

Spotlight on the AOM Alliance

AN INTERVIEW WITH FLOYD HERDRICH, LAC, DIPL.AC., ABT - PART ONE

Editorial Staff

Since he first enrolled at the Traditional Acupuncture Institute in 1983, Floyd Herdrich has been an active supporter of the acupuncture and Oriental medicine profession. He was instrumental in getting an independent licensure law passed in Virginia in 1993, and was one of the founding members of the Acupuncture Society of Virginia. In addition to acupuncture, he is certified in Asian bodywork therapy by the National Certification Commission for Acupuncture and Oriental Medicine (NCCAOM). He currently operates a pair of successful practices in Falls Church, Va., and Bethesda, Md., with a model of patient care that combines elements of acupuncture, *tai chi* and Oriental bodywork.

Along with his role as a healer, Mr. Herdrich has been one of the acupuncture and Oriental medicine profession's most influential leaders of the past decade. He has been on the board of the Acupuncture and Oriental Medicine Alliance since it was created in January 1994, and has served a variety of functions in the organization, including treasurer and vice president.

In May 2003, Mr. Herdrich's affiliation with the Alliance reached new heights when he was named president of the organization. In this exclusive interview with *Acupuncture Today's* managing editor, Michael Devitt, Mr. Herdrich reflects on his career in acupuncture and Oriental medicine; his role as Alliance president; the importance of the Vision Search Task Force; and his concerns about the future of the profession.

Acupuncture Today (AT): Good afternoon, Mr. Herdrich. Let's begin by providing our readers with some background information. Where did you go to school, and how long have you been in practice?

Floyd Herdrich (FH): I've been involved in the profession for about 20 years. I entered formal schooling in 1983 at the Traditional Acupuncture Institute (now Tai Sophia Institute) in Columbia, Maryland. It became one of the first accredited schools in acupuncture around that time. I'd had some exposure to the work of J.R. Worsley before that. That specific type of work attracted me to the school, along with the school getting itself on the ground firmly.

I graduated from TAI, started licensure in Maryland after that, and continued studying with Dr. Worsley over the years, right up to the present. I started practice as a registered acupuncturist, which was the available entry at the time. It was technically a "physician extender" position: We were registered to a particular physician's license. It felt independent, but it was not an independent model.

Within a couple of years, I became a licensed acupuncturist in the District of Columbia, which had independent licensure, but with a physician collaborator as a specific requirement, which is not unlike that of nurse practitioners. I've lived in Virginia the entire time, where my wife practices as a nurse wife and nurse practitioner, and as I continued on in my career, I got directly involved in bringing licensure to Virginia. I became a lay lobbyist and saw to it that we got independent license practice in

Virginia. As a result, we are licensed practitioners of acupuncture with unrestricted practice of acupuncture and Oriental medicine. I've got license #5 in Virginia.

I've been involved in the national practitioner organizations throughout all this time, first as a member of the old AAAOM (American Association of Acupuncture and Oriental Medicine) back when I was a student. Living here in the Washington, D.C. area, I've had access to a lot of changes. I participated in the first NIH round table on complementary and alternative medicine, which was a phenomenon in itself. There also were efforts to get recognition of acupuncture needles out from under the FDA; that overlapped with the evolution of the Office of Complementary and Alternative Medicine at the NIH.

AT: What's your relationship with the Alliance?

FH: I became a life member of the AAAOM as a practitioner. There was a time in the middle of its history where the beginnings of a diversion in practitioner focus took place. There was a difference between those who sought to have a unitary model of the doctor of Oriental medicine, with some leanings toward integration into the Western medical field, and those who saw the acupuncture and Oriental medicine model as a true alternative to mainstream medicine, putting patient responsibility for wellness first and being life coaches and energetic medicine providers. I was there when it came right down to a 51-49 split in the AAAOM. At that time, I was elected to the AAAOM board by the minority, who hoped that we could keep both conversations going within the same organization. I stayed on as a board member for about a year before it was made evident by the majority that my views weren't consistent with their views, and I wasn't fit to be a board member.

