



PRACTICE & PROFESSION

Combating All the "isms" in Asian Medicine, Pt. 1: Racism

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Many folks in Asian medicine assume all the "isms" – racism, sexism, ageism, homophobia and body shaming – do not exist within our world. What an illusion! Tackling all the "isms" requires so much space I explore racism in part 1; part 2 will explore all the other "isms."

African American Safiya McCarter, ND, LAc, a key speaker in an excellent NCCAOM virtual town-

hall meeting on cultural competency,¹ prodded us to examine inherent and blatant forms of racism, including preconceived notions about minorities and a lack of awareness of "white role models" that impact diagnostic and treatment procedures. Says Afua Bromley, LAc, chair of the NCCAOM's Task Force on Cultural Competency, "Folks who say they don't have a bias usually do."

Addressing Racism

Dr. McCarter, a board member of the American Association of Naturopathic Physicians and committee chair on diversity and inclusion, pinpoints glaring disparities in the health field reflecting socioeconomic imbalances in which "racism impacts health," heightened by the disproportionate number of African American and Hispanic Covid-19 cases and deaths. Dr McCarter emphasizes the need for all schools of natural medicine to incorporate courses on racism and bias in their curriculum. "It's not an 'extra' nor an 'elective,'" she says."Institutions must be involved in lifelong learning."

Personal Experiences



Minority representation in Western and Asian medicine is so low it's common to hear students or patients of color yearn for practitioners who "look like us," says Shelley Hatton-Burkart, AOBTA-CP, Boston-born African American, zen shiatsu therapist who did most of her training in Berlin, Germany. Aside from experiencing street insults, Shelley remarked on fellow students who felt it was OK to "touch her hair" in a way they would never dream of touching a white student's hair.

Tonya Lyles, an African American

LAc currently completing AOMA's doctoral program, told me about the blatant racism she experienced at another acupuncture school, where she was discouraged multiple times from studying Chinese medicine with the message that "this medicine is not for you." Tonya has also experienced the indignity of racial stereotyping from clients."Before getting on the table for treatment," she said, "clients would place their purses under a chair or lay a jacket over it."

Aware of huge disparities around issues of birth and mortality, with African American women 4-5 times more likely than Anglo women to die in childbirth, Tonya trained as a doula. She shares her combined skills of acupuncture, medical *qigung*, *tuina*, and bilingual Spanish with the Austin-based Mama Sana Vibrant Women (MSVW), a diverse group of midwives, birth workers and health educators. The group offers progressive and free birth classes, birth and postpartum support to women of color to help overcome the discrimination many experience.

The group gives voice to the voiceless, many of whom, according to Tonya, have endured situations in which an Anglo MD avoided eye contact or showed reluctance to touch their babies, or even did procedures like episiotomies without informing them or explaining why. "I think people forget hospitals were desegregated in the '60s," says Tonya, "but continue to unwelcome Black patients and Black medical staff."

She adds, "I am not treated well by most medical staff unless I share my credentials or am

overheard translating / defining medical terminology to clients."

Ethnic Imbalances in Health Care: The Stats

Tonya's words are a sobering reminder of ethnic imbalances among physicians and acupuncturists.

According to statistics issued by the Association of American Medical Colleges,² 56.2 percent of physicians are White, 5.0 percent are African American or African, 5.8 percent are Hispanic and 17.1 percent are Asian. Native American, Alaskan or Hawaiian account for up to 3 percent, and 1

percent are multiracial. According to the American Society of Acupuncturists and the NCCAOM,³ the differences are even greater among LAcs: 68 percent White: 2.11 percent African American or African: 3.46 percent Hispanic: 15.71 percent Asian: 1.06 percent Middle Eastern, 0.62 percent Native American/Alaskan, and 4.26% multiracial. Unknowns are described as "other."

Crafting Solutions

To meet the current BLM movement and notched-up awareness of all the "isms," associations and schools of Asian medicine are grappling with resolutions and courses involving faculty and students. We are constantly being reminded that the Black Panthers encouraged acupuncture within their communities as a way of addressing health disparities years ago!

Apart from the NCCAOM's ongoing research, the AOBTA offers Zoom courses on diversity and a racial justice section on its website.⁴ The FSMTB's Reach program offers CEU courses on cultural competence, prejudice and bias, praised widely by schools of bodywork.⁵

Maria Faria, PhD, AOMA's CEO and president, who, as a Latina raised in Houston, is no stranger to "hurtful forms of racism," has appointed cultural anthropologist Jonathan Ortiz, PhD, to teach courses on racism and health care disparities. They will also address segments of the curriculum that reveal bias in race, sex, age, or sexual orientation. Dr Faria aims to diversify the AOMA board and expand student recruiting to "historically Black universities and undergraduate programs with a majority of students of color." Regular virtual town-hall meetings with students opens up discussions on the "isms," and AOMA has added relevant resources to its website.

In part 2, I'll examine a range of global cases reflecting sexism, ageism, homophobia and body shaming, while of course, honoring anonymity for those who request it.

Author's Note: Acutely aware in my own training of the lack of diversity in our textbooks, in which models are either Anglo or Asian, photographers and I invited the widest possible range of folks to demo techniques for my *Self Shiatsu Handbook*: African American, Native American, Mexican American, Puerto Rican, Japanese, Ethiopian, East Indian, Filipina and Anglo; ranging in age from 5 to over 80 and including LGBTQ

References

- 1. NCCAOM virtual town hall meeting on cultural competency, Aug. 19, 2020.
- 2. "Diversity in Medicine: Facts and Figures 2019." Association of American Medical Colleges: www.AAMC.org.
- 3. Ethnicity American Society of Acupuncturists / NCCAOM. (NCCAOM.org town hall meeting 8/19/20)
- 4. Wellness community / racial justice resources. www.AOBTA.org.
- 5. Courses on cultural competence, prejudice and bias for bodyworkers and the general public. www.FSMTB.org; www.Reach4CE.org.

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