are already 5,000 of them. They are gaining on us, and they are not disorganized. They are accustomed to organization, standardization and, most of all, fraternity. In all fairness, we have a lot to learn from them - not necessarily about acupuncture - but they certainly do not want to learn about acupuncture from us. They do not want to accept an acupuncturist's extender fee for seeing one of your patients.

I was reading through a guide for orthodox health care providers on how to communicate with patients about complementary and alternative medicine. It said, "Pay special attention to your tone of voice, body language, and attitude. If you 'signal' disapproval of or discomfort with alternative therapies, the patient will not be forthcoming with information." In other words, the current advice is to pretend not to be the antagonistic type of doctor the public has lost trust in. Once the patient

admits to using these other therapies, the next step is to "review special issues of safety and efficacy." At the end of the guide is the suggestion to "provide the patient with a description of how to locate a suitable licensed or certified provider."

Who would be suitable to an orthodox physician who does not provide these services? For many, it would be another MD with only a weekend training course, rather than an Asian person with broken English and a lifetime of knowledge. It might be the staff member whose stock in trade is to treat indigestion with peppermint leaf tea, rather than the naturopath down the street who might actually be able to get the patient off all of her prescription drugs. It would be the nurse-midwife employed by the hospital who will follow the party line when the doctor wants to deliver, rather than the empirical midwife across town who doesn't mind waiting and coaxing a natural birth.

It is my belief that the rich and powerful developers known as organized medicine want my property - and yours, too. They aim to contain, control and/or eliminate us. History has shown that they can do this, have done it before, and likely have the same agenda as they did when they eliminated the eclectic and homeopathic doctors, and tried to eliminate osteopaths and chiropractors (which I will discuss in the next installment).

I hope I am wrong, but if I am right, we had better get organized.

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