This is when the Alliance was founded. I was on the founding board of the Alliance, and I've been on the board since then. I was elected president of the Alliance last May, and was vice president the year before.

AT: What's a typical day like for you as president of the Alliance?

FH: A typical day for me is that of a practitioner. I would like to see a time in my future when I would be more of a practitioner, so that I could be with patients more exclusively. As it is, I have fielded calls from various people over the years who have expressed an interest in expanding licensure and fine-tuning organizations. I was a founder of the Acupuncture Society of Virginia. I've moved out of that leadership role already, and the society has gone on its own. Somebody always manages to find me to ask a question about how something might work, so I've delved into that pretty willingly over the years.

AT: Are there any drawbacks to being president?

FH: Well, acupuncture isn't a wildly economically grounded profession. We don't have a product like the AMA's CPT codes, so there are very few paid positions. I have given significant amounts of my economic time to the voluntary development of the profession. There's a new generation of people coming on board. I'm the last board member who was on the original founding board of the Alliance. We're all going on to become grandparents, and I'm looking forward to that. I'm a literal grandfather now, and I'd like to spend a little more time with my grandkids as opposed to the second and third generations of practitioners. It's been good - I'm not complaining, but I'm just looking out beyond this present time in my personal life.

AT: That's understandable. What are the most important issues that you see facing the profession?

FH: You know, I just made an address to the Council of Colleges at the AAOM meeting in Florida, and I observed that over the past 20 or 25 years, a lot has changed and nothing has changed. Some things remain the same. The big change is in the numbers of us that are present in the American culture as health care providers, and the fact that what we practice is recognized in almost every state now. Still, even since the very beginning, acupuncture and Oriental medicine are not well understood by the American population. People are discovering it constantly, but if you ask anybody on the street, they may still think it's just for pain or backaches, and they don't recognize that it is a broad medicine for a range of human ailments. Those problems persist, and have persisted since the 1970s. Clearly, we're a household word; we just have not become so firmly established as an economic entity as the old mainstays. I think that's one of the main focuses right now.

I was just reading an article in the December issue of *Acupuncture Today*, and have heard other commentators in other venues. I'm concerned by the comments in *AT* and elsewhere that feel that AOM graduates are underprepared for entry into the health care profession. The writer of the article, on the other hand, illustrated how well she was prepared, because she talked about how she built a private practice, and everything that she went through, and she was sharing her wisdom with other people. I find that kind of article in your sister publication for chiropractors, and they've been out there for more than 100 years.

There's still a constant need for new practitioners and new graduates to hone their skills at practice building, because it's an entrepreneurial business model, as opposed to an industry. The mainstream allopathic medical industry is as old as the coal and railroad and steel industries, and the modern-day graduate of a medical school or other health profession seldom goes out and builds a private practice. In allopathic medicine, people go out there and get a job. Very few people go out of AOM training and get a job. It's just not a reality.

When I look at the numbers of people that come out of the general education or business education models, and go out into entrepreneurial business models, they don't succeed more often than our practitioners succeed. Some people lament that some practitioners may not continue practicing Oriental medicine, or may not be completely successful economically, but in an entrepreneurial world, we're really strong when you look at it in that light. Thousands of us have succeeded for decades clinically. Clinically, ours is the safest of professions. It's proven efficacious for many conditions, it's known to be a clinically effective treatment by millions of patients, and it's a viable economic opportunity. We are "all that." We were that 20 years ago coming out of school, and we are that now. It hasn't gotten any worse; it's only gotten better.

There are a myriad of concerns these days, such as fine-tuning regulations, getting increased insurance access, working with the CPT coding to enhance coding for those who do practice with third-party reimbursement, and working with fee-for-service. We're working on both sides in all of those streams. As the very bottom line, I would have to say that the Alliance clearly has supported the evolution of doctoral education in AOM, which has brought us so far to the postgraduate doctorate program that's up and running. We can envision that there would be a growth of a class of AOM professionals - doctors, many of whom will integrate into the allopathic industry - but that evolution in no way diminishes the legitimacy and importance of the present and future practice of the AOM master's-level independent practitioner.

