



PHILOSOPHY

## Diversity and Acceptance

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Some days, around 10:40 am, just before the grace period ends to be declared late for group, a transvestite client who defines herself as female, comes to get a cup of detox tea. Let's call her "Marti." We always engage in a short conversation about why she has not yet tried acupuncture. It usually centers around fear of the needles, first that they might hurt, lately that the points might keloid or scar. I won't ever tell anyone that it doesn't hurt; I just tell them for most people it is tolerable to no pain at all, but I never guarantee pain free. As far as the scarring, I tell people that I don't use needles coated with silicon because they seem to leave a dark spot in the ear. A few people did get little "track marks" in their ears that took a while to clear up. Marti has good attendance and clean tests and is in phase three of the program. She will be graduating soon. She is proof that not everyone needs acupuncture to make it through.

We also have "Billie" in the program, a pre-operative transgender client who also identifies as a woman. Marti and Billie pose a problem for some clients. A small minority are opposed to them being in the program on strict religious grounds but it is always surprising to me how tolerant the general population is towards the minorities of this program: transvestite, transgender, homosexual, lesbian, bisexual and Caucasian. The expressed sentiment is that chemical dependency levels the playing field. I am not saying that everyone feels this way but, the program zeitgeist is generally such. However, the one place that Marti and Billie face problems is which bathroom to use.

There are some female clients who think they should use the men's bathroom and some male clients who think they should use the women's bathroom and a small faction who thinks they should use neither; that they should use the public bathroom in an adjacent part of the building about 300 feet away. I wish I could say that all the staff at least were in agreement, but there is a small group that feels option number three (the public bathroom) is the most viable.

The issue was discussed in a staff meeting; not a democratic process but a place where all sides get to offer their views. The clinical coordinator, lead counselor or medical director then tells us how it is going to be. On this one, the clinical coordinator turned it over to the lead counselor who has worked for decades with HIV/AIDS patients and is conversant with the politically correct aspects of gay, lesbian, bisexual and transgender issues.

What she said was no surprise and reflected what most of the staff understood to be correct. "Marti" and "Billie" get to use whatever bathroom with which they are most comfortable. If that makes someone else uncomfortable, that person has the choice to go 300 feet to the public bathroom, but they are not forced into this action. The important word here is "choice."

When I first started here in 1992, most of the grants were for treatment of pregnant women or those with children ages five and under. There were a few slots for men, especially if they had custody of their children. With the changes in funding sources over the last couple of decades, it is no longer female-dominated, although women do make up about 55 to 60 percent of the population. The program is still predominately African American and Latino, with the next largest population being Caucasian. Over the years, we have served an incredibly diverse mix of people: Asian (Chinese, Japanese, Laotian, Cambodian, Hmong), Pacific Islander, Indian, Native American and Middle Eastern. We have treated Africans from all four quarters of that continent, including both Black and Caucasian South Africans. Non-American Caucasians have come from Russia, the Ukraine, Greece, Ireland, Scotland, England, Germany and the Netherlands. While most clients come from poor backgrounds, we have had clients from middle class and even upper-middle class backgrounds who lost everything to their drug of choice.

The predominate belief system since I have worked here is Christian, mostly Protestant/Baptist but, also some Catholics. We have also served followers of Islam, Judaism, Black Muslims, Santeria, Vudun and atheists. Inevitable conflicts aside, the acceptance level is often amazing. As I stated earlier, the expressed sentiment is that chemical dependency levels the playing field.

However, this mindset would likely explain the one level of acceptance that proved to be too diverse for both involved parties. Acupuncture treatment is offered to county employees for a nominal fee. It used to be offered free, but a few administrations ago someone in the upper echelons decided that acupuncture should bring in some money. I couldn't charge clients, so I devised a fee schedule for employees. Five dollars a treatment, five treatments for \$15 or 10 treatments for \$25. As close to free as I could get. I stepped up my advertising to employees and began charging for detox tea to take home; 12 tea bags for \$1. Obviously, it was not to make money but just to bring in some money to satisfy the new directive.

The new level of advertising brought in more employees. One man who came by for treatment was a county deputy sheriff. Before I would treat him, we discussed possible problems. I asked if he could turn off his radio? He said he couldn't, but that he could turn it way down. I didn't even bother to ask about his gun. I reminded him that he had signed a confidentiality agreement, and he assured me I had nothing to worry about. It mostly worked but, some clients voiced concern. We worked it out, until he told some of his co-workers. One day, three deputy sheriffs showed up for treatment. All three wanted the NADA protocol to relax since theirs is a high-stress job.

I was anxious about the whole thing but it seemed to be going well, until I heard a client was sitting across from the three of them say to one of them, "You know you sent me to jail? Do you remember

me?" I didn't hear hostility in his voice, mostly curiosity, but it didn't seem like a conversation that was likely to lead to a good outcome. Before the deputy could answer, I went in and reminded everyone of the "silence please" rule. I was trying to think of how I could tell the sheriffs that maybe this was not a good arrangement when one of them suggested just that. I had been caught up in how this was for the clients but, it was obvious that the whole situation was perhaps equally uncomfortable for the deputies. After all, this was the clients' turf. The sheriffs were outnumbered.

So it would seem that even my clients had a limit to their tolerance for diversity.

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