

Refugees: Feeling At Home With Acupuncture

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The United Nations Commission on Human Rights conservatively estimates there are more than 17 million refugees and more than 25 million internationally displaced individuals worldwide.¹ Although Western biomedicine may be ideally suited to deal with acute epidemics and physical trauma, it often is not available and may not be optimal for addressing issues of psychological trauma or posttraumatic stress.

Cultural issues might play a role as well, in terms of the need for offering treatment that is acceptable and sensitive to cultural issues.² In order to design more effective models of community-based care for displaced people, acupuncturists and other health care providers need to understand that cultural competence and familiarity with treatment is critical.

In the U.S. and around the world, there are a number of programs that use acupuncture to address the health and well-being issues of refugees.

International Efforts

Burma, also known as Myanmar, has been ruled by a military dictatorship that has relied on torture, forced relocation and other techniques of warfare to control more than 150,000 Burmese refugees. The government routinely attacks rural villages, causing residents to flee to the jungle, risking death. With medical care in short supply even without the demands created by the humanitarian crisis, there is a tremendous need for creative and effective approaches to offering care.

Members of the National Acupuncture Detoxification Association (NADA) have been involved with a number of projects related to refugee health. In the Thailand-Burma border region, an addiction and recovery program called CARE (Community Addiction Recovery and Education) has been developed by NADA trainer Les Moncrieff, RAc.³ More than four years ago, NADA was invited to educate and train local health care specialists to use acupuncture. In addition to dealing with issues related to recovery and preventing relapse, many of the refugees had to deal with pain and the after-effects of physical trauma.

Acupuncture treatment also can effectively deal with the cervical and shoulder pain that women experience from wearing traditional brass rings around their necks - a practice that starts during childhood and continues throughout their lives. When new rings are added, elongating the neck, the process causes bruising and exacerbates chronic pain. Treatment with acupuncture has been well-accepted, and many women seek the relief treatment brings.

Rachelle Marmor, LAc, an acupuncturist from Scottsdale, Ariz., also has been involved with refugee health efforts.⁴ She noted that refugees commonly deal with health issues such as malaria, fever, lung diseases, and dysentery and digestive disorders.

Like her NADA colleagues, Marmor trains local health workers in how to integrate acupuncture

into their treatment strategies. The Tibetan Refugee Health Care project was created to meet the health needs of the Tibetan community in exile, many of whom live in India.⁵ While there are more than 135,000 Tibetans living in resettlement camps, only six hospitals are available to address their health needs. The organization provides acupuncture and education on nutrition and health concerns of families and women, as well as other types of medical, dental and chiropractic care. Currently, the group is focused on a malaria eradication campaign, as well as promoting ongoing efforts toward water purification and sustainable agriculture.

In London, the Refugee Support Services provide acupuncture and massage, as well as other types of mental health care, to refugees and asylum seekers in the boroughs of Westminster, Kensington and Chelsea.⁶ Other types of social support services such as welfare benefits and housing also are available.

Acupuncture Responses in the United States

Acupuncturists in the U.S. also have rallied to provide services to individuals from refugee communities within this country. Diana Fried of Acupuncturists Without Borders (AWB) reported on the group's experience with working with the Vietnamese community in the New Orleans area.⁷ She called the community response "extraordinary," with local churches and temples offering space for treatment and support services. Physical issues such as muscular strain, back pain, headache, sleep disturbances and anxiety are commonly reported and highly prevalent signs of stress in this community. These signs and symptoms often manifest after the trauma and severity of adversity that Vietnamese immigrants have experienced following the legacy of the war in their country and then in the resettlement process of coming to the U.S. In Boston, Harvard Medical School's Albert Schweitzer Fellowship was awarded in 2006 to two acupuncturists who wanted to offer services to local refugee communities. Marisa Pease, LAc, MAOM, and Rick Sollom, LAc, proposed a project to work with refugees from 13 countries, such as Colombia, Iraq and Ethiopia. The most common symptoms they encountered included chronic pain, nightmares, insomnia, anxiety and depression. All of their patients had been diagnosed with posttraumatic stress disorder by a psychiatrist.

Pease advised other acupuncturists who want to work with refugee populations to partner with community case workers and other service providers. She noted that the case workers' initial misconceptions about acupuncture (they thought the treatment might re-traumatize patients) were addressed by offering them treatment. After they experienced the relaxing effects of treatment, their reluctance to offer acupuncture to their clients evaporated. She also noted that the immigrants' experience with traditional medicine in their own countries made the acupuncture seem less intimidating.

Pease offered the following case: An African man complained of chronic epigastric pain of unknown etiology and recurring nightmares. These nightmares were vivid flashbacks of the torture he endured. Over the course of three months, his nightmares were drastically reduced with weekly treatment and his pain improved substantially. He reported fewer flashbacks and became more hopeful. When asked about the acupuncture treatments, he commented, "Acupuncture is like Wagesa [traditional medicine] in my country, not like hospital medicine."

Acupuncturists from Pathways to Wellness⁸ provide treatment to Cambodian refugees at a health center near the Boston area. Most of the clients are women in their late 40s or older. Because clients speak Khmai, acupuncturists work with interpreters from the local community. Anne Drogin-Carter, LAc, Mac, has worked at the center and developed connections with the Cambodian

community. She learned about the women's experience in Cambodian forced-labor camps, where they performed back-breaking work without rest or proper nutrition. One of Anne's clients was someone who became an apprentice acupuncturist in one of these labor camps when she was 12 years old. She was taught by her mother in secret, because acupuncture was not an approved practice.

Frequent symptoms include headaches, pain, sleep problems and nightmares. Auricular acupuncture is given in a community setting, providing peer support. Patients respond well and attend the sessions regularly. Anne has been impressed with the level of connection and cites that acupuncture has been a vehicle for bridging cultural boundaries. She reported, "The message of healing transcends language, and providing comfort does not require words."

Research Efforts

The National Institutes of Health are funding an acupuncture study on posttraumatic stress disorder at the University of New Mexico. Nityamo Sinclair-Lian, DOM, is one of the co-investigators. She has been involved in previous studies of the effects of trauma on Vietnamese and Kurdish refugees. This study began in May 2007, and still is in progress actively recruiting participants with PTSD, and is open to all individuals, not just immigrants.⁹

Preliminary results are available from the Cambodian refugee project in the Boston area. This pilot report includes data from 42 patients, 30 of whom had multiple treatment sessions. On average, patients attended eight treatment sessions. At the initiation of treatment, 25 of these individuals reported headache or nightmares. Frequency of nightmares decreased by almost 50 percent, and the number of headaches decreased approximately 30 percent. Evaluation is continuing and the group plans to provide updates when they become available.

Healing Without Borders

Efforts to apply the principles and tradition of Asian medicine to treating refugee communities are happening throughout the world. Acupuncturists are clearly responding to the call for humanitarian aid by bringing their medicine to situations that call for healing and compassion. Our work invigorates communities and offers the potential to enhance people's lives and well-being.

His Holiness the XIVth Dalai Lama elegantly sums up this sentiment: "Everyone has the possibility to shape the future of humanity."

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7. Acupuncturists Without Borders. www.acuwithoutborders.org.

8. Pathways to Wellness. www.pathwaysboston.org.
9. For further information, contact the University's Trauma and Anxiety Research Group at (505)272-4911.

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