As I mentioned earlier, I was speaking to the Council of Colleges. My friend at that moment was a Korean practitioner and educator from Virginia. He was speaking to the Accreditation Commission for

Acupuncture and Oriental Medicine, and was trying to legitimize his teaching of students, which has been basically up to this time, tutorial - a master/student approach. My standing for the Alliance was that at the present, his and my greatest hope was that his children and my children would be able to continue to practice what he and I practice, as opposed to a model that is medically based.

I'm very concerned with a few models out there that have looked at an escalating biomedical component to the AOM education. The issue is that when you look at it in absolute terms is, none of these models put forward are any stronger in biomedicine than, say, the "barefoot doctors" of Mao's China. If you want to be a medical doctor and know that trade, you probably need to be a medical doctor. The models that are being presented out there in some circles and called doctoral programs, are really about the educational level of a physician assistant, which isn't an independent practitioner.

I value my lifestyle as an independent practitioner, having my practice built over many years and continuing to build it constantly. Patients value what I do. They come to me because they become frustrated in many cases with an allopathic model that hasn't cured them of their ailments, and in many cases it has provided them with side-effects that are very degrading to their health. They come because they want an addition or alternative to that model.

One of the things that has occupied my mind occurred two days ago. I received a call on my voice mail. It began, "Hello. I'm calling for my daughter, who's been your patient. She won't be coming to her appointment this week." There was a slight pause, and the voice continued, "Or ever. She passed on last night." This is a person who came to me a year into allopathic treatment for the radical eruption of a very aggressive cancer, which happened to pop up within months of her husband having gone to work at the Pentagon on Sept. 11 and not coming home. She came to me when she'd already had one breast removed, which was being reconstructed. Her liver metastases were shrinking somewhat with about her fourth or fifth series of chemotherapy. She went through some findings of metastases on her brain, and had more radiation.

I occasionally challenged her to ask why she was coming to me. Obviously, I was not curing her of her cancer; I never intended or thought I could. Why was she coming? I asked. She replied that every time that she came for treatment, she always felt better afterward. She had an appointment for me tomorrow morning, and unfortunately, she won't be able to keep it.

That woman has been a huge inspiration personally, just to be a part of her life for a year. She was a single mother - she'd just delivered her second child when her husband died, and was nursing when the cancer was detected. So to work with her regularly, over that period of time, as a support for her treatment, and keep her spirit alive as she went ahead, I would consider myself extremely fortunate to have that role, and I wouldn't want the job of being her allopath, and I wouldn't want to take her allopath away from her, either. She would have been dead already if it hadn't been for their heroic treatments. But I don't want to change my role. I also don't want to see my role disappear and become some kind of first-line primary care provider in terms of the insurance industry's definition of "primary care," because something like only three classes of allopaths are considered primary care, and they have to perform procedures like giving shots, which I don't always believe in, and a few other ground-level allopathic practices.

There has always been a debate about how much education qualifies a physician to use acupuncture in his or her medical practice. When I was a student with Dr. Worsley, and the first round of physician acupuncturists was coming into being, he once commented, "I don't know why a first-rate physician

would want to become a tenth-rate acupuncturist." Likewise, I don't know why I, or anybody, as a first-rate acupuncturist, would want to become a tenth-rate doctor, by medicalizing my profession. That's the bottom line. While there are those who will do that, and do it well, the majority of us out here are doing something that has been a complement and alternative to allopathic medicine, and I think we're going to stand for the maintenance of that role, along with the evolution of those doctors who would want to find a way to become that industry's primary care definition.

Editor's note: Part two of *Acupuncture Today's* interview with Floyd Herdrich will appear in the February issue.

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